



AT THE DEWAN RAKYAT

Reports by RAI

More permanent posts in public healthcare

A RANGE of initiatives has been introduced to encourage healthcare personnel to remain in the public sector, with 7,772 contract medical officers and nurses appointed to permanent positions in 2025, says Health Minister Datuk Seri Dr Dzulkefly Ahmad (*pic*).

He said the measures include increasing permanent positions for appointment of medical officers and nurses under the ministry.

"In 2025, the Health Ministry offered permanent appointments to 4,518 contract medical officers.

"It also granted exemptions for interim contract appointments

for newly-appointed nurses.

"As a result, 3,254 nurses were appointed permanently to fill vacancies in 2025," he said in a written reply to Datuk Sri Dr Richard Riot Jaem (GPS-Serian).

Riot had asked the Health Ministry to state the measures and efforts taken to address the issue of doctors and nurses resigning, which disrupts operations in government hospitals.

Dzulkefly said the retention strategy was complemented by improvements in remuneration



and allowances, including salary adjustments for civil servants, which also benefit doctors and nurses.

"Salaries were increased by 8% in December 2024, followed by a further 7% increase in January 2026.

"The rate for the on-call duty allowance, which had not been reviewed since 2011, was increased by about 40% with effect from Oct 1, 2025.

"Under the revised structure, on-call payments now range from RM110 to RM350 per night, com-

pared with RM80 to RM250 previously," he added.

The provision of Specialist Incentive Payments and Pre-Publication Specialist Incentive Payments ranging from RM2,200 to RM3,100 per month was also introduced, he said.

"Aside from that, various other initiatives such as the E-Placement System, the Mutual Exchange System and others provide additional incentives for healthcare personnel.

"As the Health Minister, I am continuously working to improve the welfare and incentives of healthcare workers from time to time," added Dzulkefly.

By PAUL YEO

CERVICAL cancer is often described as one of the most preventable forms of cancer.

Unlike many other cancers, it develops slowly, has a clearly identified cause, and can be detected early through effective screening.

Consultant obstetrician and gynaecologist and gynaecologist Dr Nirmala CL. Kampan observes that despite this, many women in Malaysia are still diagnosed only when the disease has reached an advanced stage – when treatment becomes more complex, outcomes are poorer and lives are profoundly disrupted.

Preventable condition

From a medical perspective, cervical cancer is highly preventable because it is almost always caused by persistent infection with high-risk types of human papillomavirus (HPV).

Dr Nirmala emphasises that cervical cancer is the only cancer in the female reproductive tract that has a primary prevention method – the HPV vaccine.

The progression from HPV infection to cervical cancer usually takes about 10 to 20 years. This long window creates multiple opportunities for prevention – through HPV vaccination and regular screening that can detect precancerous changes before cancer develops.

Despite this, cervical cancer remains one of the leading cancers affecting Malaysian women.

"In the past, approximately 75% of women presented with stage 3 or stage 4 cervical cancer. This has dropped down to about 46%. This shows that there has been some awareness about prevention and early detection," notes Dr Nirmala.

The Malaysia National Cancer Registry Report (2017-2021) revealed that the age-standardised incidence of cervical cancer in Malaysia is about six per 100,000. Dr Nirmala notes that while women ages 15 to 65 years are most commonly affected, those between 15 to 44 years have the highest incidence.

In the 15 to 44 year cohort, cervical cancer incidence is the second highest in Malaysia, and its ranked fourth in the highest causes of death in women in the country.

So despite the availability of preventive measures, the incidence is still very high.

According to Dr Nirmala, at the later stages of the disease, treatment often involves a combination of surgery, radiotherapy and chemotherapy, with survival rates that are significantly lower compared to early-stage disease.

Late diagnosis also means greater physical, emotional and financial strain – not only for patients, but for families as well.

For the disease's early stages, "we are able to surgically remove the cancer without any other intervention required. Survival rates are very high, and the surgery doesn't affect fertility," she compares.

Reason women delay testing

HPV causes 99.8% of all cervical cancers, says Dr Nirmala. The virus is usually – but not always – transmitted through sexual contact and can cause abnormal

WHY CERVICAL CANCER IS STILL CAUGHT LATE

Despite effective screening and prevention methods, late-stage diagnoses remain common among Malaysian women



Many opportunities: The progression from HPV infection to cervical cancer has long window, which creates multiple opportunities for prevention – through HPV vaccination and regular screening that can detect precancerous changes before cancer develops.



Dr Nirmala: HPV testing for HPV DNA is more sensitive than Pap smears and can detect the virus before cellular changes occur.

changes in these cells.

This can gradually lead to precancerous lesions and, eventually, invasive cancer.

"One of the challenges is that early cervical cancer often causes no symptoms. When symptoms do appear, such as abnormal vaginal bleeding, bleeding after intercourse, pelvic pain, or unusual discharge, the disease may already be advanced," notes Dr Nirmala.

Because these symptoms can be mild or mistaken for other conditions, many women delay seeking medical advice. "If you have persistent menstrual irregularities, vaginal discharge, it's best to always get it checked," she advises.

Cervical cancer screening has been available in Malaysia for decades, yet uptake remains sub-optimal. Traditionally, the Pap smear has been the most commonly used screening test.

"For the Pap smear, if you're undergoing it for the first time, you'll need to repeat (it) the next year. If that's normal, then you need to repeat every three years. So in all, a woman gets about 15 Pap smears in her lifetime.

"HPV DNA testing marks a

significant advance in cervical cancer screening," says Dr Nirmala.

"It is more sensitive than the Pap smear and can detect HPV infection before abnormal cell changes develop. The test is recommended every five years for women aged 30 to 65.

"According to WHO guidelines, at least two HPV tests in a woman's lifetime – at ages 35 and 45 are sufficient – regardless of HPV vaccination status," she says.

There is no single reason why women delay screening or present late with cervical cancer. Instead, it is a complex interplay of personal, social and cultural factors.

"There appears to be a divide between urban and rural communities. Urban women appear to be more aware, but they may not have the time to go for testing, often juggling career and home responsibilities that take up all their time.

"Fear may also play a major role. Some women are afraid of the screening procedure itself, while others fear a possible cancer diagnosis. There is also embarrassment around pelvic examinations, especially in conservative communities," says Dr Nirmala.

Misconceptions are another major barrier. Many women believe that screening is unnecessary if they feel healthy or have no symptoms. Others are wary of the social stigma, thinking that cervical cancer only affects those with multiple sexual partners, leading them to underestimate their own risk.

Geography and access matter too. Women in rural or underserved areas may face logistical challenges, including distance to healthcare facilities, limited appointment availability, and difficulty returning for follow-up visits.

