

Belanjawan 2026 Kementerian Kesihatan Malaysia



2025

BELANJAWAN PRO-KESIHATAN KKM

2026

RM45.27 bilion

RM46.52 bilion

(+1.04% daripada Belanjawan Negara)
(+0.27% berbanding Belanjawan 2025)

RM650 juta

Peruntukan untuk SKMM

Menaik taraf sistem sambungan internet dan peluasan pelaksanaan CCMS di fasiliti-fasiliti KKM

RM100 juta

Menaik taraf infrastruktur wad di hospital-hospital daerah

935

Graduan institut latihan KKM (ILKKM)

akan ditawarkan jawatan tetap pada 2026

4,500

Doktor Kontrak

akan ditawarkan jawatan tetap pada 2026

RM1.2 bilion

Hospital dan klinik di seluruh negara akan diwujudkan dan diaktifkan

RM755 juta

Peralatan perubatan lapuk akan diganti

selain memperolehi peralatan canggih untuk disiplin baharu

RM120 juta

Kadar Elan 'on-call' (ETAP) Pegawai Perubatan dan Pegawai Pergigian diinsinir sehingga 40%

Inisiatif utama dalam Belanjawan Pro-Kesihatan 2026

RM30 JUTA

Menyediakan perkhidmatan pakar kepada komuniti melalui klinik kesihatan

RM363 juta

hasil tambahan cukai dari eksais rokok dan arak akan disalurkan kembali kepada KKM

RM31.3 juta

Relaksasi inisiatif pendigitalan melalui pelaksanaan Cloud-Based Clinic Management System (CCMS) di klinik-klinik kesihatan

RM60 JUTA

Memperkenalkan insurans awam kesihatan (MHT) mampu milik melalui dana bersama Kerajaan dan industri

RM140 juta

menyumbat luar rasmi untuk mempercepatkan akses rawatan kepada rakyat

RM21.6 juta

Pemerkasaan program kesihatan mental seperti Program K-Mindset

MYSALAM diteruskan untuk tahun 2026

bagi membantu rakyat berpendapatan rendah mendapat perlindungan kesihatan bagi hospitalisasi dan penyakit kritikal

RM80 juta

Program Saringan Kesihatan (Peis 300) untuk golongan rentan

RM10-RM80

Kadar 5 perundingan GP dikekalkan, harga tarai RM10 dikekalkan

Pembinaan hospital, klinik dan blok tambahan baharu

Pusat Kanser Wilayah Utara, Blok Tambahan Baharu di Hospital Pontian, Hospital Banting dan Hospital Sungai Buloh, Advanced Surgical Block di Hospital Pakar USM, Pusat Jantung Sabah, dan 15 Klinik Kesihatan baharu

RM2.2 bilion

Pembinaan dan penyelenggaraan kuarters bagi kakitangan awam seperti doktor, jururawat & lain-lain

Belanjawan 2026 anjakan penting tingkat kesejahteraan rakyat

Menteri Kesihatan sifatkan Belanjawan 2026 sebagai Pro-Kesihatan

Oleh ARZIANA MOHAMED AZAMAN
 SHAH ALAM

Kementerian Kesihatan Malaysia (KKM) menyifatkan Belanjawan 2026 sebagai satu anjakan penting ke arah pemerkasaan sistem kesihatan negara yang lebih mampan dan inklusif.

Dengan peruntukan RM46.52 bilion iaitu peningkatan 2.76 peratus dana (RM1.25 bilion) berbanding tahun sebelumnya (RM45.27 bilion), KKM muncul sebagai penerima kedua terbesar dalam keseluruhan belanjawan negara.

Menterinya, Datuk Seri Dr Dzulkefly Ahmad berkata, peningkatan itu menunjukkan komitmen Kerajaan MADANI untuk menjadikan kesihatan sebagai pelaburan masa depan negara, bukan sekadar perbelanjaan sosial semata-mata.

