

A FAMILY PLANNING STUDY IN KUALA PILAH, PENINSULAR MALAYSIA

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SUMMARY

Realising that family planning is not making a sufficient impact on the rural people as it is on the urban people, it was decided that it would be interesting to study the knowledge and attitude of a rural community towards family planning.

The study sample consisted of 200 Malay married women — 100 acceptors and 100 non-acceptors from the Kuala Pilah District. The study commenced on 4 December 1978 and ended on 22 December 1978.

A healthy climate of knowledge and attitude exists among rural Malay women. Only 2 percent non-acceptors had not heard of any method of family planning, and 99 percent acceptors, and 85 percent non-acceptors discussed family planning with their husbands. There was also enough evidence to show that birth rate does decrease as literacy rate increases.

On the other hand, however, only 19 percent respondents approved of family planning practice before the first child. Also there is a dearth of information on family planning in the rural areas and not much was being done in utilising the two popular forms of mass-media — the radio and the television as a means of disseminating information on family planning.

The study concludes with a recommendation that there is a need for sustained effort at improving knowledge and disseminating

information, and nursing and nurturing the right attitudes towards family planning. It suggests that community leaders, women's clubs and private organisations be mobilised to participate more fully in promoting family planning.

INTRODUCTION

Besides limiting the size of the family or preventing births family planning embraces activities such as child spacing, infertility and genetic counselling, contraception, abortion and sterilisation.

Increasing family size is now known to be associated with increase in foetal, neonatal and post-neonatal mortality rates, high prematurity rates, less adequate parental care and a more limited educational aspiration for babies, increase in incidence of infectious diseases in parents and children and a host of related physical and mental developmental deficiencies among children in particular.

HISTORY OF FAMILY PLANNING IN MALAYSIA

Between the 1930's and the 1950's, the family planning movement in Malaya was purely voluntary. The Family Planning Association was the only agency providing family planning services, since it was inconceivable for a Malay state to accept moral responsibility for a practice forbidden by Islam. There was however a noticeable demand for family planning services in the early 60's especially in the urban areas.

Malaysia was not spared the post-war baby boom giving rise to a natural increase in population which started to exceed 3 percent per annum in 1952. The adverse social and economic effects of a high rate of population growth, decrease in export

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prices, unemployment especially among the 15-24 year age group and growing pressures that made a demand for social services, especially education, led to a change in the official attitude towards family planning. The National Family Planning Board (NFPB) was established in 1966 and opened its first clinics in May 1967. The Board was not able, however, to make much headway in the rural areas and this led to the integration, in 1971, of its family planning services with the rural health services of the Ministry of Health.

DEMOGRAPHY OF MALAYSIA

Prior to the Second Malaysia Plan (1961-65), the growth rate was 3 percent per annum — one of the highest in the world. The average growth rate in 1976 was 2.5 percent per annum. The aim of the Government was to reduce this to 2 percent per annum by 1985. ¹

The 1976 estimated population for Peninsular Malaysia was 10.4 million, of which 53.5 percent were Malays, 35.0 percent Chinese, 10.4 percent Indians and 0.8 percent others. ² About 27 percent of the population was located in urban areas and 73 percent in the rural areas.

Despite the growing levels of per capita income (\$2020 ringgit per capita for 1976), inequality in income distribution still remains noticeably wide, about 27 percent of the households in Peninsular Malaysia had an income below \$100 ringgit per month, and 90 percent of the households were from the rural areas. ³

The West Malaysia Family Survey 1966/67 showed rather clearly that the majority of the men and women do not wish to have more than three or four children. Yet the average family size in Peninsular Malaysia is around five. The 1974 Malaysia Fertility and Family Survey noted that among the respondents of the 40-49 year age group, more than 77 percent had four births or more. One in every four women had nine births or more!

MATERIALS AND METHODS

Bearing in mind that family planning is not making a sufficient impact on the rural folk, it was decided that the overall objective of this study should be — “To study and compare the knowledge of, and attitude towards, family planning, between acceptors and non-acceptors of family planning, among rural Malay married women” against variables like age, level of education, income,

number of children etc.