HPV Vaccination

Malaysia's national HPV vaccination programme for schoolgirls has been a major public health success. Vaccination significantly reduces the risk of infection and is expected to lower cervical cancer rates in the future.

However, vaccination does not eliminate the need for screening. Many adult women today were not vaccinated as adolescents.

For this reason, screening remains essential for all women, regardless of vaccination status. Adult women who were not vaccinated earlier can still benefit from HPV vaccination. While that does not treat existing infections, it can provide protection against future strains.

Reducing late diagnoses of cervical cancer in Malaysia will require action at multiple levels. Public education must improve, not just about cervical cancer, but about prevention, screening intervals and available options.

Education should extend beyond women themselves to include partners, families and communities, helping to normalise conversations about reproductive health.

"HPV testing offers a more convenient solution for screening. Although it has been approved by the government, awareness has not been widely spread. In government hospitals, they are provided free of charge where available, and they are relatively inexpensive in private settings.

"In many developed nations, HPV testing has changed the landscape of cervical cancer incidence and mortality. For example in Australia, where HPV testing is used for screening, they have almost eradicated cervical cancer," observes Dr Nirmala.

The most important message is simple: Cervical cancer does not

have to be this way. Screening is not about looking for cancer, it is about preventing it.

A few minutes of discomfort can prevent years of suffering. Avoiding screening out of fear only allows the disease to progress silently.

Early detection saves lives, preserves fertility options, reduces the intensity of treatment and protects families from unnecessary loss.

With the tools already available, cervical cancer could become a rare disease in Malaysia, but only if prevention is embraced.

"Primary prevention is important. If we can vaccinate our children in schools, and implement catch-up programmes to vaccinate those who have left school, this would largely prevent cervical cancer from occurring in future generations," says Dr Nirmala.

"We need to use all screening tools, such as HPV testing, and if it comes back positive, we proceed to tissue diagnosis and treat accordingly to prevent cervical cancer."

Positive outlook

With continued commitment to vaccination, improved screening strategies that include both Pap smears and HPV testing, and open conversations about women's health, cervical cancer elimination is an achievable goal.

"Husbands, partners and families need to be supportive and encourage screening. Women themselves need to take care of their own needs before taking care of others. You are not being selfish. You are being responsible to your family, and to yourself," exhorts Dr Nirmala.

The challenge now is turning knowledge into action, before it is too late.

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MACC 'GOVT AGENCY' DRAGNET: ANOTHER D-G, DIRECTOR HELD

THE sweep through government agencies results in a second round of high-level detentions. Tan Sri Azam Baki warns that more is yet to come.

■ Graft-busters to press for prosecution of D-G, deputy D-G of Department of Environment

» REPORT BY AUSTIN CAMOENS ON PAGE 3



Boy dies, 2 brothers critical after mother gives them methadone

THE three, aged 11, 9 and 5, were unconscious when taken to hospital. The mother's motive remains unknown.

» PAGE 7



7 more containers with illegal e-waste found

SOURCES say the containers have been at Port Klang since 2024.

» PAGE 7

Road rage victim's family seething over low fine, mull lawsuit

» PAGE 9

HAMZAH ABROAD, BUT HIS BERSATU DISCIPLINARY HEARING WILL GO ON » PAGE 5

'EVEN SMALL DOSES CAN BE FATAL'

Boy, 11, dies, 2 brothers critical after allegedly given methadone by mum

KAJANG: An 11-year-old boy has died while his two brothers, aged 5 and 9, are in critical condition after they were allegedly given methadone by their mother yesterday morning.

It was learnt that the three siblings were rushed to Tengku Permaisuri Norashikin Hospital in an unconscious state after the incident at a house in Sungai Ramal Baru.

One of the brothers is currently in the intensive care unit.

Sources said police received a report from medical officers at the hospital at 9.01am.

"The hospital informed us that three patients, all boys, were admitted at 7.50am."

Initial investigations suggest that the children's 35-year-old mother had administered methadone to them.

The same source said police were investigating the mother's motive and how she got hold of the controlled substance.

"Investigations are ongoing while awaiting the autopsy report," he said.

The *New Straits Times* is reaching out to the police for comment.

Methadone is a synthetic opioid used in replacement therapy to treat opioid addiction, particularly heroin and morphine.

According to the Health Ministry's Standard Operating Policy and Procedures for the Methadone Treatment Programme, methadone has been used since the 1960s and is considered safe and effective when properly supervised.

The ministry's 2017 Methadone Dispensing Guideline states that

“Methadone is a synthetic opioid used in replacement therapy to treat opioid addiction, particularly heroin and morphine.”

methadone syrup must be dispensed in a designated room, not over the counter.

Patients must be monitored and counselled and only a registered pharmacist is allowed to dispense the medication.

Methadone works on the same parts of the brain affected by heroin and other opioids.

It reduces drug cravings, prevents withdrawal symptoms, blocks the euphoric "high" from heroin and helps patients return to normal daily life.

Methadone can be deadly if taken by someone not prescribed for, especially a child.

The drug slows breathing, an effect that can last for many hours.

Health authorities warn that even a small amount can be fatal to children.

WHO: Four in 10 cancer cases preventable

NEARLY four out of 10 cancer cases can be prevented if people avoid a range of risk factors, including smoking, drinking, air pollution and certain infections, says the World Health Organisation.

New research published on the eve of World Cancer Day has estimated that 38 per cent of all new cancer cases globally in 2022 – 7.1 million – were linked to preventable causes.

The large team of researchers, including the WHO's International Agency for Research on Cancer, looked at 30 factors that increase the risk of getting cancer.

Tobacco was the leading offender, responsible for 15 per cent of all new cancer cases, followed by cancer-causing infections at 10 per cent and alcohol consumption at three per cent, according to the study published in 'Nature Medicine'.

Other risk factors included being overweight, a lack of exercise, UV radiation and exposure to threats such as asbestos while working.

"This is the first global analysis to show how much cancer risk comes from causes we can prevent," senior study author Andre Ilbawi, the WHO's team lead for cancer control, said in a statement.

Almost half of all the preventable cases were lung, stomach or cervical cancer.

Lung cancer was linked to smoking and air pollution, while stomach cancer was largely linked to a bacteria called *helicobacter pylori*.

Cervical cancer cases were overwhelmingly caused by human papillomavirus (HPV), against vaccines are effective.

Men were far more likely to get preventable cancer, with 45 per cent of new cases compared with 30 per

cent for women.

And nearly a quarter of all preventable cancer cases among men were from smoking, compared with 11 per cent for women.