"Belanjawan ini adalah Belanjawan Pro-Kesihatan untuk memperkukuh sistem kesihatan negara secara menyeluruh, bukan dengan langkah kosmetik tetapi melalui reformasi berfasa yang realistik dan mampan dilaksanakan."

"Ia disebut Belanjawan Pro-Kesihatan kerana memecahkan tradisi lama. Selama ini, sistem kesihatan kita lebih bersifat *sick care* iaitu rawat bila sakit."

"Melalui belanjawan ini, kita akan bergerak ke arah *healthcare* iaitu menjaga kesihatan rakyat sepanjang hayat melalui pencegahan, akses awal dan rawatan yang lebih cepat serta lebih menyeluruh," katanya.

Menurut Dr Dzulkefly, KKM memberi tumpuan kepada lima teras utama agar setiap ringgit yang akan dibelanjakan benar-benar memberi manfaat kepada rakyat.

Antaranya kebajikan petugas kesihatan, penambahbaikan prasarana, pengurangan kesesakan hospital, sistem pembiayaan kesihatan yang mampan dan penguatkuasaan Agenda Nasional Malaysia Sihat.



Dr Dzulkefly turut menzahirkan harapan agar sistem kesihatan Malaysia terus berkembang ke arah yang lebih inklusif dan berdaya tahan.



Dr Dzulkefly menegaskan KKM memberi tumpuan kepada lima teras utama agar setiap ringgit yang dibelanjakan benar-benar memberi manfaat kepada rakyat.

"Kita mahu *frontliners* dihargai sewajarnya dan kebajikan mereka dilindungi. Ini bukan soal gaji semata-mata, tetapi soal motivasi, maruah profesion dan masa depan perkhidmatan kesihatan negara," jelas beliau.

Seramai 4,500 doktor kontrak dan 935 jururawat akan diserap ke lantikan tetap bermula tahun depan, manakala RM2.2 bilion turut diperuntukkan bagi menaik taraf kuarters kerajaan untuk petugas kesihatan, serta penjawat awam lain, terutamanya di luar bandar.

Bagi menangani isu kesesakan di hospital kerajaan, Dr Dzulkefly berkata, KKM mengambil pendekatan pelbagai hala (*multi-pronged approach*).

"Kita tidak boleh selesaikan dengan retorik, kita perlu strategi," katanya.

Antara langkah yang diambil seperti menaik taraf kapasiti hospital dengan peruntukan RM1.2 bilion untuk penyelenggaraan dan baik pulih, memperkasakan kesihatan primer dengan membawa perkhidmatan pakar ke klinik kesihatan melalui peruntukan RM30 juta.

Selain itu, bagi mempercepatkan akses kepada rawatan, sebanyak RM140 juta diperuntukkan untuk menyumber luar pembedahan dan prosedur rawatan seperti kardiologi, nefrologi dan ortopedik ke hospital swasta dan universiti.

Digitalisasi arah baharu sistem kesihatan

Belanjawan 2026 turut mempercepat agenda pendigitalan sektor kesihatan

melalui peluasan *Cloud-Based Clinic Management System* (CCMS) bernilai RM31.3 juta dan pembangunan sistem Rekod Kesihatan Elektronik (EMR) berteraskan visi *One Person, One Record*.

Menurut beliau, digitalisasi bukan lagi pilihan, tetapi satu keperluan kerana KKM tidak boleh terus bergantung kepada fail fizikal dengan proses manual yang melambatkan.

"Pendigitalan bukan aksesori. Ia asas kepada sistem kesihatan moden dan *future ready*. Digitalisasi boleh mengurangkan birokrasi, mengurangkan waktu menunggu, melindungi data pesakit dan memudahkan hidup rakyat," ujarnya.

Sebanyak 160 klinik kesihatan sudah didigitalisasikan dan menjelang akhir tahun 2025, tambahan 150 fasiliti di Sabah dan Sarawak bakal menyertai sistem tersebut.

