

RESETTLEMENT IN LOW-COST HOUSING SCHEMES:  
A CASE STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICE  
OF FAMILY PLANNING IN THE  
CHERAS LOW-COST HOUSING SCHEME

PHANG SIEW NOOI  
Faculty of Economics & Administration  
University of Malaya  
Kuala Lumpur, Malaysia

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## CHAPTER I

### INTRODUCTION

#### A. Background to the Study

In Malaysia, as in other developing countries, with the upsurge of large-scale cityward migration, there is an ever-increasing demand for shelter. Once in the cities, these migrants being predominantly poor, swell the ranks of the lower income groups. Inevitably this adds to the problems of planning for human settlements in the city and it also accelerates the problems of shortage of housing. Moreover, population is growing at a faster rate than the rate of production of houses, and housing the poor migrants from the outside constitutes one of the most serious problems of development. The government has taken on the unenviable task of providing and sponsoring housing production for the lower-income groups. Government sponsored programmes for low-cost housing is perhaps not surprising, since housing low-income groups is generally looked upon as a commercially unattractive proposition in view of the limited ability of these groups to pay. It is also generally accepted that housing for the low-income groups is seen as a social or political necessity, rather than being justified from the economic angle. With this in view, it is not surprising that the Third Malaysia Plan has clearly emphasized the importance of ensuring that all Malaysians, particularly the low-income groups have access to adequate housing.<sup>1</sup> To ensure the success of this objective, the Malaysian Government has adopted several housing

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<sup>1</sup> Third Malaysia Plan 1976-1980, Kuala Lumpur, Government Printers, 1976, Malaysia.

strategies to provide inexpensive housing units and also to improve substandard dwellings over the period of the Third Malaysia Plan.

In this context, the Government has resorted to the construction of various low-cost housing schemes in the country for the low-income groups. Recent government low-cost schemes have included multi-storey high rise schemes, 4-5 storey walk-up flats as well as single and double storey link houses. Today, under these low-cost housing schemes, about 10,300 units have been completed while another 28,065 units are under various stages of implementation. Undoubtedly, to a certain extent these low-cost housing schemes will serve to meet the demand for shelter from the low-income groups, although it is estimated that for the period of 1970-1990, some 1,740,000 to 2,508,000 units would be needed to meet the housing requirements of the population in Peninsular Malaysia.<sup>2</sup>

As we have seen, the aim of the Government in providing shelter for the low-income groups is good and necessary for housing is one of the basic necessities of man. With this attitude, housing has now been regarded as a mass need to be approached in a rational and scientific manner. Inevitably, housing has been viewed as primarily a physical phenomena to be looked upon in terms of construction costs, material inputs, finish and asset worth. Through the years then, many have forgotten that housing should and could be viewed from its contributions toward social costs and benefits. Housing in fact fulfills social and psychological needs and housing acts as a symbol of achievement and social acceptance apart from being a centre of its residential

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2 Kuala Lumpur Statistics Department, "Housing Needs vs. Effective Demand in Malaysia, 1976-1990", May 1977, Government Printers.

environment. Thus, a house plays more than just the physical role of providing shelter; in fact, from the social viewpoint, it also plays an important role in determining the structure and functions of the family it shelters. This means that a house will influence the family's attitude towards procreation and ultimately, the family's views and practice of family planning. In this context of low-cost housing, it is generally believed that resettlements in these low-cost housing schemes will result in a significant increase in interest in family planning and a desire to limit family sizes. This is based on the fact that a low-cost house, constructed generally with a small built-up area, indirectly serves to limit the size of the family it shelters.

#### B. Brief Review of Literature

Although studies have been done on the various aspects of low-cost high rise flats<sup>3</sup> (e.g. Jephcott, Pearl, Homes in High Flats; Tek, S.K., "Attitude and Response of Squatters to Resettlement"; C.W. Teh, "Housing for the People"; Hassan, Riaz, Families in Flats), there is comparatively little research done dealing with knowledge, attitude and practice of family planning of residents in low-cost link housing schemes. Most of the studies on low-cost housing tend to emphasize the role of the Government in the provision of houses; for example, researchers like William, L.C. and M. Wheaton<sup>4</sup> discuss the need for governments in developing countries to make adequate housing investment to provide a minimum standard

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3 See Bibliography.

4 William L.C. & Wheaton, Margaret, F., "Urban Housing in Economic Development", 1972.

of housing for the increasing population. Even Turner<sup>5</sup> discusses housing problems from the viewpoint of government policies which he argues should be based on the provision of the elements of the environment rather than the direct construction of new buildings. Wallace F. Smith<sup>6</sup> purports that housing facilities should be expanded by the public sector to serve the enlarged urban population resulting from rural-urban migration. This he says is inevitable for economic development which requires great expansion of the labour force. Other writers include Wegelin<sup>7</sup> who gave a cost-benefit evaluation of several squatter housing schemes; J.R. Silver and C.B. Smith who discussed the housing needs of the poor in Housing the Poor. These are only some of the selected works on low-income housing, although there remains a voluminous collection of literature available on this aspect. However, minimal research has been done on the knowledge, attitude and practice of family planning in low-cost housing schemes especially in low-cost link houses. With this fact in mind the need was felt to investigate the family planning behaviour of the residents in one of these low-cost housing schemes.

#### C. Significance of the Study

As has been highlighted previously, there is much emphasis on the need to house the low-income groups in low-cost housing schemes today. It cannot be denied

5 Turner, John, F.C. with Goetze, Rolf, "Environmental Security and Housing Input", Ekistics, Vol. 23, 1967.

6 Smith, Wallace, F., Economics of Housing Policy in Developing Nations, 1972.

7 Wegelin, E.A., Urban Low-Income Housing and Development: A Case-Study of Peninsular Malaysia, Leiden/Boston, 1978.



that low-cost housing schemes do answer the acute problem of housing for these groups. But, the government in its attempt to provide this basic necessity to the people, has overlooked an important consequence such schemes will have on the residents' attitudes toward family planning, the effects on mortality and fertility, marriage and family size. It has always been assumed that the residents are satisfied with being resettled in these low-cost houses. And success of such schemes has been measured in terms of government ability to construct as many low-cost housing units as possible and to resettle the many who need shelter. Although studies have been made on the various aspects of low-cost housing, especially in high rise flats, only minimal research has been conducted on the measurement of knowledge, attitude and practice of family planning amongst the residents in low-cost link housing schemes.

Presently, with increasing public awareness in family planning and coupled with the growing attention given to family planning by the Malaysian Government, there is a need to investigate the level of knowledge, attitudes and practice of family planning of the residents resettled in these low-cost link housing schemes in Malaysia. The need for investigation is further prompted by the knowledge that there is an increasing trend in Malaysia of low-cost housing construction taking the form of link houses and their growing importance as a means of providing shelter to the low-income groups. Thus, research into this area will eventually contribute towards the consideration of more meaningful Malaysian national policies in family planning especially in low-cost housing schemes.

D. Purpose of the Study

The purpose of this research is to examine the extent to which resettlement in low-cost link housing schemes have affected residents' knowledge, attitude and practice of family planning. The study also seeks to reveal that there is a strong relationship between resettlement in low-cost link houses and family size, birth rates and marriage patterns. This study therefore proposes to investigate the following aspects:

- (i) the level of knowledge, attitude and practice of family planning of residents in a low-cost housing scheme;
- (ii) whether resettlement has made the residents conscious of the need to limit the size of the family; and
- (iii) whether there is any relationship between resettlement and the marriage pattern of the residents' children.

E. Scope

The area of research is limited to the Cheras low-cost link "cluster"<sup>8</sup> housing scheme. It is one of only two low-cost link housing schemes to be completed so far by the Malaysian Government in the Federal Territory. This particular housing scheme has been selected as a case study in preference to the other because of its multi-racial characteristics, i.e., it comprises all the three ethnic groups of Malays, Chinese and Indians. This Cheras low-cost link "cluster" housing scheme consists of a total of 660 units and the residents have

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8 A "cluster" consists of 4 units of houses adjoined to one another by a common 8-feet wide breezeway.

been there since its completion in early 1976.

