CONTRIBUTIONS TO NEPALESE STUDIES
CNAS, TRIBHUVAN UNIVERSITY

Vol. 9, No. 1 & 2
Dec. 81 & Jan. 82

Contraceptive Use and Its Determinants in a Semi—Urban Community: An Experience from Mahankal Panchayat

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1. Introduction

The findings presented here are the result of a detailed analysis of the couples adopting various forms of contraceptive devices. All the information collected during the field research activity of the Family Health Project, IOM under UNFPA fund, is supplemented by additional information on family types, contraception history, etc. An attempt has been made in analysing the determinants of contraception use rather than analysing the type of contraceptives used.

2. Study Population

The Mahankal Panchayat is one of the 33 panchayats of the Kathmandu district located in the north-east corner of the Kathmandu Valley. It displays a major characteristics of a developing semi-urban settlement with 39 percent of the population engaged in agriculture and the rest undertaking various private and public sector employment requiring everyday transport to the Kathmandu city. The most frequently mentioned place of employment outside the panchayat includes Nepal Electricity Corporation, Bansbari Shoe Factory and various other hotels and restaurants in greater Kathmandu. The main output of this panchayat includes cereals, cattles and the poultry products which are sold in Kathmandu.

There are one high school and one middle school and several primary schools in the panchayat, but the literacy rate is only 35 percent for the population above five years of age. Less than 2 percent of the total population have a university level education. Chlorinated water and electric power are available only in certain parts of Ward Number Two serving about 11 percent of the total panchayat population. Lately electricity has also been distributed in parts of Ward Numbers 3 and 4 (after the completion of this study). Almost 90 percent of the population is dependent upon piped but untreated water and the other 10 percent live on river, ponds (Kuwa) and streams.

As regards the health services a health post, situated in Ward Number 2 provides both curative as well as preventive services. This health facility has been used as a field teaching unit of the Institute of Medicine since its commencement in 1967. It may be noted that no specific field programmes exist in the health posts. And it does not have field visiting staff.

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This panchayat is inhabited by 4491 individuals living in 791 households as of December 1981. With the revision of panchayat boundaries the Ward Number 1 through 4 and half of Number 5 have been named Mahankal and the Ward Number 6 through 9 and the other half of Ward Number 5 have been renamed Chunikhel panchayat. For the present purpose the analysis is done by using the original frame of the panchayat and Ward territory. The age and sex composition of the panchayat is similar to national figures with 43.5 percent under 15 years, 51.2 percent belonging to age group 15-59 years and 5.3 percent above 60 years of age. The sex ratio of 1.023 is same as for Nepal (1.023), for 1981 (CBS).

3. Research Design

The first phase of the field work consisted of numbering all the houses within the political boundary of the panchayat(s). The numbering process was also accompanied by mapping of the panchayat for easy location during further field studies. A total of 791 households were identified. A common family having more than one dwelling unit was also identified in the map with identical numbers.

The second phase of the field activity involved enumeration of all the demographic data and identification of the eligible couples who were to be interviewed using a standardized questionnaire. No sampling was done to select the respondents. It was agreed that all the eligible couples would be interviewed. Accordingly a total of 701 eligible couples were available for interview. The rest of the couples could not be interviewed because they either refused or were absent during repeated visits.

Pre-Test

The questionnaire used was pretested in three panchayats of similar setting in the Kathmandu Valley. The interviewing and recording were done by 9 teams of three members each. For the purpose of standardizing the information and keeping the bias at a minimum one individual was assigned to interview and a second team member did the recording. In three teams one of the interviewers was female.

