

Artikel Asli/Original Articles

Prevalence of Family Planning Practices among Women Influenced by Husband's Socio Demography and Decision Making
(Prevalens Amalan Perancangan Keluarga di Kalangan Wanita yang Dipengaruhi oleh Sosio Demografi dan Keputusan yang Dibuat oleh Suami)

MARDIANA MANSOR, SAN SAN OO & KHATIJAH LIM ABDULLAH

ABSTRACT

Family planning is an important practice for women as it can help to improve financial and social status. Unwanted pregnancy has negative effects for husband and financial. However, couples married at a late age may not practice family planning because they want to have kids. The aims of this study were to determine the prevalence, factors associated with husband's socio demography and decision making in family planning practices among women in reproductive age who attended a polyclinic in Serdang, Malaysia. A cross sectional study was conducted on 245 women with a systematic random sampling. Descriptive analysis, Fisher exact and Chi-square tests were conducted to identify the influence of husband's socio demographic factors and decision making in family planning practices. The prevalence of family planning practices among married women was moderate (53.9%). Family planning practices among women showed significant relationship with the husband's socio demography which were husband's race ($p = 0.018$), religion ($p = 0.008$) and making decision in family planning ($p = 0.002$). The husband's socio demography showed a significant relationship with the prevalence of the wife practicing family planning. This clearly indicates that the husband is the individual that influence the wife to use contraceptive method. Decision making in family planning by both the husband and wife is important in choosing to use contraceptive method. Health promotion in the concept of health education for male contraceptive method such as pamphlet and booklet is important to promote husband involvement in family planning.

Keywords: Family planning; contraceptive; decision making in family planning; husband with family planning

ABSTRAK

Perancangan keluarga adalah amalan penting bagi wanita kerana ia boleh membantu untuk menambahbaik status kewangan dan sosial. Kehamilan tak dirancang memberi kesan negatif kepada suami dan kewangan. Walau bagaimanapun, pasangan yang berkahwin di usia lewat mungkin tidak mengamalkan perancangan keluarga kerana mereka mahukan anak. Tujuan kajian ini adalah untuk menentukan prevalens, faktor yang berkaitan dengan sosio demografi suami dan pembuatan keputusan dalam amalan perancangan keluarga di kalangan wanita dalam lingkungan umur reproduktif yang datang ke sebuah poliklinik di Serdang, Malaysia. Satu kajian keratan rentas telah dijalankan ke atas 245 orang wanita dengan pensampelan rawak bersistem. Analisis deskriptif, ujian Fisher exact dan ujian khi kuasa dua telah dijalankan untuk mengenal pasti pengaruh faktor sosio demografi suami dan pembuatan keputusan dalam amalan perancangan keluarga. Prevalens amalan perancangan keluarga di kalangan wanita yang berkahwin adalah sederhana (53.9%). Amalan perancangan keluarga di kalangan wanita menunjukkan hubungan yang bererti dengan sosio demografi suami iaitu bangsa ($p = 0.018$), agama ($p = 0.008$) dan pembuatan keputusan merancang keluarga ($p = 0.002$). Sosio demografi suami menunjukkan hubungan bererti dengan prevalens isteri yang mengamalkan perancangan keluarga. Ini jelas menunjukkan bahawa suami adalah individu yang mempengaruhi seseorang isteri untuk menggunakan kaedah kontraseptif. Pembuatan keputusan dalam perancangan keluarga oleh kedua-dua suami dan isteri adalah penting dalam memilih untuk menggunakan kaedah kontraseptif. Promosi kesihatan yang berkonsepkan pendidikan kesihatan untuk kaedah kontraseptif lelaki seperti pamflet dan risalah adalah penting untuk mengalakkan suami melibatkan diri dalam perancangan keluarga.

Kata kunci: Perancangan keluarga; kontraseptif; pembuatan keputusan dalam perancangan keluarga; suami dengan perancangan keluarga

INTRODUCTION

Millions of people worldwide have been using family planning (FP) methods to prevent unwanted pregnancy.

Practicing FP gives benefits to the family especially to the mother and babies in preventing any complications related to health and economical aspects. FP benefits both the husband and wife in determining the number of children

in a family (Bachok et al. 2004) and in controlling the spacing between their children's (Mohammed et al. 2014). Practicing FP would also lead to the control of population growth in Malaysia.

