

ORIGINAL ARTICLE

THE PREVALENCE OF FAMILY PLANNING PRACTICE AND ASSOCIATED FACTORS AMONG WOMEN IN SERDANG, SELANGOR

Mardiana binti Mansor¹, Khatijah Lim Abdullah², San San Oo³, Kamal Akhtar³, Ayu Sulaini binti Jusoh¹, Suriawati binti Ghazali¹, Mainul Haque⁴, Lim Chin Choon⁵.

¹School of Nursing Science, Faculty of Medicine, UniSZA Campus Gong Badak, 21300 Kuala Terengganu, Terengganu, Malaysia. mardianamansor@unisza.edu.my

²Department of Nursing Science, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia.

³Community Medicine Department, Faculty of Medicine, UniSZA, Campus Kota, 20400, Kuala Terengganu, Terengganu, Malaysia.

⁴Department of Pharmacology, Faculty of Medicine, UniSZA, Campus Kota, 20400, Kuala Terengganu Terengganu, Malaysia.

⁵Pharmacology Department, Kulliyah of Dentistry, UIAM, Indera Mahkota, Kuantan, Pahang, Malaysia.

ABSTRACT

Family planning is a method of controlling fertility which helps to prevent unwanted pregnancies among couples. Unwanted pregnancy has negative effects for mothers and children. The aims of this study were to determine the prevalence of family planning practices among women in Serdang area and associated factors with their family planning practices. A cross sectional study was conducted with a systematic random sampling of 349 women of reproductive age, who attended Sri Kembangan Polyclinic. Descriptive analysis with chi-square and multiple regression analysis were conducted to identify factors associated with the family planning practice. The prevalence of family planning practice was 38.4%. Family planning was significantly associated with age ($p=0.001$), marital status ($p=0.001$), mode of delivery of the last pregnancy ($p=0.001$), number of children ($p=0.001$), source of information ($p=0.004$), level of knowledge ($p=0.001$), and the attitude ($p=0.004$). Using multiple logistic regression, four factors contributed to family planning practice, were identified as statistically significant: marital status (married OR=40, 95% CI: 9.45, 169.8), religion (Muslim OR=1.9, 95% CI: 1.14, 3.4), number of children (children>4 OR=2.98, 95% CI: 1.74, 5.09) and attitude (positive attitude OR=1.88, 95% CI: 1.11, 3.18). The prevalence of family planning practice in Serdang was low even though knowledge was sufficient. The use of pamphlets and booklets are still needed to enhance efforts in health education. Currently, practice on family planning will determine the future structure of the community and the economic wellbeing of a country. Future study should focus on family planning practice among teenager and types of methods for women.

Keyword: Family planning, contraceptive, method of family planning, family planning practices.

PREVALEN AMALAN PERANCANG KELUARGA DAN FAKTOR YANG MEMPENGARUHINYA DI KALANGAN WANITA DI KAWASAN SERDANG, SELANGOR

ABSTRAK

Perancang keluarga adalah salah satu kaedah untuk mengawal kesuburan yang dapat menghalang kehamilan tidak dirancang di kalangan pasangan. Kehamilan yang tidak dirancang akan memberi kesan negatif kepada ibu-ibu dan kanak-kanak. Kajian ini bertujuan untuk mengetahui prevalen amalan perancang keluarga di kalangan wanita di kawasan Serdang dan faktor-faktor yang berkaitan dengan amalan perancangan keluarga. Satu kajian keratan rentas telah dijalankan dengan mengambil kira 349 orang responden wanita dalam lingkungan umur subur secara bersistematik dan rawak, yang datang ke Poliklinik Sri Kembangan. Analisis deskriptif dengan khi-kuasa dua dan regresi pelbagai telah dijalankan untuk mengenalpasti faktor-faktor yang berkaitan dengan amalan perancangan keluarga. Prevalen amalan perancang keluarga adalah 38.4%. Perancang keluarga adalah signifikan dengan umur ($p=0.001$), status perkahwinan ($p=0.001$), kaedah kelahiran anak terakhir ($p=0.001$), bilangan anak ($p=0.001$), sumber maklumat ($p=0.004$) tahap pengetahuan ($p=0.001$), dan sikap ($p=0.004$). Analisis menggunakan kaedah regresi logistik mendapati bahawa 4 faktor adalah signifikan dengan amalan perancang keluarga, iaitu status perkahwinan (berkahwin OR=40, 95% CI: 9.45, 169.8), agama (Islam OR=1.9, 95% CI: 1.14, 3.4), bilangan anak (anak > 4 OR=2.98, 95% CI: 1.74, 5.09) dan sikap (sikap positif OR=1.88, 95% CI: 1.11, 3.18). Prevalen amalan perancang keluarga di kawasan Serdang adalah rendah walaupun wanita yang terlibat dalam kajian mempunyai tahap pengetahuan yang tinggi. Pendidikan kesihatan peringkat awal seperti penggunaan risalah dan buku panduan adalah perlu untuk meningkatkan usaha pendidikan kesihatan. Amalan perancangan keluarga pada masa ini akan menentukan struktur komuniti dan ekonomi negara pada masa akan datang. Kajian seterusnya perlulah fokus kepada pengamalan perancangan keluarga di kalangan remaja dan kaedah-kaedah yang sesuai untuk wanita.

