

**FUTURE STUDY –  
UNDERSTANDING THE PUZZLING TREND OF  
HIGH BIRTH RATE AMONG CONTRACEPTIVE  
USERS IN MALAYSIA; A CASE STUDY FROM  
MALAYSIAN POPULATION AND FAMILY  
SURVEY, 2004**

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**FORUM PENYEBARAN DATA HASIL PENYELIDIKAN LPPKN SIRI 2  
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# INTRODUCTION

- **1957 -1966**

- Family Planning Association has pioneering the family planning services in most of the states of Malaysia. At that time, the family planning services were mostly available only in urban areas (LPPKN: Kuala Lumpur, Report on Malaysian Population and Family Survey, 1974).

- **1966**

- West Malaysia Family Survey which was conducted in Peninsular Malaysia sometime in 1966 has documented Malaysia CPR (Contraceptive Prevalence Rate) to be at 8.8 percent (LPPKN: Kuala Lumpur, Report on Malaysian Population and Family Survey, 1974).
- Family planning was first made as an official policy during the First Malaysia Plan in 1966, successfully through the National Planning Programme (NPP).

- **Early 1970's**

- The expansion of family planning services was made available to the rural areas with cooperation of Ministry of Health via the integration with primary health care services (LPPKN: Kuala Lumpur, Report on Malaysian Population and Family Survey, 1984).

- **1984**

- The CPR rose substantially to 52 percent, however, it has been stagnant since then.

- **1995**

- The fertility level has been persistently decline to 3.2 percent which was a rate closely approaching the replacement level (United Nations, World Population Prospects: The 1998 Revision: Volume I, 1999).

- **1996**

- Led to the change of Malaysian government's perspective on fertility from "too high".

- **2007**

- From "too high" in 1996 to "satisfactory" (Norliza Ahmad, et.al, 2010).
- Fertility policy leads to a change of programme from "reduction" to "no intervention" but instead focusing more in quality of Malaysia population via education and human resource development.
- NPP was then restructured to National Family Policy which recognized the value of family as a social and production units (Tey Nai Peng, 2007).

# TRENDS IN CPR

- In 1994 and 2004 - Malaysian Population and Family Survey (MPFS) done by the National Population and Family Development Board (NPFDB)/ LPPKN (*Lembaga Penduduk dan Pembangunan Keluarga Negara*).
  - Showed a declined in CPR for any method from 54.8 percent to 51.9 percent.
  - Only slight increased of CPR for modern method from 30.2 percent in 1994 to 34.4 percent in 2004 (LPPKN: Kuala Lumpur, Report on Malaysian Population and Family Survey, 1994, 2004).

- CPR for Sabah and Sarawak (1989 and 2004)
  - Showed similar pattern of CPR which is comparable to the one in Peninsular Malaysia.
  - The CPR for any method was ranging from 50.1 percent to 57.8 percent and for modern method, from 30.1 percent to 44.4 percent (LPPKN: Kuala Lumpur, Report on Malaysian Population and Family Survey, 1994, 2004).

- In view of socio-economic differentials across the three major ethnic (2004);
  - Malays CPR was 28.2 percent,
  - Chinese was 45.6 percent and
  - Indians was 32.2 percent
  
- Comparison between the East Coast and West Coast State reported a very low CPR in the East Coast.
  
- Interestingly, even though CPR between 1994 and 2004 for any method were reported to be declined in Malaysian women across all age groups and parity, there was an exclusive rise of the CPR for modern methods in women between 30 to 39 years old plus women with only two to three children (Norliza Ahmad, et.al, 2010).


# UNMET NEED FOR CONTRACEPTION

- There was significant rise of unmet need for modern contraception from 25 percent in 1998 to 36 percent in 2004.
- However, it is justified to further investigate when there was a fall in unmet need which was only exclusive in women between 30 to 39 years old with a fall from 27 percent in 1988 to 24.7 percent in 2004 (LPPKN: Kuala Lumpur, Report on Malaysian Population and Family Survey, 1994, 2004).
- For the year 2004, there was a big curiosity of why the unmet need of Sabah (31.3 percent) and Sarawak (30 percent) for modern method were both lower than the unmet need of Peninsular Malaysia (36.2 percent) (LPPKN: Kuala Lumpur, Report on Malaysian Population and Family Survey, 1994, 2004).