## F. Methodology

### (a) Sampling Procedure

The Cheras cluster-link scheme comprises 660 units of houses. The initial groundwork investigation revealed that each housing unit contained one household. The racial breakdown of these 660 housing units is as follows:

392 Malay households  
222 Chinese households  
46 Indian households

The sampling method used for this study was the stratified random sampling technique. The households were stratified into the three racial groups and the sample units were then selected as follows:

- (1) From the stratum of 392 Malay households, a sub-sample of 33.3% was randomly drawn. Thus, a total of 131 Malay households was chosen.
- (2) From the stratum of 222 Chinese households a sub-sample of 33.3% was randomly drawn and this yielded 74 selected households.
- (3) From the Indian households, a 66.6% sample was taken. Here, the proportion selected was increased to 66.6%. The decision to increase the proportion of selected units was based on the consideration that since the Indian group comprised only a total of 46 households, a 33.3% sample, if used, would yield insufficient number of units to give a representative reflection of the Indian group's viewpoint. It was therefore decided

that a larger percentage should be drawn from this racial group. Thus, 30 households were randomly selected to be interviewed. From this technique the total sample obtained consisted of 235 households. However, during data collection itself, 4 households -- 2 each from the Malay and Chinese groups did not respond. Hence, the actual total number of households which responded was 231, which was distributed as follows:

129 Malay households  
72 Chinese households  
30 Indian households

Table 1: Ethnic Composition of the Respondents

Ethnic Composition	Number of Respondents
Malay	129
Chinese	72
Indian	30
Total	231

For each of these households, the housewife was the person interviewed.

(b) Data Collection

A questionnaire was used for interviewing the respondents covering basically the following:

- (1) Background of the respondent and household members.

- (2) Family size.
- (3) Knowledge, attitude and practice of family planning.
- (4) Marriage pattern of residents' children.

Preparation of the questionnaire was done in two stages. First, the questionnaire was formulated relating to the matters described above. This questionnaire was then pre-tested on 40 randomly-selected respondents. Then based on the results of the pre-test, improvements were made to the question structure, especially the conversion of a number of open-ended questions to the multiple-choice type.

With finalization of the questionnaire, preparation for data collection started. Data was collected through female interviewers comprising Malays, Chinese and Indians. The interviewers were both graduates and undergraduates. Each interviewer was allotted the households whose ethnic background was similar to hers. This basis for allocation was decided upon because the pre-test revealed that a great proportion of the respondents could only converse in their own dialect or language.

The interviewers were briefed on the technique of interviewing, the objectives of the study and the contents of the questionnaire before they were sent out to the field.

#### (c) Processing of Data

The processing of the questionnaire consisted of the following: editing the questionnaire, coding the individual items and transferring the data to punch cards. The tabulation process was carried out through the use of the CROSSTABS Programme of the Statistical Package for Social Science (A Computer Library Package).

## CHAPTER II

### AN OVERVIEW OF THE RESPONDENTS UNDER STUDY

#### A. General Description of the Housing Scheme

The Cheras cluster-link housing complex is situated on a former piece of mining land in Cheras, Kuala Lumpur. It began as a pilot project undertaken by the Housing Developers' Association on behalf of City Hall, Kuala Lumpur and was executed by the Bandar Management Corporation Sdn. Bhd. This housing scheme contains 660 low-cost low-rise units situated on a 12.5 acre site.

Planned as a multi-racial scheme the figures of the racial composition from groundwork investigations are 59.39% Malays, 33.63% Chinese and 6.9% Indians.

Each cluster-link unit occupies a 39' x 14' lot with a total floor area of about 500 square feet. Each unit contains 2 bedrooms of 14' x 10' and the other 10' x 11'; a living room of 14' x 10' and a small kitchen of 5' x 7'. In addition, each unit has a small garden lot of approximately 14' x 15'.

#### B. Socio-Economic Characteristics

This section highlights the socio-economic background of the respondents and this will provide the initial basis for understanding the family planning behaviour of these residents in this low-cost housing scheme.

##### (a) Age

Most of the respondents interviewed came from the 30-34 years age group followed closely by those from the

Table 2: Age of Respondents by Ethnic Group

Age \ Ethnic Group	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Group (%)
15-19			2 (6.6)	2 (0.9)
20-24	7 (5.4)	1 (1.4)	5 (16.6)	13 (5.6)
25-29	52 (40.3)	10 (14.0)	4 (13.3)	66 (28.6)
30-34	40 (31.2)	19 (26.5)	9 (30.0)	68 (29.4)
35-39	21 (16.2)	24 (33.3)	4 (13.3)	49 (21.2)
40-44	8 (6.2)	10 (13.9)	3 (10.0)	21 (9.1)
45-49	1 (0.8)	5 (6.9)	3 (10.0)	9 (3.9)
50-54	0	3 (4.2)	0	3 (1.3)
Total	129 (100%)	74 (100%)	30 (100%)	231 (100%)

25-29 years age group. These figures indicate that the majority of the respondents are still in the child-bearing category. A large percentage of the Malay respondents (40.3%) in this housing scheme fall into the 25-29 years age group; next are the Indians with the majority (i.e., 30%) in the 30-34 years age group, and finally the Chinese seem to be in the older age group as compared to the others with the majority (i.e., 33.3%) falling into the 35-39 years age group. The Malays, as the table indicates, are relatively younger than the Indians and the Chinese.

(b) Education

Table 3: Education of Respondents by Ethnic Group

Educational Level	Ethnic Group	Malay	Chinese	Indian	All Ethnic Groups
		(%)	(%)	(%)	(%)
None		14 (10.9)	21 (29.2)	4 (13.3)	39 (16.9)
Primary		64 (49.6)	43 (59.7)	16 (53.3)	123 (53.2)
Lower Secondary		29 (22.5)	8 (11.1)	7 (23.3)	44 (19.0)
Upper Secondary		22 (17.1)	0	3 (10.0)	25 (10.8)
Total		129 (100%)	72 (100%)	30 (100%)	231 (100%)

Primary 1-6 years

Lower Secondary 7-9 years

Upper Secondary 10-11 years

Higher School Certificate 12-13 years

Table 3 shows that only 16.9% of the respondents have no formal education as against 83.1% who have at least some form of education. However, most of the respondents, i.e., 53.2% possess only primary education. In fact none of the respondents have attained education at the higher school certificate level. Racial wise, too, a large percentage have primary education, 49.6% for the Malays, 59.7% for the Chinese and 53.3% for the Indians. While some of the Malays and the Indians seem to have education up to the upper secondary level, only 11.1% of the Chinese have acquired lower secondary education. In fact as the figures show, the Chinese are the least educated with the highest percentage (29.2%)



not having had any formal education. Surprisingly, however, as will be shown later, education has only little influence on the respondents knowledge, attitude and practice of family planning.

(c) Occupation

Table 4: Occupation of Respondents by Ethnic Group

Occupation \ Ethnic Group	Ethnic Group			
	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
White collar workers	11 (8.5)	0	1 (3.3)	12 (5.2)
Blue collar workers	4 (3.1)	3 (4.2)	3 (10.0)	10 (4.3)
Own account worker	1 (0.7)	3 (4.2)	2 (6.7)	6 (2.6)
Housewife	113 (87.6)	66 (91.7)	24 (80.0)	203 (87.9)
Total	129 (100%)	72 (100%)	30 (100%)	231 (100%)

White collar workers -- office workers (including teachers, nurses and clerks).

Blue collar workers -- manual workers (including production process workers, househelp and tailor).

Table 4 shows the occupational status of the respondents. It can be immediately seen that a large percentage of the respondents are housewives, 87.6% in the Malay group, 91.7% for the Chinese and 80% for the Indians. In terms of employment variation, 8.5% of the Malays are white collar workers, with 3.1% being blue collar

workers, and only 0.7% or 1 Malay is self-employed. The rest, i.e., 87.6% are housewives. The majority of the Chinese respondents, i.e., 91.7% are also housewives. For the Indians, only one is a white collar worker, 10% are blue collar workers, with the majority, i.e., 80% being housewives, too.