To address the problem, the researchers called for countries to adopt strong tobacco control measures and alcohol regulations, and to vaccinate against common infections such as HPV, improve air quality and ensure safer workplaces, healthy

diets and exercise.

"If we want to reduce the cancer burden, we also need to reduce the noncommunicable disease (NCD) burden – it is indisputable that tobacco, alcohol, ultra-processed food and air quality are major drivers of multiple kinds of cancer," said Katie Dain, chief executive officer of the NCD Alliance.

It's estimated that 38 per cent of all new cancer cases globally in 2022 – 7.1 million – were linked to preventable causes.

PICTURE CREDIT: FREEPIK



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 SCAN ME



Pro bono collective launched for NGOs to boost media, public outreach
 PR and media specialists, writers, creatives and partners volunteer to assist organisations lacking resources.
 Report on page 6

PM defends govt decision not to adopt floating fuel price mechanism
 'Budi95 targeted subsidy system well-received, while curbing leakage that plagued previous blanket practice.'
 Report on page 2

Plan to review Sosma triggers fresh debate on controversial law
 Former Bar president says Act remains 'draconian', undermines rule of law and erodes right to fair trial.
 Report on page 5



AUSPICIOUS ART ... Visitors viewing displays at 'Little Spirit Alley' in Petaling Street, Kuala Lumpur as the Chinese community prepare to transition from the snake zodiac animal to the horse during the Lunar New Year, which falls on Feb 17. - ADAM AMIR HANZAH/THE SUN
 Report on page 6

Teen pregnancies shocker

Report on page 3

Govt health facilities record more than 21,000 unmarried pregnant girls aged 19 and below between 2019 and 2024, says Women, Family and Community Development minister.

Over 21,000 teen pregnancies recorded since 2019

BY FAIZ RUZMAN
newsdesk@thesundaily.com

PETALING JAYA: More than 21,000 unmarried teenagers aged 19 and below were recorded as pregnant at government health facilities between 2019 and 2024, the Women, Family and Community Development Ministry revealed in a written Dewan Rakyat reply on Feb 10, underscoring persistent social challenges among youths.

Its minister Datuk Seri Nancy Shukri said the data, obtained from the Health Ministry, was disclosed in response to concerns over rising social issues involving young people. She said the government is

➤ Govt ramps up reproductive health education, counselling and family support to curb rising social issues

AT THE
DEWAN
RAKYAT

intensifying efforts to curb teenage pregnancies through stronger reproductive health education, counselling initiatives and community-based support programmes.

"One of the initiatives is the action plan on the development of the Reproductive and Social Health Education Policy, aimed at increasing awareness on the importance of reproductive health

education and nurturing a responsible and resilient society.

"Under the action plan, the development of positive and safe reproductive health skills is emphasised through both formal education in schools and non-formal education outside the school setting.

"Integrated inter-ministerial efforts related to *pekerti* (moral character or virtues) are coordinated through the National Social Council platform."

The reply was in response to Siti Zailah Mohd Yusoff (PN-Rantau Panjang) who sought updated statistics on youth social issues, including out-of-wedlock teenage pregnancies, from 2019 to 2025.

Nancy said other initiatives include introducing *Pekerti* programmes at higher education institutions, expanding implementation at the community level and increasing advocacy and promotional activities related to reproductive and social health education.

She added that her ministry provides support services for youths through KafeTEEN youth centres and the Sahabat KafeTEEN school programme, an initiative by the National Population and Family Development Board to provide safe spaces, guidance and education to foster positive physical, mental and social development.

According to the minister, youth support accessibility has been expanded through 18 KafeTEEN centres, a mobile KafeTEEN truck, community outreach programmes, reproductive health clinic services and psychosocial counselling.

The programme has also trained peer educators under KafeTEEN clubs in 143 secondary schools, in collaboration with the Education Ministry.

Nancy said the government will also launch a new national family policy and action plan to strengthen family institutions and social stability with a focus on improving family planning capacity and reinforcing the role of parents and adolescents.

"Efforts to address the issue of out-of-wedlock teenage pregnancies should be collectively mobilised by all parties to ensure a more secure future for the younger generation."



Nancy says her ministry provides support services for youths through youth centres and the Sahabat KafeTEEN school programme, an Initiative by the National Population and Family Development Board. – **BERNAMAPIC**



COMMENT by Dr Amirul Amzar

Rethinking how we handle vaccine refusal

I HESITATED before writing this. Not because the issue of vaccination is any less important, but because emotions around it have begun to cool. That distance matters. It allows reflection rather than reaction.

Let me be clear from the outset: This is not a dismissal of the very real frustration faced by healthcare workers when engaging patients who refuse vaccination. I work in the same clinics, face the same conversations and carry the same fatigue. I understand how emotionally draining these encounters can be.

What I question, however, is the practice of placing permanent labels such as "anti-vaccine" or "vaccine refusal" in patients' clinical records.

I do not believe this practice serves patients, clinicians or public health.

Clinics are not social media

A clinical consultation is fundamentally different from a public debate. In the consultation room, we are not there to win arguments, shame patients or enforce compliance. Our responsibility is to offer the best available medical advice while respecting patient autonomy.

Permanent labels subtly but powerfully change the tone of care. They shape expectations before a word is spoken. Over time, they influence patience, empathy and even clinical judgement. The encounter risks shifting from care to confrontation.

Once that happens, the therapeutic relationship begins to erode.

Vaccine hesitancy is dynamic, not fixed

Behavioural science has repeatedly shown that vaccine acceptance exists on a spectrum, not as a binary choice. People move along this spectrum over time.

A patient may reject one vaccine but accept another. Someone who refuses today may accept months or years later after a life event, a trusted conversation or simply the passage of time.

Permanent labels deny this reality. They freeze patients at their most hesitant moment and follow them long after their views may have evolved. In doing so, we risk turning a temporary stance into a permanent identity.

This is not only inaccurate but counterproductive.

Trust is the end goal

The ultimate goal of vaccination counselling is not to force acceptance. It is to build trust strong enough that, when patients are ready to reconsider, they return to us.

Trust is fragile. Once patients feel judged, boxed in or written off, they disengage. When that happens, the opportunity for influence is lost entirely.

Yes, this work is exhausting. Yes, it demands patience that sometimes feels unfair. But healthcare has always carried an ethical burden that goes beyond efficiency. Strategy matters as much as stamina.

Closing doors may feel satisfying in the moment, but it rarely serves long-term public health.

A necessary distinction

Some ask why healthcare professionals reject labelling in clinics but use terms like "anti-vaccine" in public discourse.

The answer lies in context.