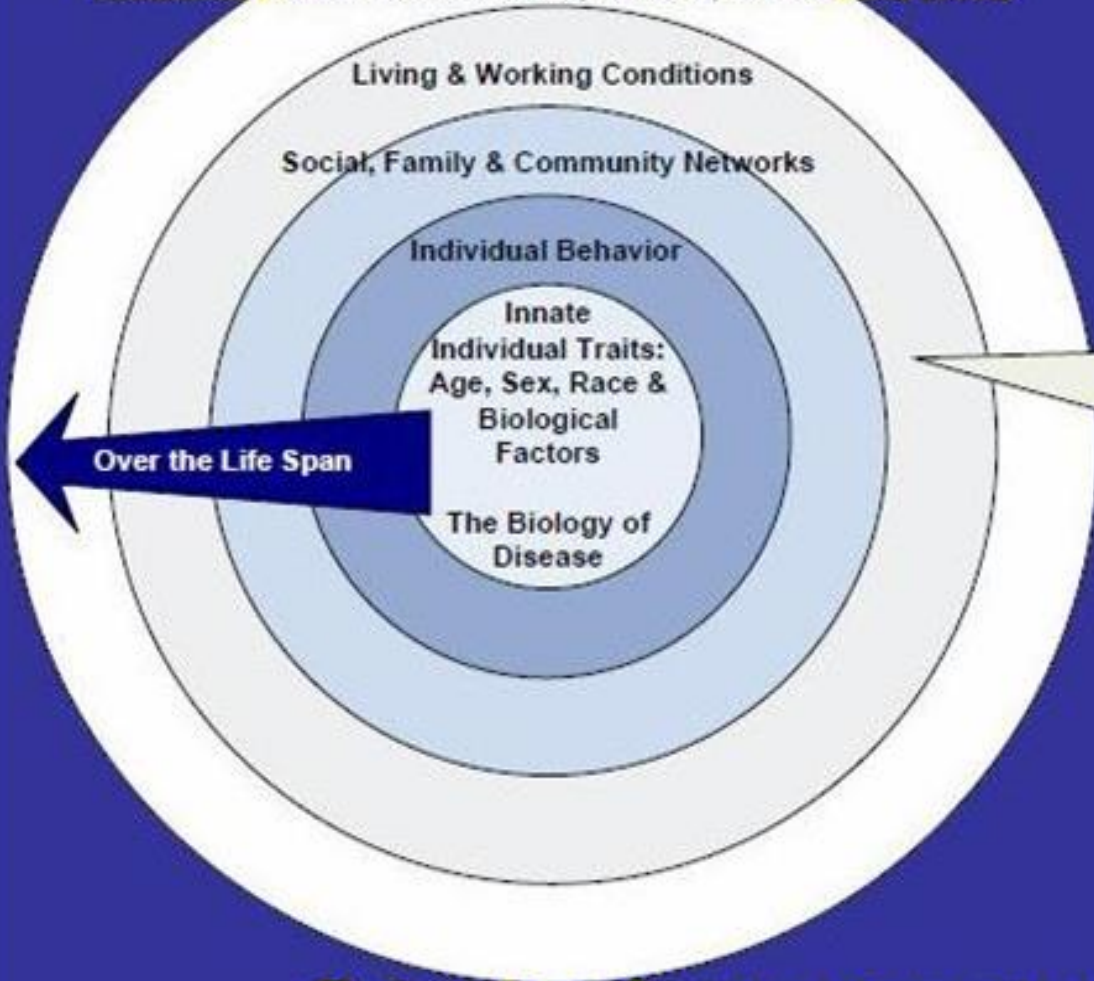
# STUDY JUSTIFICATIONS

- The purpose of this study;
  - Future analyse the MPFS (Malaysian Population Family Survey) 2004 population-based data using special statistical method for quantitative analysis plus in-depth interview of selected samples for qualitative analysis.
  - Answer a puzzling trend of result reported by Che Hashim Hassan (2011: 329-332), which stated that a puzzling trend of result of respondents who have been practising family planning were noted whereby, they have a higher number of children ever born compared to respondents who do not practise family planning.
  - Add up knowledge and in-depth explanation and discussion of relationship between factors such as:
    - Abortion ,
    - Breastfeeding
    - Age composition of respondents
    - With the puzzling effect of family planning practices on fertility, among the three major ethnic groups in Peninsular Malaysia as stated by Che Hashim Hassan (2011: 329-332).

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- This study will also focus in detail regarding possibility of high prevalence of abortion in women whom practising contraception but yet still having a high number of ever born children.
  - Using the Ecological Model of disease of public health as stated by J. Robin Moon (2006: 11-21), it is imperative that information from this analysis of this study using MPFS 2004 data will lead to a draft formation of intervention framework in view to increase contraceptive uptake in Malaysia.