Kata kunci: Perancang keluarga, kontraseptif, kaedah perancang keluarga, amalan perancang keluarga.

INTRODUCTION

Family planning (FP) allows couple to control the number of children and avoid unplanned pregnancy. Contraceptive methods are being recommended to all women by nurses in community health clinic in Malaysia. The purpose of FP is to improve the well-being of mothers and children. Couples are practicing FP because of high cost of living and to maintain health¹. Furthermore, women in Malaysia prefer to use effective contraceptive, though they are unable to get proper information because of lack of support from health personnel¹.

Today, in Malaysia, three main agencies are involved in providing FP services: 1) Ministry of Health Malaysia (MOH), 2) National Population and Family Development Board (NPFDB), and 3) Federation of FP Association Malaysia (FFPAMA Non-Government Agency). These agencies have their role in providing various contraceptive methods for couples and are also responsible for monitoring subsequent methods pertaining to FP.

FP prevalence in Peninsular Malaysia using modern method was 34.4% compared to mixed method at 51.9%². A study done in Kelantan found that the prevalence was 31.8%, based on both natural method and contraceptive method³. However, in Suburban Terengganu, it was found that the prevalence of practice of FP was at 38.7%, although analysis shows that there is still lack of adequate knowledge on various contraceptive methods among respondents⁴.

It may be due to lack of FP practice because of both poor health education and health promotion. Furthermore, there are also inadequate health facilities and other factors like poor compliance, lower level of education, and socio-demographic factors⁵⁻⁷. Moreover, developing country such as Malaysia is facing rapid population growth which has impacted on community and economy, similar with other South Asian Countries⁸. Other study found that due to the current situation women are marrying at a later age and this has influenced them to avoid using contraceptive because they want to start a family soon¹.

An increasing number of Malaysian women are married and pregnant for the first time at over the age of 30, which are considered as a high risk pregnancy⁴. Therefore, women with late age marriage and wanting childbirth are quite reluctant for FP. The various possible reasons are lack of information, knowledge and attitude⁴, concerns about safety or side effects of contraceptives⁹, poor access to quality service³ and religious beliefs, socio-demographic factors¹⁰, limited choice of methods¹¹ and others. These can result in high maternal and perinatal morbidity and mortality due to various

complications¹². Knowing these factors will help us to avoid barriers to FP practices. It will also help us in encouraging them to actively participate in FP practices. The aim of this study was to know the prevalence of FP and thereby explore various factors that contribute to FP practice.

METHODOLOGY

Study Setting

This study was conducted at Seri Kembangan Polyclinic, Serdang, Selangor, Malaysia. All women of reproductive age 15-49 years old who attended a multi-disciplinary clinic with no history of hysterectomy, Malaysian citizen and understand English or Malay are included in this study. Exclusion criteria included those who refuse to participate, had menopause and hysterectomy or unable to communicate in English or Malay.

Study Design and Sample

A descriptive cross sectional study design was used to determine the prevalence of FP practice among women. The sample size was calculated using formula by Snecdecor & Cochran in year 1989 and previous prevalence of 55% (error of sample means \pm 5%)² resulting in a sample size of 396. Systematic random sampling was used in this study. Three hundred and forty nine women completed and returned the questionnaire with a response rate of 88%.