(d) Income Status

Using income as a measure of a person's standard of living or social class is often doubtful as many respondents are usually reluctant to reveal the actual amount of their income. The distribution of household income of the respondents for this study is presented in Table 5. The figures show that 32% of the respondents have a monthly income of \$400-\$499, 18.6% between \$300-\$399, 12.6% between \$600-\$699 and 12.1% between \$500-\$599. It is surprising to note that for a low cost housing scheme 7.3% of the respondents have monthly incomes of \$900 and above. In fact, a proportion of the respondents have monthly incomes of above \$500 which does not appear to conform with City Hall's criteria of allocation of low-cost houses (\$500 per month was the maximum monthly household income stipulated by City Hall when allocating units). The Malay group is generally better off than the other groups with a large percentage earning \$600 to \$1,000 and above. Income level does in a way determine family size and the decision to have any more children. In this case, it can be deduced that a family with more money earned per month will be willing to support another child. The issue of children is dealt with in greater detail in the next chapter.

Table 5: Household Income\* by Ethnic Group

Income (\$)	Ethnic Group			
	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
\$100-\$99	0 (0.0)	0 (0.0)	2 (6.9)	2 (0.9)
\$200-\$299	6 (4.7)	0 (0.0)	2 (6.7)	8 (3.5)
\$300-\$399	28 (21.7)	8 (11.1)	7 (23.3)	43 (18.6)
\$400-\$499	37 (28.7)	32 (44.4)	5 (16.7)	74 (32.0)
\$500-\$599	15 (11.6)	11 (15.3)	2 (6.7)	28 (12.1)
\$600-\$699	15 (11.6)	10 (13.9)	4 (13.3)	29 (12.6)
\$700-\$799	8 (6.2)	9 (12.5)	3 (10.0)	20 (8.6)
\$800-\$899	9 (7.0)	0 (0.0)	1 (3.3)	10 (4.3)
\$900-\$999	6 (4.7)	0 (0.0)	1 (3.3)	7 (3.0)
\$1,000 & above	5 (3.9)	2 (2.8)	3 (10.0)	10 (4.3)
Total	129 (100%)	72 (100%)	30 (100%)	231 (100%)

\* Monthly income here is inclusive of all earning members.

(e) Size of Household

Table 6: Size of Household by Ethnic Group

Size of Household \ Ethnic Group	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
3	2 (1.6)	0	0	2 (0.9)
4	9 (7.0)	2 (2.8)	4 (13.3)	15 (6.5)
5	31 (24.0)	13 (18.1)	0	44 (19.0)
6	38 (29.5)	20 (27.8)	6 (20.0)	64 (27.7)
7	27 (21.0)	27 (37.5)	4 (13.3)	58 (25.1)
8	15 (11.6)	6 (8.4)	5 (16.7)	26 (11.3)
9	5 (4.0)	3 (4.2)	4 (13.3)	12 (5.2)
10	1 (0.8)	1 (1.4)	4 (13.3)	6 (2.6)
11-13	1 (0.8)	0	3 (10.0)	4 (1.7)
Total	129 (100%)	72 (100%)	30 (100%)	231 (100%)

Household size in this study includes all persons irrespective of their age, sex or marital status, living in the household, including the respondent at the time of the interview.

The household data reveals that the number of persons per household varies from 5 persons to 7 persons for all ethnic groups. Table 6 shows that 29.5% or the majority of the Malays have an average of 6 persons per household, while 37.5% of the Chinese have 7 persons per household. In fact, none of the Chinese have more than 10 persons for each household while only one Malay household has 11-13 persons. The Indians on the other hand have a much larger household size which varies from 16.7% having 3 persons per household to 10% having 11-13 persons per household.

### CHAPTER III

#### KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING

Family planning in Malaysia is a recent phenomenon which came about because of the fear that unchecked population growth may become a societal problem. That the world is facing a population crisis is by now well known. Rapid population growth is in part a result of improved control over deaths, which has not been matched by control over births. Hence, government officials and behavioural scientists have called attention to this problem and thus family planning has gradually become an accepted terminology in Malaysia.

Success or failure in family planning is dependent on how much one knows about family planning methods. This means that unless a woman knows about the various methods available in family planning, it is unlikely that she will be responsive to or practise family planning. On the other hand, it cannot be assumed that a single awareness of family planning will necessarily guarantee that she will become an acceptor.

#### A. Knowledge of Family Planning

In order to ascertain how much the respondents knew about the various family planning methods, certain questions were asked such as: "Have you heard of any of these methods?", "Where did you first hear about this method?", and "Have you just heard about this method?". The answers given to these questions reflected the knowledge of the respondents about family planning methods. This is shown in Table 7.

From the data given in Table 7, it can be seen that the respondents have knowledge of the various family planning methods. The best known method appears to be

the Pill, where almost 93.9% of all the respondents have heard about it. This high percentage is not unusual here because the Pill has for some time now been publicly discussed as one of the most convenient methods of family planning. Even during the course of the interview, when respondents were asked what method they had heard of, the first method they mentioned without any prompting from the interviewers was the Pill. The next most heard about method seems to be the condom where 75.3% of all the respondents acknowledged hearing about this method. 44.2% have heard about vasectomy, and although information about these two methods are received by the men and often given motivation to use them, this study has shown that the women are just as well informed about methods other than those only available to women. Other methods that the respondents have heard about are tubal ligation (49.4%), IUCD (43.7%), injection (41.6%) and rhythm (33.8%). Although the respondents have heard about all the other methods listed, the percentage can be considered small as compared to some other methods mentioned previously. Only 4.3% of all the respondents have heard about methods as the use of herbs, breast-feeding and other traditional practices. This is rather unusual for a traditionally oriented society which one assumes would have a wide knowledge of such traditional family planning practices. In fact only 6.3% of the Malays express having heard of these other methods, 2.8% for the Chinese group and surprisingly none of the Indians have heard of these methods.

Proceeding further, the respondents were then asked whether they know how to use these family planning methods other than just having heard about them. The results from the respondents regarding this issue are shown in Table 8. From the data in Table 8, it can be deduced that overall, the respondents are also just as well informed on the usage

Table 7: Family Planning Methods Heard of by Respondents

Family Planning Methods \ Ethnic Group	Malays (%)	Chinese (%)	Indian (%)	Total
Condom	90 (69.7)	62 (86.1)	22 (73.3)	174 (75.3)
Foam Tablet	9 (7.0)	34 (47.2)	6 (20.0)	49 (21.2)
Jelly	4 (3.1)	9 (12.5)	5 (16.7)	18 (7.8)
Diaphragm	24 (18.6)	7 (9.7)	6 (20.0)	37 (16.0)
Rhythm	25 (19.4)	40 (55.6)	13 (43.3)	78 (33.8)
Withdrawal	28 (21.7)	2 (2.8)	17 (56.7)	47 (20.3)
Pill	118 (91.4)	69 (95.9)	30 (100.0)	217 (93.9)
Vasectomy	42 (32.6)	42 (58.3)	18 (60.0)	102 (44.2)
Tubal Ligation	55 (42.6)	42 (58.3)	17 (56.7)	114 (49.4)
Injection	38 (29.5)	43 (59.7)	15 (50.0)	96 (41.6)
Cream	5 (3.9)	4 (5.6)	4 (13.3)	13 (5.5)
Abstinence	33 (25.6)	3 (4.2)	9 (30.0)	45 (19.5)
IUCD	69 (53.5)	15 (20.8)	17 (56.7)	101 (43.7)
Others*	8 (6.3)	2 (2.8)	0	10 (4.3)
No. of Respondents	129	72	30	231

Note: Percentages are computed on the basis that the respondent may know one or more methods. The percentage for each method of each ethnic group is computed on the basis of the ethnic group sub-sample size. Because of the overlapping nature of the various methods the total percentages over all these methods for each ethnic group would exceed 100%

\* Others include herbs, breast feeding, massage and any other traditional practices.



of these contraceptive methods. Generally however, although a person may have heard about a method she may not know how to use it. In fact, in this study, some respondents who expressed hearing about the methods professed not to know how to use them. The total percentages for all methods in Table 8 are lower than percentages for all methods in Table 7. However, the Pill still seems to be the most heard about and known about method, where 79.2% of the respondents acknowledge knowing how to use the Pill. Again the condom appears to be the next known method where 41.8% of the respondents acknowledge knowing how it can be used. This is followed by tubal ligation where 37.2% of the respondents know how it can be used.