Report from the Malaysian Department of Statistics showed that the total population was 24.0 million in 2001 and has increased to 28.1 million in 2009 (Intercensal Mid-year population estimates 2001-2009, 2014). In 2010, the total population was 28.3 million, indicating an average annual population growth rate of 2.0 per cent for the period of 2000 to 2010 (Population distribution and basic demographic characteristics 2010 2011). Moreover, the population projection from 2010 to 2040 shows an increase of 35.0% (10 million) to 38.6 million populations (Population projections 2012). This statistics shows that the growth of Malaysian population is increasing from which it can be said that the prevalence of women using contraceptive method would be able to determine the development of the community in Malaysia.

In Malaysia, study found that the prevalence of women practicing FP was 38.7% in a suburban area in Terengganu (Shafei et al. 2012), which is higher compared to the prevalence at rural villages in Kelantan (31.8%) (Bachok et al. 2007). In Ethiopia, 42.9% of couples used contraceptives, which were influenced by husbands that want smaller family size (Tilahun et al. 2014). Couples can refer to three main agencies that provides family planning services; 1) Ministry of Health Malaysia (MOH), 2) National Population and Family Development Board (NPFDB), 3) Federation of Family Planning Association Malaysia (FFPAM).

Contraceptive used by women will influence the number of population in this country in the future. Malaysia is a developing country and the population has increased leading to a need for reproductive women to practice FP in order to balance the population pyramid structure. Currently, women in Malaysia preferred FP due to modernization and almost all women are working. Based on a study done by Rosniza Aznie et al. (2013), the reasons why women don't practice FP were delayed in first age marriage, employments and health factors (Bachok et al. 2004). Moreover, Hamid et al. (2011) found that the use of contraceptive was lacking among those with lower socioeconomic and those with more number of living children. Couples who wanted no more children will use contraceptive to prevent unwanted pregnancy (Irani et al. 2014). However, when the husband desires no more children they will influence their wife to use contraceptive methods (Saleem & Pasha 2008) & (Bachok et al. 2004). Additionally, women with a higher level of education were being more prone to use contraceptives (Radulović et al. 2006) because their husband assumed that contraceptive use are the woman's responsibility to prevent pregnancy (Silva et al. 2013). However, 15.4% of women informed their husband about the use of contraceptives, while other women were worried whether their husband allowed them (Radulović et al. 2006).

Husband approved wife in using contraceptive methods was influenced by the prevalence of FP practice (Kulczycki 2008). Tilahun et al. (2014) stated that, a husband's favorable attitude towards FP determined a couple's use of contraception (Tilahun et al. 2014). Moreover, the husband is the decision maker in the family and an important person to support his wife in FP practice for the desired family size. Women in Turkey used contraceptive methods based on husband's supports (Kulczycki 2008). Besides that, Malaysia also promotes FP, focusing on contraceptive for the male in the National Family Planning Programme. The expectation of the programs was for more husbands' involvement and taking responsibility in FP (Rosliza & Majdah 2010).

Furthermore, women lack discussion about FP with husband, whereby they used less contraceptive methods (Mahmoud Kotb et al. 2011) because of lack of support from husband. Silva et al. (2013) found in their study that husband participates less in FP leading to the wife's taking more responsibility in contraceptive use. This shows that, women must know how to practice FP and it is important to discuss with husband for getting proper supportive care (Samandari et al. 2010).

Decision making about the use of contraceptive between husband and wife is important as it determine the effectiveness of contraceptive. According to Hamid et al. (2011) decision making among couple on FP is important in agreeing on the use of contraceptives. This means that woman that discuss with husband regarding FP will get proper support for using female contraceptive methods (Chapagain 2005). Study done by Nor Azimi & Atiya (2003) found that husband and wife discussion in good faith on FP will be an important influencing factor for practicing contraceptive among women. Besides that, couples discussion on FP will increase husband participants in contraceptive use (Silva et al. 2013).