Instrument Used

The questionnaire was developed and modified from previous studies^{5,7,9,11}. The instrument used for this study is a self-administered questionnaire with four components. Section A consists of socio-demographic data which include age, ethnicity, religion, marital status, educational level, occupation, family income, medical illness and obstetric and gynecologic history (number of pregnancy, method of delivery last pregnancy and number of children), while section B consists of questions on knowledge on methods of contraceptives and FP and source of informations on FP.

Section C has positive and negative statement on attitude toward FP and section D stress on practices of FP that included the methods used. Approximately 20 minutes was allocated for participants to answer and complete the questionnaire. Respondents responded on knowledge (based on source information) on FP and methods of contraceptives with either a 'yes' or 'no' respond. The total respondent that answered on the methods of contraceptives with more than 5 is consider as good knowledge and less than 5 is considered as poor knowledge. The attitude instrument consisted of 11 items and was cluster into two subscales: positive attitudes (6 items) and negative attitude (5 items) toward FP. Respondents answered on 3 point Likert scale

ranging from 1 (disagree) for negative statements to 3 (agree) for positive statements. In order to determine high score for positive attitude and lower score for negative attitude, mean for total scoring in attitude was obtained. The practice of FP instrument consisted of 2 item: practice and types of FP choices. The response answered 'yes' code 1 and no code '2' for practice of FP and state the type of FP practice.

Validity

A panel of experts was formed to comments on the content of the questionnaire, to ensure that the content validity of the questionnaire and the relevance of the questions raise by respondents. Any disagreement was discussed extensively until consensus is reached among the members. Consensus was reached after the experts have met for two times; the questionnaire was finalized and constructed in both Malay and English versions.

It was then translated backward and forward by a group of linguistics experts. The final version for both Malay and English version was checked and agreed by the panel of expert before a pilot study was conducted to check the questionnaire's reliability. This questionnaire was administered as a pilot study on ninety respondents and internal consistency of the items was assessed with Cronbach's alpha test in this study. The reliability coefficient was 0.807 for knowledge on methods and sources of information, 0.782 for general knowledge on FP and 0.560 for attitude toward FP.

Data collection

Prior to data collection, the study was reviewed and approved by the Research Ethics Committee and Department of Health from the state of Selangor (bil (82) dlm JKNS/KA/Q-07). All reproductive aged women who met the inclusion criteria were given written information about this study and informed consent was obtained by

the researcher. The date of data collection was on 1st November until 30th December 2006.

Analysis

Data analysis was carried out using SPSS 17.0. Types of analysis included descriptive frequency statistic and associated factors and were analyzed by Chi-square and binary logistic regression.

RESULTS

Table 1 shows that more than one third of the women's age is in the range of 25-35 years old (37.85) with a mean age of 30.97 years old. Majorities were Malay (63.6%) and about 21.5% of them were Indian. More than half of the respondents were Muslim (64.2%) and about 7.2% were Christian. Among the respondents, 70.2% were married and 28.1% were unmarried. Nearly half of the women had a secondary education and the percentage of women who had tertiary level was 26.1%.

Fifty-three percent of respondents are working. Among the respondents, 70.8% have an income of RM 1,000 and below with an average monthly family income of RM 799.68. Among the respondents, majority had no medical problem (88.5%). Accordingly, 63.3% were pregnant before with various methods of delivery. Nearly half of respondent have spontaneous vaginal delivery (SVD) (49.3%). Out of the total women, 81.7% of them have 0-3 children.

Table 2 shows that the distribution of respondents was based on contraceptive methods and source of information on FP. Most of the respondents know about oral contraceptive pill (90.8%) and male condom (80.8%). Common sources of information on FP were mass media (65.3%) health staff (61.0%) friends (58.2%) and family members (50.7%), whereby, only 14.9% came from internet (14.9%) and others (7.4%).

Table 1 Distribution of respondents according to socio-demographic, medical and obstetric history (n=349).