The actual study began on 4 December 1978 and ended on 22 December 1978. A study sample of 200 — 100 acceptors and 100 non-acceptors were selected from the Kuala Pilah District which is a rural area providing a family planning service that is fully integrated with the existing Maternal and Child Health (M.C.H.) service. The NFPB also runs a clinic in the district hospital. The women to be selected were to fulfill the following criteria: 1) be of Malay origin, 2) be married, 3) be between 15-44 years of age, and 4) not be pregnant at the time of interview as it would have been difficult to classify them as acceptors or non-acceptors, as the pregnancy could have been either planned or unplanned — and it is usually true that a mother will not admit that it was an unplanned event — and this could have led to an incorrect classification of acceptors. 5) An acceptor was any married Malay woman who was on one of the following methods of family planning: oral contraceptive, I.U.C.D., condom, condom and rhythm, and rhythm. 6) A non-acceptor was any married Malay woman, who, at the time of interview, was not pregnant, and has not been on any method of family planning listed above, for a duration of at least three months continuously.

There was no special technique of sampling used. Women fulfilling the above criteria who were at the M.C.H. clinic and its mobile clinics, who had children in the Paediatric Ward of the Kuala Pilah district hospital or those visited by the home visiting team, were interviewed.

FINDINGS

Personal Characteristics Of Respondents

The mean age of the acceptors was 27.3 years, and that of non-acceptors, 29.2 years (Table I). There is a significant difference in age between the acceptors and non-acceptors at the five percent significant level.

The mean age for first marriage of acceptors was 19.9 years and that of non-acceptors was 20.5 years.

The mean income for acceptors was \$399.75 per month and that for non-acceptors was \$342.50 per month. The median income for acceptors was \$262.38 per month and that for non-acceptors was \$262.91 per month.

Twenty nine of the acceptors were working mothers, and 71 were full-time housewives, while

TABLE I
AGE DISTRIBUTION OF RESPONDENTS

Age group	Respondents		Total
	Acceptor	Non-acceptor	
15 - 19 years	6	3	9
20 - 24 years	33	25	58
25 - 29 years	40	37	77
30 - 34 years	8	11	19
35 - 39 years	6	18	24
40 - 44 years	7	6	13
Total	100	100	200

Mean age of acceptor (\bar{X}_1) = 27.3 years
 Mean age of non-acceptor (\bar{X}_2) = 29.2 years

$t = 2.16, df = 198, 0.05 > p > 0.02$ significant

28 of the non-acceptors were working, and 72 were not.

Knowledge

Table II shows the distribution of the respondents with respect to the source of first information on family planning. On comparing the two groups of respondents, a greater number of the acceptors (61) obtained their first information on family planning from the health personnel, whilst only 46 non-acceptors obtained their first information from this same source. Statistically, however, there is no significant difference between the distribution in the two groups.

Table III shows that there is an almost similar pattern of knowledge of the use of the various types of contraceptives in both the groups of respondents. The most popular method was the pill. Only two of the non-acceptors were totally ignorant as regards

TABLE II
DISTRIBUTION OF RESPONDENTS WITH RESPECT TO THE SOURCE OF FIRST INFORMATION ON FAMILY PLANNING

Source of first information on family planning	Respondent		Total
	Acceptor	Non-acceptor	
Family/Friends	31	40	71 (35.5%)
Health Personnel	61	46	107 (53.5%)
Mass Media	8	14	22 (11%)
Total	100	100	200 (100%)

$\chi^2 = 4.9, df = 2, 0.10 > p > 0.05$ not significant

TABLE III
DISTRIBUTION OF RESPONDENTS BY THE INDIVIDUAL METHODS OF FAMILY PLANNING HEARD OF, AND THE KNOWLEDGE OF HOW TO USE THEM

Family Planning Methods	Respondent			
	Acceptor		Non-acceptor	
	Has heard of	Knows how to use/practise	Has heard of	Knows how to use/practise
Pill	100	100	95	56
Condom	75	40	72	27
I.U.C.D.	55	16	56	12
Rhythm method	34	9	32	7
Coitus interruptus	15	8	20	9
Vasectomy	46	11	52	6
Tubal ligation	82	29	75	11
Injection Deoprovera	68	49	69	25
None of the above	0	0	2	2

methods of family planning.