One of The issues in FP is because husband reluctant for wife to practice FP because of religion beliefs (Mahmoud Kotb et al. 2011) and husband's socio-demographic factors (Hamid et al. 2011). The various possible reasons whereby husband discourages wife from practicing FP are due to the facts that those women married at a later age, high medical risk, complications in pregnancy (Rosniza Aznie et al. 2013) and complications of contraceptives (Agha 2010). These can result in high maternal and perinatal morbidity and mortality due to various complications (WHO 2006). Besides that, lack of discussion among husband and wife in decision making on FP practice influenced the prevalence of women practicing contraceptives. Further more women who are facing high risk pregnancy and medical problems can cause complications to both mothers and babies health.

The aims of this study were to determine the prevalence and associated husband's socio demographic factors and decision making on practice of FP among women in reproductive age who attended a Polyclinic in Serdang. It is hypothesized that the lower prevalence and lack of

decision making in FP of women is a grave concern. The result of this study are important for health care personnel to implement health education on FP for couples.

MATERIALS AND METHODS

STUDY DESIGN AND SUBJECTS

A descriptive cross sectional study design was conducted among 245 respondents who visited Seri Kembangan Polyclinic, Serdang, Selangor which is a multidisciplinary and multi ethnicity polyclinic, whereby cases were selected by systematic random sampling. Inclusion criteria were all women in the reproductive aged (15-49 years old), with no history of hysterectomy and were able to understand the questionnaires either in English or Malay version. Exclusion criteria were women who refuse to be a correspondent, menopause, had hysterectomy done and were unable to understand English or Malay language. All respondents who met the inclusion criteria were given written information about this study and informed consent was obtained by the researcher.

INSTRUMENTS USED

The questionnaire was developed and modified from previous studies (Korra 2002; Nakhaee & Mirahmadizadeh 2005; Rao et al. 1993; Schoemaker 2005). The instrument used for this study is a self-administered questionnaire with four components. Section A consists of wife's socio-demographic data, which include age, ethnicity, religion, marital status, educational level, occupation, income per month, medical illness and obstetric and gynecologic history, while section B consists of questions about husband's socio demographic which include age, race, religion, educational level, occupation and income per month, decipher by wife. Section C on practices of FP includes the methods used, whereby respondents stated the types of contraceptive use currently. Section D is about

making decision on FP, whereby respondents answered whether the decision making is by wife, husband or both. The respondents took \pm 20 minutes to complete the questionnaire.

The questionnaire was constructed in both Malay and English versions. A panel of experts was consulted to validate the contents of the questionnaire and backward and forward translation was conducted. A pilot study was done for ninety respondents in Health Clinic Dengkil, Selangor, and internal consistency of the items has been assessed using Cronbach's alpha, the reliability coefficient was 0.736 for wife's and husband's age and 0.859 for practice and decision making.

ETHICAL CONSIDERATION

The study protocol was approved by the Research Ethics Committee and Health Department of State of Selangor (Bil. (82) dlm. JKNS/KA/Q-07).

ANALYSIS

Data analysis was carried out using Statistical Package of Social Sciences (SPSS) version 17.0. Types of analysis included descriptive frequency statistic and associated factors were analyzed by Chi-square and Fisher's exact test.

RESULTS

Table 1 shows that the age of the women is in the range of 25-35 year old with mean age of 34 years old. Nearly 62% were Malay and 62.9% were Muslim. Among women were 71.8% had a secondary education level, 50.2% are working, which 69.8% have the income of RM1,000 and average monthly family income was RM776. Out of total women, 83.7% had no medical problem and 74.3% had 0-3 children with the average number was 2.4.

TABLE 1. Distribution of respondents according to socio-demographic, medical and obstetric history factors ($n = 245$)

Parameters		<i>n</i>	%	Mean
Age wife	< 25	29	11.8	34.0
	25-35	111	45.3	
	> 35	105	42.9	
Race	Malay	152	62	
	Indian	61	24.9	
	Chinese	21	8.6	
	Others	11	4.5	
Religion	Muslim	154	62.9	
	Hindu	53	21.6	
	Buddhist	17	6.9	
	Christian	21	8.6	
Educational level	Primary education	18	7.3	
	Secondary education	176	71.8	
	Tertiary education	51	20.8	

