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The Malaysian Fertility and Family Survey 1974: A Summary of Findings

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WORLD FERTILITY SURVEY
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The World Fertility Survey is an international research programme whose purpose is to assess the current state of human fertility throughout the world. This is being done principally through promoting and supporting nationally representative, internationally comparable, and scientifically designed and conducted sample surveys of fertility behaviour in as many countries as possible.

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This summary is one of a series containing the salient findings of the Country Reports No. 1 of the countries participating in the WFS programme. A copy of the report itself: *Malaysian Fertility and Family Survey - First Report*, is available for reference at all WFS depository libraries, or may be purchased at MS 10 from the Department of Statistics, Jalan Young, Kuala Lumpur, Malaysia.

For information on other Country Reports, WFS publications, or a list of depository libraries, write to the Information Office, International Statistical Institute, 428 Prinses Beatrixlaan, Voorburg, Netherlands.

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THE MALAYSIA FERTILITY AND FAMILY SURVEY :

A. SUMMARY OF FINDINGS

1. THE SETTING

Malaysia is a federation consisting of 13 states, 11 of which are in Peninsular Malaysia and the other two in Sarawak and Sabah. Peninsular Malaysia is the largest of the three areas with a population of 8.81 million in 1970, and an area of 50,700 square miles. Sarawak has a population of nearly one million and an area of 48,250 square miles, and Sabah has a population of 0.65 million and an area of 29,388 square miles. Malaysia has a tropical climate with heavy rainfall during the South-West and North-East monsoons. A large part of the country is covered with thick tropical forests and swamps.

The ethnic composition of Peninsular Malaysia is 53 per cent Malay, 35 per cent Chinese and 11 per cent Indian. Ethnicity, religion and occupation are closely linked. The Malays are Muslims, they live in rural areas, and work mainly in agriculture. The Chinese are generally Buddhists, they live in urban areas, and are engaged in the rubber and tin industries as well as in trade and commerce. The Indians are mostly Hindus and work on rubber plantations and in the urban areas.

The population of Malaysia is young, with nearly 56 per cent of the population reported as being under the age of 20 and only four per cent aged 65 years or more in 1970. Substantial increases in literacy levels have been recorded in recent years and in 1970 nearly 61 per cent of those above the age of 10 were literate.

Agriculture is a dominant sector of the economy. More than half (55 per cent) of the total population is engaged in agricultural activities. The average per capita income was estimated to be US\$660.00 in 1975 - the second highest in South and South-East Asia.

In Peninsular Malaysia, which is known to have a very good vital registration system, both the crude birth rate (CBR) and crude death rate (CDR) have been declining in recent years. The CBR fell from 45.5 in 1956 to 33.3 in 1972 (a decline of about 27 per cent) while in the same period the CDR declined from 11 to 7. Life expectancy at birth was estimated in 1972 to be 63.4 for males and 68.0 for females, which is comparable to levels observed in some of the developed nations. The rate of natural increase still remains at the rather high level of 2.6 per cent per annum in spite of the significant decline of the vital rates during this period.

Realizing the consequences of rapid population growth, the National Family Planning Board (NFPB) was established in 1965 to promote the spread of family planning knowledge and practice. In the First Malaysian Five-Year Plan (1966-70) it was envisaged that by 1985 the rate of natural increase would be reduced to 2 per cent. This was to be achieved by providing all types of family planning services. By 1970 it was estimated that nearly 57,600 births had been averted through the Programme. The cost of preventing a birth was estimated to be US\$123 in 1973. For planning NFPB activities, a need for reliable data on existing levels of knowledge, attitudes and practice of family planning was recognised and a KAP survey was planned for 1974-75. As the plan coincided with the advent of the WFS programme it was decided to conduct the survey in collaboration with the WFS. Malaysia was thus one of the first countries to express willingness to take part in the WFS programme.

2. THE SURVEY

The overall responsibility for planning, execution and analysis of the Malaysian Fertility and Family Survey (MFFS) rested with the Department of Statistics, with substantial assistance from the National Family Planning Board (NFPB) in terms of staff and financial input. The major external funding for the project came through the International Statistical Institute.

