



Malaysia

Permanent Mission to the United Nations

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COUNTRY STATEMENT

THE 45TH SESSION OF THE COMMISSION ON POPULATION AND DEVELOPMENT

GENERAL DEBATE ON NATIONAL EXPERIENCE IN POPULATION MATTERS: ADOLESCENTS AND YOUTH

Presented by

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Mr Chair,

Ladies and gentlemen.

On behalf of the Malaysian delegation, allow me at the outset to extend my sincere congratulations to you on your appointment as the Chair of the 45th session of the Commission on Population and Development. We are confident that under your able leadership and guidance, the deliberations of the Commission will be both substantive and fruitful.

The Government of Malaysia takes cognisance of the increasing importance of sexual and reproductive health needs of the adolescents and youths in Malaysia. This is especially so, since Malaysia with its current population of 28.7 million has a relatively young population, where 27.6 percent of the nation's population is below 14 years and another 20.2 percent between the ages of 15 to 24 years. With a large number of young people, efforts have to be made to harness this demographic dividend.

I would like to quote Dr. Shigeru Omi, the then Regional Director of World Health Organisation (WHO) for Western Pacific Region who once highlighted that "adolescents are like butterflies. They go through a transition period that is full of potential, yet fragile. They need nurturing and care, and a safe and supportive environment to grow and develop."

As a matter of fact, adolescent sexuality has emerged as one of the most pressing social challenges for the current generation compared to the previous generations. A

study in 2010 by the National Population and Family Development Board showed the incidence of premarital sexual activity among Malaysian youths aged 18 to 24 years old is 6.5 percent.

Meanwhile the adolescent birth rate had declined from 28 births per 1,000 women for those aged 15 to 19 years in 1999 to 12 births per 1,000 women in 2010. However women and girls are increasingly getting infected with HIV, constituting 21 percent of newly infected persons in 2011 compared to 5 percent ten years ago.

As such, the Government of Malaysia has put in place various policies and programmes to handle sexual and reproductive health needs of the adolescents and youths.

One of the main initiatives is the Healthy Programme without AIDS for Youth (PROSTAR). This programme was introduced by the Ministry of Health in 1996 in its effort towards solving the AIDS problem amongst youths. The programme, which has the theme 'Action by Youth, for Youth and Through Youth' uses peer education to disseminate messages as well as to directly involve youths in HIV / AIDS awareness campaigns. In 2010, a total of 217 PROSTAR training sessions were held with 8,091 youths trained as peer educators. In addition, from 1997 to 2010, the total numbers of youths trained under the PROSTAR were 133,650.

The National Adolescent Health Policy 2001 and subsequently the National Adolescent Health Plan of Action 2005 were developed to streamline efforts of various Government agencies and other stakeholders in promoting and supporting adolescents towards optimum health in adulthood. This includes focusing on specific morbidities and mortalities related to risk behaviours and sexual reproductive health such as teen pregnancy, unsafe abortion, sexually transmitted infection, HIV / AIDS, smoking, alcohol consumption, mental illness, and suicide.

The introduction of the National Policy on Reproductive Health and Social Education and its Plan of Action in November 2009 further enhanced our efforts and paved the way for increased access to reproductive health education, information and services for adolescents and youths, stressing on positive values as well as responsible behaviours. I am pleased to highlight that there were two major milestones under this policy.

Firstly, is the integration of reproductive health and social education in the National Service Training curriculum in 2011 which benefits more than 100,000 school leavers each year. Secondly, in the same year, the Ministry of Education introduced reproductive health and social education (PEERS) in schools beginning with Year 1 students in primary schools. Among the content in this module are sexual reproductive health, skills, knowledge and behaviours.

Mr. Chair,

The Government of Malaysia has established six youth-friendly adolescent centres known as kafe@TEEN to increase access to reproductive health information and

services for young people aged 13 to 24 years. These centres offer a wide range of services such as reproductive health information and education, skills building programmes, reproductive health services as well as counselling and recreational activities.

Since the inception of kafe@TEEN in 2007, a total of 110,402 young people have participated in the kafe@TEEN education and skills building programmes whilst 9,440 young people have utilised the reproductive health and counselling services. Through the United Nations Population Fund (UNFPA), a pilot project called Upscaling kafe@TEEN has been implemented from 2008 to 2012 with the objective of increasing access and utilisation of sexual and reproductive health as well as HIV / AIDS information and services among the young and targeted vulnerable groups.

In addition, the Government has established the mobile version of kafe@TEEN to expand its outreach, targeting young people in schools, colleges and institutions of higher learning. This programme reaches out to 30,000 young people every year.

With regard to HIV / AIDS, the Government's response to the HIV epidemic continues to be guided by the National Strategic Plan on HIV / AIDS which was developed in response to the government's commitment to achieve the goal of MDG 6. The National Strategic Plan incorporates a multi-sectoral strategy, covering issues from the young people's vulnerability to free delivery of first-line treatment for all patients in government hospitals and clinics.

In addition, Malaysia provides universal access to healthcare services, including sexual and reproductive health services, to all adolescents in all primary and secondary healthcare facilities nationwide. With this kind of access, a total of 5,962 new antenatal cases among 10 to 19 years old have been registered at the Ministry of Health primary care facilities in July to December 2010, of which 25 percent were unmarried.

Mr. Chair,

Reproductive health cancers are still a concern in Malaysia. To reduce the prevalence of cervical cancer, the Government is targeting young girls to ensure that they are protected. In 2008, the Government has approved the policy of giving free Human Papillomavirus (HPV) immunisation to 13-year old Malaysian girls, beginning 2010. Now in 2012, we are extending the free HPV immunisation to the catch-up group, targeting 18-years old girls.

Smart partnership with non-governmental organisations (NGOs) is identified as one of the strategic approaches to enhance the efforts of the Government. As such, capacity building programmes in the community, including for parents, are jointly organised by the Government and NGOs, with grants from the Government. For the period 2011 to 2012, grants amounting to USD 1.3 million (RM4.1 million) have been given to 133 NGOs for adolescents programmes.

Mr. Chair,

Acquiring adequate and accurate sexual and reproductive health information helps young people to make informed and responsible decisions. However, cultural and religious sensitivities within the communities remain one of the major challenges in implementing reproductive health education for young people. Parents are still uncomfortable talking about reproductive health matters with their children, leaving their children dependent upon information from their peers or other sources like the internet.

To address this issue, the Government of Malaysia's commitment and involvement in sexual and reproductive health programmes include training healthcare providers, parents and parties who engage with the youths to provide youth-friendly services and to be non-judgmental and supportive on issues related to their sexual and reproductive health.

Policy makers, programme managers and administrators must constantly engage young people as equal partners in matters involving them. Efforts must be made to encourage young people to take part in the decision making process as well as being peer educators and advocates. Thus far, peer education programmes run exclusively by adolescents and youths have proven to be effective.

As the way forward, we need to optimise the use of information and communication technology (ICT) in providing information, messages and guidance on sexual and reproductive health to the adolescents and youths. This opportunity is timely since more young people have access to the cyber world as well as to mobile phones.

Finally Malaysia wishes to reiterate its commitment in implementing the ICPD-PoA including the Millennium Development Goals (MDGs) and will give full support in all deliberations of the 45th Session of the United Nations Commission on Population and Development.

Thank you.