Characteristics	n	%	mean
Age wife			
<25	103	29.5	30.97
25-35	132	37.8	
>35	114	32.7	
Race			
Malay	222	63.6	
Indian	75	21.5	
Chinese	40	11.5	
Others	12	3.4	
Religion			
Muslim	224	64.2	
Hindu	66	18.9	
Buddhist	34	9.7	
Christian	25	7.2	
Marital status			
Married	245	70.2	
Unmarried	98	28.1	
Widow	6	1.7	
Educational level			
Primary education	23	6.6	
Secondary education	235	67.3	
Tertiary education	91	26.1	
Occupation			
Working	185	53	
Housewife	164	47	
Income per month			
<RM 1000	247	70.8	799.68
RM 1000-3000	94	26.9	
>RM 3000	8	2.3	
Medical problem			
Yes	40	11.5	
No	309	88.5	
Pregnant			
Ever had pregnant	221	63.3	
Never pregnant	128	36.7	
Method of delivery last pregnancy			
All SVD	172	49.3	
Others	177	50.7	
Number of children			
0-3	285	81.7	
4-6	61	17.5	
>6	3	0.9	

Prevalence and types of FP Practice

The prevalence of women currently practicing FP was 38.4%. The most common FP method used were natural method (12%) followed by oral contraceptives (12%), male condom (4.4%),

Intrauterine devices (4.6%) and bilateral tubal ligation (4.7%). A small number of the women used hormone injection (1.4%) and implant (0.3%).

Table 2: Distribution of respondents based on contraceptive methods and source of information for FP (n=349).

Item	n	%
Methods of family planning known to respondents		
Oral contraceptive pill	317	90.8
Male condom	282	80.8
Intra uterine contraceptive device	172	49.3
Natural method	163	46.7
Hormone injection	151	43.3
Bilateral tubal ligation	75	21.5
Diaphragm	73	20.9
Implant	73	20.9
Vasectomy	48	13.8
Gel	21	6
Sources of information on family planning		
Mass media	228	65.3
Health staff	213	61
Friends	203	58.2
Family members	177	50.7
Internet	52	14.9
Others	26	7.4

Table 3: Distribution of respondents according to knowledge of FP (n =349).

ITEMS	n	%
1. The purposes of family planning	318	91.1
2. The health purposes of family planning	261	74.8
3. Knowledge of responsibility to practice family planning by husband or wife	241	69.1
4. Knowledge of condom (male)	246	70.5
5. Knowledge of natural family planning method	230	65.9
6. Knowledge of sterilization (women)	175	50.1
7. Knowledge of method oral contraceptive pill	170	48.7
8. Knowledge of intrauterine device	140	40.1
9. Knowledge of hormone injection	103	29.5

Respondents' knowledge towards FP

Table 3 shows that the respondents' knowledge on questionnaire on family planning methods varied. The majority of respondents knew the purposes of FP (91.1%) while (74.8%) knew about the benefits of family planning for health purposes. Among the respondents, majority knew that condom (70.5%) can be a method for family planning practice and some knew about hormone injection (29.5%).

Respondents' attitude towards FP

Table 4 shows that there were 6 items on positive attitude toward family planning and 5 items on negative attitude toward FP. Based on positive attitude towards FP, 93.7% of respondents strongly agreed with statement that every married woman needs to know about FP. More than half of respondents (68.2%) answered favorably to practice of FP for birth spacing. Almost all respondents (84.2%) strongly agreed with negative statement, whereby, they prefer

to undergo an abortion if faced with unwanted pregnancy. However, most respondents strongly agreed that religious belief does not allow FP practice (70.2%). A few (16%) respondents answered that they strongly agreed to avoid FP practice if FP has any side effects.

Table 5 showed the comparison of FP practice and non-practice by socio demographic characteristic, medical and obstetric history, source of information, knowledge and attitude factors through Chi-square and Fisher's exact test analysis. There were significant associations between practice and age ($p=0.001$) marital status ($p=0.001$) mode of delivery of last pregnancy ($p=0.001$) number of children ($p=0.001$) sources of information on FP ($p=0.004$) level of knowledge ($p=0.001$) and attitude ($p=0.004$).

Analysis done by multiple logistic regression showed that FP practice among women was significantly affected by marital status (married OR=40, 95% CI: 9.45, 169.8), religion (Muslim

OR=1.9, 95% CI: 1.14, 3.4), number of children they had (children >4 OR=2.98, 95% CI: 1.74, 5.09) and their attitude towards FP (positive attitude OR=1.88, 95% CI:1.11, 3.18).

