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A MULTIMODAL ANALYSIS OF MALAYSIAN CONTRACEPTIVE PROMOTIONAL MATERIALS

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ABSTRACT

Communicating about contraception is still a taboo subject for many Malaysians. This study focuses on the use of multimodal communication in providing information and promoting contraception to the Malaysian public. Employing Kress and Van Leeuwen's visual grammar framework and linguistic genre analysis, the study unpacks the social-cultural practices represented in printed and digital promotional materials disseminated by Malaysia's three main responsible agencies. These resources were published by the National Population and Family Development Board (NPFDB), the Ministry of Health (MOH) and the Federation of Reproductive Health Association of Malaysia (FRHAM). The visuals suggest that contraceptive information is only relevant for families and portray ideal heteronormative and happy nuclear families, therefore excluding citizens who do not fit into the ideal such as non-binary couples, intermarried couples, also childless and childfree couples. The visuals also portray obstacles to contraceptive acceptance due to factors such as ethnicity, religion, socio-economic status, urban-rural differentiation and fear of risks. Overall, the materials suggest a conservative take on contraception and gendered roles, bound by local tradition and cultures. It is concluded that visual contraception discourses should be more inclusive, more informative about choices and promote rights, if they are to move towards meeting Target 3.7 of the United Nation's Sustainable Development Goal 2030 of providing choices about contraception methods acceptable and appropriate to people's circumstances.

Keywords: visual communication, multimodality, contraceptive, family, culture

INTRODUCTION

This study focuses on the multimodal communication employed in promotional materials of contraception produced by three main responsible agencies in Malaysia. Contraception is considered a taboo subject and very private topic of discussion among Malaysians. With the Malay-Muslims being the majority, the practice of contraception is heavily bound by Islamic tradition and pronatalist values (Foley, 2017). Challenges generally come from differences in family planning acceptances within the multi-racial society influenced by factors such as ethnicity, religion, view of family system, education level, economic status, urban-rural differentiation and fear of risks from contraceptives. Furthermore, the Contraceptive Prevalence Rate (CPR) in Malaysia has been stagnant at 52.2% between 1984 and 2014, making Malaysia one of the lowest in the South East Asia (NPFDB, 2014). Globally, Malaysia is also off track in reducing high unmet needs for modern contraceptive at 17.6% (NPFDB, 2014). With more than 6 continuous months of Covid-19 pandemic lockdown to date, more women are expected to face disruptions in contraceptive supplies and hence possibilities of unintended pregnancies (NPFDB, 2021). The current scenario necessitates more commitment in disseminating accurate and effective information in educating the public.

Research on family planning in Malaysia largely centers on fertility and maternal health, family planning policies and challenges of acceptance and knowledge on family planning. Locally and internationally, literature search shows limited investigations in communication on family planning and contraception. Abu Bakar et al. (1983) evaluated the degree of exposure to information and communication publications such as pamphlets and booklets on contraceptive methods and propensity to speak about family planning. Those who were exposed to pamphlets on a particular method were more likely to use that method. This suggests that print materials can have a significant impact in educating the public, at least back in the 1980s. The study conducted here will add a new dimension to existing work through the understanding of interpretations evoked by visual resources using more recent printed materials and the increasingly popular digital media sources.

Works on visual analysis of contraceptive promotional materials is very limited as well. Van Leeuwen et al. (2018) performed a genre and critical multimodal discourse analysis of advertisements for contraceptive products in magazines and journals for clinicians. Layout, color, typography and abstract graphic shapes were found to convey values of sexuality, femininity, strength and reliability. The creation of distinctive product identities aligns more with branding rather than serving clinical purposes. Crane and Van Leeuwen (2019) analyzed both print and digital media materials used by Family Planning New South Wales (FPNSW), Australia in delivering sexual and reproductive health promotion and services. They found the choice between opting for drawings or photographs and adapting content for specific audiences lead to selectivity in what is included and excluded. Resonating this international development, the paper here also sheds light on the use and effects of the multimodal elements in contraception promotional materials but in the Malaysian context.