In the public sphere, there exists a small but influential group of vocal vaccine deniers who:

1. reject overwhelming scientific evidence;
 2. actively persuade others to refuse vaccination; and
 3. spread misinformation or manipulate facts to incite fear.
- These actors influence population behaviour far beyond individual consultations. Warning the public about such misinformation is a matter of societal protection.

However, managing organised disinformation is not the responsibility of individual clinicians at the bedside.

Where policy must step in

When healthcare workers are left to confront both hesitant patients and organised misinformation without clear institutional backing, burnout is inevitable.

"The ultimate goal of vaccination counselling is not to force acceptance. It is to build trust strong enough that, when patients are ready to reconsider, they return to us."



A patient may reject one vaccine but accept another. Someone who refuses today may accept months or years later after a life event, a trusted conversation or simply the passage of time. — ADIB RAWI YAHYA/THE SUN

Without firm policy support, frustration spills into clinical encounters. Patients sense this. The result is a vicious cycle: mistrust fuels refusal, refusal fuels frustration and frustration deepens mistrust.

Public health authorities must lead decisively in infectious disease communication. Regulatory bodies must take a proactive role in curbing health misinformation. When silence comes from the top, narratives are filled from elsewhere.

Clinicians should not be expected to act simultaneously as caregivers, educators and enforcement agents.

A more humane alternative

If documentation is necessary, it should be temporary, transparent and revisable, not permanent. Patients should be informed that their decisions can change at any time, and that the door remains open.

In our own work training healthcare providers in vaccine communication, we have seen measurable reductions in vaccine refusal when trust-based, behaviour-informed strategies are applied consistently.

Change is possible. But only if space for change is preserved.

Closing the door helps no one

Labels may simplify systems today but they risk closing doors tomorrow.

Public health does not thrive on coercion or categorisation. It thrives on relationships built patiently over time. If we lose that, no amount of data, enforcement or messaging will bring it back.

Dr Amirul Amzar is a family medicine specialist and vaccine communication trainer. The views expressed are his own. Comments: letters@thesundaily.com

'Adopt comprehensive evaluation of medical devices to enhance patient care'

KUALA LUMPUR: The Ministry of Health (MoH) has called for a more holistic and people-centred approach in assessing medical devices as Malaysia faces growing pressure from rising non-communicable diseases (NCDs) and a rapidly ageing population.

Deputy Health Minister Datuk Hanifah Hajar Taib said healthcare decision-making must evolve alongside technological advancements, ensuring that assessments go beyond cost and clinical effectiveness to capture broader benefits for patients, families and society.

Speaking at the launch of Iqvia's white paper titled 'Enhancing the Assessment of Medical Devices in Malaysia: A Comprehensive Value-Based Approach' at the Putrajaya International Convention Centre on Tuesday, she stressed that healthcare systems ultimately exist to serve people.

"By rethinking how we assess the value of advanced medical devices, we can better leverage technology to address Malaysia's healthcare challenges, including an aging population, rising non-communicable diseases and

geographic and socioeconomic health disparities," she said.

Hanifah noted that Malaysia's health technology assessment ecosystem, led by the Malaysian Health Technology Assessment Section (MaHTAS), has long been recognised as credible and evidence-driven, ensuring safety, effectiveness and fiscal responsibility in evaluating health technologies.

However, she emphasised that modern healthcare technologies deliver benefits that extend beyond measurable clinical outcomes, and that value assessments should reflect broader, long-term system and societal impacts.

She welcomed the framework highlighted in the white paper centred on 'Evidence, Value and Access', describing them as key policy imperatives.

Hanifah also underscored the importance of incorporating real-world data, patient-reported outcomes, quality-of-life measures and long-term system impact into evaluation processes, while ensuring assessment outcomes are clearly linked to funding, procurement

and reimbursement decisions to avoid inequities in access.

The deputy minister further highlighted the need to empower healthcare professionals as key partners in translating policy into practice, noting that doctors, nurses, allied health professionals and administrators play a crucial role in ensuring technologies are used safely and effectively.

She added that healthcare reform remains a priority under the 13th Malaysia Plan, with emphasis on sustainability, equity and addressing cost-of-living challenges faced by the people.

As medical innovation accelerates, she said stronger data integration, capacity building and adaptive frameworks will be necessary to ensure innovation translates into equitable patient benefits.

The white paper, published by global healthcare intelligence firm Iqvia, calls for Malaysia to adopt a more comprehensive, value-based approach in assessing medical devices.

It proposes incorporating patient-reported outcomes,

quality-of-life measures, long-term system impact and incentives for responsible innovation into existing evaluation frameworks.

The launch event brought together policymakers, clinicians, academics, industry representatives and patient advocates.

A high-level panel discussion titled 'Value Assessment Framework (VAF): Challenges and Way Forward' explored how Malaysia can move beyond a cost-centric evaluation model while addressing challenges such as data limitations, gaps in access and stakeholder engagement.

Participants also underscored the importance of aligning positive value assessments with downstream funding, procurement and reimbursement decisions to ensure timely patient access to impactful medical technologies.

The initiative aims to catalyse dialogue across the healthcare ecosystem and support Malaysia's long-term aspiration of building a sustainable, equitable healthcare system that delivers better outcomes for all.

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Nasional 15

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Ketibaan Golden Tren Electric Multiple Unit (EMU) Projek Laluan Rel Pantai Timur (ECRL) di Stesen ECRL KotaSAS, Kuantan, semalam. (Foto BERNAMA)

Seorang lagi ketua pengarah ditahan

Suruhanjaya Pencegahan Rasuah Malaysia (SPRM) semalam menahan ketua pengarah dan pengarah sebuah jabatan kerajaan disyaki bersubahat salah guna kuasa dan kedudukan bagi menyeleweng dana kira-kira RM900,000. Mereka juga disyaki mengemukakan tuntutan dan dokumen mengandungi butiran palsu berkaitan ibadat umrah tahun lalu. Pada 29 Januari lalu, SPRM menahan Ketua Pengarah dan Timbalan Ketua Pengarah Jabatan Alam Sekitar berkaitan rasuah pengurusan e-waste.

Oleh Ilah Hafiz Aziz dan Austin Camoens → Nasional 6

Budak 11 tahun maut, 2 adik kritikal diberi minum dadah sintetik Methadone oleh ibu

Nasional 20



Pakar kesihatan syor pakai pelitup muka di kawasan kluster tibi

Nasional 14



ANALISIS

Apa pilihan Hamzah Zainudin?