DISCUSSION

Prevalence of FP practice

This study found that the prevalence of FP practice among women in Serdang was 38.4%, which is quite low. This was similar to studies done in a suburban area in Terengganu (38.7%)⁴ and a rural village in Kelantan (31.8%)³. Other similar finding reported that the prevalence in rural southern region of Jordan was 37%¹³. The most common method used is natural method (12%) followed by oral contraceptives (12%). Only 0.3% of the respondent's used implant method. The finding from study conducted in rural Terengganu¹ showed that the most popular method used by respondents was oral

contraceptives (27%). Most women prefer to choose oral contraceptive because it is more safe, effective and acceptable to most women compared to other methods. Another study reported that most women preferred natural method¹⁴.

Factors contribute to FP practice

Socio demographic results with FP practice using Chi-square statistic were as follows: age ($p=0.001$), marital status ($p=0.001$), mode of delivery of the last pregnancy ($p=0.001$), number of children ($p=0.001$), source of information ($p=0.004$), level of knowledge ($p=0.001$), and attitude ($p=0.004$). There is no significant between practice on FP and respondent's race ($p=0.209$), religion ($p=0.135$), education level ($p=0.060$), occupation ($p=0.511$), income per month ($p=0.322$) and medical problem ($p=0.058$).

Table 4: Distribution of respondents according to attitude towards family planning practice (n = 349).

Statements	Strongly Agree (%)	Not sure (%)	Disagree (%)
Positive statement			
1. Every married woman needs to know about family planning.	93.7	3.2	3.2
2. My knowledge of family planning can share with other.	81.1	13.2	5.7
3. Every woman should be given freedom to practice family planning if she wants to.	80.8	14	5.2
4. To practice family planning to give extra attention to my younger child.	79.1	13.5	7.4
5. To practice family planning to space child birth.	75.4	16.3	8.3
6. The benefit practice family planning for more time to rest	68.2	15.5	16.3
Negative statement			
1. An unwanted pregnancy leads me to abort my pregnancy. *	84.2	11.5	4.3
2. My religion does not allow the family planning practice. *	70.2	20.3	9.5
3. To have more children, not need practice family planning.*	31.2	26.6	42.1
4. No need practice family planning if my husband does not allow*	27.2	24.6	48.1
5. I never practice family planning if it has any side effects.*	16	19.2	64.8

Women's age was found to be significant with FP practice as reported in a study done in rural village in Kelantan³ and another study done in Qatari also found that women's age was significant with practice of FP¹⁵. Consistent with a study done in Kelantan, marital status was significant, because respondents were Malay and Muslim³ and in Terengganu, whereby the demographic of the majority of the respondents were similar¹⁶. Other study also indicated that common contraceptives use among married women (59.6%) were oral contraceptive pills¹⁷.

The mode of delivery for the last pregnancy was mainly normal vaginal delivery ($p=0.00$) and found to be significant with family planning. In Malaysia, midwives use to give health education on appropriate FP methods to mother after delivering the baby to prevent unnecessary consequences in the future and avoid high risk mothers from unfavorable outcomes. Study done in rural community¹, reported that after delivery, women will use contraceptive method for proper growth of baby and for financial aspect.

Table 5 The association between FP practice with respondents' socio-demographic, medical and obstetric history, source of information, knowledge and attitude factors (n=349)

Items	Practice		Non practice		Chi-square	p value
	n	%	n	%		
Age						
≤ 35	76	32.3	159	67.7	0.001	0.001*
>35	58	50.9	56	49.1		
Race						
Malay	91	41	131	59	0.187	0.209
Non Malay	43	33.9	84	66.1		
Religion						
Muslim	93	41.5	131	58.5	0.108	0.135
Non Muslim	41	32.8	84	67.2		
Marital status						
Married	132	53.9	113	46.1	0.00	0.001*
Others	2	1.9	102	98.1		
Education level						
Secondary education level	107	41.5	151	58.5	0.047	0.060
Tertiary education	27	29.7	64	70.3		
Occupation						
Working	68	36.8	117	63.2	0.504	0.511
House wife	66	40.2	98	59.8		
Income per month						
< 800	79	40.7	115	59.3	0.317	0.322
≥ 800	55	35.5	100	64.5		
Medical problem						
Yes	21	52.5	19	47.5	0.051	0.058
No	113	36.6	196	63.4		
Mode of delivery of last pregnancy						
SVD	96	57.8	70	42.2	0.00	0.001*
Others	38	20.8	145	79.2		
Number of children						
≤ 2	57	24.4	177	75.6	0.00	0.001*
>2	77	67	38	33		
Sources of information on family planning						
Health staff	128	41	184	59	0.003	0.004*
Others	6	16.2	31	83.8		
Level of knowledge						
Good knowledge	94	47.2	105	52.8	0.00	0.001*
Poor knowledge	40	26.7	110	73.3		
Attitude						
Good attitude	73	47.1	82	52.9	0.003	0.004*
Poor attitude	61	31.4	133	68.6		

