Enhancing Family Planning Practices in Native Communities
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Abstract

This research is focusing on the various factors that enhancing family planning practices in native communities based on the elementary research that has been done in rural area around Peninsular Malaysia. The similarity in the pre industrial development aspect which is less develop in term of technology, always shows continuousexposure to harm for self-reliance and have been identified as the catalyst towards the research index to determine the suitable measurement that enhancing family planning practices in native communities. Obviously, these changes that have gone through a set of unseperated time continuum are highly depend on the experiences dan the technology of the past. On the other hand, the current technology will be the based for future shift. By understanding the history itself, the type and the rate of changes are actually can be determined and can be used to plan for future planning in order to enhance family planning practices in native communities in Malaysia. The primary resource for this research is based on the various reports on official counting of population and housing in Malaysia since 1980s until 2010. Further than that, the interviews with the targeted population during the field research and the Multivariate Analysis also have been used to group the variables into main factors followed by an assessment based on the significant of suitable regression analysis. The study has shows that the prohibition by husband, the couples belief, the customs and traditions and the lifestyle are the most significant factors in family planning practices among the respondent. The study has also shows that the native communities in Malaysia have progressively acknowledge the importance of health aspect, however many still do not able to accept the various type of family planning method suggested in the modern way. Thus, the outcomes of this research give multiple suggestions on the effort to increase the society knowledge towards the current and potential trends in fertility through the National Population Policy.

Keywords: analysis, demography, enhancing, family planning practices, fertility, native communities

1.0 Introduction

Historically, by Geoffrey Benjamin’s comparative analysis of Peninsular Malaysian cultures provides a theoretical foundation for our understanding of southern lowland cultures. In addition, recent studies of insular Southeast Asian environmental history have identified environmental factors that interacted with changes in population densities and economic formations historically, emphasizing particularly the relationship between commodity production and patterns of demographic change within different environments (David, 2005). Orang Asli cultures have been classified into three groups based on linguistic divisions as well as socio-economic patterns and perceived racial differences: [1] Semang, mostly northern Aslian speakers who made their living by foraging as well as forest product trade; [2] Senoi, speaking central Aslian languages (Semelai, SemaqBeri, mahMeri/ Besisi and temoq) as well as Malay dialects (Temuan and Orang Hulu/ Jakun), and have been characterized as forest collectors-for-trade with some shifting cultivation (Gianno and Klaus, 2009).
In general, the practice of family planning is the determinant of unwanted pregnancies (Diana et al., 2005). Family Planning Practice (QIP) is defined as the act of making a decision to plan the right time to conceive through the use of various methods on grounds related to the space between births of children and to plan the size of children in the future (Jamshiah et al., 2009). Family planning was also found to reduce morbidity and mortality (Amy & Andreea, 2009; CDC Report, 2012; Advocates for youth, 2012; Stover & John, 2010) among mothers and working to improve the quality of life better and comfortable with a well-balanced family size as planned (Merchant et al., 2006). The trends in fertility in women is said to have been influence by the family planning program, not because of the factor of easy accessibility of health services. In that case it is proved that family planning can reduce fertility of women who are still active to conceive (Rosniza Aznie et al., 2013). The family planning program also related to the acceptance by the couples in determining the desired number of children in the family in the near future (Al-Sammak, 2012). It is associated in the field of demography which saw control of the birth rate of a family.

1. Background of Malaysian Indigenous People in Peninsular Malaysia

The Orang Asli in Peninsular Malaysia are the indigenous minority peoples who comprised only approximately 0.5% of the Peninsular Malaysia population in 1991. This percentage slightly increased to 0.7% in 2003. According to the records of the Department of Orang Asli Affairs (JHEOA), a federal agency which is given responsibility and legal authority 147,412 Orang Asli in 869 villages in 2004 which had increased to a population of 187,400 on Peninsula Malaysia. However, in total, the Malaysian population of the Orang Asli is still in the minority compared to the three dominant ethnic group (Malay, Chinese and Indian) that resides in Malaysia (Sapura, 2010). The location and populations distributions on Indigenous peoples (Proto Malay) in Malaysia per State are summarized in Table 1. The Proto Malay people have the closest association with the Malays which enables them to speak archaic dialects of Malay and most of them have been assimilated into the Malay community especially when they embraced Islam (Sapura, 2010).