The promotion of sexual health and contraception in Malaysia is run by both large and small agencies. The work studied here concentrates on resources produced by three national agencies which are the National Population and Family Development Board (NPFDB) under the Ministry of Women, Family and Community Development (MWFCD), Family Health Development Division of the Ministry of Health (MOH) and the Federation of Reproductive Health Association of Malaysia (FRHAM), a national voluntary organization. NPFDB oversees the social and economic aspects of the population growth and MOH manages the clinical and health services. FRHAM complements both ministries through its advocacy and outreach activities particularly for the minority and vulnerable groups in both urban and rural areas. It also has to be acknowledged that private health service providers are also increasingly playing an important role in providing family planning and contraceptive services to urban folks. The three interviews conducted in this study also confirmed that printed materials and digital media are the more popular mediums employed for quick dissemination apart from consultations in clinical settings and outreach activities at the grassroot level. This affirms the selection of resources are appropriate for the purpose of this study.

With the above context, the present study is timely and necessary for unpacking what the visual affordances evoke about contraceptive practices in this multi-cultural society. The study will highlight that multimodal analysis is another tool useful for understanding current practices and suggest how these elements could be more effectively employed to promote and encourage contraception while balancing facts and social-cultural sensitivities for the different groups in society. This effort is in line with Target 3.7 of the United Nation's Sustainable Development Goals 2030 which pledges for more informed choices about contraception methods that are acceptable and appropriate in people's circumstances (UN Department of Economic and Social Affairs, 2020).

APPROACH TO STUDY

The research here adopts Kress & Van Leeuwen's (2021) visual grammar and also makes references to their preceding work in social semiotics and multimodality. The three aforementioned Malaysian agencies (MOH, NPFDB and FRHAM) have developed a wide range of promotional resources which include brochures, pamphlets, posters, YouTube videos, websites for the public as well as guidelines, protocols and flipcharts for practitioners (see Appendix 1 for list). Four areas of visual analysis have been identified namely analyses of the social actor representation, viewer positioning, modality and color. This is followed by investigation of the functionality of the materials through its schematic structure. Three interviews were also conducted to understand the perspectives of local practitioners. The interview data was obtained from an obstetrician serving a university hospital in the city, a senior nurse serving a maternal clinic in a rural locality as well as a representative of FRHAM.

Social actor analysis

Social actor analysis explores the ways people are depicted and categorized in texts and images. In the visual social actor framework proposed by Van Leeuwen (2008), social categorization of people is described in terms of exclusion and inclusion (Figure 1). Exclusion refers to the omission or backgrounding of a person within an image frame. Visually, it suggests the social exclusion or suppression of the participant in the context represented. Inclusion refers to the presence of an actor and further analyzed in terms of role and agency. Here, a person can be depicted as being involved in action (activation) or as a recipient of an action or undergoing an action (passivation). A person can also be shown as a specific individual with a unique identity, or a generic character representing a group or culture signaled by semiotic, biological or cultural signs. For instance, people can be visualized on the basis of physical attributes such as skin color, age, gender or cultural attributes through specific styles of dress and cultural symbols. Udechukwu (2019) stated that a cultural symbol is something expresses one's belief, identity, moral values and religion. If people are shown as a group looking similar in their attributes, this is a homogenized depiction where they are portrayed as a 'type' instead of differentiated as unique individual's despite within a group depiction.