Women who have more than two children ($p=0.00$) were significantly associated with current FP practice. Other study also found that the number of the children significantly influence the use of contraceptive among women ($p<0.05$)¹⁷. Consistent with study done in rural communities in Terengganu, the types of delivery influenced women on practice of FP and encourage birth spacing as part of their future plan about family size¹. However, women in rural villages of Kelantan prefer to have big family, therefore they did not use any contraceptive method³.

Present study reported that there is no significant association between the practice of FP with the women's race ($p=0.209$) and religion ($p=0.135$). In contrary to another study conducted in Kenya, in 2014, there is an

association between religion and FP practices, which will then determine the desired number of children in the family¹⁸. No racial difference in the use of contraceptive methods among women was reported in studies conducted in America¹⁹. Possible explanation is due to the fact that the majority of the respondents in this study area came from the Malay ethnicity and believed in the Islamic religion.

In this study, occupation ($p=0.511$) is not related with practice on FP. However, another study found that working women was found to be significantly associated with practice on FP ($p<0.001$)¹⁷. This may be due to the lack of exposure on FP among women working as manual worker causing unplanned pregnancy. Education level among women in this study was not significantly ($p=0.060$) associated with the

practice of FP. Most of the women in this study had secondary education only and exposure to contraceptive methods may be limited.

This finding is in contrast to another study findings, which found that education level was significant with the use of contraceptive among women ($p < 0.05$)¹⁰. Similarly, study found that the education level was significant with the use of contraceptive, whereby the majority of respondents had tertiary education and were exposed to FP¹⁵. These findings seem to indicate that women with higher education will prefer to use contraceptive methods to prevent unplanned pregnancy for career prospect. It is assumed that working women with higher income will prefer to practice FP which is in accordance with another study²⁰.

Income was not significant in practice of FP in this study ($p = 0.322$). This shows that financial problem will increase if there are unplanned pregnancies. However, among Qatari women with better income the use of contraceptives increased¹⁵. Medical problem among women have no significant association with practice of FP ($p = 0.058$), as majority of women were in reproductive age and face less risk of diseases. This means that women with no or any risk of disease reportedly minimized the use of any contraceptive methods. However, study conducted among women in Florida, USA in year 2012 comprehend that those using contraceptive methods was in good health and used of contraceptive is sustainable²¹.

Source of information on FP

It were reported that respondents source of information on FP were mass media (65.3%) and health staff (61%). This is similar to other studies, whereby respondents obtained information from health worker (62%), friends (20%), family members (15%) and media (5%)¹⁰. In Pakistan women obtained information on FP from television (26%) and relatives (24%)²². However, the proportion of women that obtained information on FP from health staff influenced the current FP practices ($p = 0.004$). In contrast, study done in Ethiopia depicts that this was not significantly associated with FP practice²³.

The majority of respondents have good knowledge about methods of FP, such as oral contraceptive pills (90.8%) and male condom (80.8%). Only 13.8% knew about vasectomy and only a few knew about gel (6%). Study done in Zambia found that most respondents' knew well about condom (66%), pill contraceptive (24%), and hormone injection (5%)¹⁰. Similar study conducted in Pakistan reported that the majority of women knew about the pill (68%) and intrauterine devices (55%)²².

Knowledge of FP

Knowledge was important among women in FP practice. In this study, knowledge was found to be a significant factor associated with current FP among respondents ($p = 0.00$). Although there is adequate knowledge among women, there was lack of FP practice due to religious belief to sustain a larger family⁴. In contrast, other study found that poor level of knowledge among women in the village influenced noncompliance to FP practices³. This could be due to the fact that the majority of respondents were from secondary education level and have limited exposure to FP. Therefore health care nurses should provide information and improve their knowledge regarding FP methods, so that the prevalence of women' practice will increase.