As seen in Table IV, more acceptors were keen to learn more about family planning than non-acceptors. This difference between the two groups is statistically significant.

Ninety acceptors and 76 non-acceptors said they would go to the health personnel in nearby clinics to find out about/more about family planning (Table V). There were, however, 20 non-acceptors who said they did not know where to go. There is a statistically significant difference between the two groups.

From Table VI, it is observed that for both groups of respondents, the radio and television were the most used mass-media and the least used were talks and dialogues. The frequency of exposure is also similar for both groups.

TABLE IV
RESPONDENTS' INTEREST IN LEARNING ABOUT/MORE ABOUT FAMILY PLANNING

Interest in Learning about/ more about family planning	Respondent		Total
	Acceptor	Non-acceptor	
Interested	96	86	182 (91%)
Not interested	4	14	18 (9%)
Total	100	100	200 (100%)

$\chi^2 = 6.2, df = 1, 0.02 > p > 0.01$ significant

TABLE V
DISTRIBUTION OF RESPONDENTS ACCORDING TO
WHERE THEY WOULD GO TO LEARN
ABOUT/MORE ABOUT FAMILY PLANNING

Source of Information	Respondent		Total
	Acceptor	Non-acceptor	
Family/friends	5	4	9 (4.5%)
Health personnel	90	76	166 (83%)
Does not know where to go	5	20	25 (12.5%)
Total	100	100	200 (100%)

$X^2 = 10.3$, $df = 2$, $0.01 > p > 0.001$ significant

TABLE VI
DISTRIBUTION OF RESPONDENTS BY FREQUENCY
OF EXPOSURE TO MASS MEDIA

Type of mass media	Daily	Once a week or more but not daily	Less than once a week	Never	Total
Acceptor					
Newspapers	43	17	25	15	100
Books, magazines, pamphlets	1	27	53	19	100
Radio	82	9	0	9	100
Television	57	10	17	16	100
Talks, dialogues	0	0	40	60	100
Non-acceptor					
Newspapers	41	22	16	21	100
Books, magazines, pamphlets	0	15	62	23	100
Radio	82	11	5	2	100
Television	61	10	16	13	100
Talks, dialogues	0	0	27	73	100

Attitude

Table VII shows the respondents' past attitude towards family planning.

In the respondents' present past attitude towards family planning all 100 acceptors approved of it. Among the non-acceptors, only 68 approved of it, 30 disapproved and two were not sure of their attitude towards it.

TABLE VII
DISTRIBUTION OF RESPONDENTS ACCORDING TO
THEIR PAST ATTITUDE TOWARDS FAMILY
PLANNING

Past attitude	Respondent		Total
	Acceptor	Non-acceptor	
Approved	63	45	108 (54%)
Disapproved	36	51	87 (43.5%)
Did not think about it in the past or not applicable	1	4	5 (2.5%)
Total	100	100	200 (100%)

A good majority of respondents (74 acceptors and 88 non-acceptors) disapproved of the practice of family planning before the first child (Table VIII).

Ninety nine of the acceptors discussed family planning with their husbands and only one said she did not do so. Of the non-acceptors, 85 discussed family planning with their husbands, and 15 did not. There is a statistically significant difference between the two groups ($X^2 = 13$, $df = 1$, $p < 0.001$ significant).

All 100 acceptors' husbands approved of family planning. Among the non-acceptors, 64 said their husbands approved of family planning, 33 said their husbands disapproved of it, and three said they were unsure of their husbands' attitude towards family planning.