**Figure 1. Social actor network (Van Leeuwen, 2008: 148)**
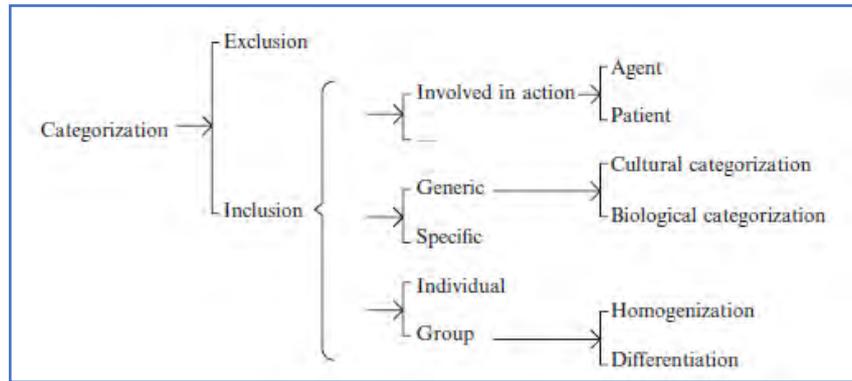
Viewer positioning

Viewer positioning describes the position of the viewer and his interaction with the depicted person in an image. Van Leeuwen's (2008) viewer network (Figure 2) discusses the three symbolic dimensions of social distance, social relation and social interaction. The social distance or proximity between the viewer and the depicted refers to whether people are shown through a close up (personal), medium shot (social) or a long shot from a distance (formal). A close interpersonal relation denotes intimacy while a greater distance suggests a formal relation (Kress & van Leeuwen, 2006).

Social relation concerns attitude which is expressed by the angle from which viewers look at the depicted person. This can suggest involvement or detachment. If the viewer is face to face with the depicted (frontal horizontal depiction), it indicates involvement; if the angle is oblique, it implies detachment. If the viewer is 'looking up' or 'looking down on' people, this connotes the viewer power; if at eye level, it suggests equal relation between the viewer and viewed.

Social interaction or contact is expressed when the depicted is seen as looking or not looking at the viewers. If the represented person looks at the viewer, he addresses the viewer directly. In contact, based on facial expression, it can evoke the emotion or mood of the depicted. If the address is indirect, then the actor shown is meant for viewing only, no interaction intended with the viewer.

Figure 2. Viewer network (Van Leeuwen, 2008: 141)
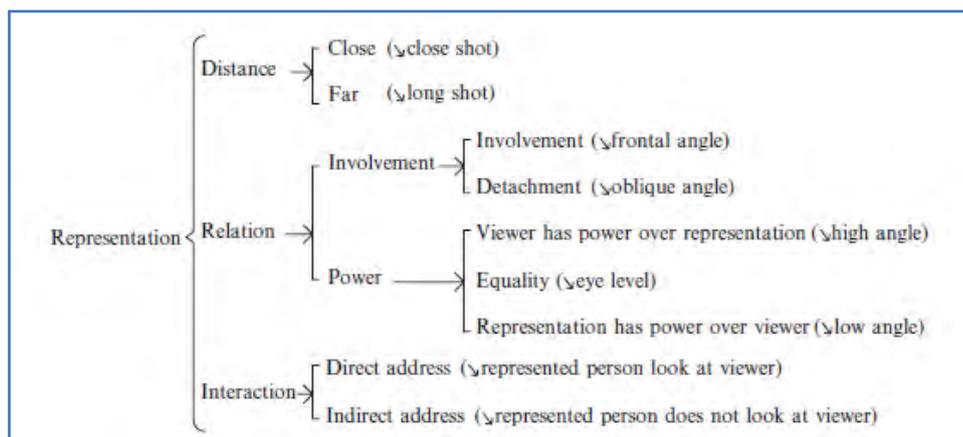
Both the social actor and viewer networks are the visual systems for understanding how viewers interpret the ways people are visualized.

Modality

Modality refers to the degree of how real an image is. Realism is perceptual and corresponds with our lived experiences. The higher the modality, the more photorealistic an image becomes. Diagrams and drawings show things are in general or abstract manners and thus, considered to have low modality from a naturalistic point of view (Kress & Van Leeuwen, 2001). However, it may not necessarily mean they have lower validity. Validity is also

dependent on contextualization (from an absence of background to the most detailed background). Modality is "not so much in the sense of whether what it depicts actually exists or not, as in the sense of whether it is represented in realistic detail - with a sense of depth, subtle gradations of color and light and shade, with or without a background, and so on." (Kress & van Leeuwen, 2006, pp. 155-174). How true, real, genuine an image is affects the trustworthiness and reliability of information visualized (Kress & Van Leeuwen, 2021).