# Ecological Model

**Social, Economic, Cultural, Health & Environmental  
Conditions & Policies at the Global, National, State & Local Levels**




Living and working conditions may include:

- Psychosocial factors
- Employment status and occupational factors
- Socioeconomic status (income, education, occupation)
- The natural and built environments
- Public health services
- Health care services

Institute of Medicine, 2002

**Behavior change occurs synergistically.  
Interventions are encouraged at every level of the model.**

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- There are three main concerns when it comes to the study of fertility.
    - 1<sup>st</sup> - micro-level determinants of fertility (individual, couple and household).
    - 2<sup>nd</sup> - macro-level determinants of fertility (socio-economic and cultural).
    - 3<sup>rd</sup> - the link between the macro-level and micro-levels influence.
  - Davis and Blake (1956) framework
  - Bongaarts (1978) framework

**SOCIO-ECONOMY STRUCTURE**

Include of:

- Level of development,
- Education
- Income
- Infrastructure
- Gender and discrimination

**CULTURAL AND RELIGIOUS CHARACTERISTICS**

Include of:

- Migration status
- Religion
- Ethnicity

**ATTITUDE TOWARD FAMILY SIZE, STRUCTURE AND DEVELOPMENT**

Include of:

- Family size
- Ideal family
- Choice of gender of children
- Estimation of cost
- Children's benefit

**INTERMEDIATE VARIABLES**

Grouped as:

- I) Explosure factors**
  - 1) Proportion married
- II) Delibrate marital fertility control factors**
  - 2) Contraception
  - 3) Induced abortion
- III) Natural marital fertility factors**
  - 4) Lactational Infecundability
  - 5) Frequency of Intercourse
  - 6) Sterility
  - 7) Spontaneous Intrauterine mortality
  - 8) Duration of the fertile period

**ENVIRONMENT**

Include of:

- Geographical areas and regional differences.