4. Findings

During the house to house visit a total of 661 couples were met and interviewed on various aspects of family health. The results presented here are focussed only on family planning. A total of 141 couples (21.3%) were found to be using some kind of contraceptive device. Various social and demographic characteristics of this population were analysed in detail for the possible identification of important determinants of contraceptive use. These are presented below:

Ethnic Group and Physical Location in Panchayat

The ethnic distribution of the 661 couples was similar to the ethnic distribution of the panchayat population: more than 50 percent were Newars, 27 percent Chhetris and the rest were Brahmins and other minority groups. The test of significance proved this difference in distribution to be statistically not significant ($X = 1.8$ df $= 2$). As mentioned earlier a total of 141 couples reported using some form of contraceptive device which works out to 21.3% of all interviewed couples. This reported figure of contraception use seems very high for Nepal by any standard compared to previous findings. The World Fertility Survey/NFS reported a 3 percent use rate in 1976 and the Surkhet District Community Health Survey reported 10.1 percent in 1978. Considering the location of this panchayat and analysing the methods (107 permanent, 34 temporary) the reported figures may be assumed to reflect the true picture of such semi-urban areas.

When the family planning acceptors were broken by Wards, a higher rate of acceptors were found in Ward Numbers 1, 2 and 4 (Table I). These three Wards are locared along the Kathmandu-Budhanilkantha Road and the Kathmandu Ring Road. It is therefore likely that the mobility of people in these Wards and their constant contact with greater Kathmandu made them aware of various family planning methods and objectives. People in these Wards also commute to greater Kathmandu for social as well as health reasons due to easy availability of facilities like public and priviate transportation, etc.

This assumption however cannot alone explain the high rate of family planning acceptors in Ward Numbers 7, 8 and 9 (20.9%, 26.9% and respectively) which are about 30 to 90 minutes away from the nearest black top road. It thus seems likely that certain other factors besides Ward location are operating in creating this difference. The analysis of ethnic composition of the Wards showed that Ward Numbers 1, 2 and 4 with the highest level of acceptors have mostly Chhetris and Brahmins and some Newars. On the other hand Ward Numbers 7, 8 and 9, also with a high rate of family planning acceptors but situated away from urban contact, have a great majority of Newars, 100 percent in Ward Numbers 7 and 9 and 58 percent in Number 8. It therefore contradicts with statement made earlier that living closer to greater Kathmandu may have increased the consciousness of family planning. Apparently it also seems unlikely that difference in ethnic composition has brought about difference in the rate of family planning acceptors in different wards. It may be likely that Newars in Ward Number 1, 2 and 4 diluted the percent of family planning acceptors to a certain extent.

Table I. DISTRIBUTION OF COUPLES INTERVIEWED BY THEIR WARD LOCATION AND FAMILY PLANNING ACCEPTANCE (MAHANKAL 1981)

Ward No .	Family Planning		Total	Couples
	Acceptor	Non-Acceptor	%	N
1.	37.0	63.0	100	54
2.	28.6	71.4	100	91
3.	11.5	88.5	100	61
4.	22.5.	77.5	100	71
5.	17.3	82.7	100	52
6.	6.2	93.8	100	68
7.	20.9	79.1	100	115
8.	26.9	73.1	100	78
9.	19.7	80.3	100	71
All Wards	21.3	78.7	100	661

Analysing the family planning acceptance by ethnic group the overall rate for Newars is found 50 percent lower than Chhetris or Brahmins which is statistically significant at p 0.001 ($X = 21.93$, $df = 2$). Taking Newars away from the analysis the statistical significance in the difference between ethnic groups disappeared ($X = 0.92$, $df = 1$). It thus seems that not being a member of Newar Community increases the overall rate of family planning acceptance rate which seems to have a synergestic effect when coupled with the physical location of the household in the panchayat.

This assumption however did not gain much credit when ethnic group was standardized. The total percent of acceptor in the panchayat was 21.3 percent when the ethnic group was standardized the acceptor rate increased to 22.5 percent. The 1.2 percent difference may seem to be a significant rise when we discuss the general trend of family planning practice but statistically speaking a rise in 1.2 percent in standardized rate could not be given much emphasis.