TABLE VIII
DISTRIBUTION OF RESPONDENTS ACCORDING TO
THEIR ATTITUDE TOWARDS PRACTISING FAMILY
PLANNING BEFORE THE 1ST CHILD

Does respondent approve of practising family planning before the 1st child	Respondents		Total
	Acceptor	Non-acceptor	
Yes	26	12	38 (19%)
No	74	88	162 (81%)
Total	100	100	200 (100%)

$X^2 = 6.4$, $df = 1$, $0.02 > p > 0.01$ significant

TABLE IX
NUMBER OF FAMILY PLANNING METHODS
KNOWN BY THE RESPONDENTS BY THEIR LEVEL
OF EDUCATION

Level of education	No. of family planning methods known		Total
	Less than 3 methods	More than 4 methods	
Acceptor			
No schooling	2	3	5
Up to Standard 6	25	37	62
Up to L.C.E.	2	13	15
Up to M.C.E./H.S.C.	0	18	18
Total	29	71	100
Non-acceptor			
No schooling	5	5	10
Up to Standard 6	21	38	59
Up to L.C.E.	3	19	22
Up to M.C.E./H.S.C.	1	8	9
Total	30	70	100

Association Of The Level Of Schooling Attained With The Number Of Family Planning Methods Known

As seen in Table IX, about 70 percent of the acceptors and non-acceptors knew of more than four methods of family planning. Also in both groups of respondents, a bigger proportion of those with higher education knew of more than four methods of family planning.

Association Of The Level Of Education Of The Respondent With The Number Of Living Children

Table X shows that the mean number of children decreased with the more educated respondents but, on the whole, the mean for the non-acceptors was lower than that for the acceptors.

Association Of The Level Of Education Of The Respondent With The Number Of Children Desired

In Table XI, it is seen that, on an average, the mean number of children desired by the acceptors

decreased with increasing level of education. However, there is no such pattern for the non-acceptors, where those with no schooling had a mean of 5.2 children, those with up to Standard six education had a mean of 3.7 those with up to L.C.E., 4.5, and those with an education of M.C.E./H.S.C. had a mean of 1.7 children.

DISCUSSION

The most frequently suggested factors of modernisation related to the decline of birth rate in industrialised societies are mortality decline, improvements in health, urbanisation, increased literacy, school attendance and the level of education — particularly of the women — mass media and communications, standard of living, weakening of religion, increased costs of bringing up children, employment of the women outside the home, social mobility, more complex technology and change in the structure and function of family.

These factors are not all present in the developed countries experiencing a fertility decline and those that are cannot be linked, specifically, to a decline in fertility. The only factor found to be always increasing as birth rate decreases is literacy. However, there is no relation between the proportion of those literate and the beginning of fertility decline.

Social changes like increasing affluence and rural - urban migration that are taking place today are making family planning more acceptable than before.

Demographers incline to the belief that important as emotional factors are in determining marital adjustment and acceptability of contraceptives in individual cases, the greatest motivating force towards family planning is the attainment of desired standards of life.

Attitudes of people change slowly. These attitudes are built-in in the feelings and concepts they have, and attitudes become interwoven with status symbols of good or bad and they do not yield immediately to rational argument or evidence.

In Malaysia, the real obstacles to the family planning program have proven to be, first, the traditional emphasis on early marriage and many children, second, sheer ignorance and indifference.⁴

TABLE X
NUMBER OF LIVING CHILDREN RESPONDENTS HAD BY THEIR LEVEL OF EDUCATION

Level of education	Number of living children							Total	Mean number of living children
	0	1	2	3	4	5	6 and more		
Acceptor									
No schooling	0	0	0	0	1	1	3	5	5.4
Up to Standard 6	0	6	20	11	7	8	10	62	3.3
Up to L.C.E.	0	5	2	3	4	1	0	15	2.6
Up to M.C.E./H.S.C.	0	10	7	1	0	0	0	18	1.5
Total	0	21	29	15	12	10	13	100	
Non-acceptor									
No schooling	0	2	0	2	0	1	5	10	4.3
Up to Standard 6	2	12	9	6	10	9	11	59	3.4
Up to L.C.E.	2	5	4	5	5	1	0	22	2.4
Up to M.C.E./H.S.C.	1	2	2	3	1	0	0	9	0.4
Total	5	21	15	16	16	11	16	100	

It is common among all the races in Malaysia for the males and females to marry by the late teens or early twenties. The family, community and religious circles encourage the immediate and continuous begetting of offspring. According to family planning surveys conducted, it was seen that 25 percent of all Malay women of the 15-19 year age group were already married.