Study revealed that women with good knowledge on contraceptives and its side-effects were essential to encourage women to practice FP¹³. Concurrently, women in Lagos University Teaching Hospital have a good knowledge on FP but lack compliance on practice of FP²⁴. Other study found that women with good knowledge of pill contraceptive as an effective contraceptive can influence them to practice FP¹⁰.

Attitude towards FP

In this study, respondents shown a significant positive attitude towards FP ($p = 0.004$). A similar study found that the majority of respondents had a positive attitude towards FP practices and it was significantly ($p < 0.05$) associated with respondents who practice FP²⁵. However study in Pakistan reported that women (85%) have a positive attitude toward FP but only 47% of women practice FP²². Similarly study done in Jordan, depicts that women have a positive attitude toward FP but did not practice it due to various reasons¹³.

Limitation

This study was based on self-reported information on FP practice which might contribute to misclassification bias from respondents.

CONCLUSION

This study showed that the prevalence of FP practice was low. The socio demographic factors, knowledge and attitude will influence practice of FP among respondents. The factors that influenced contraceptive practice among women are multifaceted and challenging because of new environments. Currently, practice on FP will determine the future structure of the community and economic of a country. Malaysia is a developing country; therefore practicing contraceptive is important, because of increasing cost of living, especially in urban area in order to prevent unplanned pregnancy. Currently in Malaysia, there is accessibility to FP facilities

and it is affordable. However, it was not utilized properly due to lack of priority.

To prevent unplanned pregnancy and complication to mother, health staff must empower women to understand the concept of FP and its benefits. Developing country should encourage women to use contraceptive safely and effectively and to prevent any complication to mothers and babies. It is the role of nurses to teach women on FP and to empower women with knowledge about the important of proper practice of FP. Future study should focus on FP practice among teenager, career women and the appropriate methods for career women and teenager.

Based on current study, the following are recommended to increase the prevalence of FP. Health Promotion about FP should be planned in order to provide more knowledge and exposure on methods of FP. Thus, it is important for the Government to provide a greater accessible service for FP, as this will probably lead to an increase in the use of contraceptive among women. Moreover, the important of health education must be emphasized extensively by health staff during antenatal and postnatal check-up to enhance the prevalence of women in practicing FP, whereby, polyclinics should provide more sources of information regarding FP in terms of pamphlet, books, magazines and posters. Furthermore, information regarding contraception should be provided through mass media such as television, video and radio. In addition, Ministry of Health needs to train more health staffs such as midwives and community nurse that specialized in FP programs.

The purpose of this training is to distribute new information about FP to health staffs. Whereby, health staff should be able to provide correct and accurate information and the methods of contraceptives as current study show that women were low in the level of knowledge on different methods of contraceptives available. Thereby, health education on contraceptive should also be provided to teenager at secondary school and tertiary school. Nurses should practice regular monitoring and observation among women in the community for FP practice, as it is important to prevent any future complications to mother and baby. Besides that, husbands' role and practices of other alternatives of FP such as the use of male condoms and vasectomy, to ensure more effective FP program is essential. Therefore, it is important to have knowledge about contraceptive methods and cooperation between couples as a whole, which can then improve the effectiveness of contraceptive used.

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REFERENCES

1. Rosniza ACR, Er AC, Abdul Rahim MN, Lyndon N, Usman Y, Suriati G, Mohd Fuad MJ, Hussain MY. Family planning practices in rural community. *Asian social science* 2013; **9** (14): 42-49.
2. Ahmad N, Tey NP, Zaman KFK, Sapri NAM, Manaf MA, Yeoh YK. Family planning in Asia and the Pacific addressing the challenges, 8-10 December 2010, Bangkok Thailand, Status of Family Planning in Malaysia 2010. *UNFPA-ICOMP REGIONAL CONSULTATION*.
3. Bachok N, Abdul Razak A, Ismail NM, Tengku Hamzah TN. Acceptance and knowledge of family planning among muslim women in rural villages of Kelantan. *Journal of the Islamic Medical Association of North America* 2007; **39**:109-116.
4. Shafei MN, Shah MS, Tengku Ismail TA. Knowledge and attitude towards family planning practice and prevalence of short birth spacing among residents of suburban area in Terengganu, Malaysia. *Community Medicine & Health Education* 2012; **2** (9): 180-184.
5. Korra A. Attitudes towards family planning and reasons for nonuse among women with unmet need for family planning on Ethiopia. Calverton, Maryland USA. ORC. Macro, 2002.
6. Zulkifli A, Rogayah J, Hashim MH. Anemia during pregnancy in rural Kelantan Malaysia. *Nutrition* 1997; **3**: 83-90.
7. Nakhaee N, Mirahmadizadeh A.R. Iranian women's perceptions of family planning services quality: A client - satisfaction survey. *European Journal of contraceptive and reproductive health care* 2005; **10** (3): 192-199.
8. Howarth LA, Walker JJ. The role of family planning in South Asia. *International Journal of Obstetrics and Gynaecology* 2011; **118** (2): 31-35.
9. Rao GR, Moulasha K, Sureender S. Knowledge, attitude and practice of family