The sample used for the MFFS was the same as that for the Household Expenditure and Income Survey (HEIS) carried out by the Department of Statistics in 1973-74. The MFFS covered only Peninsular Malaysia, which represents about 84% of the national population. Apart from saving time and costs in the preparation of a new sample frame, this decision also provided the possibility of linking data from the MFFS with that from the HEIS for further analytical work. However, there was a price to pay; the sampling frame was prepared in 1972-73 and was thus obsolete. Out of a random sample of 8,103 living quarters (LQs) selected, 1,095 (or 13 per cent) had to be rejected for reasons such as Institutional LQs (89), vacant (606), demolished (322), refusals (7), and other reasons (71). Only 7,008 LQs were successfully screened and these contained 7,770 households of which all except 15 could be successfully interviewed; 6,368 eligible respondents* (ERs) could be identified and 6,316 (99 per cent) of them were successfully interviewed.

The field work was carried out during August-December 1974 by 50 specially trained female interviewers under the supervision of five female supervisors and other senior staff of the Department of Statistics and NFPB.

The questionnaire used was similar, though not identical, to the WFS questionnaire. The main modification was that instead of separate birth and pregnancy loss tables an integrated history was used. In addition

* An ER is defined in the MFFS as any ever-married female aged less than 50 years who had slept in the household the previous night.

to the section on Contraceptive Knowledge and Use, questions on family planning services and fertility planning were added to provide more detailed information. Part of the Economic Module and the Abortion Module were also incorporated into the questionnaire.

The questionnaire was translated into three local languages: Malay, Chinese and Tamil. Data preparation and processing activities were carried out by the Department of Statistics and the first Country Report, consisting of 200 pages of text and 500 pages of tables and appendices was published in April 1977.

3. FINDINGS

3.1 NUPTIALITY AND EXPOSURE TO CHILD-BEARING

AGE AT MARRIAGE

In countries like Malaysia, where the incidence of pre-marital sex is not significant, the age at which married couples start living together generally identifies the onset of exposure to the risk of pregnancy; therefore, age at marriage is an important variable affecting fertility.

Of the 6,314 women interviewed 31 per cent reported an age at marriage of 15-17 years, 20 per cent as 18-19 and only 15 per cent married before the age of 15. It should be noted that the estimate of proportion married by given age is derived from a sample of ever-married women and is therefore subject to considerable bias due to truncation; this is particularly so in the case of the young age group, as there is substantial evidence that age at marriage is rising. Since most marriages in Malaysia take place before the age of 25, part of the truncation effect can be adjusted by considering only those women who are at least 25 years old and were married before the age of 25. The following comments apply to these women.

TABLE 1

PERCENTAGE DISTRIBUTION OF AGE AT FIRST MARRIAGE AMONG ELIGIBLE RESPONDENTS CURRENTLY 25 YEARS AND MORE AND MARRIED BEFORE THE AGE OF 25.

CURRENT AGE	ALL AGES	Age at First Marriage				
		<15	15-17	18-19	20-21	22-24
25-29	100.0 (1,080)*	9.9	27.0	18.6	21.3	23.2
30-34	100.0 (957)	15.2	30.5	20.1	14.7	19.5
35-39	100.0 (970)	20.6	35.0	19.7	12.5	12.2
40-44	100.0 (775)	19.5	38.6	22.4	9.7	9.8
45 and more	100.0 (884)	26.9	34.8	17.7	10.3	10.3

*Figures in parentheses indicate number of respondents.

The pattern that emerges from Table 1 clearly suggests a rising trend in age at marriage. Only 10 per cent of 25-29 year olds reported being married before the age of 15 compared with 27 per cent of women 45 years and more. This is consistent with other available estimates. The mean age at marriage for this sub-group is estimated to be 17.6 years.

Variations among different segments of the sample follow expected patterns. Education has a positive relationship with mean age at first marriage and this relationship persists even after age differences are taken into account. The standardized mean age at marriage for women with no education is 17.3 years, compared with 18.1 years for women with 7-12 years of schooling.