Table 1: Breakdown of Orang Asli (Proto Malay) by ethnic group and areas of settlements, 2000.

<table>
<thead>
<tr>
<th>Population Distribution</th>
<th>State</th>
<th>Perlis</th>
<th>Kedah</th>
<th>Perak</th>
<th>Penang</th>
<th>Selangor</th>
<th>Kuala Lumpur</th>
<th>Negeri Sembilan</th>
<th>Melaka</th>
<th>Johor</th>
<th>Pahang</th>
<th>Terengganu</th>
<th>Kelantan</th>
<th>Total</th>
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<tbody>
<tr>
<td>PROTO-MALAY</td>
<td></td>
<td>25</td>
<td>83</td>
<td>1.28</td>
<td>41</td>
<td>6</td>
<td>30</td>
<td>6.99</td>
<td>99</td>
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<td>25</td>
<td>14</td>
<td>55.85</td>
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Table 1: Breakdown of Orang Asli (Proto-Malay) and areas of settlements, 2000.
TasekBera is the largest freshwater swamp in Peninsular Malaysia and is protected under the Ramsar Convention since 1994. It has a rich biodiversity which includes fish species, mammals, turtles, terrapins, frogs, interesting plant life and very rare Malayan False Gharial (a freshwater crocodile) (SABOT, 2014). The Semelai Proto Malay who have been living along the banks of and in the forests surrounding the TasekBera Lake for 600 years (Santharamohana, 2002). This community has been highlighted since the designation in 1994 of tasekBera, Pahang, as Malaysia’s First Ramsar site (Seng, 2001). The Semelai’s livelihood is heavily dependent upon the Lake, which sustains their traditional living culture. Their sustainable-yield forest production has been developed over thousands of years which shows the significance of their Indigenous technology.

2. Measuring health and family planning practices knowledge (literacy)

The approach used in this project is unique to solve the extent of natives community involvement and have been done by Terry et.al (2010) in “defining youth success using culturally appropriate community-based participatory research methods”. The theoretical model used to guide Terry’s research was based on the Relational Worldview approach developed by NICWA (Cross 1995). The Relational Worldview (RWV) is echoed within many tribal cultures by an emphasis on the use of a circular rather than a linear concept of reality in which the four areas of mind, body, spirit and social context are interrelated and in which balance among the four quadrants constitutes wellness (see figure 1).

The model (figure 1) showed the context quadrants include concepts related to the environment and relationships with others. The mind quadrant incorporates elements related to emotions, memories, and knowledge. Body refers to body chemistry, genetics, and physical well-being. The spirit quadrant includes spiritual teachings, stories, and other protective factors. The model interdependent relationships everywhere and these relationships are understood as complex, dynamic, and patterned. Used as a paradigm for indigenous research, data are gathered all four quadrants. However, in the elementary research that has been done among the native communities in Malaysia, only a few indicators has been taken as measurement indicators which are body (age, fertility behaviour and child’s parity), Mind (experience and acceptable memory), spirit (protecting factors) dan context (family, culture, work, community dan background such as history and weather).
3. The Health Status of Orang Asli in Malaysia

A research by Osman et al (1994) that portrays the different of physiological body among populations who are on the health shift shows that the children between 6 to 17 years old in rural areas have an increasing IGF-1 (Insulin Like Growth Factor-1) towards their maturity growth among children with good eating status. As a result from the active lifestyle among orang asli, thus the risk of chronic diseases such as hypertension, heart coronary, obesity and diabetes among them are lower as compared to the Malays who undergo the sedentary lifestyle. The study on the blood glucose level among these two also shows a significant difference in min.

