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Review Article

An insight into low contraceptive prevalence in Malaysia and its probable consequences

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ABSTRACT

The Contraceptive Prevalence Rate (CPR) in Malaysia for all methods is 55% and for modern methods is 35%. These figures are very low compared to neighbour countries. This analysis is to find the probable reasons and suggest remedies for the very low contraceptive use and minimize the adverse consequences. This is a retrospective analysis based on the reports of National Population and Family Development Board (NPFDB) and Ministry of Health Malaysia from 1974 to 2012. There is no difference in the use of contraception between the different ethnic groups. The unmet contraceptive demand is 25%. In a study of teenagers between the ages of 18-21, around 20% had sex with new partners without using any contraceptive methods. Of the 510462 babies born in the year 2010, there were 52982 out of wedlock pregnancies. These mothers had not used any form of contraceptives. The contraceptive use in Malaysia had stagnated for 25 years. Approximately 60% of these mothers had not used any form of contraception. Lack of contraceptive awareness; myths and non-availability are possibly the major causes for less use of contraceptives. Family planning services must be free and freely available in urban as well as rural areas.

Keywords: Contraceptive prevalence rate, Unmet demand, Contraception, Malaysia

INTRODUCTION

Contraceptive prevalence rate is the percentage of women who are practicing, or whose sexual partners are practicing, any form of contraception.

It is usually measured for married women between the ages of 15-49 only.

The Contraceptive Prevalence Rate (CPR) in Malaysia for all the available methods is 55% and for modern methods is 32%.

The CPR is much lower as compared to global rate and lesser than the neighbour countries.

Table 1: Contraceptive prevalence rate in some countries (2005-2010).¹ Low contraceptive prevalence in Malaysia.

Contraceptive prevalence rate	
Global rate	63.0%
Portugal	86.8%
United Kingdom	84.0%
U S A	78.6%
Thailand	77.5%
Sri Lanka	68.3%
Singapore	55.1%
Malaysia	32.3%

METHODS

This is the retrospective analysis based on the reports of National Population and Family Development Board (NPFDB) and ministry of health Malaysia as mentioned in the references list.

DISCUSSION

The current population of Malaysia is approximately 28 million. There are approximately 520000 babies born each year. There is no difference in the use of contraception between the different ethnic groups. The unmet contraceptive is 25%.

The CPR is lowest in the most vulnerable group of 15-19 years. This is one of reason for the increased incidence of teenage pregnancies. Around 20% of the married couple have not used any contraceptive methods at all.

The contraceptive use in Malaysia had stagnated for 25 years now, while its unmet need for family planning remains high and is increasing resulting in unplanned pregnancies and unwanted births, especially for women with less education. This is another area in which Malaysia, on current trends, will not be able to meet the MDG goals by 2015.²

Table 2: CPR by methods in Malaysia.³ CPR has not significantly increased over 30 years.

Method	1974	1984	1994	2004
CPR	26.0%	28.4%	30.2%	33.9%
OCP	18.0	11.9	13.3	14.0
Depo Provera	0.2	0.5	0.6	1.3
IUCD	0.8	2.2	3.9	4.5
Condom	3.2	7.7	5.4	7.4
F/sterilize	3.8	7.6	6.9	6.6
Vasectomy	0.0	0.2	0.1	0.1

The Table 2 shows that the contraceptive prevalence rate in the year 1974 was 26.0% and it has moved only to 33.9% over 30 years. The female surgical sterilization has doubled in 30 years. The IUCD has become popular but other long term contraceptives like implanon has not reached the population. The implanon insertion is not freely available in the government hospitals and it costs about RM 500 (USD 166) in private sector. This is considerably expensive for low socio-economic group. Unlike female surgical methods, vasectomy is a simple procedure. However it is not many popular in many countries in the East Asia.

Unmet demand

Unmet demand is the gap between not wanting another child at time of interview and not using contraception

According to 2004 demographic survey,³ around 25% of women said they did not want another child but were not

using contraception This is the case of married women. Most of the unmarried women obviously do not want a baby. In fact the unmet need for contraception is much higher than 25%.

Table 3: Similarity of unmet among different ethnicities.

Ethnicity	CPR	Unmet demand
Malays	39.3%	25.9%
Chinese	64.3%	22.2%
Indians	51.0%	26.6%

Table 3 shows that there is no different in unmet demand among different ethnic group.

Table 4: Reflecting the difference between Urban and rural setups.

State	CPR	Unmet demand
Negeri Sembilan	63%	14.9%
Melaka	54%	24.8%
Penang	44.8%	30.3%
Kedah	43%	20.3%
Terengganu	29.9%	25.1%
Kelantan	24.3%	33.3%

Table 4 shows that there is a significant different between the rural population, educational standard, social background in the use of contraceptive use. Negeri Sembilan is the Kuala Lumpur capital city area. The CPR is very high and the unmet demand is very low. Kuantan area is relatively a rural area. The CPR is low and the unmet demand in high. The contraceptive uses differ accordingly in different states of Malaysia.