Dr Dzulkefly turut menjelaskan, reformasi pembiayaan kesihatan melalui penawaran produk insurans asas kesihatan mampu milik atau MHIT akan dilaksanakan melalui dana bersama Kerajaan-industri berjumlah RM60 juta.

"Pencarum Kumpulan Wang Simpanan Pekerja (KWSP) juga boleh menggunakan Akaun Sejahtera untuk melanggan secara sukarela, bagi

menikmati perlindungan kesihatan asas yang melengkap akses kepada perkhidmatan awam sedia ada.

"Langkah ini bukan penswastaan, tetapi pemerkasaan. Kita mahu sistem kesihatan kekal adil dan mampan," tegasnya.

Penyaluran semula hasil oukai rokok dan minuman keras yang dianggarkan bernilai RM363 juta yang telah ditindikkan (*earmarked*) untuk KKM juga adalah langkah yang amat dialu-alukan. Hasil ini akan digunakan untuk pelaksanaan inisiatif kesihatan paru-paru, jantung dan diabetes.

Ketelusan tadbir urus

Menjawab persoalan mengenai keberkesanan pelaksanaan belanjawan, Dr Dzulkefly menegaskan bahawa setiap sen mesti dibelanjakan dengan cermat dan berhemah.

"Setiap peruntukan kritikal kini diikat kepada hasil (*outcome-based allocation*), bukan sekadar menghabiskan duit, tetapi apa natijahnya untuk rakyat."

"Dashboard pelaksanaan belanjawan kesihatan turut akan diwujudkan bagi memantau kemajuan projek secara berkala, selain jawatankuasa khusus untuk memantau pelaksanaan Belanjawan 2026 yang dipengerusikan sendiri oleh Ketua Setiausaha (KSU) KKM," katanya.

Beliau turut menzahirkan harapan agar sistem kesihatan Malaysia terus berkembang ke arah yang lebih inklusif dan berdaya tahan.

"Saya percaya negara ini berhak memiliki sistem kesihatan yang bermaruah yang mana lebih menjaga rakyat tanpa mengira status dan kemampuan."

"Belanjawan 2026 bukan penamat, tetapi permulaan kepada sesuatu yang lebih besar. *It is a good start!* Selagi amanah ada di bahu, saya akan pastikan reformasi kesihatan ini dapat dilaksanakan dengan sebaik mungkin, kerana ini bukan untuk kerajaan hari ini sahaja, tetapi untuk masa depan rakyat Malaysia," katanya.

Dr Dzulkefly (tiga dari kiri) bergambar bersama kakitangan KKM ketika kunjungannya ke Sabah.



KEMENTERIAN KESIHATAN MALAYSIA

INISIATIF UTAMA DALAM BELANJAWAN MADANI 2026

- RM120 JUTA**
Kadar Elaun Tugasan Atas Penggajian Pegawai Perubahan dan Pegawai Penggajian (ETAP)
- RM30 JUTA**
Reformasi Perkhidmatan Kesihatan Primer
- RM100 JUTA**
Naiktaraf infrastruktur wad di hospital-hospital daerah

Health Ministry services vital to summit

KUALA LUMPUR: As world leaders gathered for the Asean Summit, the Health Ministry's medical operations quietly emerged as one of the most vital yet unseen pillars ensuring the high-profile event ran seamlessly.

Health Ministry Medical Protection Unit deputy director Dr Muhammad Yunus Tauhid Ahmad said his team handled nearly 480 cases since the summit began on Oct 21, from mild fevers to minor injuries, all without disrupting proceedings.

"Our services cover everything from basic treatment to life-threatening emergencies. Everyone comes through us first, it is like a hospital front line."

Two medical centres operated at the venue, one for delegates and another exclusively for VVIPs such as ministers and heads of state.

The VVIP centre offered added privacy and security, complete with CPR and intubation equipment, defibrillators and emergency drugs.

