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The Role of National Population and Family Development Board In Enhancing The Quality Of Life Of The People In The Country.

by

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The Role of National Population and Family Development Board in enhancing the quality of life of the people in the country.

Providing facilities that can help to promote physical, mental and social well being of an individual will mean helping to promote a better quality of life for him.

The thrusts of the National Population and Family Development Board are in three areas:

1. Population
2. Human Reproduction and Development
3. Family Development.

The programme of human reproduction and development as well as family development is to promote well being from the "womb to tomb". Healthy members of the family can be more productive and hence will indirectly improve the productivity of the family, the community and the nation. The family development as well as human reproduction and development programme are linked and the objective is to promote better quality of life of the people through family life education, areas relating to the well being of mother and child as well as providing counselling services for the family with problems.

The National Population and Family Development Board recognised the importance of working together with other agencies whether in the government or the non-government organisations in implementing its programme.

Service

The Board complements the Ministry of Health in the area of reproductive health. This will include antenatal services, health education, nutrition, immunization as well as contraception which is aimed at promoting the health of the mother and child. The main clinical services in the area of reproductive health that the Board provides are mainly contraceptive technology, infertility management and cancer screening. The Specialist and Reproductive Research Centre of the headquarters of the Board is equipped to investigate the infertile couple. All kinds of contraceptive methods are provided which can be tailored to each woman. Following the result of the world fertility survey in 1983 in which the NPFDB participated which showed that close birth intervals of less than two years, child birth occurring at the age of than 35 years which are associated with increased maternal and perinatal as well as neonatal mortality, the NPFDB regards contraception as a means to enable mothers to plan their pregnancies so as to be able to avoid some of the risk factors associated with maternal and neonatal mortality and morbidity and also in partly contributing efforts in reducing low birth weight deliveries.

Cancer of the cervix is one of the commonest cancers affecting women. The Board provides services for cancer screening using pap smear which is available in all the clinics of the NPFDB as well as the Federation of the Family Planning Association of Malaysia and in the hospitals of the Ministry of Health. Currently the NPFDB's own laboratory screens about 40,000 pap smear coming all over the country which makes it the largest centre doing cancer screening in the country.

We believe that the health of the mother is important to ensure optimum growth of the foetus which will in turn lead to the well being of the child. The Specialist and Reproductive Research Centre of the NPFDB also provides pediatric care which looks at the child not only from the medical aspects and also from the growth, developmental aspects. Facilities for developmental screening and therapy as well as immunization, and anticipatory guidance are provided to help parents care their child in a more positive manner particularly with children with special needs.

The NPFDB recognises that a lot more women in the country are acquiring better qualifications which enable them to pursue careers. Many women now are marrying late and are having less children than their mothers. Many experience the difficulty in taking care of the children and encounter difficulties in getting domestic help. The NPFDB feels that corporate child care should be within the means of most of the large organisations whether governmental or non-governmental. In an effort to promote this the Board has started its own child care centre called 'PELITA' which care for children from the first month of life until the pre-school age. Here not only are the children given the basic are required but they are also provided with curriculum which is as much as possible child centred. This is an enhancement programme which begins with infant stimulation to the pre-school curriculum. The health needs of the child are provided and their growth, development in all fields are scrutinised and if any concern is expressed by the child care workers, the parents about the child's health, growth or development the child will be assessed and appropriate management strategies formulated. There are now several organisations that have or are embarking on corporate child care within their own premises and this is a positive

direction in helping working mothers overcome problems of carrying for their child and at the same time being in the vicinity where they can continue breastfeeding their babies as well as being available whenever necessary to attend to their child who is sick.

The Board also provides marital, sex and adolescent counselling relating to the family problems and the clinics are run by the professional counsellors. A clinical psychologist is also available for consultation.

The laboratory of the NPFDB is undergoing rapid development. It provides services in 4 areas, namely chromosomal analysis, andrology, microbiology and reproductive endocrinology.

There is a need to provide services for prenatal diagnosis. Many mothers with Down Syndrome children are worried that the condition will recur in the next pregnancy. Facilities for chromosomal analysis will help in deciding whether the risk of recurrence is high which may necessitate procedures like amniocentesis to study the foetal karyotype. Prenatal diagnosis has developed rapidly over the last few years with advance in ultrasonography, cytogenetics and biochemistry using either amniotic fluid or chorion biopsy specimens. It is now technically possible to establish prenatally many inherit abnormalities as early as 8 weeks of gestation using chorionic biopsy.