Table 5: Reasons for not using/discontinuing contraceptive methods.⁴

Reasons	1994	2004
Want of child	53.0%	39.3%
Husband's objection	8.0	12.6
Medical reasons	3.3	5.4
Fear of side effects	10.3	26.8
No reasons	25.4	15.9

Table 5 shows that fear of side effects and no reasons contribute about 35-40%. The health education is necessary to alleviate the fear of contraceptives and to educate the advantages of contraceptive methods

Global sex survey 2009 was the 15 minutes online study with young people around the world on sex and contraception.⁵ The study period was from 15.07.2009 to 3.08.2009 among teenagers between 18-21 years. In Malaysia 101 males and 100 females participated in this study. Some of the findings are:

Table 6: Sex and contraception. Sex with new partner without using contraception.

Country	Percentage
Malaysia	17%
Singapore	11%
Korea	06%

Other findings of this study about Malaysian youths were:

- About 20% have had sex with a new partner without using contraception;
- More than 20% of females did not use contraception because they did not like it;
- About 20% females did not use contraception because their partner preferred them not to;
- About 20% had sought contraception advice on the internet;
- 59% would like to consult someone in confidence;
- 57% thought that sex education in school could be improved; and
- 91% thought that the condom is an effective contraceptive method.

Consequences of low contraceptive prevalence

Out of wedlock babies

The most important reason for out of wedlock pregnancies in Malaysia was the non-use of contraceptive methods.

Table 7: Out of wedlock babies.

Year	No. of out of wedlock pregnancies	Total no. of births
2006	38258	472983 births ⁶
2007	44234	484722
2008	46822	496114
2009	52378	516645
2010	52982	510462
Total	234674	2480926

Around 2.5 million babies are born in 5 years time and out of that 234674 babies (9.45%) babies are out of wedlock babies.⁷

Most of them are very young mothers and they did not practice any contraceptive methods.

Considerable number of out of wedlock pregnancies results in abandoned babies.

The social welfare department recovered 315 discarded babies between the years of 2001 to 2005. The Police department reports an average 100 babies are thrown out annually.

How to improve the situation?

Comprehensive sexuality education

Comprehensive sexuality education has been defined as “a life-long process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy”. (SIECUS 2004) It seeks to provide young people with the knowledge and skills so that they can make decisions about their health and sexuality. Contrary to perceptions, it is not just about abstinence - neither does it attempt to undermine traditional family values. It helps young people identify their personal values and increase awareness of all the choices available to them so that they can make decisions appropriate to their needs.

The ministry of education has developed several modules to educate secondary students on sexual and reproductive health under the family health education curriculum, which was launched by the ministry of education in 1989. The topics include sexuality, gender, sexually transmitted infections and HIV/AIDS. Two periods a week are allocated, and the subjects are taught across the curriculum.

Curriculum development centre of the ministry of education again in the year 1995 introduced human body family health religious and moral value.

Unfortunately it has not given the expected results. Either the curriculum is weak, teachers are embarrassed to discuss or both could be reason for failure. Various programmes such as PROSTAR (National radio broadcasting programme) and the national service offer excellent opportunities in this area. Pilot projects like Cafe@teen implemented by the national population and family development board, as well as the HIV education programmes of the federation of family planning associations, Malaysia. Hope these can be used to reach out to more young people.

School based teaching on reproductive health improves the awareness of risk of unprotected sex in early stages of life. Early childhood interventions and youth development programmes are effective and appropriate strategies for reducing unintended teenage pregnancy rates.⁸

Does the religion a barrier for the use of contraceptive methods?

Around 55% of the population in Malaysia are Muslims. Is the religion a barrier to practice contraceptive methods? Fatwa (The Islamic ruling) on contraception allows the Muslims to follow contraceptive advice on the following circumstances.⁹

- Harus - use of contraceptives for married couples
- Rape victims
- OKU (mental retardation)
- Unmarried couple: as emergency contraception

There are no religious restrictions for Muslims to use contraception. There is not a single text in the Holy Quran to prevent family planning.¹⁰ Prophet Mohamed had never prohibited family planning. It is sad that the Islam is misunderstood even among Muslims.

Activities of governmental and non-governmental organizations

Family planning activities in Malaysia:

The legislators are making genuine efforts to improve the family planning services in Malaysia. The first Family Planning Association (FPA) was started in Selangor state in 1953. Thereafter 3 other states had organised FPA. This resulted in the formation of Federation of Family Planning Associations of Malaysia (FPAM) in 1958.

Family planning act was enacted in 1966 - National family planning board was formed. This was renamed as National Population and Family Development Board (NPFDB) in 1988. The family planning activities very intensified. Ministry of health and many non-governmental organizations directly involved in family planning.

CONCLUSION

To improve the contraceptive prevalent in Malaysia, the family planning services must be free and freely available through government hospital, medical clinics in the urban as well as rural areas. Logistics should be improved in funding, manpower and training to provide effective service throughout the country. Legislators, religious leaders, non-governmental organisations and community leaders should involve to overcome social and cultural barriers. Effective health education programme on contraceptives to reach the teenagers and all males and females of childbearing age.

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