- planning among fisherman in Tamil Nadu. *The Journal of Family Welfare* 1993; **39** (3): 50-54.
10. Mubita-Ngoma C, Kadantu MC. Knowledge and use of modern family planning methods by rural women in Zambia. *Curationis* 2010. **33** (1):17-22.
 11. Schoemaker J. Contraceptive use among the poor Indonesia. *International Family Planning Perspectives* 2005; **31** (3): 106-115.
 12. World Health Organization (WHO). Family Planning. Department of Reproductive Health and Research Serial online 2006. Available from: <http://searo.who.int/en/section260/section1808/section1933.htm>. (accessed 1st Jan 2013)
 13. Mahadeen AI, Khalil AO, Hamdan-Mansour AM, Sato T, Imoto A. Knowledge, attitudes and practices towards family planning among women in the rural southern region of Jordan. *Eastern Mediterranean Health Journal* 2010; **18** (6): 567-572.
 14. Gabalci, E., & Terzioglu, F. The effect of family planning methods used by women of reproductive age on their sexual life. *Sexuality and disability* 2010; **28** (4): 275-285.
 15. Arbab AA, Bener A, Abdul Malik M. Prevalence, awareness and determinants of contraceptive use in Qatari women. *Eastern Mediterranean Health Journal* 2009; **17** (1): 11-18.
 16. Nor Azimi Y, Atiya A.S. Husband-wife communication and family planning practice among Malay married couples in Mukim Rusila, Terengganu. *Medical Journal Malaysia* 2002; **58** (2): 218-228.
 17. Laskar MS, Mahbub MH, Yokoyama K, Inoue M, Harada N. Factors associated with contraceptive practices of married women in Bangladesh with respect to their employment status. *The European Journal of Contraception and Reproductive Health Care* 2006; **11** (3): 220-227.
 18. Irani L, Speizer IS, Fotso JC. Relationship characteristics and contraceptive use among couples in Urban Kenya. *International perspectives on sexual and reproductive health* 2014; **40** (1): 11-20.
 19. Borrero S, Schwarz EB, Creinin M, Ibrahim S. The impact of race and ethnicity on receipt of family planning services in the United States. *Journal of Women's Health* 2009; **18** (1): 91-96.
 20. Sultana AM. Cross sectional study on decision-making power of working and non-working women in family planning and reproductive health and rights in Gombak, Malaysia. *Journal Womens Health Issues Care* 2014; **3** (2).
 21. Hernandez LE, Sappenfield WM, Clark C, Thompson D. Trends in contraceptive use among Florida women: Implications for policies and programs. *Maternal Child Health Journal* 2012; **16**:213-221.
 22. Khawaja NP, Tayyeb R, Malik N. Awareness and practices of contraception among Pakistani women attending a tertiary care hospital. *Journal of Obstetrics and Gynecology* 2004; **24** (5): 564-567.
 23. Ko IS, You MA, Kim ES, Lee TW, Kim S, Kim YM, Nam JJ, Lee HK. Family planning practice and related factors of married women in Ethiopia. *International nursing review* 2010; **57**:377-382.
 24. Olamijulo JA, Olorunfemi G. Knowledge and practice of contraception among pregnant women attending the antenatal clinic in Lagos University Teaching Hospital. *Nigerian Journal of medicine* 2012; **21** (4): 387-393.
 25. Alpu O, Fidan H. On the use of contraceptive methods among married women in Turkey. *European Journal of Contraceptive & Reproductive Health Care* 2006; **11** (3): 228-236.