Indicators of Family Planning Practices Capability

Family planning can be defined as the responsibilities of the spouses in deciding to have children by deciding the right time to conceive through certain methods such as spacing between pregnancies and limiting the size of the children in the family. Through the practice of family planning, it can improve the quality of life of the family so that they can enjoy a more comfortable life and can reduce the morbidity and mortality of mothers and children (Jamsiah et al., 2009). In addition, family planning practices are also seen as a contraceptive or method of birth practices that involve higher levels of knowledge, attitudes, and responsible decision by each spouse to have the number of children required to enhance the welfare of families in terms of health and to contribute to economic and social development of a state (John Thursday, 2008).

The challenges of conducting research in Native communities are well documented (Allen, 1998: Wever, 1997). The historical practice of research in Native American Communities often meant that those being researched were left out of the process (David & Keemer, 2002). Frequently, Native communities were not made aware of the research findings and did not experience any direct or indirect benefits of the research findings and that was conducted in their communities (David & Keemer, 2002). Because of past
exploitation and negative experiences with researchers, Native American communities are likely to approach research with caution and distrust (Davis & Keemer, 2002). Yet research is critical to informing public policy.

The frameworks developed by Terry et al. (2010) provide a useful starting point. Building on this framework and the surveys reviewed in the previous chapter, we present our recommended framework for measuring levels of family planning practices in native communities in Malaysia in Figure 3. This considers family planning practices capability in three broad domains: day-to-day family planning management; planning for family security and risk; and appropriate use of family planning services.

**Figure 3 Recommended frameworks for measuring family planning capability in developing countries**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Undesirable behaviour</th>
<th>Desirable behaviour</th>
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<tbody>
<tr>
<td>Day-to-day family planning practices</td>
<td>Living day to day</td>
<td>Cleanliness and lifestyle</td>
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<td></td>
<td>Monitoring health</td>
<td>Value of the family</td>
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<td></td>
<td>Planning for daily needs</td>
<td>Recognising the difference between needs and unwanted children</td>
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<td></td>
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<td>Avoiding unnecessary conceive and abortions activities</td>
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<tr>
<td>Planning for security and risk in value of family</td>
<td>Short-term horizons</td>
<td>Long-term views, goals and aspirations</td>
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<td></td>
<td>Lack of planning for fluctuations in value of children</td>
<td>Smoothing family size formations</td>
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<td>Lack of planning for unexpected pregnancies</td>
<td>Planning for unexpected list by pregnancies</td>
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<td></td>
<td>Lack of planning in family planning practices (health screening)</td>
<td>Recognising the importance of human and physical health (education or tools for example to increase family planning practices for big family size)</td>
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<td>Having provision for old-age</td>
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<td>Appropriate use of family planning practices</td>
<td>Not making use of family planning services that are appropriate for their circumstances</td>
<td>Making informed choices about services Informed and well-placed trust in practices</td>
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<td></td>
<td>Using conventional</td>
<td>Keeping informed about and avoiding services etc</td>
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<td></td>
<td>Using inappropriate products</td>
<td>Avoiding over unexpected services</td>
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<td></td>
<td>Not knowing where and who to refer</td>
<td>Seeking advice and redress when appropriate</td>
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<td>Not expecting much for value of children</td>
<td></td>
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<td></td>
<td>Not seeking or knowing where to</td>
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</table>
3.0 Data and Methods
3.1 Data Source

The fundamental of this research is to create a model for enhancing family planning practices in native communities among the population of Semelai, TasekBera which is based on the elementary research that has been done among Batek populations in Terengganu. At the moment, there are more than 1,000 population of Orang Asli in Terengganu that live in three different villages near Sungai Pergam, Kemaman; Sungai Berua, (Hulu Terengganu) and Sungai Sayap, HuluBesut. All these villages is well equip with infrasructurs like community hall and surau. All of them are Muslims. In term of education, SK Beruais one of the two schools for Orang Asli in Terengganu. Another school is SK Sungai Pergam in Kemaman. SK Sungai Beruais located 20km from Kuala Berang town and the students are among the Orang AsliBatek. This school can be access by road.(http:// sekolah-orang-asli-sk-sungai-berua.html). This elementary research involves two Orang Asli communities which are at Sungai Berua, Hulu Terengganu (42 families, 185 people) and at Sungai Pergam, Kemaman which consists of two villages (69 families, 284 people). There is a school for each village which is SK Sungai Berua and SK Sungai Pergam. As a whole, the level of education among Orang Asli in Terengganu is still relatively very low due to lack of exposure towards the importance of education for their future. Most of the children do not further their study to the secondary level eventhough some of them do pass with fylingcolours(MohdHamizon (JAKOA ). Thus, to ensure that they can understand and apply modern family planning practices, a basic fundamental education system yet holistic in need.