By ethnic distribution, it appears that the Malays have a better knowledge of the various methods as compared to the other groups. The Chinese group is next, where a knowledge is expressed for all the methods although the percentage is lower when compared to the Malays. The Indians seem to have the least knowledge about the various methods. In fact, for methods like the foam tablet, diaphragm, abstinence and "others" none of the Indians know how to use these contraceptive devices. As for the other various methods, the percentage that knows how to use them is also comparatively low. For this group, the method most known appears to be the Pill (83.3%), which also seems to be the method the majority of the Chinese (77.8%) and the Malays (79.1%) know how to use. However, although the Pill appears to be the best known method for all ethnic groups, there is a difference in the next known method. For example, while the Malays and the Indians know how to use the condom, i.e. 41.9% for the Malays and 43.3% for the Indians, the IUCD appears to be the next known method for the Chinese at 40.3%.

Table 8: Respondents Who Know How to Use Family Planning Methods

Family Planning Methods \ Ethnic Group	Malay (%)	Chinese (%)	Indian (%)	Total (%)
Condom	54 (41.9)	28 (38.9)	13 (43.3)	95 (41.1)
Foam Tablet	5 (3.9)	6 (8.3)	0	11 (4.8)
Jelly	6 (4.7)	5 (6.9)	2 (6.7)	13 (5.6)
Diaphragm	24 (18.6)	11 (15.3)	0	35 (15.2)
Rhythm	21 (16.3)	17 (23.6)	5 (16.7)	43 (18.6)
Withdrawal	9 (7.0)	1 (1.4)	2 (6.7)	12 (5.2)
Pill	102 (79.1)	56 (77.8)	25 (83.3)	183 (79.2)
Vasectomy	29 (22.5)	12 (16.7)	3 (10.0)	44 (19.0)
Tubal Ligation	47 (36.4)	27 (37.5)	12 (40.0)	86 (37.2)
Injection	40 (31.0)	14 (19.4)	5 (16.7)	59 (25.5)
Cream	8 (6.2)	1 (1.4)	2 (6.7)	11 (4.8)
Abstinence	10 (7.8)	2 (2.8)	0	12 (5.2)
IUCD	42 (32.6)	29 (40.3)	5 (16.7)	76 (32.9)
Others*	7 (5.4)	1 (1.4)	0	8 (3.5)
No. of Respondents	129	72	30	231

Note: Percentages are computed on the basis that the respondent may know one or more methods. The percentage for each method of each ethnic group is computed on the basis of the ethnic group sub-sample size. Because of the overlapping nature of the various methods the total percentages over all these methods for each ethnic group would exceed 100%.

\* Others include herbs, breast feeding, massage and any other traditional practices.

What can be deduced from Tables 7 and 8 is that the respondents in this low-cost housing scheme are well informed of the various family planning methods available. Investigations into their educational background have revealed that the majority of them possess only education up to the primary level (see Table 3), yet Tables 7 and 8 have revealed encouraging results on their knowledge of contraceptive devices. It can therefore be deduced that the low level of education which most of the respondents possess has not been a hindrance to their knowledge of family planning methods. Neither has the level of education limited the respondents' knowledge to only hearing about the various family planning methods; indeed this knowledge extends also to knowing how to use the various contraceptive devices as evidenced by the data in Table 8. Another conclusion that can be drawn from this is that perhaps living in low-cost houses, where the built-up area is small, makes it imperative that they know how to use these contraceptive devices so as to limit the size of their family if and when the necessity and need arises.

#### B. Sources of Information on Family Planning Methods

The sources of information on family planning listed in Table 9 were given by the respondents when they were asked the question as to where they had obtained their information about family planning methods. The results are shown in Table 9. In this Cheras low-cost housing scheme the majority of the women (52.9%) heard about the various family planning methods from their friends. This is also true for all the three ethnic groups where the majority said that they have heard about family planning from their friends, 48.1% for the Malays 62.5% for the Chinese and 50.0% for the Indians. According to the respondents, "friends" include those staying within the low-cost housing scheme, such as the neighbours as well as others outside the housing scheme. It is not unusual that these respondents should have discussed family planning

Table 9: Sources of Information on Contraceptives

Ethnic Group Sources	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
Hospital	9 (7.0)	1 (1.4)	3 (10.0)	13 (5.6)
Family Planning Clinic	39 (30.2)	15 (20.9)	6 (20.0)	60 (26.0)
Private Clinic	3 (2.3)	0	1 (3.3)	4 (1.7)
Friends	62 (48.1)	45 (62.5)	15 (50.0)	122 (52.9)
Relatives	15 (11.6)	8 (11.1)	5 (16.8)	28 (12.1)
Mass Media	1 (0.8)	3 (4.1)	0	4 (1.7)
Total	129 (100%)	72 (100%)	30 (100%)	231 (100%)

amongst themselves as the physical form and layout of the houses in this low-cost link housing scheme itself has affected and contributed to the level of interaction amongst the neighbours. Existing literature has also substantiated the fact that low-rise structures tend to be more conducive for neighbourhood interaction compared to high-rise ones.

The next source of information appears to be from the family planning clinics, where 26% of the respondents have heard about family planning methods from this source. Although a mobile family planning clinic visits the area once a week on Thursday mornings, according to some of the respondents the mobile clinic is situated some distance from their houses and thus they find it inconvenient to walk that distance just for information. Added to this was the fact that the busiest part of the day for the respondents appears

to be in the mornings when they have to do the marketing and cooking. Thus it can be deduced that from the total of 30.2% Malays, 20.9% Chinese and 20% Indians who gathered information on family planning from the family planning clinics, a large majority of them must have obtained the information from other family clinics situated outside this low-cost housing scheme. This also accounts for the big percentage whose source of information seems to be from friends, which appears therefore to be rather convenient under such circumstances. Thus, although having a mobile family clinic is a good and commendable action on the part of the authority concerned, its objective of being the primary source of information to the respondents here has not been very successful. To overcome this lack of success, the authority concerned could provide more information and motivation with door-to-door visits or person-to-person visits. Thus, instead of waiting for the people to go and visit these mobile clinics, it would be more effective if qualified persons or nurses from these clinics visited the people.

Relatives also form another source of information. From Table 9, 12.1% of all ethnic groups list relatives as another source of information. The data also shows that other sources include the hospital (5.6%), private clinic (1.7%), and the mass media (1.7%).

### C. Attitude towards Family Planning

Table 10 reveals the attitude of the respondents towards family planning. When the respondents were asked about their attitude towards family planning in terms of whether they would approve, disapprove, or depends, 78.4% said they approve, 14.7% disapprove, and 6.9% said it all depends on the circumstances. As Table 10 shows, a big majority of the Malays, Chinese and Indians approve of family planning. From the results, it is interesting to note that although these respondents are from the low-cost housing area, with minimal

education, they are also supportive of the idea of family planning. This also dispels the notion that people residing in low-cost housing areas are quite ignorant of what family planning means, let alone know how to voice their approval or disapproval of it.

Table 10: Attitude of Respondents towards Family Planning

Ethnic Attitude Group	Malay	Chinese	Indian	All Ethnic
	(%)	(%)	(%)	Groups
	(%)	(%)	(%)	(%)
Approve	86 (66.7)	70 (97.2)	25 (83.3)	181 (78.4)
Disapprove	31 (24.0)	1 (1.4)	2 (6.7)	34 (14.7)
Depends	12 (9.3)	1 (1.4)	3 (10.0)	16 (6.9)
Total	129 (100%)	72 (100%)	30 (100%)	231 (100%)

In Malaysian society where such matters as family planning are seldom discussed publicly, to perceive that these respondents can voice their personal feelings such as approval or disapproval of it indicates their attitude towards family planning which invariably affects their interest in family planning also. Thus, when the respondents were asked whether they were interested in family planning, the majority of them, 65% gave a positive reply. This is illustrated in Table 11. While 65% of total respondents were interested in family planning, 27.2% said 'No' and 7.8% expressed a feeling of uncertainty. Comparing the different ethnic groups, one can see that the Chinese are very interested in family planning where 98.6% gave a positive reply. Only 1.4% or one respondent was not interested and she gave her reason as "leaving it to nature". Next were the Indians where 53.3% expressed an interest in family planning, while 36.7% said 'no' and 10.0% were uncertain about family planning.