"So far, most cases have been mild... fever, cough, sore throat or stomachache.

"A few heart and asthma cases were referred to hospitals, along with minor falls and motorcade-related injuries," Muhammad Yunus told *theSun* on

the closing day.

Smaller medical posts were also set up at hotels hosting world leaders, all supported by 30 ambulance teams stationed around summit venues and hotels.

"Each ambulance has five medical personnel, a specialist, a doctor, two paramedics and a driver. Our coverage begins at KLIA and continues throughout their stay."

In total, 512 Health Ministry personnel were on duty under three divisions – the Medical Team, providing on-site care and emergency response, the Food Safety Team, monitoring kitchens at venues and hotels, and the Public Health Team, overseeing disease control, outbreak prevention and vector management.

"These teams worked hand in hand with logistics and operations units across KLCC and participating hotels."

From the command centre, ambulance movements were tracked in real time through the Government Integrated Radio Network to coordinate swift responses.

"Officers were strategically placed to remove patients so the summit flow was not disrupted."

Perokok degil tak hirau larangan merokok

**ANALISIS
MUKA 12**

SHAHRIZAL AHMAD ZAINI

Larangan merokok di tempat awam khususnya di premis makanan telah lama dikuatkuasakan di negara ini, namun tahap kepatuhan sebahagian masyarakat masih berada pada tahap yang membimbangkan.

Kejadian terbaru melibatkan seorang anggota polis yang dirakam merokok di sebuah restoran di Kluang, Johor, sekali lagi menjadi perbualan hangat setelah video mengenainya tular di media sosial.

Ia sekali gus membuka mata banyak pihak bahawa peraturan atau larangan merokok di tempat awam itu masih tidak diendahkan oleh masyarakat.

Situasi itu bukan sekadar menunjukkan sikap sambil lewa segelintir individu terhadap garis panduan kesihatan awam, malah menimbulkan persoalan mengenai keberkesanan penguatkuasaan undang-undang sedia ada.

Sejak larangan merokok di premis makanan mula berkuat kuasa sepenuhnya pada 2020, pihak kerajaan menegaskan peraturan ini diwujudkan bagi menjaga kesihatan masyarakat, khususnya golongan rentan seperti kanak-kanak, warga emas serta individu yang mempunyai penyakit kronik.

Ini kerana asap rokok bukan sahaja boleh menjejaskan kesihatan perokok itu sendiri, tetapi lebih membahayakan mereka yang terdedah kepada asap rokok secara pasif.

Bagaimanapun, apa yang di-

kesalkan adalah tahap kepatuhan yang masih rendah dalam kalangan masyarakat.

Masih ramai yang dilihat enggan mematuhi larangan merokok di tempat awam dan keadaan ini boleh dilihat di mana-mana sahaja dan kebiasaannya perbuatan merokok berlaku di premis-premis makanan.

Oleh itu, kejadian membabitkan anggota polis itu nyata memberikan mesej jelas bahawa sikap tidak menghormati larangan merokok bukan hanya dilakukan dalam kalangan orang awam; malah turut melibatkan pihak yang sepatutnya menjadi contoh dan menguatkuasakan larangan tersebut.

Ini kerana realitinya, larangan merokok adalah undang-undang yang terpakai ke atas semua pihak tanpa pengecualian termasuk pegawai kerajaan, penguat kuasa dan pemimpin masyarakat.

Tiada sesiapa memiliki 'keistimewaan' bagi melanggar peraturan atas nama pangkat atau kuasa yang dimiliki.

Justeru, tindakan tegas perlu diambil dan bukan sekadar nasihat atau amaran ringan. Hukuman denda serta-merta seperti yang diperuntukkan dalam peraturan perlu terus dilaksanakan bagi memastikan kepatuhan terhadap undang-undang larangan merokok di tempat awam itu benar-benar dihayati.