It is also important to note that in the less developed societies religious reasons tend to rank high in the list of birth control rejections. The attitude of the rural Malay in relation to family planning could be described as being rather cold, neither to reject it nor to accept it. The majority feel that any interference with the will of God is un-Islamic.⁵ Also in Islamic societies, birth control practice is only legitimate if approved by both married partners, but generally neither of the two is bold enough to start discussing the subject with the other.

Ironically, however, illegal abortion which is a traditional alternative to modern family planning is widely practised among the Malays. The abortionist is the traditional kampong midwife, the methods are primitive, and the consequences often frightful. Despite the prevalence of abortion — which violates the Muslim religious code against the taking of any life — there has been very little pressure from the religious leaders for its

suppression.⁴

KNOWLEDGE

All 200 respondents were aware of family planning and this 100 percent awareness among the rural Malay women in this study could well be due to the fact that the study was carried out on Malay women who attended the M.C.H. clinic. They would have heard about it from clinic staff, or friends at the clinic or through posters at the clinic. They are, therefore, not truly representative of rural Malay women, but are a biased group.

The pill is the most popular and accepted method among the Malays. Most respondents had heard of it and only 56 percent of non-acceptors did not know how to use it. 96.2 percent of all Malay acceptors in Peninsular Malaysia are on the pill.⁶ Among the respondents, 85 percent of the acceptors were on the pill.

The use of the condom is a less popular method in our society, though it is about the most used contraceptive in some countries like Japan. Seventy-five percent of the acceptors and 72 percent of the non-acceptors said they had heard of it, but only 40 percent of the acceptors and 27 percent of the non-acceptors knew how to use it. The reason for this difference is probably because the condom is a contraceptive for the male and the rural Malay

TABLE XI
NUMBER OF CHILDREN DESIRED BY RESPONDENTS ACCORDING
TO THEIR LEVEL OF EDUCATION

Level of education	Number of children desired							Total	Mean number of living children desired
	1	2	3	4	5	6	7 or more		
Acceptor									
No schooling	0	0	1	1	1	1	1	5	5.0
Up to Standard 6	0	4	3	19	20	12	4	62	4.6
Up to L.C.E.	0	3	1	8	2	1	0	15	3.8
Up to M.C.E./H.S.C.	1	0	3	13	1	0	0	18	3.7
Total	1	7	8	41	24	14	5	100	
Non-acceptor									
No schooling	0	0	1	1	5	1	2	10	5.2
Up to Standard 6	0	6	6	24	12	5	6	59	3.7
Up to L.C.E.	0	1	1	10	7	3	0	22	4.5
Up to M.C.E./H.S.C.	0	1	2	3	2	1	0	9	1.7
Total	0	8	10	38	26	10	8	100	

woman is, in most cases, shy and reluctant to partake in a discussion that involves talking about the most private part of the body and the actual act of intercourse.

Besides this, the other reasons for its unpopularity as a contraceptive are that its success largely depends on the cooperation of the husband, there is also some religious opposition to the use of the condom, it interferes with the full enjoyment of the sexual act and it has long been associated with the prostitute and the brothel.

Permanent sterilisation is not a popular method among the Malays as Islam does not sanction it. Also divorce and multiple marriages are common among the Muslims. Therefore a Malay woman would be reluctant to undergo permanent sterilisation even though she has had a large number of children already because her chances of remarriage might be lessened if she was known to have undergone sterilisation.

I.U.C.D. is an effective method of contraception. It is a good, effective and potential substitute or alternative for the pill, and, over the last few years, it has gained popularity over the pill in western countries like the U.S.A. Unfortunately, it is not as well known as it should be among Malay women here. Only 55 percent acceptors and 56 percent non-acceptors had heard of it, and 16 percent and 12 percent respectively knew how it was used.