Continue

TABLE 1. *Continued*

Parameters		<i>n</i>	%	Mean
Occupation	Working	123	50.2	
	Housewife	122	49.8	
Income per month	< RM1000	171	69.8	
	RM1000-3000	69	28.2	
	> RM3000	5	2	RM 776.0
Medical problem	Yes	40	16.3	
	No	205	83.7	
Number of children	0-3	182	74.3	
	4-6	60	24.5	
	> 6	3	1.2	
			2.4	

PREVALENCE AND TYPES OF FAMILY PLANNING PRACTICE

From the 245 respondents, 132 (53.9%) respondents reported that they were currently practicing FP which included both contraceptive and natural methods. The most common FP method used was a natural method (17.1%) and oral contraceptives (17.1%). Among women who choose male condom was only 5.3%. Few of the women used either hormone injection (2.0%), an implant (0.4%) or IUCD (6.5%). Women who choose bilateral tubal ligation (BTL) was 5.3%.

Table 2 shows that more than half of the age of the husbands was in the range of 35 years old and above with a mean age of 37.41 years. Nearly half of the husbands were Malay (61.2%) and Muslim (62.9%). Among the husbands, 70.2% had a secondary education level and only 0.4% husband not working. Most of them have income of RM1,000 and below and average monthly family income was RM1, 675.31.

Table 3 showed that the comparison of FP's practice and non-practice by husband's socio demographic characteristic by Chi-square and Fisher's exact test analysis. There were significant associations between FP practice with husband's race ($p = 0.018$), husband's religion ($p = 0.008$), and decision in FP ($p = 0.002$). However husband's age, husband's education level, husband's occupation and husband's income (RM1740 is considered nearly with mean) were not significantly associates with FP practices.

DISCUSSION

PREVALENCE ON FAMILY PLANNING

The prevalence of FP practice in this study was 53.9%. This prevalence of FP practice among women was higher compared to prevalence of women practicing FP in rural

TABLE 2. Distribution of husband's socio demographic factors ($n = 245$)

Parameters		<i>n</i>	%	Mean
Age	<25	17	6.9	37.41
	25-35	96	39.2	
	>35	132	53.9	
Race	Malay	150	61.2	
	Chinese	23	9.4	
	Indian	62	25.3	
	Others	10	4.1	
Religion	Muslim	154	62.9	
	Hindu	54	22	
	Buddhist	20	8.2	
	Christian	17	6.9	
Education level	Never school	2	0.8	
	Primary school	22	9	
	Secondary education	172	70.2	
	Tertiary education	49	20	
Occupation	Working	244	99.6	
	Not working	1	0.4	
Income per month	< RM1000	203	82.9	RM1, 675.31
	RM1000-3000	35	14.3	
	> RM3000	7	2.9	

TABLE 3. The association between family planning practice with husbands' socio demographic factor and decision making on family planning ($n = 245$)

Parameters		Practice		Non practice		Chi-Square	<i>p</i> value
		<i>n</i>	%	<i>n</i>	%		
Husband age	< 35	59	52.2	54	47.8	0.629	0.700
	≥ 35	73	55.3	59	44.7		
Race	Malay	91	59.9	61	40.1	0.016	0.018*
	Others	41	44.1	52	55.9		
Religion	Muslim	93	60.4	61	39.6	0.008	0.008*
	Non Muslim	39	42.9	52	57.1		
Education level	Others	102	52	94	48	0.249	0.266
	Tertiary education	30	61.2	19	38.8		
Occupation	Working	132	54.1	112	45.9	0.279	0.461
	Not working	0	0	1	0.4		
Income per month	< 1,739	83	52.2	76	47.8	0.474	0.504
	> 1,740	49	57	37	43		
Decision in family planning	Wife	11	6.5	1	5.5	0.004	0.002*
	Husband	4	2.2	0	0		
	Husband and wife	117	123.4	112	105.6		

area in Malaysia (41.8%) (Bachok et al. 2004), 43% in Cambodia (Samandari et al. 2010) and 46.9% in Ethiopia (Mohammed et al. 2014). However, the prevalence of FP practice in Bangladesh was 59.6%, (Laskar et al. 2006) and in urban Kenya was 60% (Irani et al. 2014) which is higher than the current study's result.