Comparatively, fewer Malays were interested in family planning i.e. 48.8%, while 39.5% said they were not interested in family planning and 11.6% were uncertain. Generally, from the results shown, it can be deduced that the respondents are interested in family planning. The conclusion that can be drawn is that the respondents' attitude towards family planning is a positive one as evidenced in Tables 10 and 11. And this attitude is further enhanced by their good knowledge of the various family planning methods as shown in Table 8. Thus so far, the results given have shown consistency between their knowledge and attitude towards family planning and its methods.

#### D. Attitude Towards Induced Abortion

Before proceeding to evaluate the practice of family planning by the respondents, it is appropriate at this juncture to delve into the issue of induced abortion, and to evaluate the attitude of the residents here towards this aspect of family planning. However, it is necessary to note that induced abortion is still illegal in Malaysia. In spite of this, there have been many instances of pregnancies in Malaysia ending in induced abortions. A survey by the Malaysian Medical Association has shown that 42% of the General Practitioners receive 6 or more requests per month for abortion. It is apparent that increased socio-economic pressures combined with failure of effective family planning have led to unplanned and unwanted pregnancies which ultimately end in induced abortions. As such, it will be interesting to note the outcome of the results when the respondents were asked this question on induced abortion.

It is apparent from Table 12 that the respondents took an unfavourable attitude towards induced abortion on the whole, where only 14.3% approve with 73.6% disapproving and 12.1% expressing an attitude of "not sure". In terms of ethnic breakdown both the Malay and the Indian groups are definitely opposed to induced abortion, where only 3.9% of

Table 11: Interest in Family Planning

Ethnic Group Response	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
Yes	63 (48.8)	71 (98.6)	16 (53.3)	150 (65.0)
No	51 (39.5)	1 (1.4)	11 (36.7)	63 (27.2)
Uncertain	15 (11.6)	0	3 (10.0)	18 (7.8)
Total	129 (100%)	72 (100%)	30 (100%)	231 (100%)

Table 12: Attitude towards Induced Abortion

Ethnic Group Attitude	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
Approve	5 (3.9)	28 (38.9)	0	33 (14.3)
Disapprove	112 (86.8)	35 (48.6)	23 (76.7)	170 (73.6)
Not sure	12 (9.3)	9 (12.5)	7 (23.3)	28 (12.1)
Total	129 (100%)	72 (100%)	30 (100%)	231 (100%)

the Malays approve of it and none of the Indians approve. However, the Chinese have the highest percentage of approval, approximately 39%. The Malays have the highest percentage of disapprovals i.e. 86.8% as compared to the others, where 48.6% Chinese and 76.7% of Indians disapprove of induced abortion. A smaller percentage also expressed a feeling of "not sure" when asked the question of induced abortion -



9.3% for the Malays, 12.5% for the Chinese and 23.3% for the Indians. Thus, the data reveals a large percentage of the respondents disapprove of induced abortion. Accordingly, the respondents were asked the reasons for their unfavourable attitude towards induced abortion other than it being illegal in Malaysia and therefore against the law. The results from this question are tabulated and shown in Table 13.

Table 13: Reasons for not approving induced abortion

Reasons \ Ethnic Group	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
Religion	50 (38.8)	0	7 (23.3)	57 (24.7)
Health	44 (34.1)	33 (45.8)	15 (50.0)	92 (39.8)
Guilt	16 (12.4)	2 (2.8)	1 (3.3)	19 (8.2)
Combination of Reasons	19 (14.7)	37 (51.4)	7 (23.3)	63 (27.3)
Total	129 (100%)	72 (100%)	30 (100%)	231 (100%)

The reasons given were put into four main groups of religion, health, guilty conscience and a combination of various reasons ranging from being "not exactly sure" to opinions of peer group, family and relatives. It is interesting to note that 39.8% of the respondents responded that an induced abortion will be injurious to the health of the mother. It seems that the question of religion is not the main factor affecting the women's attitude towards induced abortion, since it ranks third at 24.7% with a combination of other factors as the next most important reason at 27.3%. One personal guilt prevents 8.2% of the total respondents from accepting

induced abortion. However, a racial breakdown indicates that the Malays consider religion as the main factor for disapproving induced abortion with 38.8% giving religion as the reason, while 34.1% says it is not good for the health of the women. On the other hand, none of the Chinese are compelled on grounds of religion to disapprove induced abortion. In fact to this ethnic group, the fear that induced abortion may be injurious to the health of the women has prompted 45.8% to disapprove of it, while a large percentage (51.4%) had a combination of reasons for not approving induced abortion. Only 2.8% of the Chinese had any guilty conscience about having induced abortion. The Indian group viewed induced abortion as hazardous to the health of the women when 50% of them stated this reason for disapproving. 23.3% disapproved on grounds of religion and the same percentage gave a combination of reasons for not approving. Like the Chinese, the Indians too had a small percentage of 3.3% who had any guilty conscience about having induced abortion. Thus, generally speaking, although this method of family planning is illegal in Malaysia, and thus not encouraged amongst the population, it has been shown that the people themselves have much reservation about resorting to this method of family planning. Therefore, it can be concluded that even if the government does legalise abortion, it will not be so readily accepted by the people, especially the respondents from the low-cost housing schemes. This unwillingness to accept induced abortion could be due to the fact that they already have a good knowledge of other family planning methods and to them the fear of an unwanted pregnancy may not arise. Thus, to these people there is no need for induced abortion in view of the various reasons expressed against this method.

In the next section, the respondents' practice of family planning is evaluated to determine whether this has any consistency with their knowledge and attitude of family planning.

### E. Practice of Family Planning

All the respondents were asked whether they have ever used any birth control method or methods to delay or prevent pregnancy. Of the 231 respondents, 136 (58.9%) indicated practicing family planning and 95 (41.1%) have not used any methods. This is shown in Table 14.

According to the ethnic breakdown, the Chinese and Indians are more responsive to the practice of family planning with more than half of the respondents practicing it, i.e. 59.4% of the Chinese said yes as compared to 30.6% who said no; the Indians too had 60% responding to the practice of family planning with 40% not using any method. The Malays have 52.7% practicing family planning with some 47.3% not on any method.

Table 14: Response Towards Family Planning Practice

<div>Ethnic Group Response</div>	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
Yes	68 (52.7)	50 (59.4)	18 (60.0)	136 (58.9)
No	61 (47.3)	22 (30.6)	12 (40.0)	95 (41.1)
Total	129 (100%)	72 (100%)	30 (100%)	231 (100%)

The 136 (58.9%) respondents who practiced family planning were asked the method of contraception used, and Table 15 shows these methods.

It is interesting to note that the Pill has the most number of users, that is 50% of the respondents who practice family planning use this method of contraception. Although it is generally believed that the Pill has many side effects it still seems to be the most popular contraceptive method

used amongst the respondents here. Its wide use could be due to the fact that this method also seems to be the most heard about and known about as indicated previously in Tables 7 and 8. Even in terms of ethnic breakdown, the Pill is used by the majority of the Malays (41.2%), Chinese (66.0%) and the Indians (38.8%).

Table 15: Method of Contraception Used by Acceptors

Method \ Ethnic Group	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
Condom	15 (22.1)	11 (22.0)	4 (22.2)	30 (22.1)
Rhythm	7 (10.2)	1 (2.0)	2 (11.1)	10 (7.4)
IUCD	10 (14.7)	3 (6.0)	2 (11.1)	15 (11.0)
Pill	28 (41.2)	33 (66.0)	7 (38.8)	68 (50.0)
Injection	0	2 (4.0)	1 (5.6)	3 (2.2)
Withdrawal	6 (8.8)	0	2 (11.1)	8 (5.9)
Traditional Methods	2 (2.9)	0	0	2 (1.5)
Total	68 (100%)	50 (100%)	18 (100%)	136 (100%)

Note: Percentages are expressed in terms of the number of acceptors (acceptors = 136)

Thus, with the exception of the Pill which has the most users, some of the acceptors also use the condom, where 22.1% of all the acceptors use this method of contraception. The IUCD is used by 11% of the acceptors generally with the ethnic breakdown as 14.7% of the Malays, 11.1% of the Indians and 6% of the Chinese. Other methods used include rhythm

(7.4%), withdrawal (5.9%) commonly considered the least effective method, injection (2.2%) and traditional methods (1.5%). Under the traditional methods 2 or 2.9% of the Malays use this method which according to them involves a combination of massage and herbs that could be taken. None of the other ethnic groups practice this traditional form of contraception. Of the other methods heard or known about, e.g. jelly, foam tablet, diaphragm and cream were virtually untried by anyone at the time of the interview.