Selection of random samples with reliability percentage of 90 percent and the number ofrespondents obtained involving 100 respondents among the married women only. Two methods of interviews were used i.e. interview based on questionnaires or interview key respondents based on snow ball sampling. Further, data analysis techniques involving the processing of data acquired while in the field using statistical methods of computerized data using computer software Statistical Package for Social Sciences (SPSS) to produce clean data from this study. The used of SPSS produced descriptive statistical analysis of the results involving the mean and standard deviation. In addition, the findings indicated from SPSS data analysis techniques and comparison also shows the relationship of the two variables in the study through the results of Pearson Correlation test analysis and Anova.

4.0 Results
On the whole the majority of respondents and spouse is not aware of the practice of family planning to obtain thehighest value of 86 per cent compared with the rest which are not sure about any method ofcontraception.

3.1 Choice of Family Planning Practices
Determination and selection of the best time to have children is very important to improve the quality and ensure the quality of birth and health of the mother, particularly when the mother's health is at an
 alarming level and do not allow to give birth again. Most of the respondents (n = 76) is indeed not practicing family planning neither form a family size of their choice or to control the number of children in the family and child spacing. Although the respondents are among the rural population which are low level of knowledge about family planning methods has led them not to join the run to avoid unplanned pregnancies. The respondents also not consent and not getting strong support from her husband to allow them to continue to practice until now. Moreover, the lack of women involvement in the working world also not encouraged them to change their behavior in the formation of family because they fear of not fully committed to the development of their children. In fact some of them practice family planning because of certain reasons and mainly involve increasing age would cause them to reduce the reproductive period and the desire for a large family in the future.

3.2 Family Planning Practice after Birth
It is found, the respondents (n = 16) have begun to adopt family planning after their first birth. The family planning is practiced from the after birth from their experience from the beginning after the first birth to the eight births. The findings of the descriptive analysis in Table 1 shows the average values of family planning practices after birth and the second birth in at the minimum of 1.97. Therefore there is a significant difference for family planning in the order of birth as the standard deviation is 1.07. The lowest amount shown for respondents who practice family planning after the birth of the second (n = 2), third (n = 15), fourth (n = 1), and seventh (n = 14). The use of family planning were more dominant after the first birth may be because of breastfeeding in the first long period cause respondents to take a longer time to get pregnant again in a second birth. Greater emphasis will be given to the first birth because at that time married couple is said to be excited to have their first child and it was the first experience by the couple after getting married. In addition, some couples decided to practice family planning to ensure that the first child is mature enough and then followed by the next birth. Strong financial position also plays an important role for regulation of family size after the first birth because there are still husband and wife who are less knowledgeable to consider the financial position as a result of the rising cost of living. The good relationship among the community members also contribute to the family size in the research area. The reason behind is the community is not only plays an important role in their daily social activities, but also in upbringing their children.