Nasional 8

Pakai pelitup muka di lokasi wabak tibi



Orang ramai dinasihat tingkat penajaan kesihatan elak risiko dijangkiti

Oleh Farah Marshita Abdul Patah farahmarshita@bh.com.my

Kuala Lumpur: Penyebaran penyakit Tuberkulosis (tibi) boleh dicegah menerusi pemakaian pelitup muka, terutama bagi mereka yang berada di kawasan kluster wabak untuk mengurangkan risiko jangkitan menjelang musim perayaan minggu depan.

Pakar Perubatan Kesihatan Awam, Datuk Dr Zainal Ariffin Omar, berkata orang ramai termasuk di lokasi kluster terbaharu di Johor ketika ini perlu mengamalkan penajaan kesihatan yang baik seperti membasuh tangan dan menutup mulut ketika batuk dan bersin.

"Pengesanan awal dan rawatan lengkap adalah penting untuk memutuskan rantaian jangkitan.

"Selain itu, imunisasi BCG untuk bayi juga penting bagi melindungi kanak-kanak daripada sebarang bentuk tibi yang teruk," katanya kepada BH, semalam.

Dr Zainal Ariffin menegaskan tibi masih menjadi penyakit berjangkit utama dan membimbangkan di negara ini, terutamanya dalam populasi berisiko tinggi iaitu kanak-kanak, warga emas dan pesakit penyakit kronik.

Beliau turut menyarankan Kementerian Kesihatan (KKM) segera melakukan pemantauan dalam kalangan pekerja dan penempatan warga asing, terutama pendatang asing tanpa izin (PATI) bagi mengekang penyebaran penyakit tibi.

Risiko maut jika tak dirawat

Katanya, langkah itu perlu memandangkan warga asing, terutama PATI masuk secara haram ke negara ini secara beramai-ramai dan sudah pasti tidak membuat pemeriksaan perubatan.

Katanya, penyakit itu terutamanya tibi paru-paru boleh mem-

bawa maut jika tidak dirawat, namun dengan rawatan yang betul kebanyakan pesakit boleh pulih sepenuhnya.

"Pengasingan awal perlu dilakukan untuk pesakit dalam fasa awal rawatan iaitu dalam tempoh dua hingga tiga minggu pertama atau sehingga ujian kahak negatif, bagi mengelakkan jangkitan.

"Bagaimanapun, pengasingan kekal tidak perlu dilakukan selepas fasa awal rawatan kerana ubat yang diambil menjadikan penyakit mereka tidak berjangkit," katanya.

Selain itu, katanya, kontak rapat dengan pesakit juga perlu disaring," katanya.

Sehingga 7 Februari lalu, sebanyak 10 kluster tibi masih aktif dilaporkan, membabitkan empat kluster di Selangor, selain masing-masing satu kluster di Johor, Kedah, Kelantan, Pahang, Perlis dan Sabah.

Di Selangor, terdapat empat kluster membabitkan 10 kes, Johor pula satu kluster (37 kes)

direkodkan, sementara masing-masing satu kluster dua kes di Kedah dan Kelantan satu kluster 2 kes.

Di Pahang pula satu kluster empat kes, Perlis satu kluster dua kes dan Sabah satu kluster lima kes.

Kes di Johor membabitkan 37 individu membabitkan 29 kanak-kanak dan lapan dewasa yang mana 36 dikesan secara aktif dan saringan dijalankan dengan 903 kontak rapat.

Satu kematian dilaporkan

Satu kematian dilaporkan dalam kluster berkenaan, namun mengesahkan bukan disebabkan oleh jangkitan tibi.

KKM menegaskan kluster tibi terutama di institusi memerlukan perhatian serius kerana berpotensi meningkatkan penularan dalam komuniti.

Selubungan itu, orang ramai yang mengalami gejala batuk melebihi dua minggu, demam, berpeluh waktu malam, kurang selera makan, susut berat badan dan batuk berdarah atau mempunyai sejarah kontak rapat dengan pesakit tibi dinasihatkan mendapatkan pemeriksaan awal di fasiliti kesihatan berhampiran.



Dr Zainal Ariffin Omar

Budak maut, 2 adik kritikal dipercayai diberi Methadone



Polis sahan ibu ditahan, siasat bagaimana ubat terkawal diperoleh

Oleh Hafidzul Hilmi Mohd Noor bhnews@bh.com.my

Kajang: Seorang budak lelaki maut, manakala dua lagi adiknya kini kritikal dalam unit rawatan rapi (ICU) selepas dipercayai diberi minum cecair dadah sintetik jenis Methadone oleh ibu

kandung mereka sendiri, pagi semalam.

Kejadian menyayat hati berlaku di sebuah kediaman dekat Sungai Ramal Baru di sini, apabila ketiga-tiga beradik itu dikejarkan ke hospital dalam keadaan tidak sedarkan diri.

Mangsa yang meninggal dunia berusia 11 tahun, manakala dua adiknya, masing-masing berusia lima dan sembilan tahun ini kini dilaporkan kritikal.

Berdasarkan semakan, Methadone adalah sejenis ubat yang digunakan bagi menghentikan ketagihan kepada dadah opiate seperti heroin dan morfin, selain mengurangkan risiko mendapat

penyakit bawaan darah menerusi perkongsian jarum seperti HIV, Hepatitis B dan C.

Ubat perlu preskripsi

Biasanya Methadone diambil dalam bentuk cecair yang diminum dengan pengawasan dan preskripsi pegawai perubatan kerana ia ubat terkawal. Ubat ini juga mempunyai kesan sampingan termasuk pening, mengantuk, muntah, berpeluh serta mencetus masalah jantung.

Sumber berkata, polis menerima makluman berhubung kejadian itu pada jam 9.01 pagi daripada pegawai perubatan Hospital Tengku Permaisuri Norashikin

(HTPN) selepas menerima kes berkenaan.

"Pihak hospital memaklumkan menerima tiga pesakit kanak-kanak lelaki terabit pada jam 7.50 pagi.

"Malangnya, anak sulung berusia 11 tahun itu disahkan meninggal dunia, manakala adik bongsu berusia lima tahun kini ditempatkan di ICU dan seorang lagi di Zon Merah Unit Kecemasan," katanya ketika dihubungi, semalam.

Sumber berkata, siasatan awal mendapati punca kejadian tragis itu dipercayai akibat tindakan ibu mangsa yang berusia 35 tahun memberikan ubat je-

nis Methadone kepada ketiga-tiga anaknya.

"Setakat ini, polis masih menjalankan siasatan lanjut mengenai motif wanita terabit bertindak sedemikian dan bagaimana bekalan ubat terkawal itu diperoleh," katanya.

Sementara itu, Ketua Polis Selangor Datuk Shazeli Kahar, ketika mengesahkan kejadian terabit berkata, ibu kandung tiga kanak-kanak itu ditahan polis untuk siasatan lanjut.