Pada masa sama, pemilik premis makanan juga tidak boleh berkompromi. Mereka berhak menegur dan melaporkan sebarang pelanggaran peraturan larangan merokok bagi melindungi reputasi perniagaan dan juga kepuasan pelanggan.

Selain itu, masyarakat juga memainkan peranan penting dalam memastikan undang-undang ini dipatuhi oleh semua orang.

Masyarakat juga perlu memiliki

kesedaran bersama. Ia bukan hanya soal undang-undang, tetapi melibatkan rasa tanggungjawab sosial terutamanya terhadap kesihatan orang lain.

Apa pun, undang-undang ini tidak akan berkesan selagi wujud mentaliti 'aku tak apa,' atau lebih buruk, wujud ketidakadilan dalam pelaksanaannya.

Oleh itu, pihak penguatkuasaan harus lebih konsisten, adil dan menyeluruh dalam setiap tindakan yang dilaksanakan.

Objektifnya satu iaitu bagi memastikan masyarakat faham premis makanan merupakan zon yang perlu dihormati kerana ia menjadi tempat keluarga berkumpul untuk makan serta berehat dan bukannya menjadi ruang bebas bagi menghembus asap rokok.

Justeru kes tular di Kluang, wajar menjadi pengajaran. Jika anggota polis pun boleh dikenakan tindakan kerana melanggar undang-undang ini, ia menegaskan satu perkara asas iaitu larangan merokok di tempat awam bukanlah suka-suka.

Ia menuntut komitmen menyeluruh terhadap kesihatan awam. Oleh sebab itu, setiap pihak wajib mematuhi demi kepentingan bersama.

Oleh itu, kejadian di Kluang seharusnya menjadi peringatan tegas kepada semua pihak bahawa undang-undang bukannya satu pilihan atau nasihat kesihatan yang boleh diabaikan.

Apabila pihak yang berada di barisan depan penguatkuasaan turut didenda kerana melanggar peraturan ini, maka mesej yang sampai kepada masyarakat adalah jelas iaitu larangan merokok di tempat awam perlu dipatuhi oleh semua, tanpa kecuali.



ON-SITE SERVICE ... A delegate being examined at a medical centre set up by the Health Ministry at the 47th Asean Summit venue. – **ADAM AMIR HAMZAH/THESUN**

Asean–China ties built on trust, guided by peace: PM

KUALA LUMPUR: Malaysia and China reaffirmed their close ties at the Asean–China Summit, with Prime Minister Datuk Seri Anwar Ibrahim underscoring trust, dialogue and cooperation as the cornerstones of regional stability.

In his opening remarks, Anwar welcomed Chinese Premier Li Qiang and highlighted the importance of Asean centrality.

"If people are curious, the day before we were with United States President Donald Trump and today we are back with China. This reflects Asean centrality," he said, commending Asean members for maintaining friendly relations with all major powers.

Anwar noted the significance of the upgraded ACFTA 3.0, calling it a milestone in economic cooperation and a key step forward in regional integration.

On Facebook, Anwar shared that his meeting with Li focused on strengthening bilateral trade and investment.

"The meeting further cements Malaysia–China friendship built on trust and mutual respect – a symbol of a stronger bilateral relationship that contributes to regional stability."

He reaffirmed Malaysia's commitment to expanding high-value exports in sectors such as electronics, aerospace, medical technology, renewable energy, and oil and gas under the Belt and Road Initiative.

Key projects including the Automotive Hi-Tech Valley in Tanjung Malim (a product of Proton–Geely cooperation), the East Coast Rail Link expansion and port collaborations were also discussed. Anwar said these projects could position Malaysia as a regional logistics and maritime hub.

He also welcomed continued Chinese investment in digital, semiconductor and green technology.

The meeting also covered regional peace efforts, including the Kuala Lumpur Peace Accord between Cambodia and Thailand.

"Premier Li expressed China's support for the peace efforts – a triumph of Asean diplomacy in upholding peace through trust and dialogue," Anwar wrote.