The FP methods identified in this study indicated: natural method (17.1%) oral contraceptives (17.1%), male condom (5.3%) hormone injection (2.0%), an implant (0.4%), IUCD (6.5%) and BTL (5.3%). This findings are nearly similar to a study done by Bachok et al. (2004) whereby women choses pills (17.5%), injection (8.8%), condom (8.5%), IUD (6.1%) and 6.1% natural methods as FP preferences. However, the majority of women preferred to use hormone injection as contraceptive methods because of convenience (Mohammed et al. 2014).

THE ASSOCIATION BETWEEN FAMILY PLANNING PRACTICE WITH HUSBANDS' SOCIO DEMOGRAPHIC FACTOR

The current study examined the relationship between husband's socio demographic with wife's FP practices. Through statistical analysis of the Chi-square there were three socio demographic factors which were significantly between FP practice: husband's race ($p = 0.018$), husband's religion ($p = 0.008$), and decision in FP ($p = 0.002$).

HUSBAND'S AGE

There was no significant association between FP practices with husbands' age, which was consistent with studies done by Mohamad & Mohd Salleh (2006), who found that there was no significant relationship in husbands' age with FP practices. However, this is contrary to a study done by

Laskar et al. (2006), who indicated that husband's age as being significantly related to wife used of contraceptive methods.

HUSBAND'S RACE AND RELIGION

In this study, it was shown that there was a significant statistical association between husband's race with FP practices ($p = 0.018$). The majorities of respondents were Malay and is consistent with study done by Mohamad & Mohd Salleh (2006), whereby the majority of respondents were Malays men (98.7%). Husband's religion (Muslim) was significantly related to wife practice FP ($p = 0.008$), indicating that Islamic allowed FP practices only if there are complications with wife and babies. However, this is different with the result obtained by Mahmoud Kotb et al. (2011) which that FP among couple using contraceptive religiously unacceptable (haram), making it as a reason not to practice family planning.

HUSBAND'S EDUCATION

Based on current study, husband's educational level was not significant to FP practices. Possible explanation may be due to the small number of husband's with education at tertiary level. Consistent with studies done by Mohamad & Mohd Salleh (2006) on education level of husband, there was no significant relationship with FP practices. However, other studies, found that husband's level of education was significantly related to wife used of contraceptive (Laskar et al. 2006; Saleem & Pasha 2008). This indicated that husband's with secondary and tertiary education level had more influence on FP, whereby they prefer to choose male sterilization and condoms (Gubhaju 2009). Moreover,

education level can influence the decision making on the use of contraceptive as a FP method (Hamid et al. 2011; Ibisomi 2014).

OCCUPATION & INCOME PER MONTH

Husband's occupation is important to determine the well-being in family, however current finding also shown that husband's occupation and the husband's income were not significant on whether their wife practice FP. Revealed result was consistent with studies done by Mohamad & Mohd Salleh (2006) whereby the economic and financial status of husband was not significant with wife practicing FP. However, Mohammed et al. (2014) reported the family monthly income is significantly associated with the use of contraceptive methods.

DECISION IN FAMILY PLANNING

The study also examined the relationship between who make decision on FP and the practice of FP. The result shown that there is a significant relationship with decision making by both husband and wife to practice FP ($p = 0.002$). The finding was consistent with studies done by Mohammed et al. (2014) whereby decision making from husband and wife regarding FP practice was significantly related with practice of modern contraceptive methods. This is supported by a study done by Laskar et al. (2006) & Tilahun et al. (2014). They reported that women who discussed and make decision with husband on FP as significant with the use of contraceptive. Hamid et al. (2011) stated that decision making were significant predictors for discussion and agreeing with spouse on contraceptives. It indicated that husbands' support of wife was statistically significance to the practice of FP (Mohamad & Mohd Salleh 2006). The spousal communication about FP were indicated for by agreement and approval (Mohammed et al. 2014) from husband (Irani et al. 2014) and were positively associated to wife used contraceptive (Cox et al. 2013).

However, working women depended on husband's decision on FP because husband is the right person and is responsible to support a family (Sultana 2014). In the Islamic perspective, decision on FP is considered under the authority of a man because in Arab-Islamic countries man is responsible as a decision maker (Petro-Nustas & Al-Qutob 2002). It was consistent with studies done by Chapagain (2005) who reported that the final decision making on contraceptive was dominantly from husband (Beekle & McCabe 2006) which is important in determining effective FP. In India, the husband has a dominant role in decision making and the use of contraceptive, whereby, wives are required to obtain consent from husband before they use contraceptives. If no agreement is obtained from husband, a wife cannot use any contraceptive methods (Yadav et al. 2009).