Family Type and Family Planning Acceptance

The analysis of data on family type (Table 2) indicates that the rate of family planning acceptance is significantly higher in nuclear families than in extended families (p 0.001 $X = 12.16$, $df = 1$). This finding corroborates with world fertility survey data from other countries on differences in the levels of fertility in the two types of families.

Table 2. DISTRIBUTION OF COUPLES INTERVIEWED BY FAMILY TYPE AND FAMILY PLANNING ACCEPTANCE (Mahankal 1981)

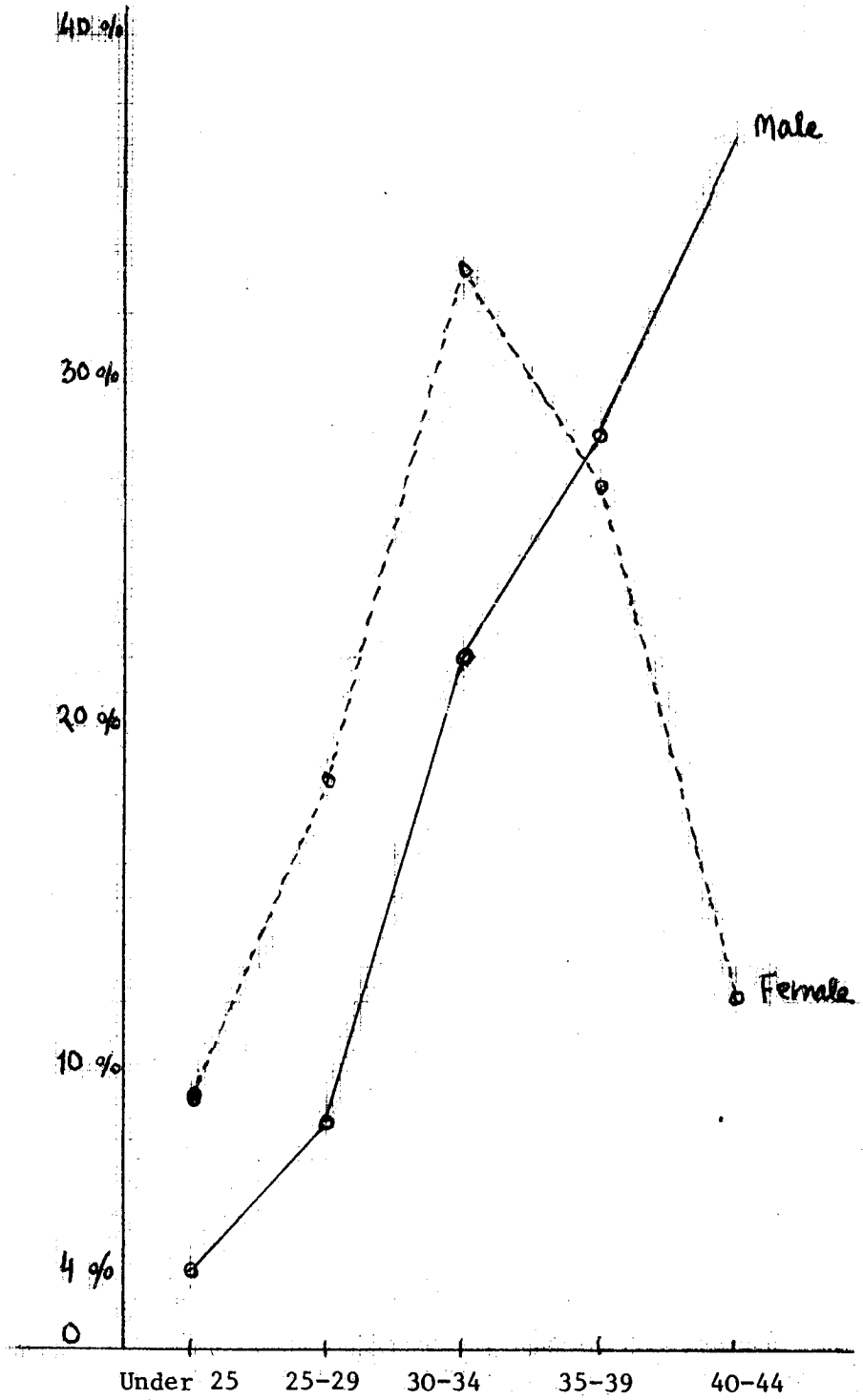
Family Type	Family Planning		Both	
	Acceptor	Non-Acceptor	%	N
Nuclear	27.2	72.8	100	316
Extended	15.9	84.1	100	345
Both types	21.3	78.7	100	661