Color

Van Leeuwen (2011) discussed color as a semiotic mode along several parameters. Colors can be described not only on the basis of hue but also in terms of parameters like 'value' (how light or dark they are) and 'saturation' (how intense or pale they are). Color is also a social phenomenon; it is a code introduced by society and hence a cultural construct. It can also be associated with given feelings (affect), evoke meaning through connotation and metaphor and has effects (Kress & Van Leeuwen, 2001). Color is an important component of visual communication because of its capacity to gain attention of viewers, emphasize and communicate desired messages. In the context of health promotion, color is regarded as essential element to communicate health messages to the target receivers" (Okpara et al., 2021).

Genre and functionality

Genre analysis of texts specifically describes structure and how it realizes the purpose of the text through the different functional elements within the structure. The following figure provides an example of the linear representation of a schematic structure adapted by Van Leeuwen et al. (2018) from an American online emergency contraception advice service website (http://ec.princeton.edu/questions/bleed.html).

Figure 3. Functionality analysis of an American online emergency contraception advice service website adapted by Van Leeuwen et al (2018)
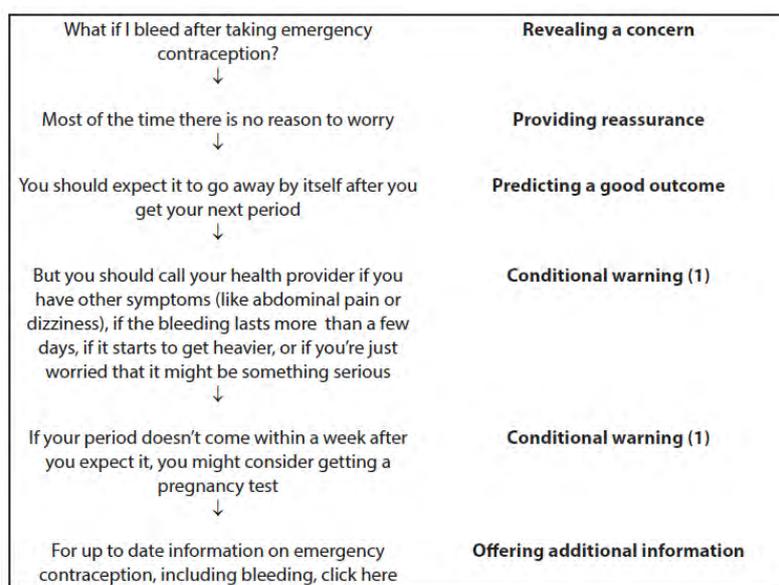
The schematic structure of the above website can be described in general as a problem-solution structure which is common in advertisements. In an informational resource like two videos to be analyzed here, a stage can be realized by both visual and verbal modes.

ANALYSIS

A salient visual theme found in the analysis is 'family' with references to social cultural characteristics of Malaysians. Hence, this section starts with analysis of the visual construction of a family from print and website materials. Subsequently, the analysis brings in two videos on expanding a family, each representing the urban and rural contexts respectively. This will provide a microscopic view into contraception practices in the heterogenous Malaysian society. Three interviews were also conducted with a representative of FRHAM (representing the national non-government organization), an obstetrician serving a university hospital in the city (representing the clinicians practicing in an urban context) and a senior nurse serving the *Klinik Desa* (Rural Clinic) (representing practitioners serving the rural area). Their views will be used to support findings from the visual materials.

Visual representation of a family

In all images found representing a family, the depiction of a couple with two children is very dominant (see Figures 4 and 5). The nuclear family is shown represented by a male adult, a female adult, a male child and a female child. All photos are balanced in terms of age and gender representations. This depiction is perceived as aesthetically balanced (Caple, 2013); however, it may appear to be an idealistic view of a family which may not be representative of many families in the Malaysian context.

On depicted parents, all the adults are presented as parents of opposite genders. There is no representation of non-binary parents. Depicting only heterosexual parents is a conservative view and may suggest the non-recognition of non-binary parents. The lesbian, gay, bisexual and transgender (LGBT) lifestyle is strictly prohibited in Islam (JAKIM, 2019). With Muslims as the majority in the country and binary parents being the perceptible norm, any deviation may cause discomfort or reactions.