The mean age at marriage differs significantly among the different ethnic groups. Malays have the lowest mean age at marriage - 16.6 years. The mean ages at marriage for Indian and Chinese women are 17.1 and 19.6 years respectively. These differences persist across all age groups.

Women who reported that they had worked before their first marriage tended to marry later than those who had not worked. Age at marriage is also positively correlated with duration of work and type of occupation.

MARITAL STABILITY

The earlier a woman marries, the longer is her exposure to the risk of pregnancy, particularly if her marriage does not dissolve due to widowhood, divorce or separation. In the event of such dissolution, the sooner she marries the longer is her exposure period.

In Malaysia 81 per cent of first marriages remained undissolved at the time of the survey; about two thirds of the dissolutions were due to divorce or separation. The proportion of first marriages remaining intact decreased steadily according to length of time since first marriage.

Remarriage is common: 13 per cent of all women have married more than once; about 9 per cent twice; about 3 per cent three times; and one per cent more than three times. Due to the high incidence of remarriage, 92 per cent of all ever-married women were in a marital union at the time of the survey.

The average proportion of time spent in the married state by a group of women (derived by dividing the total effective duration of marriage by total years since first marriage) indicates that an average woman has spent about 9 years in the married state for every 10 years since first marriage. This does not show any significant variation by current age, age at first marriage, ethnicity, education of woman, husband's income or place of residence.

BREAST-FEEDING

Apart from its importance in relation to infant's health, breast-feeding is relevant to the discussion of exposure because it delays the resumption of ovulation after childbirth. In the MFFS, data on breast-feeding were collected for women with at least two live births. The analysis is restricted to 1,876 women whose last closed birth interval exceeded 35 months and whose child (being breast-fed) survived for at least 24 months. This censoring was done to minimize the effect of other factors such as child mortality, termination of breast-feeding due to a new pregnancy, etc.

The overall mean number of months of breast-feeding is approximately seven; if only those who breast-fed are considered (one in five women did not breast-feed at all) it is 9. There appears to be a strong tendency to report the duration of breast-feeding as 6, 12, 19-20, 25-26 and 31-32 months.

The percentage of women not breast-feeding remains about the same for all ages, except for the 45-49 age group where there is an increase in the number of women who report breast-feeding. The proportion of women not breast-feeding declines with an increase in parity, while the mean number of months' breast-fed increases. Fewer educated women breast-feed their children and, when they do, they do so for shorter durations. Similar differentials are observed for husband's educational level.

Breast-feeding is considerably more common among Malays (93 per cent), with much longer durations (8.9 months), followed by Indian women, 75 per cent of whom breast-fed for an average of 5.4 months; Chinese women breast-fed the least (59 per cent) and for the shortest duration (4.4 months).

3.2 FERTILITY

In the MFFS a complete pregnancy history was obtained for every respondent. Many measures of fertility may be derived from such histories but one of the most useful and easy to compute is the number of children ever born.

NUMBER OF CHILDREN EVER BORN

The mean number of children ever born to all married women in the sample is 4.2. On average, currently married women aged 40 years and more report 6.3 children (that is, two more children than reported by women aged 30-34), indicating a probable decline in fertility. As there are no significant differences between currently married and ever-married women in the mean number of children ever born, all further discussion is based on the total sample of ever-married females.

TABLE 2
MEAN NUMBER OF CHILDREN EVER BORN BY AGE AT FIRST MARRIAGE
AND YEARS SINCE FIRST MARRIAGE FOR ALL EVER-MARRIED WOMEN

YEARS SINCE FIRST MARRIAGE	AGE AT FIRST MARRIAGE				
	All Ages	<15	15-19	20-24	25 and more
TOTAL	4.2	5.5	4.7	3.2	2.3
Standardized on Years Since First Marriage	4.2	4.2	4.4	3.6	2.5
<5	1.1	1.0*	1.2	1.0	0.9
5-9	2.8	2.8	3.0	2.8	2.4
10-19	4.7	4.7	5.0	4.3	3.4
20-29	6.5	6.6	6.6	5.8	4.9*
30 and more	6.2	6.0	6.6	**	-

* Less than 50 cases.