The fertility rate in joint families has been found to be higher than in nuclear families (Bebarta 1977). In the present study, the higher acceptance in nuclear families was true in all Wards (p 0.005, $X = 47.73$, $df = 24$), indicating that family types plays a role irrespective of the Ward location.

The influence of family structure on fertility has been discussed in many other context (Okada 1973). It has been argued that the economic burden of child rearing does not fall directly on parents in extended families (Okada 1973). This assumption may explain why family planning acceptance is lower in extended families than in nuclear families. In nuclear families, therefore, the family planning acts as an agent to keep the small family norm in response to growing economic demand of child rearing. Should the formation of nuclear families be encouraged the demand for family planning may steeply increase. However, any artificial agents introduced to creat nuclear families may meet various degrees of resistance in traditional Nepalese Societies where extended family has been the norm. A further investigation is needed in this field before outlining any such recommendations. Furthermore, considering the advantages of extended families, a deliberate effort to promote the nuclear family might be undesirable.

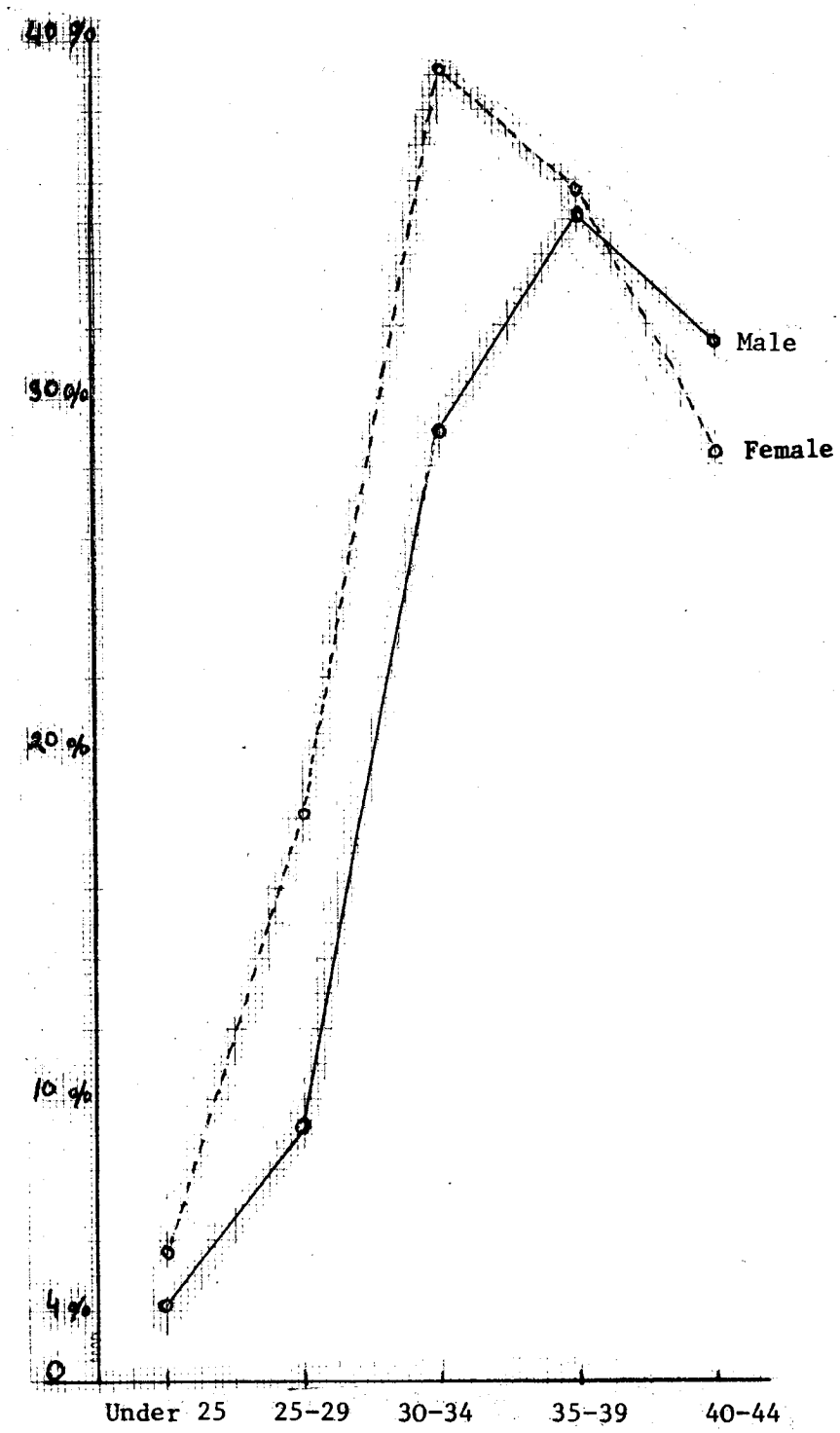
Age of the Couple

The age distribution of the family planning acceptors indicates a steady rise in percent of acceptors with increasing of age for male, and for female it declines slowly after the age of 35 years (Fig. I). The decline in the percent of family planning acceptor for females after the age 35 years could be due to reasons like natural gap between pregnancies, etc. Looking at the percent of contraceptive users within each age group presents a similar picture for both sexes (Fig. 2; App. 3). This may mean