Figure 4. Depiction of a family in materials for public dissemination

Figure 4a: My Healthy and Happy Family pamphlet Source: MOH	Figure 4b: Healthy Relationship and Family Values Website Source: NPFDB	Figure 4c: *Alat Dalam Rahim* (IUD) pamphlet Source: NPFDB

In terms of modality, all family images are almost always represented through simple drawings (Figure 4a), silhouetted (Figure 4b and 4c) or generic images if photographs are used (Figure 4c). Drawings feature the actors as not recognizable people although they may be shown making contact with the viewers at the eye level (Figure 4a). There seems to be efforts in establishing relations but certainly not in an intimate manner. The silhouetted images only feature the members' genders by typifying hairstyles, outfits worn and differences in age are depicted by the different height of actors. Silhouettes could be fronted (Figure 4b) or backgrounded (Figure 4c). With no eye contact, they are only meant for viewing, not for interacting. Even when a high modality photograph is used (Figure 4c), the actors are depicted from their back, making no interaction with the viewers. Figures 4b and 4c are merely 'offering' as opposed to 'demanding' contact.

This could be read as the purpose of the brochures which is to offer information. The interview data reveal these techniques are almost always a conscious choice by the producers to avoid identifying people with particular racial groups which could be politically and socially sensitive for Malaysians.

There are, however, three exceptions in which real images are published in materials for use by health practitioners which are the protocol guidebooks (Figures 5a and 5c) and flipchart to aid contraceptive decision making (Figure 5b). Figure 5a shows the only Malay family photograph found, recognizable by cultural sign of the woman's headscarf. Figure 5b portrays an Indian family identifiable by their facial features and appearance of seemingly tanner skin tone. Figure 5c presents more generic characteristics of Asian faces overlaid with a pink filter, blurring the association with any particular group. Only actors in Figure 5a have direct contact with the audience, whereas those in Figures 5b and 5c are depicted in oblique position, making no interaction with the viewer. Those in Figures

5b and 5c are meant for viewing only and they are to certain extent genericized. This high modality photographs may have some recognizable racial features unlike the set for public consumption. These choices may be related to the types and purposes of texts and who they are distributed to. In this case, they are for the consumption of health professionals only, not the general public.

Figure 5. Materials for use by health practitioners produced by the Ministry of Health

Figure 5a: Management of Protocol	Figure 5b: Why Need to Plan?	Figure 5c: Criteria for Medical Eligibility and Question Answer on Practice and Use of Contraceptive

With regard to emotion, there is a dominant visual theme of happiness. All frontal and oblique images show actors with broad smiles. As a group, when standing, they are connected through open gestures and holding of hands denoting care (Figures 4a to 4c). When seated, they are positioned closed to each other evoking close relationship and warmth (Figures 5a to 5c). Apart from 5a, all images show an outdoor setting with activity types such as relaxing at the park (Figures 4a and 5b), having a picnic (Figure 5c) or visiting the beach (Figure 4c). Objects such as smiling clouds, smiling sun, flying butterflies and birds, blooming flowers, lollies and balloons that add to the positive affect are also inserted. This happiness theme is also enhanced by language use in the title "*Keluargaku yang sihat dan ceria*" (My healthy and happy family) and slogan "*Merancang keluarga adalah tanggungjawab bersama ke arah keluarga bahagia*"(Family planning is a shared responsibility for a happy family). All these evoke togetherness and warmth echoing Weigel's (2008) view that the definition of a family is one based on emotional bond.

In terms of color, pink is observed as a dominant color choice in many informational materials studied. Pink is associated with love, nurturing and femininity (Koller, 2008) while purple may have a positive association with children and cheers (Kaya & Epps, 2004). Pink is used ideationally to feminize texts and their referents and interpersonally to attract women (Koller, 2008). This may suggest that the materials are mainly targeted at female readers.

Issues in family planning and contraception

A total of eight YouTube videos were analyzed in this study. Two videos were found representative of the urban and rural differentiation are exemplified here.