Thus, although the majority of the respondents have heard or known about the various contraceptive methods, in practicality only the generally common methods e.g. the pill, condom and IUCD were used by those who were practicing family planning, at the time of the interview. It can be seen too that the most heard about and known about contraceptives methods also seem to be the most used method as shown in the case of the pill, condom and IUCD.

It is generally believed that unless a person is knowledgeable about the various family planning methods, it is unlikely that the person will be responsive to or practise family planning. However, simple awareness of family planning does not necessarily guarantee that the person will become an acceptor. Thus, in this case study, it has been shown in Tables 7 and 8 that a very high percentage of the respondents are very knowledgeable about the various methods in family planning. Then in Table 10, the attitude of the majority of the respondents towards family planning practice was one of approval, while a slight decline in the percentage of respondents interested in family planning was detected in Table 11. Finally, in Table 14, it can be seen that only 58.9% or 136 of the respondents actually practice family planning. Thus, it is interesting to note that while 78.4% of the respondents approve of family planning only 58.9% were actually practising some form of contraception during the time of the interview. This indicates that although there is a high level of knowledge about family planning

methods with an equally high level of favourable reaction towards it, the actual acceptance and practice of family planning itself is at a comparatively lower level. This immediately raises the question as to why such a situation should exist amongst these respondents in this low-cost housing scheme. Perhaps an examination of the number of children the respondents have and the number of children considered ideal would be an indication as to why 41.1% of the respondents do not practice any form of family planning.

#### F. Number of Children

Table 16 shows the number of living children that the respondents have at the time of the interview.

Table 16: Present Number of Living Children of Respondents

Actual Nos	Ethnic Group			
	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
0	0	0	4 (13.3)	4 (1.7)
1	7 (5.4)	2 (2.8)	4 (13.3)	13 (5.6)
2	30 (23.3)	14 (19.4)	1 (3.3)	45 (19.5)
3	42 (32.6)	20 (27.8)	6 (20.0)	68 (29.4)
4	27 (21.0)	27 (37.5)	6 (20.0)	60 (26.0)
5	17 (13.2)	6 (8.3)	7 (23.3)	30 (13.0)
6	4 (3.1)	2 (2.8)	2 (6.7)	8 (3.5)
7-9	2 (1.6)	1 (1.4)	0	3 (1.3)
Total	129 (100%)	72 (100%)	30 (100%)	231 (100%)

Table 16 shows that 29.4% of the respondents have 3 children, followed by 26% who have 4 children, 19.5% having 2 children and 13% having 5 children. Only two Malay families have 7-9 children, while 4 Indian families do not have any children. In terms of ethnic distribution, 32.6% Malays or the majority of them have 3 children, for the Chinese, the majority (37.5%) have 4 children while 23.3% of the Indians have 5 children. Next, Table 17 indicates the number of children considered ideal by the respondents for the type of house in which they are presently living. An analysis of the two tables will give an idea as to why there is still a low percentage of family planning acceptors amongst these respondents.

The respondents were asked the number of children they considered ideal to have in a house such as the one they were living in presently. It is interesting to note that 41.1% or the majority of the respondents said that the ideal number was 4 children, while 23.4% gave the number as 3 children. 18.2% were uncertain at that time as to what they felt would be the ideal number. Amongst the Malays, 35.7% considered 4 children as the ideal number; amongst the Chinese 56.9% also considered 4 to be the ideal, while the Indians (46.7%) said that 3 would be the ideal number, although 26.7% from this ethnic group considered 4 children to be ideal. Thus, the data shown in Table 17 reveals the ideal figure to be 4 children for all the respondents in this low-cost housing scheme. Table 16 itself reveals that the majority of the respondents possess 1 to 3 children, while 1.7% do not have any children yet; therefore it is not surprising that many of the respondents still want to have children. This is probably one reason why family planning acceptors are at a low level here, because most of the respondents would still prefer more children until they have achieved their desired ideal number. This is also possible

Table 17: Number of Children Considered Ideal for Present House

Actual Nos.	Ethnic Group	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
2		16 (12.4)	10 (13.9)	3 (10.0)	29 (12.6)
3		24 (18.6)	16 (22.2)	14 (46.7)	54 (23.4)
4		46 (35.7)	41 (56.9)	8 (26.7)	95 (41.1)
5		4 (3.1)	1 (1.4)	3 (10.0)	8 (3.5)
6		2 (1.6)	0	1 (3.3)	3 (1.3)
Not sure		37 (28.7)	4 (5.6)	1 (3.3)	42 (18.2)
Total		129 (100%)	72 (100%)	30 (100%)	231 (100%)

because the majority of the respondents are still in the child-bearing category as shown in Table 2. It is also noticed that a large majority of these respondents have not had any children born since moving into their present house as early as in 1976. This is shown in Table 18.



Table 18: Number of Children Respondents have had since Moving in

Actual Nos.	Ethnic Groups			
	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
0	77 (59.7)	49 (68.1)	18 (60.0)	144 (62.3)
1	42 (32.6)	20 (27.8)	10 (33.3)	72 (31.2)
2	10 (7.8)	3 (4.2)	2 (6.7)	15 (6.5)
Total	129 (100%)	72 (100%)	30 (100%)	231 (100%)

From Table 18, it is seen that 62.3% of the respondents have not had a child since moving into their present house. 31.2% have had one child while 6.5% had 2 children. Thus, it is noticed that 2 children is the maximum number of children born for the respondents in this low-cost housing scheme. Therefore it is likely that some of these respondents who have not had a child since moving in, as well as those who have had one child or two children may want to have more children or at least the desired number.

Next, the respondents were asked the reasons for not wanting more than the number of children desired, at the time of the interview and this is seen in Table 19.

Table 19: Reasons for not wanting more than the number of Children desired

Reasons \ Ethnic Group	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
Lack of space (house too small)	78 (60.5)	9 (12.5)	22 (73.3)	109 (47.2)
Financial problems	33 (25.6)	62 (86.1)	5 (16.7)	100 (43.3)
No one to look after children	10 (7.8)	1 (1.4)	0	11 (4.8)
Others*	8 (6.2)	0	3 (10.0)	11 (4.8)
Total	129 (100%)	72 (100%)	30 (100%)	231 (100%)

\*include difficulty in providing good food, education, clothing, discipline.

The reasons listed were given by the respondents and were generally grouped into four distinct categories as shown in Table 19. Generally, the respondents listed lack of space, i.e. the house was considered too small, as a reason for limiting the number of children to what they felt was the ideal number for their present house. This group made up 47.2% of all the respondents. Next, 43.3% said it was financial problems that prompted them to limit the number of their children. 4.8% felt that if they had more than the ideal number, they might face the difficulty of finding someone to look after the children. This reason was mainly offered by the working women who would have to rely on others to care for their children. Another 4.8% gave various reasons which mainly reflected the difficulty in providing the basic amenities and opportunities for thier children.

In terms of ethnic breakdown, it is interesting to note that the Chinese group differed from the Malay and Indian groups in their reasons. While 60.5% of the Malays and 73.3% of the Indians cited lack of space as the reason for limiting the number of children to the ideal size, only 12.5% of the Chinese considered this to be their reason. For the Chinese 86.1% gave financial problems as the main reason for not wanting more children. On the other hand, 25.6% Malays and 16.7% of the Indians said this was their reason. However, a look into these reasons given to limit the number of children to the ideal size reflect the respondents' consideration for their children. The desire to limit the number of children will tend to benefit the children themselves although it cannot be denied that the family as a whole will also benefit.

#### G. Aspects on Respondents' Married Children

In this section, an account is given of the marriage pattern of the respondents' children. Although the majority of the respondents' children are still young and schooling, a small number have married since their parents moved into this low-cost housing scheme. This section therefore intends to evaluate the number of children married and whether they are still residing together with the family in this low-cost house. This analysis will also try to determine whether living in a low-cost house with limited space has encouraged them to marry as a way to get out of living under cramped conditions.