"Ya, saya sahan kejadian seorang kanak-kanak maut manakala dua lagi sedang menerima rawatan di hospital," katanya.

21,114 remaja bawah 19 tahun hamil tanpa kahwin

KPWKM wujudkan pelan PEKERTI, sedia khidmat sokongan khusus

Kuala Lumpur: Seramai 21,114 remaja berusia 19 tahun ke bawah, dikesan hamil di luar perkahwinan sepanjang tempoh di antara 2019 hingga 2024.

Menteri Pembangunan Wanita, Masyarakat dan Keluarga, Datuk Seri Nancy Shukri, berkata rekod di fasiliti kerajaan itu adalah berdasarkan data Kementerian Kesihatan (KKM).

Beliau berkata, usaha membendung isu itu sudah dilaksanakan Kementerian Pembangunan Wanita, Keluarga dan Masyarakat (KPWKM) menerusi pelbagai inisiatif.

"Antaranya termasuk membangunkan Dasar dan Pelan Tindakan Pendidikan Kesihatan Reproductif dan Sosial (PEKERTI).

"Ja bermatlamat meningkatkan kesedaran semua pihak berkaitan kepentingan pendidikan kesihatan reproductif dan melahirkan masyarakat yang bertanggungjawab dan berdaya tahan (resilient).

"Di bawah pelan tindakan ini, pembangunan kemahiran berkaitan kesihatan reproductif yang positif dan selamat ditekankan sama ada melalui pendidikan formal di sekolah dan tidak formal di luar sekolah," katanya dalam jawapan bertulis di laman sesawang Parlimen.

Beliau menjawab soalan Datuk Siti Zailah Mohd Yusoff (PN-Rantau Panjang) berhubung jumlah remaja hamil tanpa nikah mengikut umur, jantina dan bangsa

“Di bawah pelan tindakan ini, pembangunan kemahiran berkaitan kesihatan reproductif yang positif dan selamat ditekankan sama ada melalui pendidikan formal di sekolah dan tidak formal di luar sekolah”

Nancy Shukri,
Menteri Pembangunan Wanita,
Masyarakat dan Keluarga



dari 2019 hingga 2025.

Nancy berkata, PEKERTI turut membabitkan tindakan bersepadu pelbagai Kementerian menerusi platform Majlis Sosial Negara, termasuk memasukkan program itu sebagai salah satu program di peringkat institusi pengajian tinggi, meluaskan pelaksanaannya di peringkat komuniti serta mempergiat aktiviti, promosi dan advokasi berkaitan pendidikan kesihatan reproductif dan sosial.

Bimbing, didik remaja

Selain itu, beliau berkata, KPWKM melalui Lembaga Penduduk dan Pembangunan Keluarga Negara (LPPKN) menyediakan khidmat sokongan khusus kepada remaja menerusi Pusat Remaja KafeTEEN dan Program Sahabat KafeTEEN di sekolah.

"KafeTEEN merupakan inisiatif LPPKN bagi menyediakan ruang bimbingan dan pendidikan

kepada remaja untuk membentuk kesejahteraan fizikal, mental dan sosial yang positif.

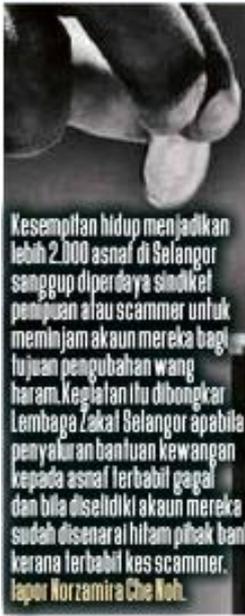
"Ketika ini, akses kepada perkhidmatan sokongan remaja diperluaskan melalui 18 Pusat Remaja KafeTEEN, sebuah trak KafeTEEN serta pelaksanaan program komuniti yang menawarkan perkhidmatan klinik kesihatan reproductif dan kaunseling psikososial.

"Perluasan program KafeTEEN turut dilaksanakan melalui latihan pendidik rakan sebaya (peer educators) di bawah Kelab KafeTEEN yang kini beroperasi di 143 sekolah menengah dengan kerjasama Kementerian Pendidikan Malaysia," katanya.

Dalam pada itu, beliau berkata, kerajaan akan melancarkan Dasar Keluarga Negara dan Pelan Tindakan Keluarga Negara yang baharu sebagai usaha memperkasakan institusi keluarga demi kestabilan sosial.

"Antara teras digariskan adalah untuk memperkasakan keupayaan perancangan keluarga menerusi usaha memperkukuhkan peranan ibu bapa dan remaja.

"Usaha membendung isu kehamilan remaja luar nikah ini wajar digembleng bersama oleh semua pihak demi masa depan generasi muda kita yang lebih sejahtera," katanya.



Kesempatan hidup menjadikan lebih 2,000 asnaf di Selangor sanggup diperdaya sindiket pemposan atau scammer untuk meminjam akaun mereka bagi tujuan pengubahan wang haram. Kegiatan itu dibongkar Lembaga Zakat Selangor apabila penyakoran bantuan kewangan kepada asnaf terbabit gagal dan bila diselidiki akaun mereka sudah disenarai hitam pihak bank kerana terbabit kes scammer. Laporan Nurzamira Che Moh.



Harian Metro

RASAI BERITA SEBENAR

DEMI Mencari WANG MUDAH ASNAF JADI KELDAI AKAUN



ADA MARKAS DI CHERAS
WARGA ASING DIKESAN LAKUKAN
RITUAL MEMUKUL DADA



PENUNTUT UNIVERSITI KERJA SAMPILAN
BERKORBAN DEMI SEGULUNG IJAZAH



IBU BERI MINUM UBAT CECAIR BERBAHAYA
ABANG MAUT, 2 ADIK KRITIKAL
Seorang kanak-kanak lelaki maut manakala dua adiknya menerima rawatan di hospital dan dilaporkan dalam keadaan kritikal selepas disyaki diberi minum ubat cecair berbahaya oleh ibu kandung mereka pagi semalam.

Tergamaknya ibu kandung!

Budak lelaki maut, dua adik kritikal selepas dipercayai diberi minum cecair berbahaya

Oleh Hafidzul Hilmi
Mohd Noor

hafidzul@hmetro.com.my

Kajang

Seorang kanak-kanak lelaki maut manakala dua lagi adiknya dalam keadaan kritikal selepas dipercayai diberi minum cecair berbahaya oleh ibu kandung mereka sendiri, pagi semalam.

Kejadian menyayat hati berlaku di sebuah kediaman di Sungai Ramal Baru di sini, apabila ketiga-tiga beradik itu dikejarkan ke hospital dalam keadaan tidak sedarkan diri.