The selected video that showcases the urban scenario is entitled "Love & Family" (https://www.youtube.com/watch?v=PKNxkHWyD5k). Produced by FRHAM, the theme of family and love is adopted, similar to the print materials in speaking about family planning and contraception. The second video produced by MOH presents the rural context (https://www.youtube.com/watch?v=IvGeZeFUYN4). It has a more explicit title "My Health: Kaedah Perancang Keluarga" (My Health: Family Planning Methods). Nevertheless, the theme of happiness can still be deduced through its fictional setting called "*Kampung Bahagia*" (Happy Village). Here, three primary elements investigated are representations of the social actors, semiotic resources and schematic structures (see Figure 6 for the comparative summary).

Social actor, categorization and role

The characters in the videos represent categorizations of Malaysian folks by gender, ethnic group, religion, socio-economic status, location of residence which are associated with their social roles and acceptances of family planning and contraceptive decisions. The voices of the medical are also present in the videos to provide information and advice, debunk myths, convince and legitimize the effectiveness and necessity of contraception.

The first video shows the concerns of the main character (21-year-old female named 'Jessica') about starting a family early. With a western name and shown wearing a modern outfit, her ethnicity is not visually discernible. Her husband is visually excluded, only represented by the sticky note he left. This has also permitted Jessica's character to be fronted and activated. She is portrayed knowing the need to differentiate between love and family building (shown through her web browsing action and worrisome look when she overheard her neighbor and two other train passengers speaking about their domestic constraints). She takes the initiative to seek information from a pharmacist and purchase pills for herself, representing an urban woman who knows her sexual rights.

In the same video, a Malay couple appearing to be in their middle age and their daughter are portrayed as Jessica's neighbors. The cultural symbols of this ethnic group are evident in the covered hair of the lady, she wears a kaftan dress (typical Malay lady's long home dress) and uses *bedak sejuk* (rice paste placed on a face for cooling effect and complexion repair like a facial mask). She is shown drying clothes, and complaining having to bear all house chores to her oblivious husband who is busy smoking and meddling with his phone. They signify the traditional Malay families where husbands are more dominant but women are largely passivized and reduced to domestic roles.

In a train scene, Jessica overhears two passengers chatting about concerns in raising children. The first passenger is an Indian woman characterized by her *sarree*. The second is a Malay woman as denoted by her head scarf and *baju kurung* (Malay traditional outfit). The Indian lady reveals that life is tough as all her children are studying and her husband does not show concern. She too represents the female role in the upbringing of offspring; also the concern of cost of education for many middle-class urban Indians.

The health professional character in this video is a Malay lady pharmacist signified by her head scarf, white coat and a name tag. She represents the activated role of a confident educated professional Malay woman who works in the cities. Also, she represents the authoritative voice which provides facts and legitimizes contraceptive use and practices.

The second video typifies the rural Malay folks. The main character, a young Malay chap named 'Kassim' (a typical Malay name), is a blissful man who continues to expand his family and only worries about contraception after juggling with caring for four children and expecting a fifth child at the same time. His economic status is represented through visual resources such as the settings of a traditional *kampung* wooden house and oil palm estate suggesting his undertaking of an agricultural job. His wife, named "Milah" is portrayed as a typical good Malay wife who is repeatedly shown caring for their four children, packing food for her husband and seeing a husband off to work daily with a *salam*. This is an action of kissing the hand of the husband among Malay Muslims as a sign of respect for the husband and getting his blessings in return. Milah is a passivized character, reduced to her gendered role as a child bearer and carer and has no say at all in family planning. Together Kassim and Milan epitomize the lower income Malay Muslim rural residents who live a happy and simple everyday life and accept the arrival of children as *rezeki* (gifts from God).

When the voice over in the video reveals Milah's fifth expectancy, an actor appearing with a *kopiah* (a white cap worn by Muslim male when performing a prayer) is shown giving advice and handling pamphlets on contraception over to Kassim. The *kopiah* connotes a religious Muslim and the fact that the contraception advice comes from him implies contraception is permissible in Islam. The medical voice of the '*misi*' (Malay term for a senior nurse) is continuously conveyed by the narrator throughout the video but ignored by Kassim. This suggests the general attitude and lack of awareness or no urgency towards the contraceptive use despite active engagement of nurses in rural areas. The '*misi*' in real rural context is not just a senior nurse but locally respected as an experienced figure in medical care and services who also provide postpartum home visits especially in rural areas.