LIMITATION

One potential limitation of this study is that the socio demographic questionnaire for husband was answered

by wife. The other limitation is that the decision making section was answered by wife only, which may give more dominant answer compared to husband.

CONCLUSION

The well-being in the community and family is the responsibility of husband and wife in this study, the result shows that the race and religion of husband was significant with practice of FP among women. Decision making of both husband and wife is also significant in the practice FP. However, prevalence shows that only 53.9% of women practice FP, whereby, husband's socio demographic and decision making were significant. Therefore, further study should be conducted to investigate effectiveness of contraceptives among women with FP practice and knowledge of husband related with FP.

Based on current study finding, FP promotion should be planned to provide more knowledge and exposure on methods of FP for husband. Thus, it is important for the Government to provide greater accessible service and types of contraceptives for male (husband) for FP. Furthermore husband's role in contraceptive use such as male condoms and vasectomy to ensure more effective FP program is essential. Beside that health care staff should also be available to monitor and perform check-up for husband's use of contraceptive methods and provide services at health clinic specifically for male contraceptive methods. Further research is needed whereby husband should be involved in answering questionnaire from the aspect of decision making. Study on decision making on FP by both; wife and husband with relevant details provided, is needed, for better conceptual and longstanding analytic problems.

ACKNOWLEDGEMENT

We would like to express our gratitude to the Manuscript Workshop Committee of the Faculty of Medicine and Health Sciences, UniSZA for their encouragement and support. Thank to District Health Officer of Petaling, Seri Kembangan Polyclinic and Sister Seri Kembangan Polyclinic.

REFERENCES

- Agha, S. 2010. Intentions to use contraceptives in Pakistan: implications for behavior change campaigns. *BMC Public Health* 10: 450.
- Bachok, N., Tengku Hamzah, T.N., Che Zukaria, Z., Abdullah, A. & Naing, N.N. 2004. Prevalence and associated factors of contraceptives acceptance among reproductive age women attending family health clinic. *Journal of Public Health* 59-61.
- Beekle, A.T. & McCabe, C. 2006. Awareness and determinants of family planning practice in Jimma, Ethiopia. *International Nursing Review* 53: 269-276.
- Chapagain, M. 2005. Masculine interest behind high prevalence of female contraceptive methods in rural Nepal. *Aust. J. Rural Health* 13: 35-42.