** Less than 20 cases.

- Not applicable.

As can be seen from Table 2, among women who have been married the same length of time those who married at older ages tend to have fewer children. In other words, women marrying late (after the age of 20) have fewer children per year of married life. However, the same may be said of women who marry very early (before the age of 15), partly because of the effect of adolescent sterility and partly because of the relatively high incidence of dissolution of these early marriages.

The overall figures indicate an inverse relationship between education and fertility. Women with no education report an average of 5.4 births, compared with 3.9 for women with less than 7 years of education, 2.1 for 7-12 years, and 1.9 for more than 12 years. Socio-economic status measured in terms of husband's income has a trivial effect, independent of education. Similarly, the difference in the mean number of children within educational group in relation to respondent's place of residence is not significant, though women living in metropolitan areas on average report fewer children ever born (3.7) than women living in rural areas (4.2) or towns (4.3). Further analysis of the data shows that most of these differences are only reflective of recent socio-economic changes and disappear when standardized for marital duration.

CHILDLESSNESS AND PRE-MARITAL BIRTHS

Nearly 3 per cent of women were childless at the time of the survey and among those who had been married for at least 5 years the percentage is 2.0. This proportion varies by duration of marriage (2.6 per cent for women married for 5-9 years, 3.5 per cent for those married 30-34 years and 4.0 per cent for those married for 34 years and more). Similarly, the extent of childlessness varies by current age; 3 per cent of women aged 45-49 were childless at the time of the survey.

The incidence of pre-marital births is negligible; less than one per cent of the women reported entering into first marriage after the birth of their first child. However, pre-marital conception (i.e., births occurring less than 7 months after first marriage) among women who have been married recently is more common; nearly 10 per cent of first births could be so categorized.

CHILDREN BORN IN THE FIRST FIVE YEARS OF MARRIAGE

On average 1.9 children are reported as being born in the first five years of marriage to women who were continuously at risk of pregnancy during this period. The mean increases with increasing age at first marriage: from 1.4 for women who married before they were 15 years old to 2.2 for those married between 20 and 21 years. However, in the case of women marrying after the age of 21 the means are smaller. This association persists for various marriage cohorts.

The Chinese tend to have more children (2.3) in the first five years of marriage than Indians (1.9) and Malays (1.7) and this is somewhat contrary to the earlier reported finding that Chinese have a slightly lower mean number of children ever born than the Indians. Part of the

reason could be the difference in mean age at marriage amongst the Chinese and Indians; 19.6 and 17.1 years, respectively. Malays have a mean age at marriage of 16.6 years. It has been observed generally that age at marriage below 20 leads to a higher incidence of sub-sterility and consequently results in lower fertility during early years of married life.

CHILDREN BORN DURING THE LAST FIVE YEARS

Restricting the analysis to those women who have been married for at least five years and who were living with their spouses at the time of the survey, the mean number of children born in the last five years is 1.0. This varies by current age; women under the age of 25 have on average given birth to 2 children, as against only 0.3 for women 40 years and more.

In addition to age, both education and place of residence appear to be associated with recent fertility. Women residing in metropolitan areas have 0.8 children born in this period compared with 1.1 for women residing in small towns and rural areas. Women with no education had a smaller mean number of births (0.8) than those with some education (1.2). This is due mainly to the fact that the uneducated women are older and might have passed the peak period of fertility. Ethnic differences are not significant, Malays have a slightly higher mean than Chinese and Indians.

OPEN AND CLOSED BIRTH INTERVALS

The average length of the interval since the last live birth for women currently exposed was 26.7 months. The mean length of the open birth interval varies by age and pattern of contraceptive use. The mean length of the interval for women who are currently using a contraceptive is 29.6 months, compared with 22.9 months for those who have never used.

The closed interval, defined as the interval between two live births, varies with contraceptive use and age. In general the interval tends to be shorter for younger than for older women. The differences in the mean length of interval are higher for those who used a contraceptive during that period than those who had not. The overall mean for those who used contraception sometime during the interval is 28.3 months, compared to 21.8 months for those who did not use a method during the interval.