3.3 Respondents, Reasons to Adopt Family Planning
There are several reasons that cause the respondent to practice family planning. The most dominant factor is maternal factors (n = 12). Maternal factor is indeed an obstacle to the desire to increase the number of children in the family. Such a case is that some of the young mothers are starting to suffer from life-threatening diseases caused by poor diet factors and it may affect the content if they intend to have more children. Examples are high blood pressure, diabetes, uterine problems, and miscarriages. If left unchecked, this will endanger the safety of the mother. The method of family planning in Malaysia is based on non-coercion policy so that the health of children and pregnant women are more secure (Tahir, 2006). The second factor is the wish of child spacing if the number of children is too many, they are categorized as belonging to the "easy pregnancy" (n = 64). There are various methods for spacing the child birth, through the use of family planning practices such as breastfeeding method which take a long period of time and known as the Lactational Amenorrhea Method (LAM). This method is the natural method of family planning which would take a period of six months between births, breastfeeding is more common and is done before the arrival of the menstrual period (Kennedy et al., 1988). Therefore, family planning can indeed space-out between birth (Hasnilawati&Hanafi, 2006). Involvement of respondents in employment and hold the family responsibility is one of the reasons to practice family planning among the respondents (n = 126). Respondents felt that they had to practice family planning inorder to manage work and family. According to Fatima (1985), women have a problem to run two roles at the same time and at
that time, conflicting roles can occur and responsibility of the child care are neglected. Such a case causes the respondent to make a decision to reduce the workload and make a full commitment to the management of children who need more attention to the practice of family planning. In addition, through family planning, a couple can have a more ideal family size according to their ability (n = 7). According to Jamsiah (2009), the use of a modern method of contraception or those who have a high level of education and exposure to the urban environment have at least the ideal number of children of around five people. Such a case shows that the use of family planning practices capable to form the desired family size.

3.4 Types of Family Planning Practices Used

Family planning can be done in various ways either through devices, drugs or surgical procedures. With this method, a couple can enjoy sexual life without having to worry about pregnancy (Metro Maternity Hospital Bulletin, 2012). Based on the findings among respondents who practice family planning, among the known contraceptions and often used consists of two methods, which are modern and traditional methods. Methods of family planning consist of the diet pills, the devices in the womb, injection, condoms, female surgery, keep sex, a traditional method and other related methods. The most dominant method adopted by the respondents is that the oral contraceptives (8%) and the most rejected method is by means of surgery (75%). Among the advantages for respondents who take oral contraceptives is because it is more readily available at any health center or polyclinic nearby. Contraceptive pills are safe, effective and acceptable to most women who want longer child birth spacing. In fact, it consists of several types of pills which contain the hormones estrogen and progesterone pills such as Combine Oral Contraceptives (COCs), Progestin Oral Contraceptives (POCs) and Progestosterone Only Pills (POP). Examples are Marvelon, Nordette, Mercilon, Loette, Noriday and Yasmin (LPPKN, 2010). In fact, the percentage of successful application is practically 99 percent. For the other contraception types used are such as a tool in the womb, by injection, condoms, female surgery, by keeping away from sex, a traditional method and other methods, are found the majority of respondents did not agree that they use all these methods to prevent pregnancy from occurring. Only a handful of respondents who use the method for family planning. Such a case because it causes a relatively high risk and impact in terms of health and safety for use in a long period of time future. Implementation of this practice can be done through a variety of treatment methods either traditional or modern. Both of these methods also have side effects from its use and personal preferences. Therefore, family planning is said to have a close relationship with a woman's fertility level. As such the number of family planning practices increases among career women that cause the declining fertility trends in a country. If seen, the older community practice less family planning because of the lack of exposure to contraceptive methods and under the circumstances would encourage a high birth rate as a result of no specific plan to control family size. On the other hand, advances in medical technology in Malaysia have prompted mothers with careers to use various methods of contraception for spacing purposes. Normally, before the marriage occurs, couples who wish to marry rarely think about the size of the family and planning to have children. In fact, some of them are not aware of the importance of family planning. Family planning is not only a method to limit the number of children, but it is a method that still encourage women to have more number of children up to five people, as long as each pregnancy has a special plan according to the needs and abilities of the partners. The practice of family planning is intended to widen the space between previous birth and the next birth.

