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## The Aboriginal People's Perceptions, Knowledge and Practices in Enhancing Family Planning

Rosniza Aznie, C.R.<sup>1</sup>, Novel Lyndon<sup>2</sup>, Sharifah Mastura, S.A.<sup>1</sup>, Sivapalan Selvadurai<sup>3</sup>, Mimi Hanida, A.M.<sup>2</sup>, Syahiran, M.D.<sup>4</sup> & Mazrin Rohizaq, C.R.<sup>4</sup>

<sup>1</sup>*Program of Geography*

<sup>2</sup>*Program of Anthropology and Sociology*

<sup>3</sup>*Program of Development Science*

*Centre for Development, Social and Environment, Faculty of Social Sciences and Humanities,  
Universiti Kebangsaan Malaysia, 43600 Bangi, Selangor, Malaysia*

<sup>4</sup>*Geomatika University College, Setiawangsa, 54200 Kuala Lumpur, Malaysia*

Corresponding Author: [aznie@ukm.edu.my](mailto:aznie@ukm.edu.my)

### Abstract

This paper examines the relations between socioeconomic characteristics, attitudes, and familial contraceptive use. The previous family planning programs in indigenous people's community (Orang Asli) have been mainly focused on women and social landscape. This research is focusing on the various factors that enhancing family planning practices among Orang Asli communities based on the elementary research that has been done in rural area around Peninsular Malaysia. The results suggest that higher knowledge of contraceptives usage, a generally negative attitude towards limiting family size for economic reasons will consequently lower the rates of contraceptive use. Respondents who were willing to use contraceptives were more willing to use them for child spacing purposes than explicitly for limiting family size. Further than that, from assessment based on the significant of suitable regression analysis, the study has shown that lot of other factors (by the prohibition from husband, the couple's belief, the customs and traditions and the lifestyle) are more significant in family planning practices among the respondent. The study has also shows that the Orang Asli communities in Malaysia have progressively acknowledge the importance of health aspect. However, many are still hesitance 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:** *Demography, Family Planning Practices, Fertility, Native Communities, Social Landscape*

### **Introduction**

In general, the practice of family planning is the determinant of unwanted pregnancies (Diana et al. 2012). In an attempt to explain fertility behavior, the proximate determinants framework not only explained specifically how proximate determinants influenced fertility, but also considers the factors that influence them (Davis & Blake 1956; Rosniza Aznie et al. 2010). 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 number of children in the future (Mustafa 1994). The trends in fertility in women is said to have been influence by the family planning program, but also related to the acceptance by the couples in determining the desired number of children in the family in the near future (Rosniza Aznie et al. 2013; Rosniza Aznie et al. 2017; Al-Sammak et al. 2012). Historically, from 1995-1997, it identified Aboriginal (Orang Asli) sexual health as a high priority, providing a policy blueprint for actions to improve programs in delivery of sexual health services with a specific focus on Aboriginal people. The process of undertaking the review was costly both in terms of departmental resources and the non-remunerated inputs of time and energy of native's community members (Terry et al. 2010).

A key principle of public health is to reduce health inequalities. It was important to make Aboriginal STI control a core priority and a shared value in policy, purchasing, training activities and program delivery. Geoffrey Benjamin's comparative analysis of Peninsular Malaysian cultures provides a theoretical foundation for our understanding of southern lowland cultures (Thompson et al. 2008). Orang Asli cultures have been classified into three groups based on linguistic divisions as well as socioeconomic patterns and perceived racial differences: Senoi, speaking central Aslian languages (Semelai, Semaq Beri, Mah Meri/ Besis and Temoq); Semang, mostly northern Aslian speakers who made their living by foraging as well as forest product trade; as well as Malay dialects (Temuan and Orang Hulu/Jakun), and have been characterized as forest collectors-for-trade with some nomad cultivation (David 2005).

### **Indigenous People in Peninsular Malaysia**

The Orang Asli in Peninsular Malaysia is a minority community which comprised approximately about 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 (JAKOA 2011), a federal agency that hold the responsibility and legal authority on Orang Asli, there are 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 small in proportion compared to the three dominant ethnic groups (Malay, Chinese and Indian) that resides in Malaysia (JAKOA 2011).

In Malaysia, in 2010, the total population of Orang Asli community was 178,197 and this represented a mere 0.7% of the total Malaysian population. Of this total population of Orang Asli, the Senoi tribal group has the biggest number, approximately 54% of the total indigenous community. On the contrary, both the Negritos and Proto-Malays have only 7% and 39% respectively of the

indigenous population. From the 39% of Proto-Malays, approximately 21,895 people are from the Jakun sub-group, of which the Jakun represented 12.28% of the total Orang Asli population in Peninsular Malaysia (JAKOA 2011; Vivien et al. 2015).