- Cox, C.M., Hindin, M.J., Otupiri, E. & Reindorf, R.L. 2013. Understanding couples' relationship quality and contraceptive use in Kumasi, Ghana. *International Perspectives on Sexual and Reproductive Health* 39(4): 185-194.
- Gubhaju, B. 2009. The influence of wives' and husbands' education levels on contraceptive method choice in Nepal, 1996-2006. *International Perspectives on Sexual and Reproductive Health* 35(4): 176-185.
- Hamid, S., Stephenson, R. & Rubenson, B. 2011. Marriage decision making, spousal communication, and reproductive health among married youth in Pakistan. *Global Health Action* 4: 5079.
- Ibisomi, L. 2014. Is Age Difference Between Partners Associated with Contraceptive Use Among Married Couples in Nigeria?. *International Perspectives on Sexual and Reproductive Health* 40(1): 39-45.
- Intercensal mid-year population estimates 2001-2009. 2014. Department of Statistics, Malaysia; The centre of Federal Government Administrative.
- Irani, L., Speizer, I.S. & Fotso, J.C. 2014. Relationship characteristics and contraceptive use among couples in Urban Kenya. *International Perspectives on Sexual and Reproductive Health* 40(1): 11-20.
- Kulczycki, A. 2008. Husband-wife agreement, power relations and contraceptive use in Turkey. *International Family Planning Perspectives* 34(3): 127-137.
- Laskar, M.S., Mahbub, M.H., Yokoyama, K., Inoue, M. & Harada, N. 2006. 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* 11(3): 220-227.
- Mahmoud Kotb, M., Bakr, I., Ismail, N.A., Arafa, N. & El-Gewaily, M. 2011. Women in Cairo, Egypt and their risk factors for unmet contraceptive need: a community-based study. *J. Fam. Plann. Reprod. Health Care* 37: 26-31.
- Mohammed, A., Woldeyohannes, D., Feleke, A. & Megabiaw, B. 2014. Determinants of modern contraceptive utilization among married women of reproductive age group in North Shoa Zone, Amhara Region, Ethiopia. *Reproductive Health* 11: 13.
- Mohamad, H. & Mohd Salleh, H, 2006. Factors influencing family planning practice among husbands in the district of Marang, Terengganu, 1996. *Journal of Public Health* 12(1).
- Nor Azimi, Y. & Atiya, A.S. 2003. Husband-Wife Communication and Family Planning Practices Among Malay Married Couples in Mukim Rusila, Terengganu. *Med J Malaysia* 58(2): 218-228.
- Petro-Nustas, W. & Al-Qutob, R. 2002. Jordanian men's attitudes and views of birth-spacing and contraceptive use (a qualitative approach). *Health Care for Women International* 23: 516-529.
- Population projections Malaysia 2010-2040. 2012. Department of Statistics, Malaysia; The centre of Federal Government Administrative.
- Population distribution and basic demographic characteristics 2010. 2011. Department of Statistics, Malaysia; The centre of Federal Government Administrative.
- Radulović, O., Šagrić, Č., Višnjić, A., Tasić, A. & Marković, R. 2006. The influence of education level on family planning. *Medicine and Biology* 13(1): 58-64.
- Rosliza, A.M. & Majdah, M. 2010. Male participation and sharing of responsibility in strengthening family planning activities in Malaysia. *Malaysian Journal of Public Health Medicine* 10(1): 23-27.
- Rosniza Aznie, C.R., Usman, Y., Suriati, G., Abdul Rahim, M.N., Rosmiza, M.Z., Lyndon, N., Mohd Fuad, M.J., Mohd Yusof, H., Zaimah, R. & Sarmila, M.S. 2013. Identifying Potential Factors of Ideal Childbearing among Malay Women in Terengganu. *Asian Social Science* 9(8): 79-86.
- Saleem, A., & Pasha, G.R. 2008. Women's reproductive autonomy and barriers to contraceptive use in Pakistan. *The European Journal of Contraception and Reproductive Health Care* 13(1): 83-89.
- Samandari, G., Speizer, I.S. & O'Connell, K. 2010. The role of social support and parity on contraceptive use in Cambodia. *International Perspectives on Sexual and Reproductive Health* 36(3):122-131.
- Silva, G.S., Landerdahl, M.C., Langendorf, T.F., Padoin, S.M.M, Vieira, L.B. & Anversa, E.T.R. 2013. Partner's participation in family planning from a feminine perspective: a descriptive study. *Online braz j nurs [Internet]. 2013 Dec [cited year month day];* 12(4): 882-91.
- Sultana A.M, 2014. 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* 3(2).
- Tilahun, T., Coene, G., Temmerman, M. & Degomme, O. 2014. Spousal discordance on fertility preference and its effect on contraceptive practice among married couples in Jimma zone, Ethiopia. *Reproductive Health* 11: 27.
- World Health Organization. Family Planning. Department of Reproductive Health and Research Serial online 2006. [Cited 2006 July 9. Available from: <http://searo.who.int/en/section260/section1808/section1933.htm>].
- Yadav, K., Singh, Bir. & Goswami, K. 2009. Unmet Family Planning Need: Differences and Levels of Agreement Between Husband-Wife, Haryana, India. *Indian Journal of Community Medicine* 34(3): 188-191.

Mardiana Mansor
School of Nursing Science
Faculty of Medicine & Health Sciences
Universiti Sultan Zainal Abidin, Terengganu, Malaysia

San San Oo
Community Medicine Department
Faculty of Medicine & Health Sciences
Universiti Sultan Zainal Abidin, Terengganu, Malaysia

Khatijah Lim Abdullah
Department of Nursing Science,
Faculty of Medicine
University of Malaya, Kuala Lumpur, Malaysia

Corresponding author: Mardiana Mansor
Email address: melor2505@gmail.com
Tel.: +09-6688493
Fax: +09-6687877

Received: 24 December 2014
Accepted for publication: 29 June 2015