Birth spacing among children could lead to emotional disturbances among children because of lack of attention and affection more from the parents. Through statistical analysis of the Pearson correlation between the actual number of children and the ideal number of children, there is a weak positive relationship between the actual number of children and number of children ideal and there is a significant difference, the value of the correlation coefficient is .324 **, p<0.05. Thus, for respondents who have many children, they consider the ideal number of children is also true of the number of children they have. For example, the highest actual number of children is four of six to seven people. While the number of
children considered ideal by the respondents is more than the actual number of children between six and eight people. For families who like to have many children, they assume the amount is balanced because they did not have any child care problems vice versa.

The practice of family planning should be done taking into account of the determination of the desired number of children and age range of the children. If a woman who has just become pregnant again after giving birth before, their health will be affected. It is so because they can not take a long time to add back nutrients in their body, especially after having their first child. Such a situation is caused by a problem of no special plans to keep the space distance for each child delivery. Foreexample, the space between pregnancies are at least 18 months after birth (Samson, 2010). The results of statistical analysis Pearson correlation between the type of delivery with the ideal number of children born. The findings of the analysis found that there is a weak positive relationship between birth type and ideal number of children for the correlation coefficient close to 0, where the value is .264*Pearson correlation with p <0.05. This means that there is a significant difference between the two variables, namely the more frequent practice of family planning done on every birth, more ideal the number of children that can be created in a family. Thus, the practice of family planning normally started in the first birth because they are still the first lactation and breastfeeding method is to some extent acting to distant the birth of the next child. Therefore, it can guarantee the health of mothers in need of rest and great care in terms of nutrition and continuous inspection.

Level of knowledge about family planning practices is very important no matter whether for couples who wish to marry or are already married. However, there is still a married couple who misunderstood the actual meaning of family planning. There are some who consider that this practice is done for the purpose of limiting the number of children and there some who consider it is wrong from their religion point of view while family planning is associated with a planned pregnancy in terms of distance between the first pregnancy and subsequent pregnancies that is a specific plan for the child to be born especially for working mothers. Therefore, family planning methods that can be used to prevent pregnancy such as oral contraceptives, condom usage, installation of the uterus, menstrual cycle count, injection and so on. Therefore, family planning is also a method used to prevent pregnancy. The results also showed that family planning use of traditional methods and modern methods. Based on this study, married couples who want to plan their families should know in advance about the type of family planning practices in the market that are safe, effective and easy to use without any unwanted side effects. They should consult a doctor to determine the most appropriate use of methods and can be suitable for them because there is some method of family planning not to be ineffective and create a variety of side effects to health. For the traditional method, it covers the rules of the conventional method which is the old method such as azal, breastfeeding for a long term, eating roots and herbs while also natural methods such as the period cycle. The modern methods are known by respondents involve mechanical methods such as condom use and the contraceptive devices of the uterus and permanent method of sterilization. Some respondents abstain from sexual intercourse with their partner as a way to prevent pregnancy. All use of family planning practices is dependent on the suitability of the couple because each has its own effectiveness and failure. For women who want many children and a large family, they are not interested in practicing family planning because they are still more comfortable with the existing number of children and the level of health that allows them to give birth again. In fact, there are those who do not practice family planning due to the absence of children. Whereas the factor some respondents do not practice family planning.
planning is shown associated with the restrictions contained in the Islamic law literally, even though Islam does not forbid its followers to control family size because it depends on the ability of married couples to manage the children well in large number. For example, in Islam, Prophet Muhammad encourages marriage and childbirth. This is because the child is a gift that has no value. For some respondents who do not practice family planning methods due to the prohibition of the husbands, it also recorded the percentage of respondents who disagree and strongly disagree are the highest, respectively by 11.6 percent. The percentage of Not Sure is the smallest percentage of respondent recorded 3.5 percent. Thus, the prohibition by husband factor is not a barrier to family planning. Such case is due to the decision to limit the size of the family involved a joint decision between husband and wife. Thus, the respondents do not face problems in terms of their opposition to the husband as the couple who really understand the needs of the family and the desire for a larger family size. In fact, it is probably not due to the resistance factors of the husband, while the respondent herself does not want to practice (Ahmad Fakaruddin et.al. 1995).

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