Generally, the characterization in both videos provides an insight into both active and passive roles in contraception decisions in a family. The urban folks are more pro-active and weigh socio-economic considerations. The rural people, on the other hand, take contraception less seriously. Dominance of man in contraception decision-making is explicit in the rural context and in Malay families. In the urban scene, the husband is to be consulted but at least a woman like Jessica could initiate the plan unlike the rural woman who has no say but just oblige to her spouse's will. In both contexts, there is a clear predominance and gendered role of women in child rearing supposedly by Malay and Indian women and man's main role as the head of the family and income provider. From the interview data, the interviewees concur that contraceptive promotion is usually targeted at the Malays and Indians as the Chinese already has high CPR. In fact, on both printed and video data analyzed, the ethnic Chinese is not

represented. The exclusion of the ethnic Chinese in both data sets analyzed may positively indicate successful birth control. However, if this trend continues and with ageing population, this may lead to reduced political influence for the ethnic Chinese in the future.

Moving on the schematic structure of the videos, it aligns with a problem-solution formula in helping the citizens unpack their concerns and providing them with solutions and information (see Figure 6)

Figure 6. Functionality analysis of promotional video

Stage/ Move	Structure/ Function	Narrative		
		Urban	**Rural**	
1	Setting (geographical and socio-economic)	Socio-economically more advanced middle-income groups signified by the setting of a modern home, the use of a Macbook and the Light Rail Transport as the mode of public transport.	Lower income group signified by the setting of a Malay *kampung* (village) surrounded by the greenery of the palm oil estate. Mode of transport is typically the more affordable motorcycle.	
2	Revealing concern	Main female actor still young and not ready to have children; also has health concerns, worries about side effects of contraception and unwanted pregnancy.	Main male actor shows no concern at the beginning to escalating problems. He rides past maternal clinic several times but does not stop to get family planning advice.	
3	Warning/Issue 1	A female Malay neighbor complaining about the bearing of her domestic roles and nagging her husband who is oblivious to helping out at home.	A voiceover was heard saying "*Misi pesan jarak umur anak*" (The nurse has advised to space out the age of children).	
4	Warning/Issue 2	In the train, an Indian lady revealed her husband did not care about children and their studies. Another Malay lady expressed her concern about the cost of children's upbringing especially education.	A voiceover was heard saying "*Tak nak jarak anak tiga ke empat tahun ke*?" (Don't you want to space the age gap of 3 to 4 years?)	
5	Hesitation	Main character saw condom on pharmacy rack but called it 'itu' (that). Also said she needed to ask her husband about using condom	Main character stopped in front of clinic but did not enter at the point when he already had 2 children. In another scene, when he already had 4 children, he was depicted at the clinic's compound and was about to enter but left.	
6	Information on contraceptive to initiate decision making	Pharmacist gives information on various types of contraceptives and debunked the myth of pills causing weight increase.	A friend appearing to be a male religious person gave pamphlets on types of contraceptive.	
7	Address concern and decision making	Purchased pill	Provide detailed medical info on contraceptives	Voiceover in video provides details on contraceptives provided by the government.
8	Provide detailed medical info on contraceptives	Verbal by pharmacist	Address concern and decision making	Visited maternal clinic with wife

The first stage sets out to establish a urban-rural differentiation in family planning and family upbringing perceptions. The second move of concern revealing contrasts the activation and passivation of roles of two different characters. The urban female appears to be pro-active, tries to differentiate between love and family, evaluates her health and readiness to start a family. The rural man in contrast shows no concern for the spacing and number of children until his problem escalates. His wife is a passivized character who is resigned to her domestic role as a wife and mother and has no voice. She is a total contrast of the female character in the urban video. This schematic stage also proposes there is a need for activation of all actors; there should be shared responsibilities in contraception matters.

