

PRESS STATEMENT

ARREST AND DETENTION OF ASYLUM SEEKING WOMEN ACCESSING MATERNAL HEALTH CARE

Last week, three asylum seeking women who were admitted to GHKL to deliver their babies, were informed that they would be sent to immigration detention after delivering their babies. Reportedly, the hospital personnel notified the immigration authorities about the two women. The immigration authorities in turn informed the husbands of the women that their wives would be sent to detention after delivering their babies. The women and their husbands experienced great anxiety while waiting for the babies to be born in addition to struggling with the usual fears associated with child-birth.

This week, an asylum seeker was sent to detention with her new born baby in spite of pleas to let the woman stay at the hospital until UNHCR registered her in the morning.

The previous week, an asylum seeking woman who delivered her baby in GHKL was sent to immigration detention while her baby remains in the hospital. The husband is concerned about his wife's post natal care as well as the fact that the baby is missing its mother's care.

New admissions of asylum seeking women to GHKL continue to be told that they will be detained after delivery, even those who have undergone a Caesarean section birth delivery.

Health Equity Initiatives is extremely concerned about this new development. Not only does it exacerbate the ongoing fears of refugees and asylum seekers while accessing health care; it also holds the strong possibility that this population would avoid an institutional delivery or resort to unsafe abortions if they get pregnant. Both these factors are risk factors for maternal mortality given the specific vulnerabilities of their lives in Malaysia. Additionally, the risk of maternal morbidity including infection is exacerbated when postnatal care is lacking, especially for Caesarean births.

Malaysia has made a global commitment to reduce maternal mortality through the Millennium Development Goals (MDGs). In addition, the country has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979. As such Malaysia is obliged to uphold the provision of elimination of discrimination against women in their access to health care throughout the life cycle, particularly in the areas of family planning, pregnancy and confinement and during the post-natal period, as stated in CEDAW and its General Recommendation No. 24.

Malaysia is regularly cited by international agencies including the World Health Organization (WHO) and the World Bank as a "good practice" for its success in terms of maternal health. The rapid decline in maternal mortality is especially attributed to expanded access to an integrated package of maternal and child health services and ensuring that such efforts reached the poor. Yet, reports which identify a significant prevalence of maternal deaths among non-citizen women attribute it to their limited access to maternal health services.

The WHO emphasizes that the establishment and maintenance of breastfeeding should be one of the major goals of good postpartum care. It states that breast milk is the optimal food for newborn infants and prevents infant morbidity and mortality caused by infections and malnutrition. Malaysia's National Breastfeeding Policy which was formulated in 1993 and revised in 2005 recommends exclusive breastfeeding for the first six months of life. Kementerian Kesihatan Malaysia also recommends placing the baby on the mother's chest for at least 10 minutes for skin to skin contact and putting the baby to the breast for suckling within one hour after delivery. Skin-to skin contact between mother and baby brings about many physiological and psychological benefits for the baby, including greater respiratory,

temperature, and glucose stabilization, optimal brain development, protection from the negative effects of separation, maternal attachment, and improved infant neurobehavioral development. As such, separation from the mother or placement in detention poses significant health risks to the new born. Placement in detention would aggravate the newborn's exposure to infections.

The Convention on the Rights of the Child (CRC) 1990 ratified by Malaysia requires State parties to ensure that discrimination does not undermine children's health. Malaysia as a State Party to the CRC and having enacted the Child Act 2010, has a duty to protect the health of the newborn child. Importantly, CRC and its General Comment No. 15 emphasize the importance of access to health care, especially appropriate pre-natal and post-natal health care for mothers in order to reduce neonatal deaths.

Refugees and asylum seeking women experience specific and adverse sexual and reproductive health vulnerabilities and outcomes owing to exposure to conflict and military presence, gender and sexual based violence, and poverty. They require the protection of the international community. Immigration policies of arresting and detaining such vulnerable women, especially at the time of child birth, makes Malaysia and its policies appear cruel and inhumane. Additionally, such health care practices do not reflect the regard for science and evidence that underline Malaysia's Ministry of Health policies in terms of maternal health.

In line with Malaysia's international commitments to CEDAW, CRC and the MDGs, Health Equity Initiatives calls on the Malaysian government to immediately withdraw this new policy of arresting and detaining asylum seeking women accessing maternal health care. Instead we call on the government to make maternal health care, including family planning services accessible to refugees and asylum seekers. Undoubtedly, these are complex issues whose management requires robust technical and ethical guidance. They also require integrated national and regional approaches to burden sharing for populations like refugees who are in need of international protection. Health Equity Initiatives offers to work together with the Malaysian government, UNHCR, and other stake holders concerned about refugees and maternal health to find a durable solution to the issue of accessibility of refugees and asylum seekers to health care, including maternal health care.

Prepared by
Sharuna Verghis
Director
Health Equity Initiatives

Endorsed by
All Women's Action Society (AWAM)
Association of Women Lawyers (AWL)
Malaysian Care
Malaysian Social Research Institute (MSRI)
Pusat Kebajikan Good Shepherd (PKGS)
Reproductive Rights Advocacy Alliance Malaysia (RRAAM)
Shanthi Dairiam - Former CEDAW Committee member
Tenaganita