CURRENT FERTILITY

The vital registration system in Malaysia is relatively complete and accurate estimates of fertility levels are available. In Table 3 the Age-Specific Fertility Rates (ASFRs) - based on published vital statistics - are compared with the MFFS data. The survey rates are based on births reported in pregnancy histories and are averaged for 1970-1973. As these two rates are based on two independent sources of data, caution needs to be exercised in interpreting small differences.

TABLE 3

AGE-SPECIFIC FERTILITY RATES PER 1,000 WOMEN

AGE GROUP	1970	MFFS (1970-73 AVERAGE)
15-19	55	61
20-24	226	221
25-29	266	248
30-34	219	196
35-39	140	116
40-44	56	34

The two estimates are in close agreement. The slightly lower estimates found in the survey may be due to the fact that instead of births for a single year, an average of births occurring during a three-year period has been used as the numerator in calculating the rates.

3.3. PREFERENCE FOR NUMBER AND SEX OF CHILDREN

One of the reasons suggested to explain high fertility in developing countries is that the women are indifferent about the number of children they have, as long as they have some. They accept children as a gift of God and seldom talk or think about family size norms. It is consequently suggested that questions on ideal family size, sex preference for the next child, etc., are hypothetical and have no relevance for these women. Though this argument might have considerable merit, in the Malaysian context it has been observed that women do give some thought to the question of the number of children they would like to have and discuss it with their husbands. Whether this results in some specific action on the part of the couple to achieve the agreed target is very difficult to assess, particularly from cross-sectional data obtained through surveys such as the MFFS.

ADDITIONAL NUMBER OF CHILDREN WANTED

A series of questions was directed to currently married fecund women* to ascertain whether they wanted another birth or not and, if they did, how many additional children they desired. Of the 4,921 fecund women

*All ever-married women interviewed were categorized according to exposure status. The category "fecund" refers to those women who were married and exposed to the risk of pregnancy at the time of the Survey, and thus excludes all who were pregnant, sterilized, or who had a self-reported fecundity impairment.

57 per cent wanted no more children; this proportion increased with the number of living children. Among those who have four or more children, the majority indicates that they wanted no more children. However, among women who have less than four living children the proportion not wanting any more is not high.

For the women who wanted additional children, the number of living children increases as the number of additional children wanted drops. Women with no living children wanted on average 3.4 children, while for those with four or more living children, the additional number wanted is less than one.

3.4 CONTRACEPTIVE KNOWLEDGE AND USE

Contraceptive knowledge is defined in the Survey as having "heard of" a family planning method; it is not indicative of an understanding of the efficiency and proper use of a method. As the MFFS only covered ever-married women, the following discussion is restricted to this sub-group.

KNOWLEDGE OF FAMILY PLANNING METHODS

Of the 6,318 ever-married women, 92 per cent reported knowledge of at least one efficient method of contraception. The "efficient" methods are Pill, IUD, Condom, Sterilization, and other female methods such as foam tablets, jelly, etc. The most commonly known method is the Pill (88 per cent of the respondents had heard of it), followed by female sterilization (73 per cent), condom (52 per cent), IUD (40 per cent) and other female methods (26 per cent). Nearly 20 per cent of the women reported having heard of "folk methods".

Knowledge of efficient contraceptive methods is inversely related to age except among women aged 15-19; older women report a relatively lower level of knowledge of contraceptive method than do younger women. Variations in levels of knowledge by education, husband's income and place of residence are substantial.

Surprisingly, very few recently married women reported knowing about an efficient contraceptive method, particularly prior to first birth. This could either be due to shyness in reporting on the part of recently married women or reflective of a genuine lack of knowledge. Further analysis of the data is needed before any conclusions can be reached.

EVER-USE OF CONTRACEPTION

The question on ever-use of contraceptive methods was put to all ever-married women and the responses were dichotomized into "ever-used" and "never-used" categories.