Mangsa yang meninggal dunia berusia 11 tahun manakala dua adiknya berusia lima dan sembilan tahun kini dilaporkan kritikal.

Menurut sumber, polis menerima maklumat berhubung kejadian itu kira-kira jam 9.01 pagi daripada pegawai perubatan

Hospital Tengku Permaisuri Norashikin (HTPN).

"Pihak hospital memaklumkan menerima tiga pesakit kanak-kanak lelaki pada jam 7.50 pagi.

"Malangnya, anak sulung berusia 11 tahun itu disahkan meninggal dunia, manakala adik bongsu berusia lima tahun kini ditempatkan di Unit Rawatan Rapi (ICU) dan seorang lagi di Zon Merah Unit Kecemasan," katanya ketika dihubungi, semalam.

Sumber berkata, siasatan awal mendapati punca kejadian tragis itu dipercayai akibat tindakan ibu mangsa yang berusia 35 tahun

memberikan cecair itu kepada ketiga-tiga anaknya.

"Setakat ini, polis masih menjalankan siasatan lanjut mengenai motif wanita terbabit bertindak sedemikian dan bagaimana bekalan ubat terkawal itu diperolehi.

"Siasatan lanjut sedang dijalankan sementara menunggu laporan bedah siasat," katanya.

Mayat mangsa dibawa ke Jabatan Forensik HTPN untuk tindakan lanjut.

Sementara itu, Ketua Polis Selangor, Datuk Shazeli Kahar ketika dihubungi mengesahkan kejadian dan siasatan lanjut berhubung kejadian sedang dijalankan.

"Malangnya, anak sulung berusia 11 tahun itu disahkan meninggal dunia manakala adik bongsu berusia lima tahun kini ditempatkan di Unit Rawatan Rapi dan seorang lagi di Zon Merah Unit Kecemasan"

Sumber



ANGGOTA Polis Brigid Tenggara Pasukan Gerakan Am bersama PBT merampas pelbagai jenis cecair vape dan peranti E-Cigarette dalam satu serbuan di sebuah premis sempena Op Bersepadu E-Cigarette Mega di sekitar Kota Bharu.

PGA rampas rokok elektronik, perisa vape bernilai RM3 juta

Kota Bharu: Brigid Tenggara Pasukan Gerakan Am (PGA) merampas rokok elektronik dan perisa vape pelbagai jenis bernilai lebih RM3 juta melalui Op Bersepadu E-Cigarette Mega membabitkan tiga negeri di Pantai Timur, kelmarin. Komandernya, Senior Asisten Komisioner Ahmad Radzi Hussain berkata, pihaknya menjalankan 18 serbuan membabitkan premis lapan premis di

Kuantan, tiga di Terengganu dan tujuh di Kelantan.

"Operasi membanteras rokok elektronik dan cecair vape dijalankan serentak semalam, selama empat jam bermula 2 petang sehingga 6 petang membabitkan

"Seramai 157 anggota PGA, 100 kakitangan Kementerian Kesihatan Malaysia (KKM) serta 59 Pihak Berkuasa Tempatan (PBT)

dan 25 pegawai Lembaga Hasil Dalam Negeri (LHDN) terbabit dalam operasi berkenaan.

"Beberapa premis didapati melakukan kesalahan di bawah Akta Kawalan Produk Merokok Demi Kesihatan Awam 2024 (Akta 852) Undang-undang Kecil Perlesenan Tred dan Perindustrian 2019 dan lain-lain tred," katanya dalam satu kenyataan media, semalam.

Pusat jualan borong di Chow Kit diserbu

Kuala Lumpur: Pihak berkuasa menyerbu 10 premis menjual rokok elektronik (vape) serta cecair vape yang beroperasi di sebuah pusat jualan borong terkemuka di Chow Kit, di sini.

Operasi dilaksanakan oleh Brigid Tengah Pasukan Gerakan Am (PGA) menerusi Ops E-CIG Mega dengan kerjasama Kementerian Kesihatan Malaysia (KKM), Dewan Bandaraya Kuala Lumpur (DBKL) dan Lembaga Hasil Dalam Negeri (LHDN) kelmarin.

Komander Brigid Tengah PGA, Senior Asisten Komisioner Hakemal Hawari berkata, operasi dijalankan susulan penjualan rokok elektronik yang berleluasa di kawasan tanggungjawab brigid berkenaan.

Katanya, operasi itu dijalankan susulan penjualan vape yang berleluasa tanpa kebenaran dan beberapa lokasi sudah dikenal pasti sebelum pemeriksaan dibuat.

"Sebanyak 10 premis diperiksa dan pemeriksaan mendapati wujud kesala-



HAKEMAL (kanan) bersama pegawai kesihatan meninjau kedai menjual rokok elektronik dan vape di premis pemborong dan pembekal di Chow Kit. - Gambar NSTP/HAZREEN MOHAMAD

han tertentu sama ada di bawah pihak berkuasa tempatan atau Kementerian Kesihatan.

"Antara kesalahan yang dikesan antaranya kesalahan berkaitan cukai, peranti dan cecair vape tidak berdaftar, tiada lesen premis, permit menjual dan menggaji warga asing," katanya.

Beliau berkata, Op E-CIG Mega dijalankan serentak di seluruh negara termasuk Sabah dan Sarawak de-

ngan sekurang kurangnya 150 premis diperiksa.

"Operasi di bawah Brigid Tengah PGA merangkumi lima negeri iaitu Kuala Lumpur, Selangor, Negeri Sembilan, Melaka dan Johor," katanya.

Mengulas lanjut, Hakemal berkata, operasi membabitkan tujuh pegawai dan 41 anggota PGA.

Operasi turut disertai 25 pegawai dan anggota KKM Kuala Lumpur serta KKM Putrajaya.

Putrajaya

Sebanyak 2,571 kes penyakit Tuberkulosis (Tibi) dilaporkan sehingga Minggu Epidemiologi ke-5 (ME 5/2026) merangkumi tempoh 1 Januari hingga 7 Februari lalu dengan kadar insiden 7.5 bagi setiap 100,000 penduduk.

Berdasarkan angka sepanjang 2025, Selangor merekodkan 13 kluster melibatkan 37 kes, diikuti Kedah enam kluster (13 kes), Sarawak lima kluster (27 kes) serta Kuala Lumpur dan Putrajaya lima kluster (14 kes).

Johor pula mencatatkan tiga kluster dengan tujuh kes, Kelantan dua kluster (lima kes) dan Terengganu satu kluster (dua kes).