COMMENT by Dr Angelina Anne Fernandez

Safeguarding nation's plate

FOOD safety has become a growing concern in Malaysia, with an increasing number of food poisoning and foodborne illness cases reported each year.

Although the country is governed by the Food Act 1983 and the Food Regulations 1985, enforced by the Health Ministry (MOH), the reality is that incidents of food contamination continue to occur frequently.

According to the MOH Annual Food Safety Report, the number of food premises ordered to close rose from 1,300 in 2022 to 1,650 in 2024.

This statistic demonstrates that food safety problems are no longer isolated incidents but have evolved into systemic challenges affecting all levels of the food industry - from luxury restaurants to roadside stalls.

In several countries such as South Korea and Singapore, data-driven and artificial intelligence (AI)-based approaches are used to predict and prevent food contamination risks - a model that Malaysia could emulate.

Looking ahead, improving food safety in Malaysia should involve strengthening enforcement integrity, reforming outdated laws and empowering consumer rights.

Food safety encompasses every stage of the food process - from preparation, handling, to storage - that must be strictly observed by food producers and entrepreneurs.

Its primary goal is to protect consumers from various foodborne hazards, including physical, chemical and biological risks, throughout the food supply chain, from farm to table. Local authorities must also be mobilised comprehensively, as many cases of contaminated food occur at small-scale premises such as street stalls and home kitchens.

In Malaysia, various food safety standards and regulations have been established, with MOH's Food Safety and Quality Division (FSQD) serving as the main body responsible for food safety control.

Through frameworks such as the Food Act 1983 and Food Regulations

1985, the FSQD ensures nationwide compliance with food safety standards.

Among FSQD's key responsibilities are the implementation of national compliance projects, administration of food exports, pre-market approvals, food poisoning prevention activities, consumer communication and public engagement.

Hence, it is important to recognise that FSQD plays a critical role in reviewing, assuring quality and evaluating the enforcement of food safety monitoring measures.

Although the FSQD under MOH already monitors food quality from farm to table, further improvements are still necessary.

One of the main recommendations is to strengthen the powers of local authorities. Enforcement officers should be trained to utilise AI technology and computer simulations to enhance their ability to handle real-life scenarios. AI can also be used to identify high-risk locations or premises that are prone to food safety violations.

Additionally, MOH could develop a secure online complaint system. A mobile application could be introduced to allow the public to lodge complaints by uploading photos or videos of food premises.

AI technology could assist in detecting hygiene issues from the submitted images. Furthermore, MOH could implement digital food handler training, where food safety courses are conducted online using AI that adapts learning content according to each participant's level of understanding.

The integration of AI into Malaysia's food safety monitoring system represents a transformative shift in regulatory governance.

As the nation faces increasing reports of foodborne illnesses and contamination, traditional inspection methods - often manual, time-consuming and reactive - are proving insufficient to address modern challenges in a complex food supply chain.

AI-based monitoring provides a proactive and data-driven solution

"Looking ahead, improving food safety in Malaysia should involve strengthening enforcement integrity, reforming outdated laws and empowering consumer rights."



According to Health Ministry's Annual Food Safety Report, the number of food premises ordered to close rose from 1,300 in 2022 to 1,650 in 2024. - BERNAMAPIIC

capable of predicting, detecting and preventing food safety risks before they escalate into public health crises.

In the context of food safety enforcement, AI systems can analyse large datasets obtained from inspection records, consumer complaints, laboratory tests and even social media platforms to identify patterns or anomalies that suggest potential contamination.

For instance, predictive algorithms can forecast high-risk areas or premises based on environmental conditions, supply chain data and previous non-compliance history. This allows the FSQD and local authorities to prioritise inspections, allocate resources efficiently and respond more swiftly to emerging threats.

Moreover, AI-powered image recognition and computer vision technologies can be deployed through mobile applications or surveillance systems to detect hygiene violations in real time.