Table 20: Number of Respondents' Children Married after Moving into Present House

No. of Children \ Ethnic Group	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
0	127 (98.4)	70 (97.2)	26 (86.7)	223 (96.5)
1	1 (0.8)	2 (2.8)	3 (10.0)	6 (2.6)
2	1 (0.8)	0	1 (3.3)	2 (0.9)
Total	129 (100%)	72 (100%)	30 (100%)	231 (100%)

As Table 20 indicates, 96.5% of all respondents did not have any children married after moving into the present house. As has been previously mentioned, the majority of the children are still young and schooling. However, 3.5% or 8 of the respondents have children who married after moving into the present house. Out of this small percentage, 2.6% or 6 respondents had one child married while 0.9% or 2 respondents had 2 children married after moving into the present house.

It can be seen that the Indians had the most number of children married, i.e. 10% or 3 respondents had one child each being married while 3.3% or one respondent had 2 children married. Two Chinese respondents had one child each married while one Malay respondent had one child married and another respondent had 2 children married. Thus, a total 10 children from this low-cost housing scheme was married after moving in, and a breakdown of whether they were sons or daughters of the respondents was determined and illustrated in Table 21.

Table 21 reveals that 60% or 6 of the children married were daughters, while 40% or 4 were sons. The Malays had 3 daughters and no sons married while the Chinese had 2 sons and no daughters married. The Indians accounted for 2 sons and 3 daughters married. The ages when these children married ranged from 19 years to 29 years of age generally.

Table 21: Number of Married Sons and/or Daughters of Respondents

Sons or Daughters	Ethnic Group	Malay (%)	Chinese (%)	Indian (%)	All Ethnic Groups (%)
Son		0	2 (100%)	2 (40%)	4 (40%)
Daughter		3 (100%)	0	3 (60%)	6 (60%)
Total		3 (100%)	2 (100%)	5 (100%)	10 (100%)

Note: Percentages are expressed in terms of the total number of married children. (Married children = 10)

Although a very small number of the respondents' children were married after moving into this housing scheme, the reasons given for marrying did not reveal that these children did so out of a desire to move out of living in a small low-cost house. However, it was noted that the married children have all moved out to stay on their own after being married. In fact, all had moved out of this area to different localities although still within the state of Selangor.

From this it can be concluded that one of the reasons for staying on their own could perhaps be due to the fact that this low-cost house is too small and therefore rather inadequate to house a family and at the same time a married couple.

## CHAPTER IV

### CONCLUSION

Malaysia, along with other developing countries in Southeast Asia is experiencing the problem of rapid population growth which if left unchecked may be a threat to the well-being of its people. However, with government efforts and interests in family planning activities plus the establishment of various family planning clinics especially in the rural areas, it should be expected that there would be a considerable decline in the rate of population growth.

It is hoped that the results from this research will contribute to the existing knowledge of family planning in Malaysia especially with regards to information on knowledge, attitude and practice of family planning of people who reside in low-cost housing schemes.

Results of the study have shown that family planning, as a concept, has become popular. A large majority of the women are aware of this concept. In this case-study the influence of friends and relatives have contributed greatly to the respondents' wide knowledge of contraceptives. Not to be discounted, though, are the presence of family planning clinics which have contributed in some ways by providing family planning information to the residents in the Cheras low-cost housing scheme.

Findings have also shown that the women in this case-study have expressed knowledge of the various contraceptive methods. For many of them, the pill, condom, IUCD, injection, rhythm and withdrawal are the methods most commonly known and used. To them these methods constitute a sort of definition of pregnancy prevention.

One's knowledge of a birth control method by naming it does not, however, give an assurance that the application of it is also known. In general, in this case-study, some of the respondents who have heard of the methods profess not to know how to use them. Overall, it can be concluded that the difference in percentage terms between those who have heard about the various methods and know how to use them is comparatively small as indicated in Tables 7 and 8. Although it cannot be denied that education is an important factor associated with family planning, the findings have revealed that the low educational level of these respondents have not placed them at a disadvantage in terms of hearing about and knowing how to use the various contraceptive methods.

The attitude of these respondents towards family planning seems to be very encouraging since early 78.4% approve of it. In general, family planning is acceptable to most of the women and religion does not seem to be a deterrent to the use of birth control methods.

Knowledge of contraceptive methods and a positive attitude towards family planning are not assurances that one is likely to practise it. Responses to questions of knowledge and approval are favourable but yet in this study a little less than half the respondents are not practising any form of family planning methods, or in other words only slightly more than 50% are practising family planning. However, this is due basically to the fact that those who are not practising family planning do so because they want to have more children. Most of the respondents have yet to achieve their ideal number of children. This indicates that in this situation the non practice of family planning is a deliberate action on their part in an attempt to have more children and not due to their ignorance of the practice of family planning. In fact it can be concluded that the level of knowledge, attitude and practice of family



planning of these respondents is high. They have also limited the number of children to what they have considered would be ideal for the house in which they are presently staying. Many have indicated the desire to have only 2 to 4 children each, for they realise that due to the smallness of the house and to financial problems, they do not desire to have more than the ideal number of children. Thus, it can be said that there is a conscious attempt to limit the number of children.

On the aspect of the marriage pattern of the residents' children, the results have indicated that the marriages have not in any way been induced by the residents' resettlement in this low-cost housing scheme.

#### A. Recommendations

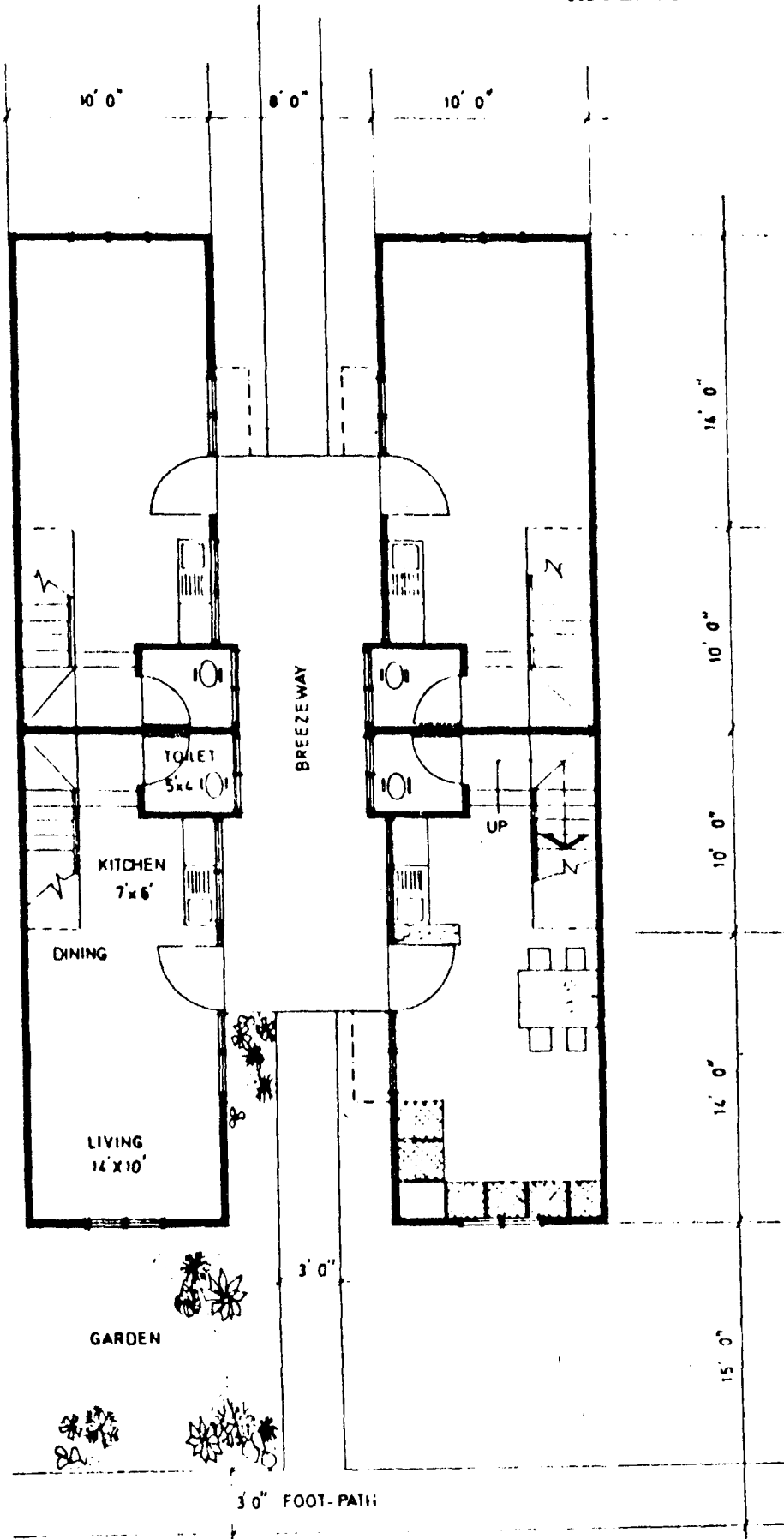
There is a need for more research to be done in other similar low-cost housing schemes for a cross-comparative analysis to be made, hence revealing conclusive evidence.