Stages 3 and 4 are the phases that forewarn and caution the social and economic implications if no preventive measures are taken. Stage 5 then reiterates the issue of hesitations and procrastination in seeking professional advice; also perhaps Malaysians in general ought to speak more openly about contraception. In the urban video, the main actor verbally refers to the condom with a deictic 'that' and pointing the condom displayed on the rack. The

pharmacist then consciously names the item for her. This perhaps reflects how Asians are generally conservative and shy to speak about sexual and reproductive health matters. This view also appears in the interview data where most Asians may consider this topic a taboo and often euphemize words related to sexual organs as these are considered very private matters.

Stage 6 provides contraception details such as types, uses and common myth, in short, present the available options to help initiate decision making for both genders. In convincing the audience, visual legitimation strategies are inserted here. The medical authority is signified by the pharmacist in white coat in the urban video and the authority of the invisible rural nurse is conveyed in an audio form of a voice over. The religious authority through the depiction of a religious man with a white *kopiah* who personally hands over informational materials on contraceptive items. This is to debunk misconceptions of the side effects of contraceptive use and religious belief that children are god's gifts where awareness and consideration of the spacing of children is not present.

Stages 7 and 8 in both videos are differently ordered as they are clearly meant for different sets of audience. In the urban video, the decision was made followed by more information through social media account names. However, in the rural video, contraceptive information went on for 3 minutes before finally showing the couple taking the action i.e. visit the maternal clinic. It is as if suggesting the rural folks need more information and more convincing before they could finally see the need to practice contraception.

DISCUSSION AND CONCLUSION

This section covers the overall observable patterns found and discusses how the use of multimodal analysis can bring out what has been presented to the local people, what it says about the social practice and what more can be done.

In this study, the visual theme of the family and its association with the emotion of happiness and love is observed. The emotion of love is also accentuated by the dominant use of pink in the printed data. These visuals denote the conventional view of a family as a kinship unit bonded by love and togetherness. The group of a nuclear family of four reflects the structural view of a family which is defined by the inclusion of members in the unit. A family is constructed as balanced in terms of gender and that the parents are a heterosexual couple of the same ethnicity. In our interview sessions, the interviewees opined this structural ideal may raise concerns for childless and childfree couples since the absence of children can socially exclude them as families. One interviewee added that Asian families generally want to have children of both genders – sons to continue the family surnames and "it's nice' to have daughters as if giving the families a soft touch. This semioticization of the 'perfect' family may not necessarily mirror the reality for many Malaysians. Rather, it suggests the ideal nuclear heteronormative family or the desired concept of a family unit. The ideal concept of having two children is synonymous with happiness, another idealist concept, although may be more attainable compared to having many children. Additionally, the images of heterosexual couples may also suggest that the society and institutions may only socially approve heterosexual relationships and organize gender role expectations which may marginalize those who do not fit into these expectations.

The analysis of the agency of the depicted participants may also infer a patriarchal society. Through predominant activation of the male figure in contraception decision and passivation of the female who accepts the husband's decision and reduced to domestic roles, the visuals insinuate the dominance of man particularly within the lower socio-economic rural groups. Despite this, the visual-verbal discourse has effectively raised the awareness and need for more balanced gender roles and shared responsibilities in the management of the family.

The analysis of visual communication has also highlighted the multi-factorial causation of the lower adoption of contraception and attempts to address them. In this case, the use of schematic structure has clearly presented and helped audience unpack the local barriers and constraints, cautioned the effects of non-adoption of contraception and explicitly informed the audience on available options before deliberately visualizing the represented actors as heeding the advice and taking their first steps. On the whole, the messages are conveyed with tone of subtlety and care as these materials are for public dissemination, blurring the boundaries through genericization when addressing the mass but simultaneously foreground the specificity of racial, geographical, religious and socio-economic factors when necessary.

In terms of recommendation for improved visual communication, the visual materials produced must balance science with the multi-cultural, multi-religious and multi-lingual context. The complexities that exist within this pluralistic society should be handled by giving the citizens more informed choices, promoting rights, being inclusive while respecting religious and cultural taboo.

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Appendix 1