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# OVERVIEW OF COMPARATIVE STUDY ON HOW PARLIAMENTS ARE WORKING TO INTEGRATE THE MDG'S IN OUR INSTITUTIONAL MECHANISM AND POLITICAL AGENDAS

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Presented by  
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## Preamble

- The health of women is critical to a country's social, economic and political development, but it is rarely a political priority, because of the low socio-economic and political status of girls and women in developing countries.
- It is clear that political commitment, especially in developing countries, to make the difference for the poorest women is lacking.
- Progress on MDG 5 is vital for the achievement of MDG 4 and other MDGs.



## Malaysia

- Since 1970, Malaysia has achieved a number of national developmental goals which coincidentally cover essential elements of the MDGs. Quality of life index improved during 1990-2004 by 10.9 points.
- Malaysia has managed to fulfill the targets, largely due to a comprehensive account of policies, strategies, programs that placed strong emphasis on agricultural and rural development, labour intensive export, industrialization, and the channeling of public investment into education, health and infrastructure.

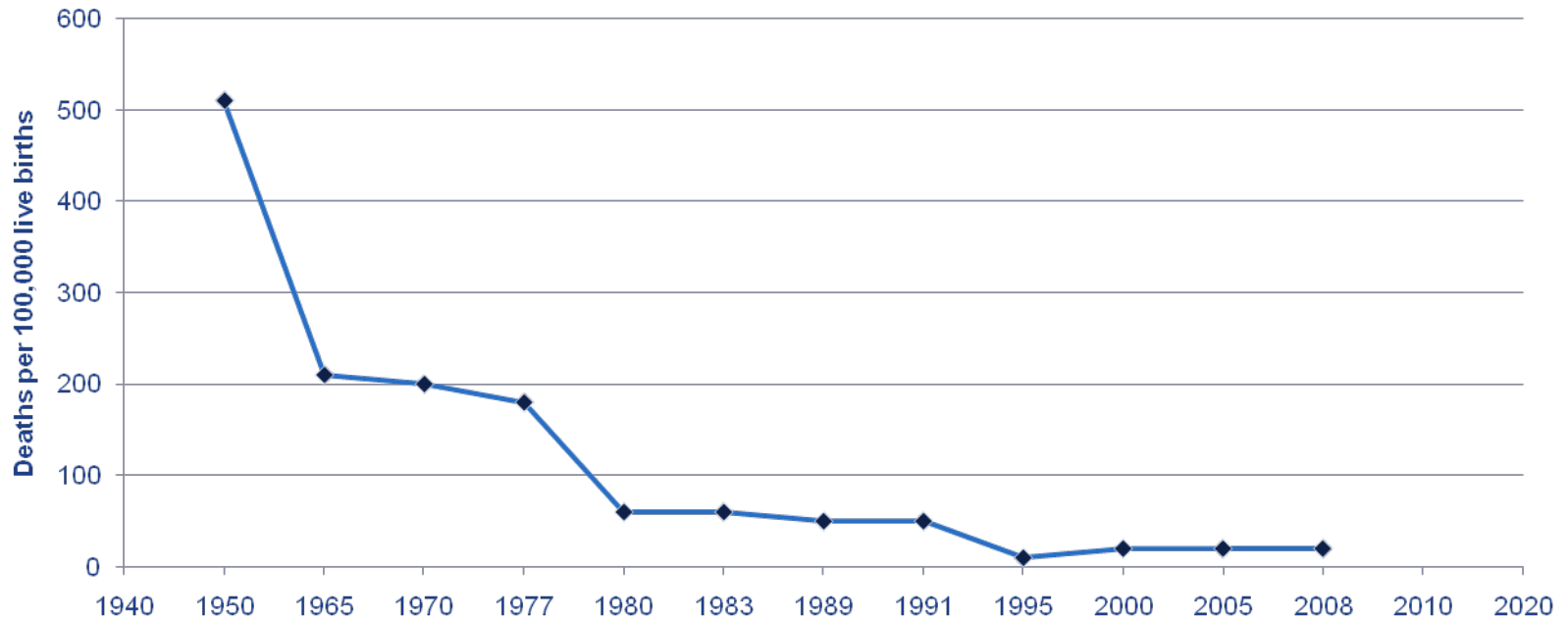


## Malaysia

- Those policies were envisioned in the Outline Perspective Plans and systematically implemented through Malaysia's national five-year plan.
- Malaysia target is to reduced by three quarters, between 1990 and 2015, the maternal mortality ratio.
- The MMR in Malaysia stands at 27.3% in the year 2008
- Malaysia will have to scale up its effort to meet the first indicator which is to reduce MMR to 11 per 100,000 live's birth by 2015.

# Malaysia

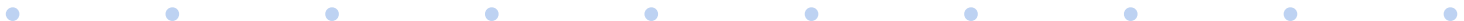
## Maternal mortality ratio, 1950-2008



Sources : 1950 -1990 DOS ; 1991-2008 CEMD,MOH

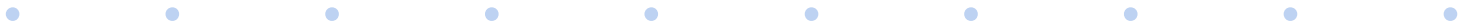
## Malaysia

- The leading cause of maternal death are obstetric pulmonary embolism, hypertensive disorders in pregnancy, associated medical complications mainly due to heart disease in pregnancy and postpartum haemorrhage.
- A large number of death (60 %) occur in the postnatal period.
- The risk maternal death was higher in women aged more than 40 years and those with six or more children.