that the chance of accepting family planning increases with the advancing of age and remains unchanged or falls after a specific age group. The possible reason for this change in attitude may be related to number of surviving children. It is likely that with the advancing of age the couples would have had the 'desired' number of children/sons and therefore would be likely to accept family planning more readily than younger couples with fewer children. Since the number of children



PERCENT DISTRIBUTION OF FAMILY PLANNING ACCEPTORS BY AGE AND SEX (Mahankal 1981)

Fig. 1



PERCENT OF MALE AND FEMALE FAMILY PLANNING ACCEPTORS WITHIN EACH AGE GROUPS (Mahankal 1981)

Fig. 2

and age of the mother are related it may be misleading to exert importance on any one of these factors as an indisputable determinant. In most acceptable cases number of children may have more influence than age of the mother.

Since differences in the characteristics between permanent and temporary family planning acceptors were expected a separate analysis was done. The age of women at the time they had accepted either the temporary or permanent method in use at the time at the study is present in Table 3.

Table 3. DISTRIBUTION OF WOMEN BY AGE AT THE TIME OF ACCEPTING FAMILY PLANNING BY TYPE OF METHOD (Mahankal 1981)

Family Planning methods		Age Group in Years					All Ages	
		Under 25	25-29	30-34	35-39	40-44	%	N
Temporary		14.7	11.8	38.2	20.6	14.7	100	34
Permanent		22.4	39.2	25.2	12.1	1.0	100	107
Both	%	20.6	32.6	28.4	14.1	4.0	100	141
	N	29	46	40	20	6		

X^2 = 27.96 df 4 P 0.001

More women accepting permanent method did so at an earlier age than those accepting temporary methods. More than 60 percent of all the permanent methods acceptors did so when they were under 30 years of age while more than 70 percent of the temporary method acceptor did so only after the age of 30 years.