It is also suggested that a permanent family planning clinic or clinics be set up in these areas to serve the residents in view of the fact that many of them get their information on family planning from friends. A better use should be made of the mass media as a source of information, as the results have revealed that only 1.7% of the respondents have listed the mass media as their source for family planning information.

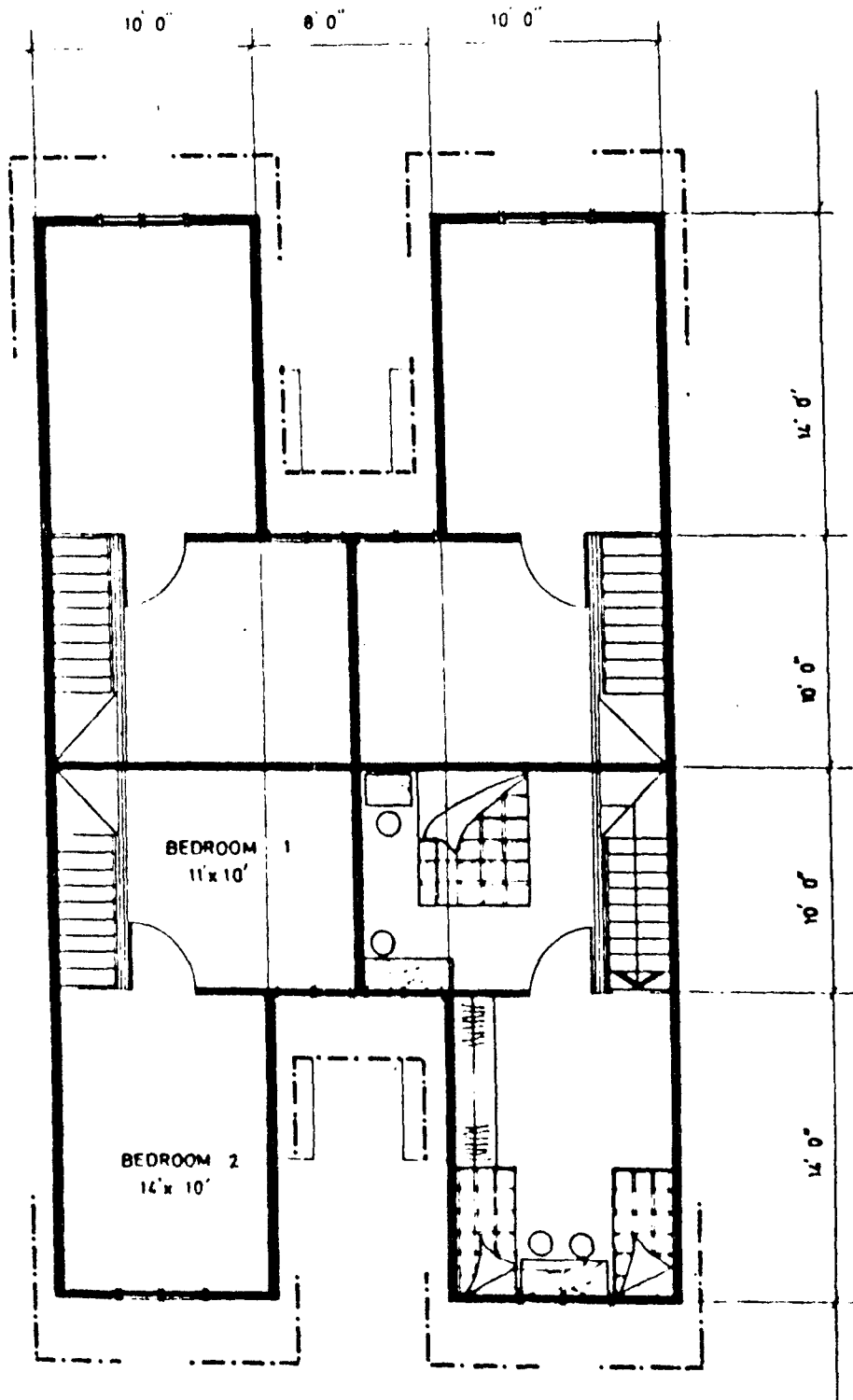
The results from this case-study are encouraging. It has revealed that women in low-cost housing schemes are not ignorant of the concept of family planning. The majority are aware of and possess positive attitudes towards family planning. As such, greater efforts should be made towards maintaining such attitudes, and to the small minority who are still resistant to family planning the policy makers

should take this into account and try to encourage them to change their attitudes. As a final note, perhaps in the future family planning programmes could include motivational processes, and efforts be made to supply reliable information about the safety and effectiveness of the various contraceptive methods.

APPENDIX I



Ground Floor Plan of a Cluster of Four Units.



First Floor Plan of a Cluster of Four Units.

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# SEAPRAP

## THE SOUTHEAST ASIA POPULATION RESEARCH AWARDS PROGRAM

### PROGRAM OBJECTIVES

- \* To strengthen the research capabilities of young Southeast Asian social scientists, and to provide them with technical support and guidance if required.
- \* To increase the quantity and quality of social science research on population problems in Southeast Asia.
- \* To facilitate the flow of information about population research developed in the program as well as its implications for policy and planning among researchers in the region, and between researchers, government planners and policy makers.

### ILLUSTRATIVE RESEARCH AREAS

The range of the research areas include a wide variety of research problems relating to population, but excludes reproductive biology. The following are some examples of research areas that could fall within the general focus of the Program:

- \* Factors contributing to or related to fertility regulation and family planning programs; familial, psychological, social, political and economic effects of family planning and contraception.
- \* Antecedents, processes, and consequences (demographic, cultural, social, psychological, political, economic) of population structure, distribution, growth and change.
- \* Family structure, sexual behaviour and the relationship between child-bearing patterns and child development.
- \* Inter-relationships between population variables and the process of social and economic development (housing, education, health, quality of the environment, etc).
- \* Population policy, including the interaction of population variables and economic policies, policy implications of population distribution and movement with reference to both urban and rural settings, and the interaction of population variables and law.
- \* Evaluation of on-going population education programs and/or development of knowledge-based population education program.

- \* Incentive schemes — infrastructures, opportunities; overall economic and social development programs.

### SELECTION CRITERIA

Selection will be made by a Program Committee of distinguished Southeast Asian scholars in the social sciences and population. The following factors will be considered in evaluating research proposals:

1. relevance of the proposed research to current issues of population in the particular countries of Southeast Asia;
2. its potential contribution to policy formation, program implementation, and problem solving;
3. adequacy of research design, including problem definition, method of procedure, proposed mode of analysis, and knowledge of literature;
4. feasibility of the project, including time requirement; budget; and availability, accessibility, and reliability of data;
5. Applicant's potential for further development.

### DURATION AND AMOUNT OF AWARDS

Research awards will be made for a period of up to one year. In exceptional cases, requests for limited extension may be considered. The amount of an award will depend on location, type and size of the project, but the maximum should not exceed US\$7,500.

### QUALIFICATIONS OF APPLICANTS

The Program is open to nationals of the following countries: Burma, Indonesia, Kampuchea, Laos, Malaysia, Philippines, Singapore, Thailand and Vietnam. Particular emphasis will be placed on attracting young social scientists in provincial areas.

Applications are invited from the following:

- \* Graduate students in thesis programs
- \* Faculty members
- \* Staff members in appropriate governmental and other organizations.

Full-time commitment is preferable but applicants must at least be able to devote a substantial part of their time to the research project. Advisers may be provided, depending on the needs of applicants.