Kementerian Kesihatan (KKM) memaklumkan, jumlah itu bagaimanapun meningkat 229 kes atau 9.8 peratus berbanding 2,342 kes bagi tempoh sama pada 2025.

Menurut KKM, Tibi ialah penyakit berjangkit yang disebabkan oleh bakteria *Mycobacterium tuberculosis* dan merebak melalui

PENYAKIT TUBERKULOSIS

2,571 penyakit Tibi dilaporkan

udara, terutama melalui kontak rapat dengan individu dijangkiti.

"Kes indeks merujuk kepada kes Tibi yang dikenal pasti terlebih dahulu dan menjadi rujukan utama dalam siasatan kontak serta kawalan wabak," menurut kenyataan KKM semalam.

KKM menjelaskan kluster Tibi merujuk kepada dua kes atau lebih yang mempunyai kaitan dari segi masa, tempat atau hubungan kontak, sekali gus menunjukkan kemungkinan rantaian penularan yang sama.

Kluster berkenaan boleh berlaku dalam kalangan ahli keluarga, institusi, tempat kerja serta kontak rapat bukan keluarga dan diklasifikasikan aktif da-

lam tempoh enam bulan.

Bagi 2025, sebanyak 88 kluster Tibi melibatkan 254 kes dilaporkan di seluruh negara dengan 35 kluster masih aktif.

Bagi 2025, KKM memaklumkan jumlah keseluruhan 88 kluster Tibi telah dilaporkan di Malaysia melibatkan 254 kes Tibi.

Setakat 7 Februari lalu, sebanyak 10 kluster Tibi masih aktif dilaporkan, membabitkan empat kluster di Selangor, selain masing-masing satu kluster di Johor, Kedah, Kelantan, Pahang, Perlis dan Sabah.

KKM menegaskan kluster Tibi terutama di institusi memerlukan perhatian serius kerana berpotensi meningkatkan penularan dalam komuniti.

"Tindakan kawalan termasuk pengesanan kontak, saringan serta promosi kesihatan akan dilaksanakan sebaik kluster diisytiharkan," menurut KKM.

Sehubungan itu, orang ramai yang mengalami gejala batuk melebihi dua minggu, demam, berpeluh waktu malam, kurang selera makan, susut berat badan dan batuk berdarah atau mempunyai sejarah kontak rapat dengan pesakit Tibi dinasihatkan mendapatkan pemeriksaan awal di fasiliti kesihatan berhampiran.

"KKM sentiasa memantau situasi dan memperkukuh usaha pengesanan serta rawatan penyakit Tibi di negara ini," menurut kenyataan itu.

Kanak-kanak maut dipercayai diberi minum methadone

KAJANG - Seorang ibu dipercayai tergamak memberi minum cecair berbahaya jenis methadone kepada tiga anak lelakinya sehingga mengakibatkan seorang daripadanya meninggal dunia dalam kejadian di Sungai Ramal Baru, di sini pada Rabu.

Kejadian itu dipercayai terbongkar selepas ketiga-tiga kanak-kanak terbabit dihantar ke hospital dalam keadaan tidak sedarkan diri.

Mangsa yang maut ialah kanak-kanak lelaki berusia 11 tahun, manakala dua lagi adiknya berusia sembilan dan lima tahun kini dirawat di unit rawatan rapi (ICU).

Difahamkan, polis menerima maklumat ber-

hubung kejadian berkenaan pada jam 9.01 pagi hasil laporan pegawai perubatan Hospital Tengku Permaisuri Norashikin (HTPN).

Pihak hospital sebelum itu menerima tiga pesakit kanak-kanak lelaki pada jam 7.50 pagi dalam keadaan tidak sedarkan diri untuk rawatan kecemasan.

Bagaimanapun, kanak-kanak lelaki berusia 11 tahun itu disahkan meninggal dunia dan seorang adiknya berusia lima tahun kini ditempatkan di ICU manakala seorang lagi menerima rawatan di Zon Merah Unit Kecemasan.

Selain itu, siasatan awal mendapati kejadian dipercayai berlaku selepas ibu mangsa yang berusia 35 tahun memberi ubat jenis methadone kepada ketiga-tiga anaknya.

Sementara itu, Ketua Polis Selangor, Datuk Shazeli Kahar berkata, wanita terbabit telah ditahan untuk siasatan lanjut kes tersebut.

Doktor pelatih didakwa lakukan gangguan seksual, miliki bahan lucah

KUALA KRAI - Seorang doktor pelatih didakwa di Mahkamah Majistret di sini pada Rabu atas dua pertuduhan iaitu melakukan gangguan seksual terhadap seorang wanita dan memiliki gambar lucah.

Tertuduh, Ahmad Hilmi Zulkeflee, 26, mengaku tidak bersalah terhadap pertuduhan yang dibacakan di hadapan Majistret Amal Razin Alias.

Mengikut pertuduhan pertama, tertuduh didakwa hendak mengaibkan kehormatan dengan merakam seorang wanita yang sedang mandi tanpa pengetahuannya dengan menggunakan sebuah kamera berwarna hitam miliknya di bilik mandi, Aras 2, Hospital Sultan Ismail Petra di sini, kira-kira jam 6.30 pagi, pada 13 September 2025.

Pertuduhan itu didakwa mengikut Seksyen 509 Kanun Keseksaan yang memperuntukkan hukuman penjara selama lima tahun atau denda atau kedua-duanya sekali.

Bagi pertuduhan kedua, lelaki itu didakwa dalam milikannya terdapat beberapa keping gambar dan video lucah yang

disimpan di dalam telefon bimbit di bilik 102, Asrama Pelatih Pegawai Perubatan, Hospital Sultan Ismail Petra di sini, kira-kira jam 1.30 petang pada 14 September 2025.

Perbuatan itu didakwa mengikut Seksyen 292 Kanun Keseksaan yang membawa hukuman penjara selama tiga tahun atau denda atau kedua-duanya sekali.

Pendakwaan dikendalikan oleh Timbalan Pendakwa Raya Mazlinda Mohd Nor manakala tertuduh diwakili peguam bela, Che Mohd Azim Che Hamat.

Terdahulu, Mazlinda mencadangkan jaminan RM5,000 bagi setiap pertuduhan, manakala Che Mohd Azim merayu mahkamah mengurangkan jumlah jaminan itu kerana anak guamnya masih muda dan ia adalah kesalahan kali pertama.

Mahkamah membenarkan tertuduh diikat jamin RM6,000 bagi kedua-dua pertuduhan dengan seorang penjamin dan syarat tambahan tertuduh tidak mengganggu mangsa.

Mahkamah juga menetapkan 17 Mac depan sebagai tarikh sebutan semula kes.