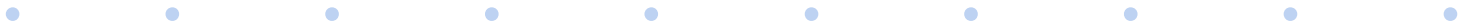
## Malaysia

- Reductions in maternal mortality in post-independence period until 1980s were attributed to :-
  - overall socio-economic development, especially improved access to health-care service;
  - the early development of the rural health infrastructure
  - the building of hospitals in the lesser developed state capitals and districts;
  - the establishment of nursing and midwifery training schools;
  - mobilize and educate rural families and the community on services available.



## Malaysia

- In the Mid-1980s and 1990s, Malaysian women were encouraged to deliver in hospitals, especially those with pregnancy complications, who were assigned red and yellow colour codes during prenatal assessment.
- The quality of nursing and midwifery curriculum, training, and practice is regularly reviewed and governed by the Board of Nurses and Board of Midwives.



## Strategic approach to improve maternal health

- Improve access to and quality of care of maternal health services, including family planning, by expanding health care facilities in rural and urban areas;
- Invest in upgrading of essential obstetric care in district hospitals, with focus on emergency obstetric care services;
- Streamline and improve the efficiency of referral and feedback systems to prevent delay in service delivery;
- Increase in the professional skills of trained delivery attendants to manage pregnancy and delivery complication;

## Strategic approach to improve maternal health

- Implement a monitoring system with periodic reviews of the system investigation, including reporting of maternal deaths through a confidential enquiry system;
- Work closely with communities to remove social and cultural constraints and improve acceptability of modern maternal health services;
- The health sector is guided in its planning process by the long term and short term government policies with relevance to the health context.



## Laws and Regulations

- Besides the effective government policies and political administration, we have efficient laws and regulation which has contributed significantly to the improvement of MDG in our country. The laws are as follows :-
  - Midwifery Act 1966 (revised 1990);
  - Family Planning Act 1966 (revised 1984);
  - Married Women and Children Maintenance Laws; Married Women and Children (Maintenance) Act; 1950 (Act 263); Married Women Act 1957 (Act 450); Married Women and Children (Enforcement of Maintenance) Act 1968 (Act 356); Legitimacy Act 1961 (Act 60);
  - Islamic Family Law (Federal Territories) Act 1984 (Act 303);
  - Domestic Violence Act 1994 (Act 521);
  - Prevention and Control of Infectious Disease Act 1988;



## Laws and Regulations

- Employment Act 1955 (Act 265) and Regulations;
- Child Act 2001 (Act 611);
- Care Centres Act 1993 (Act 506);
- Child Care Centre Act 1984 (Act 308);
- Adoption Act 1952 (Act 257);
- Registration of Adoption Act (Act 253);
- Guardianship of Infants Act 1961 (Amendment 1999);
- Evidence of Child Witness Act 2007 (Act 676).



## Related Programs (Good Practices)

- Health Information System;
- Home-based maternal and child health record;
- Preventing mother to child transmission of HIV/AIDS;
- Confidential Enquiry into Maternal Death (CEMD);
- One Stop Crisis Centre in the Management of Battered Women, Child Abuse and Rape.



## What Parliament and Parliamentarians can do to help advance MDG-5

- Use the position as an elected leader to break silence, foster dialogue and mobilize your constituents to promote gender equality, and the right to sexual and reproductive health;
- Strengthen parliamentary capacity for oversight and budget analysis, particularly gender budgeting, to increase accountability and achieve MDG5;



## What Parliament and Parliamentarians can do to help advance MDG-5

- Increase budget allocations for reproductive health service and supplies, including voluntary family planning, ensure that resources are equitably distributed to reach marginalized populations as vital to achieving development and poverty reduction goals;
- Hold parliamentary hearings with expert and civil society to increase awareness of benefits and barriers to effective access and utilization of sexual and reproductive health services;



## What Parliament and Parliamentarians can do to help advance MDG-5

- Organize discussions with young people to help shape reproductive health and rights policies and laws that address young people's needs, and remove restrictive laws;
- Demand parliamentary participation and inclusion in political priority setting on women's and girl's health at local, national regional and global levels by establishing a clear monitoring mechanism for each MDG with clear timeline and format;



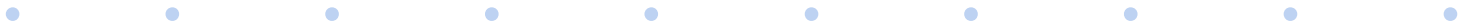
## What Parliament and Parliamentarians can do to help advance MDG-5

- Urge our Ministers to establish realistic and verifiable annual actionplans for reaching individual MDG targets with a special emphasis on MDG 5 (a and b);
- Promote and strengthen partnerships with other parliamentarians, donors, NGOs and private sector to leverage human and financial resources to achieve MDG5;



## The Role of Women Parliamentarians

- The Women parliamentarians in this area are vital in identifying the high risk group in their constituents, acts as a mediator to deliver the messages from relevant departments in order to increase their awareness onto the particular issue as well as maximise their participation into the advocacy programmes.
- Parliamentarians play a vital role in scrutinising the relevant policies or project to ensure that which is relevant, outcome-based and beneficial to the targeted group.



## The Role of Women Parliamentarians

- Parliamentarians should also always update and learn how their peers in other countries have done in combating the maternal mortality.
- Parliamentarians should also initiate programs at individual or collective levels in helping achieve the objectives of strategies and policies pertaining to MDG-5 that are being formulated by the government for their respective parliament areas.



## CONCLUSION

- Malaysia is one developing country in the South East Asia that has achieved some degree of success in reducing maternal and child mortality.
- This success occurred through very serious efforts beginning with a strong political will and commitment.
- Socio-economic development and availability of resources make reduction of maternal and child mortality easier.