Food handlers and enforcement officers can use handheld devices or smart cameras to assess the cleanliness of kitchens, utensils, and food storage facilities.

Through deep learning, the AI system can automatically identify irregularities

such as improper food handling, cross-contamination risks or pest presence - alerting authorities instantly and supporting evidence-based enforcement actions.

Food safety is not merely a public health issue but also a fundamental human right. In Malaysia, food safety laws must uphold this principle - that every plate of food represents a trust to protect the health of the people.

Management and Science University aligns with this modern development by offering technical and vocational education and training programmes that integrate AI technology with hygiene and food safety aspects.

Through these programmes, students are trained to use AI to monitor the cleanliness of food premises, detect contamination risks and analyse public health data to prevent foodborne diseases. This approach not only enhances technical competence but also supports the nation's effort to ensure safe and high-quality food for all Malaysians.

Dr Angelina Anne Fernandez is a senior lecturer at the Faculty of Business Management and Professional Studies, Management and Science University. Comments: letters@thesundaily.com





YOUR OPINION

IT felt right to share my experience of miscarriage now as October is Mental Health Awareness Month. It happened years ago, but only now do I feel ready to open up about it and share what I've been through.

Miscarriage and infertility are deeply personal experiences – and for a long time, I kept my story to myself. But I have learned that silence can sometimes deepen pain, and speaking out can help others who are walking the same difficult path.

After 13 years of marriage and unsuccessful attempts to conceive naturally, I finally decided to try intrauterine insemination (IUI). It was a decision that came after years of hesitation, fear and hope. To my relief and joy, I conceived on the first attempt. For a brief moment, everything felt possible again.

However, at eight weeks, my pregnancy ended in miscarriage. What followed was an experience that tested not only my physical endurance but also my emotional and mental health.

The pain of miscarriage is often misunderstood. It is not simply "heavy bleeding" as some assume; it comes with contractions that mirror the pain of labour, only without the reward of holding a newborn at the end. Each wave of pain was a cruel reminder of what I was losing.

At the hospital, I was placed in a maternity ward – surrounded by mothers with newborns and the constant sounds of baby

Opening up about the pain of miscarriage

monitors and crying infants. I remember lying awake at night, listening to the rhythmic beeps of other babies' heartbeats, each one a painful reminder of what I had just lost.

One mother even asked me where my baby was. Those moments are etched in my memory as some of the hardest I've ever faced.

When I asked for sleeping medication to help me cope with the overwhelming noise and grief, I was told none could be given. I felt invisible in my pain – grieving in a space that celebrated new life.

The miscarriage resulted in the loss of one of my fallopian tubes, and doctors later told me that my chances of conceiving again were very low. That news brought a finality that was difficult to accept.

Returning home, I had to observe the traditional 40-day confinement period – a practice meant for recovery after childbirth. But for me, there was no baby to hold. The confinement, intended as a time of healing, became an emotional prison. I longed for the quiet of my own space to grieve and recover privately, but cultural expectations made that impossible.

It was during this time that my mental health began to suffer. The silence, the isolation, and the sense of loss became over-

whelming. I realised that while physical recovery after miscarriage is often discussed, emotional and mental healing are rarely acknowledged, especially within traditional communities where such topics are considered taboo.

Miscarriage is often treated as something to move past quickly. Perhaps this is because, in many cases, mothers are able to conceive again or have already had children before.

But what about the first-time mothers who may never get that chance again? Their grief is compounded by the loss of both a baby and the dream of motherhood itself. It is a profound loss – one that deserves empathy, medical understanding and mental health support.

Today, I continue to heal, one day at a time. I hope that by speaking up, I can help create more awareness about the emotional and physical reality of miscarriage.

After a long time, I realised that motherhood is not only about giving birth but also about nurturing. Today, I heal by nurturing animals, plants and the planet. I have found my saving grace through care, compassion and the act of giving life in other forms.

FARIDA SAIFUDDIN
Penang



Photo: Freepik.com