### **Measuring Health and Family Planning Practices Knowledge (Literacy)**

The approach used in this project is unique to solve the extent of indigenous community involvement and have been done in *“defining youth success using culturally appropriate community-based participatory research methods”* (Ahmed Almuallim 2008). The theoretical model used to guide Terry’s research was based on the Relational Worldview approach developed by NICWA. 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. The religion also offers hope to those suffering from severe illnesses and this positive feeling has produced a better quality of life for the informants (Vivien et al. 2015). The model 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) and context (family, culture, work, community and background such as history and weather).

### **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 (Laporan Hospital Metro Maternity 2012).

### **Method**

The primer data collection on the family planning practices among Orang Asli communities in study area is done by using a set of questionnaire; and the present study was conducted within selected Orang Asli as respondents obtained involving 100 respondents among the married women only. The fundamental of this research is to create a model for enhancing family planning practices in Orang Asli communities among the population of Batek tribe, 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, Hulu Besut. 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). As this study engaged individual face-to-face in-depth interview, 20 successful interviews were finally conducted at the end of fieldwork. All interviews were carried out using Malay language. If the interviewee could not understand Malay language, another family member or neighbor who could speak dual languages (Orang Asli's ethnic language as well as Malay language) was used as an interpreter. to the productive group from 15 to 65 years of age. The collection of the data through field work involved the method of questionnaires, interview, observation and monitoring directly or indirectly on the respondents. The researcher used purposive simple random sampling technic by choosing 100 respondent in the study area for questionnaires. The focused group are from aged 15 to 65 that can be considered as prductive. Other than the Experience Sampling Method used. This research also evaluated by Mann-whitney U Test.

## **Results**

Overall, majority of respondents and spouse is not aware of the practice of family planning to obtain the highest value of 86% compared with the rest which are not sure about any method of contraception.

### ***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 not allowed to give birth again. Most of the respondents (n=78) 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 campaign to avoid unplanned pregnancies. The respondents also did not have consent and not getting strong support from their husband to allow them to continue to practice until now. Moreover, the lack of women involvement in the working environment also did 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. Based on the observation, the Orang Asli community that resides in Perak, Malaysia has a low level of education as well as low standard of health care. The lack of education among Orang Asli resulting in ignorance of the indigenouse people on the importance of medical facilities provided in the village by the local government (Micheal & Chuen 2012).

### ***Family planning practice after birth***

It is found, the respondents (35.90%; n=28) 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 average values of family planning practices after birth and the

second birth in at the minimum of 1:96. Therefore, there is a significant difference for family planning in the order of birth as the standard deviation is 1:06. The lowest amount shown for respondents who practice family planning after the birth of the second (10.26%; n=8), third (23.08%; n=18), fourth (8.97%; n=7), and seventh (20.51%; n=16). The use of family planning was 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.

### ***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 (64.10%). 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 their pregnancy if they intent 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.

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" (82.05%). 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 in order to manage work and family. Women have a problem to run two roles at the same time, conflicting roles can occur and the child might be 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 that need more attention.

In addition, through family planning too, a couple can have a more ideal family size according to their ability (8.97%). 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 [16].

### ***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 [17]. Based

on the findings among respondents who practice family planning, among the known contraception and often used consists of two methods, which are modern and traditional methods. The most dominant method adopted by the respondents is that the oral contraceptives (9.5%) and the most rejected method are by means of surgery (79%). Among the advantages for respondents who take oral contraceptives is because it is more readily available at any health center or polyclinic nearby.

Birth gap could lead to emotional disturbances among children because of lack of attention and affection 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 and slight significance difference between the actual number of children and ideal number of children ( $r=.324$ ,  $p<0.05$ ). Thus, for respondents who have many children, they consider 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 results of statistical analysis Pearson correlation between the types 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 ( $r=.276$ ;  $p<0.05$ ). 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 from the first child because they are still the first lactation period and breastfeeding could act as natural pregnancy preventive to some extent. Therefore, it can guarantee the health of mothers in resting period and get adequate care in terms of nutrition and continuous inspection.

## **Conclusion**

Level of knowledge about family planning practices is very important no matter whether for couples is planning to get marry or are already married. However, there is some married couple who still misunderstood the actual meaning of family planning. Some believes 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 the next, there should be specific plan for the child to be born especially for working mothers. The results of statistical analysis Pearson correlation between respondents' level of knowledge of family planning practices (APK) with an ideal number of children. The findings of the analysis found that a weak negative relationship between the level of knowledge (APK) with the ideal number of children. This means, the higher the level of knowledge about family planning practices among the respondents, the more likely not to develop the ideal number of children in the family. Among the family planning methods that can be used to prevent pregnancy such as the oral contraceptives, condom usage, installation of contraceptives tool inside the uterus, menstrual cycle count, and injection.

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### Corresponding Author

Rosniza Aznie Che Rose is a Senior Lecturer at Program of Geography, Centre for Development, Social and Environment, Faculty of Social Sciences and Humanities, Universiti Kebangsaan Malaysia, 43600 Bangi, Selangor, Malaysia. Email: aznie@ukm.edu.my

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