Contraceptive and cancer screening services are available in many of our clinics of NPFDB around the country and is also available in the FFPAM clinics. Through the NADI programme these services as well as information regarding the health of the mother and child is also given by field workers.

Training

The NPFDB conducts courses in family life education for various organisations and is embarking on training of family counsellors together with the University of Malaya, Universiti Kebangsaan Malaysia and Universiti Pertanian Malaysia. The NPFDB has been conducting courses for the general practioners in reproductive health with the view of getting more and more general practitioners to be well informed in the area of contraception, fertility, cancer screening, handling common pediatric problems and also understand the factors that can affect population. The Ministry of Health Nurses, Midwives, Medical Students and rotational Obstetric and Gynaecology doctors spent some time in NPFDB as part of the training programme.

The broad aim of training in NPFDB is to enable trainees to appreciate the importance of family development in the development of the nation. It is important to have a strong family institution since it is the basic social unit. Family life education to promote better understanding of the needs of individual members of the family at different phases of growth and developemnt can help oneself to understand how best he or she can play a positive role in the family, his or her own community as well as the country. Through family development it is hoped that reproductive behaviour can be positively changed in order to arrive at the targeted population size in the targeted time as well as to ensure the quality of the population.

Through family life education to the community it is also hoped that knowledge of preconception risk can be appreciated so that appropriate action can be taken by the community together with the health providers to enble that

maternal, perinatal and neonatal mortality and morbidity to be reduced. Understanding of the needs of the growing child and appropriate parenting strategies will help to ensure that the growing child will not suffer from nutritional problems, adverse effects of preventable infection and psychosocial deprivation due to ignorance or inappropriate cultural practices.

The target groups are all levels of the community whether they are professionals, governmental or non-governmental organisations, students and parents and the content of the training is tailored to the audiences concerned.

Research

The broad aims of the Board's research is to learn in greater depth issues relating to population, human reproduction and development and family development. The NPFDB participates in the Asean Population Project and at the moment is conducting a mortality and morbidity differentials in the states of Kelantan and Johor to find out in more detail the mortality and morbidity patterns. This project is being carried out with the Universiti Kebangsaan Malaysia.

Research in Reproductive Biology is geared to trying to understand in more detail causes of infertility and to test new technology in treating infertility.

In recognition of the importance of spacing of pregnancies in reducing maternal and infant mortality and morbidity the Board considers it important to carry on researches in the different types of contraception. At the moment the Board is working with the World Health Organisation (WHO) in studying the natural form of contraception that is lactation.

The perinatal project which is being carried out together by the UKM and LPPKM we hope to learn about the determinants of perinatal mortality and morbidity as well as low birth weight babies so that preventive programme can be formulated. The causes of abortions have not been very well determined in this country and efforts are being made to study this together with the Obstetric and Gynaecology Department of the Universities.

Normative data on growth and development from birth onwards will be done to enable the growth and development profile of normal children to be derived and enabling other children's growth and development to be monitored using these charts.

The NPFDE is also conducting a research with the Ministry of Education to understand the causes of the educational failure in Standard I children. It is hoped that we can learn more about the remediable causes and how best to cope with them so that the children can be helped to integrate harmoniously and contribute to the community in which they live.

The formation of Yayasan Pembangunan Keluarga in Trengganu which is aimed at promoting the well being of the family along the approach conceived by the NADI programme is presently being supported by the NPFDE. In this programme the multi agency approach of family development through income generating activities, provision of health facilities and other community needs like child care centres, training etc. is being carried out. The emphasis here is on community participation and the Board supports such

programme which is aimed at community and family development along these lines.

Conclusion

The new population policy which aims at achieving a population size of 70 million in the year 2100 means that there must be a multi sectorial development which is properly coordinated. As far as the Board's role in improving the quality of life of the people in this country is concerned it carries the burden of monitoring the population growth and linking it with the development of the housing, manpower, power, education, health, agriculture etc. It has to disseminate of family life education to promote satisfying family life and continue to complement the Ministry of Health in promoting the well being of the mother and child. Through education it is hoped that misperceptions as an unhealthy practices whether it relates to maternity care or child rearing needs to be changed in order to promote better health of the mother and child and family. It is hoped that healthy families will generate dynamic, productive resourceful and adaptable population which can lead to a more resilient and productive nations and therefore hopefully lead to improvement of the quality of life of the people in the country.

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Note

The opinion expressed by the writer of this paper does not necessarily reflect that of the National Population and Family Development Board, Malaysia.