Of all ever-married women, 37 per cent (including 2 per cent who reported sterilization as the first method) reported ever-use of an efficient method, while 11 per cent had used only inefficient methods. Of the efficient contraceptive methods, the pill was by far the most popular method; 35 per cent of women reporting "ever-use" reported use of the pill, followed by condom (23 per cent), sterilization (14 per cent) and IUD (4 per cent). The proportion of ever-users shows a considerable increase over the years. Use by current age shows an inverted U-type curve - women in younger (15-19) and older (40-49) age groups having the lowest level of contraceptive use. Use of contraception (particularly oral pills and sterilization) increases with the number of living children. Use is positively related to woman's education and husband's income; the higher the education and income the higher the level of contraceptive use. Among the ethnic groups the Chinese report the highest level of use, followed by the Indians and then the Malays.

Almost all sterilizations are tubal ligations. They are common among older women with four or more children.

The majority of past contraceptive use occurred in the last closed birth interval or since the last birth. This pattern holds true for all ages.

CURRENT USE OF CONTRACEPTION

Information on current use of contraception was obtained only from currently married women.* Of a total of 5,807 currently married women, 11.4 per cent were pregnant at the time of interview, nearly four per cent were sterilized and 9 per cent reported a fecundity impairment.

About 36 per cent of the "fecund" women reported current use of a contraceptive, the most common being the pill, followed by sterilization, rhythm and condom. In previous fertility surveys in Malaysia current use of contraceptive was not subjected to this "exposure status" refinement and the calculation of proportions was based on all currently married women. A comparable figure for the MFFS, using "currently married" instead of "fecund", is 34 per cent, which is substantially higher than the 16 per cent estimated in the 1970 survey. Over time a gradual

*Excluding currently pregnant women.

shift from the pill to other contraceptive methods is also observed. Methods of contraception vary with age; older women favour sterilization over the pill. A higher proportion of educated women tend to be practicing contraception currently. The number of living children has very little effect on current use; women with three or more children report a slightly higher level. The Chinese have the highest percentage of current users (55 per cent) followed by Indians (49 per cent) and Malays (26 per cent).

As expected, women residing in metropolitan areas use contraceptives more than rural and small town women. This is true for all age groups. In metropolitan areas the use of contraceptives starts earlier than in small towns and rural areas; more than 50 per cent of women with one living child who live in metropolitan areas are currently using contraceptives.

Of the 52 per cent of ever-married women who have never used a contraceptive, only 4 per cent intend to use some method in the future. The remaining 48 per cent reported no intention to use. Young women are more likely to use in the future than older women. A large proportion of currently pregnant women who have never used a contraceptive in the past intend to use some method in the future. Generally, better educated women are more likely to report an intention to use contraceptives in the future than are less educated women.

FAMILY SIZE PREFERENCES AND CONTRACEPTIVE USE

With the widespread knowledge of family planning methods in Malaysia, the fertility performance of couples is largely an expression of conscious aims. Knowledge and use of efficient contraceptive methods is higher among those who did not want a future birth. Of those who wanted a future birth 56 per cent have never used a contraceptive method and 29.1 per cent were using at the time of the Survey. The percentage of never-users was higher among women aged less than 25 years (60.3) compared with those aged 25-34 (46.5) among whom current use was relatively high (35.7). The fact that 44 per cent of women who wanted a future birth had used contraceptives in the past or were currently using them suggests a significant emphasis on child-spacing among Malaysian women.

Of women not wanting another birth nearly 37 per cent have never used any contraception and 41 per cent reported using a method at the time of the Survey. Never-use is higher among women aged 45-49 (50 per cent) than for women aged less than 35 years (33 per cent). One would expect women who want no future births to be more likely to take steps to prevent any future conception. In the MFFS 867 exposed women reported that they wanted no more children but more than one third were not using an efficient contraceptive method. This inconsistency of behaviour and attitude needs careful analysis.

The above findings are based on preliminary analysis, so before any firm conclusions are drawn more careful evaluation of the data is needed. Further analysis is underway and plans are afoot to extend the scope of analysis even further in the near future.