The rhythm method is an ideal method for Muslims who adhere strictly to Islamic teachings. Unfortunately, however, even some of the more educated women find it hard to practise this method. It is also not a reliable method for those with irregular periods or uncooperative husbands. It is therefore not advisable for the rural Malay women with little education to practise it unless, of course, they have no other alternative method. Thirty four percent acceptors and 32 percent non-acceptors had heard of it and only nine percent acceptors and seven percent non-acceptors knew how to practise it.

What was most surprising in this study was that knowledge of coitus interruptus or *azal* as the Malays call it, was poor among the respondents despite the fact that there is mention of this in the Koran. Fifteen percent acceptors and 20 percent non-acceptors had heard of it and only eight percent acceptors and nine percent non-acceptors knew how it was practised. One would have expected more respondents to have had more knowledge of it, but the possibility of not admitting knowledge of it must not be overlooked as studies have found that respondents felt embarrassed or ashamed just talking about this method.

Two percent of the non-acceptors said that they had neither heard of nor had any knowledge of any of the methods of family planning.

Knowledge And Number Of Methods According To Level Of Education

Studies have shown that there is a positive correlation between the knowledge of contraceptive methods, and the level of education which in turn is correlated to poverty. ⁷

Similar findings of correlation between education and knowledge have been found in this study. The number of methods heard of increases with education among both acceptors and non-acceptors.

Therefore, by enhancing the knowledge of family planning among the women one could expect an increase in its practice. This can be achieved through greater educational opportunities for women.

In Asian societies in general and in Malay society in particular, women still take second place to man. Priorities have always been for the male child at home, in terms of educational opportunities and advancement. The importance of enhancing the status of women is critical. She must be given more opportunities for education. Schools should give instruction on nutrition, child care, family planning and home economics, and should also emphasize to the young woman that the ideal role for a girl is not as a mother of a large and poor family, but rather that she plays a double role — as mother of a small family and as a wage earner who contributes to the well-being of her family by gainful employment. ⁸

It was also found in this study that 96 percent of the acceptors and 86 percent of the non-acceptors were interested in learning more about family planning while only four percent acceptors and 14 percent non-acceptors were not interested. There is therefore a small proportion of non-acceptors who do not wish to know more about family planning, and it is rather unlikely that their reason for not being interested is that they already know enough. It is more likely that they are the 'hard-core' of the non-acceptors who firmly believe that family planning is not for them for whatever reason. A lack of knowledge of the importance of family planning is perhaps the cause for such a disposition.

First Source Of Information On Family Planning

According to the NFPB survey, ⁹ mass media (41.5 percent) was the commonest source of information, followed by friends and relatives (17

percent) and the health personnel (8.8 percent). There is a complete reversal in this order of findings in this study as compared to the NFPB survey. This could be due to the fact that the interview was carried out in the clinic or in the home by nurses, and this may have prejudiced the respondent in her answer. On the other hand, most of the respondents were of the younger age group — 79 percent of the acceptors and 65 percent of the non-acceptors were below 30 years and it is possible that their first source of information on family planning might have been the health personnel, as the health services in the rural areas have improved over the last ten years.

It is reassuring to know that 83 percent of the respondents knew of the right place to go for more information on family planning, but at the same time it is disconcerting to find that 12.5 percent (in spite of the fact that they were attending clinics during the interview or were at home being interviewed by the nurse) said they did not know where to go. Of this 12.5 percent, 2.5 percent were acceptors and 10 percent non-acceptors. The most likely reason for this is that to the 10 percent non-acceptors, it was not important to know where to go for information on family planning as they were non-acceptors.

Frequency Of Exposure To Mass-Media

A majority of the respondents were exposed to some form of mass-media, the most popular being radio or television. The least popular mass-media were talks and dialogues — and this could be due to a lack of talks and dialogues in the area or that the presentation or the subject of the talk was uninteresting to the people. Despite the fact that a good majority of respondents listen to the radio or watch television the mass-media was not stated as the first source of information in this study. Knowing that the rural Malay housewife is most often listening to the radio or watching television, family planning could, perhaps, be given still wider publicity, and education on family planning could be intensified through such mass-media.