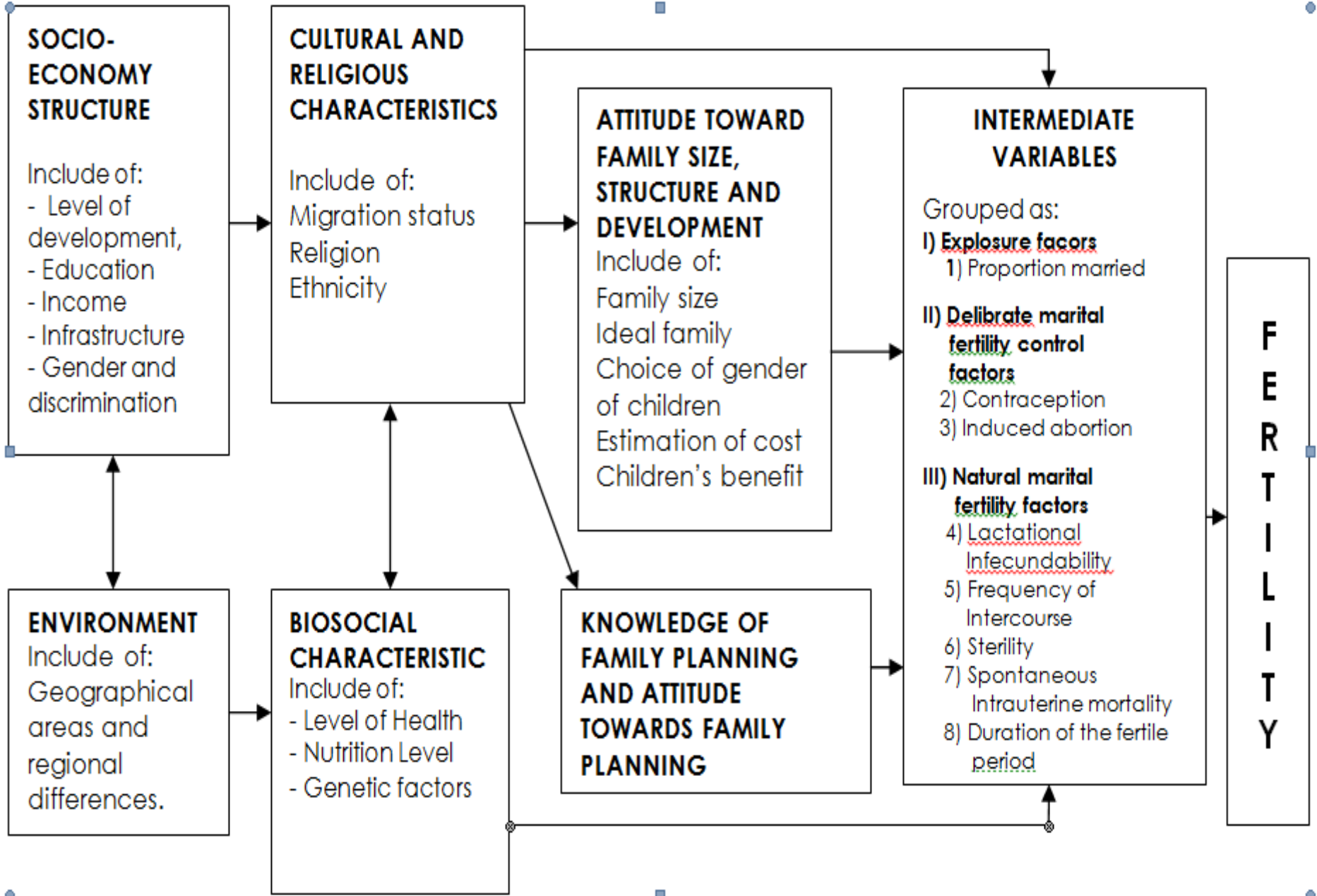
**BIOSOCIAL CHARACTERISTIC**

Include of:

- Level of Health
- Nutrition Level
- Genetic factors

**KNOWLEDGE OF FAMILY PLANNING AND ATTITUDE TOWARDS FAMILY PLANNING**

**F E R T I L I T Y**



# STUDY OBJECTIVES

## 2.1 General Objectives

- 2.1.1 To identify the demographic and socio-economic characteristics of the respondents whose practiced family planning.
- 2.1.2 To identify the demographic and socio-economic characteristics of the respondents who have never practiced family planning.
- 2.1.3 To answer why respondents who have been practising family planning were having higher number of children ever born compared to respondents who do not practise family planning.

# SPECIFIC OBJECTIVES

- 2.2.1 To examine the fertility levels of respondents whose practiced family planning compared to that of who have never practiced it.
- 2.2.2 To examine varies explanatory variables such as, ethnicity, education, age, region, strata, states, income, work status, industry and environment before marriage and their relationship with family planning practices.
- 2.2.3 To determine the relative importance of each of eight intermediate variables in affecting fertility of the respondents.
- 2.2.4 To study the link between socio-economic and cultural variables with those eight intermediate variables on fertility in Malaysia.

## **2.3 Explaining the Puzzle through Qualitative Study by looking at all possible “Intermediate variables” listed below:**

2.3.1 Proportion married (women of reproductive age that regularly engage in sexual intercourse: frequent or prolonged spousal separation will have a substantial negative impact on fertility.

2.3.2 Contraception

2.3.3 Induced abortion

2.3.4 Lactational Infecundability

2.3.5 Frequency of Intercourse

2.3.6 Sterility

2.3.7 Spontaneous intrauterine mortality

2.3.8 Duration of the fertile period

## **2.4 The way forward: (Recommendations and possibility of generating “evidence based” revised fertility framework)**



# RESEARCH METHODS AND MATERIALS

## 3.1 Method of data collection

The survey was conducted by the PFDB/(LPPKN) in 2004. It covered 3,693 respondents. They were 2,531 Malays, 689 Chinese and 375 Indians.

3.2 With the advice from the Department of Statistics of Malaysia, NPFDB/(LPPKN) design sampling frames, sampling procedures and completed the selection of sample size. Pre-test, publicity, training of enumerators and field work were carried out in 2004. For more details, see the Report of the Malaysian Population and Family Survey, 2004 (LPPKN: 3-44).

## **3.3 Methods of Data Analysis**

There are at least three methods of statistical analysis which will be carried out in analyzing the data.

- 3.3.1 Simple tabulation of data in the form of frequency tables.
- 3.3.2 One-Way ANOVA test.
- 3.3.3 Two-Way ANOVA test.
- 3.3.4 Logistic Regression.
- 3.3.5 Analysis data of Qualitative study using N-VIVO.

# EXPECTED OUTCOMES / BENEFITS OF THIS STUDY

## 4.1 Expected findings:

4.1.1 Identification of the socio-economic and demographic characteristics of the respondents, both who practiced and do not practiced family planning (in Malaysian context).

4.1.2 Identification of significant intermediate variables (out of 8 variables) that influence fertility in Malaysian respondents. (via qualitative method)

4.1.3 A qualitative method will be able to determine whether abortion is a choice in women who have high fertility but with or without contraceptive practice.

4.1.4 Identification of the link between socio-economic and cultural variables with those eight intermediate variables on fertility in Malaysia.

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**THANK YOU**