Attitude

The change in attitude towards family planning from 54 percent approval in the past to 84 percent approval in the present may be due to various reasons, some of which may be increased and better knowledge, improved standards of living and better reach of

medical and health services to the rural women. Those who still disapprove of it may be doing so because of religious beliefs. Also among the rural Malay the element of husband's disapproval is a major factor influencing the wife's attitude towards family planning.

Attitude Towards Practising Family Planning Before The First Child

This study revealed that a good majority of the respondents (81 percent) did not approve of practising family planning before the first child. Sixty-six and a half percent of the respondents married before the age of 20 years. This being so, it is important that she should have a positive attitude towards practising family planning before the first child. But, unfortunately, it was found to be otherwise in this study. A factor that may be against this positive attitude is that 71.5 percent of the respondents were not working and thus were full-time housewives. This may be a strong influencing factor in inducing them to prefer having their first child before practising family planning. Also barren marriages are not considered a virtue among the rural Malays, social pressures from friends and relatives encourage young couples to have their first child within the first year or so of marriage. This is unfortunate as it hampers a properly planned family and the possibility of finding well adjusted parents.

Discussion Of Family Planning With Husband

The 64 non-acceptors whose husbands approved of family planning might not be practising family planning for reasons like wanting another child, afraid of, or might have experienced bad side effects from the use of contraceptives, or might not have felt the need of family planning as yet.

The 33 whose husbands disapproved of family planning might not be practising family planning because they had not been encouraged to do so by their husbands.

Family planning is a very sensitive, private and intimate matter which involves both husband and wife. Disapproval of it by either one of them might discourage its practice. The husband still has the main say in rural Malay societies. His approval or disapproval definitely decides on an acceptor or a non-acceptor.

It is however encouraging to note, in this study, that the rural Malay woman is now more progressive in her thinking and has begun to discuss such an intimate subject like family planning with her husband.

Desired Family Size

The mean number of children desired has been found to be related to the level of education of the respondent. A startling fact to note is that the number of children desired is more than the number of living children the respondents have. That is quite contrary to the notion that, with progress of time, development of the country and education of the people, one would expect a desire for smaller families. The rural Malay woman still has a leaning towards large families.

Recommendations

For the rural population in Malaysia where family planning has still got to make an impact and be accepted as being vitally necessary a lot has to be done.

The radio and television are not being made use of fully in this respect. One hardly hears or sees anything on family planning on radio or television, yet these two are the most effective means of communication capable of carrying the message across to the most remote of villages.

Information as to where family planning advice can be obtained, what family planning methods are available, and advice with special reference to the spacing of children, mother's and child's health, can be disseminated to the rural people in short but effective talks. This message has to reach the people continuously, they have to be reminded constantly that to be responsible parents they have to plan their family and not just leave it to nature.

As with any other community so with the rural Malay, it is important that both partners approve of family planning for it to be jointly accepted and practised. It is the woman who is more readily got at, easily approached and first gets to hear about family planning. The man, most often is not exposed to the propagation of knowledge on family planning, and this is an area of dissemination that most definitely must not be overlooked. In the Asian household, the man is the head and the decision-maker, and he must be educated on the subject and taught to accept the practise. Prominent and respected members of the

community must be singled out to act as innovators and instructors on family planning for this purpose. Islam sanctions some methods of family planning and talks could be delivered in the *surau* (village mosque) where men gather for Friday prayers.

It is necessary, too, to lift the lid off traditional taboos and remove shyness and the reluctance to discuss the human physiology and the biological functions. Young couples must be taught what human reproduction is, and that it is both healthy and necessary to discuss it with one another. They must be taught to develop a keen interest in, and adopt a healthy attitude towards, such a vital subject.

Lastly, women's clubs and private organisations need to come forward and participate more fully and play an active role in promoting family planning and helping to emphasize its benign aim in the achievement of health and happiness of the mother, the child, the family and the nation.

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