There seems to exist some kind of intrinsic difference between the two groups of women leading to such difference in attitude towards various family planning methods. One possibility is that women who accepted sterelization may have born more children at an earlier age than those who use temporary methods. Upon analysing number of children surviving by permanent and temporary methods acceptor, as expected, it was found that women who were sterelized had a higher mean number of children, compared to those using temporary methods (Table 4).

Table 4. DISTRIBUTION OF COUPLES BY METHOD OF FAMILY PLANNING AND NUMBER OF SURVIVING CHILDREN (Mahankal 1981)

FP Method		Number of children 0	1	2	3	4	5	6t	%	N
Temporary		2.9	2.9	14.7	29.4	20.6	23.5	5.9	100	34
Permanent		-	1.9	9.3	38.3	25.2	13.1	12.1	100	107
Both	%	0.7	2.1	10.6	36.2	24.1	15.6	16.6	100	
Methods	N	1	3	15	51	34	22	15		141

Mean number of children per couple temporary acceptor 3.59
Mean number of children per couple permanent acceptor 3.81
Mean number of children per couple all acceptors 3.76

Number and Sex of Children

The analysis of the total number and sex of the children were based on the available information about the number of children surviving at the time of the interview. As expected the proportion of couples adopting family planning increased with the increasing number of surviving children (Table 5). The data show that the proportion of couples accepting family planning increases sharply after having two surviving children. More than 85 percent of all the acceptors had three or more children. On the other hand close to 60 percent of the non-acceptors have less than 3 children surviving at the time of interview (App. 4). Two to three children (surviving) therefore seem to act as a threshold point between acceptors and non-acceptors. A test of significance on the difference between the mean number of children between the family planning acceptor (3.76 per couple) and non-acceptor (3.28 per couple) proved to be significant at P 0.001 level (X = 9.87). But the small difference in real terms suggests that this is less important than probable other determinants.

Table 5. PROPORTION OF COUPLES ADOPTING FAMILY PLANNING BY NUMBER OF SURVIVING CHILDREN (Mahankal 1981)

No. of Surviving Children	Proportion of Acceptors	(N)
0	1.2	80
1	2.6	114
2	11.7	128
3	33.8	151
4	34.0	100
5	41.5	53
6+	42.9	35
Total	21.3	661

Given that the observations made are a reflection of the prevailing conditions in such a community it is likely that couples in such a semi-urban area consider accepting family planning upon having 3-4 children. If this assumption is correct, very soon this community will have about 4 hundred couples wanting to embark on to family planning within the next two years provided no other inputs are being made to alter the family size.

Number of surviving sons must be given due consideration in discussing number of children. To give birth to a son for perpetuating the family clan has more sentimental value than anything else. In certain circumstances it becomes a matter of prestige for a couple to have one or more male children. Therefore most couples who already have more than an affordable number of children are likely to decline family planning services unless they are blessed with one or more boys. In view of this, all the couples interviewed were classified by number of surviving male children and family planning status (App. 5). Almost 70 percent of the couples with no son or one son are listed as non-acceptors while 96 percent of the acceptors reportedly have one or more sons. Analysing only the acceptors, permanent methods acceptors have a slightly higher mean (2.37 sons per couple) than temporary acceptors (2.02 sons per couple) which was found statistically significant at $p < 0.005$ ($X = 1.65$). Both these means are higher than mean number of sons for non-acceptors (1.13 sons per couple). This observation identified the need for considering target population for the future family planning activities.

Analysing the same couples by number of surviving daughters showed no consistency (App. 6). A little more than 75 percent of the couples with no or one daughter were found non-acceptors and so do about 50 percent acceptors. A comparative study of App. 5 and 6 should be self-explanatory in identifying the relative weight given to family planning and having male or female children.

Comparing the overall number of sons and children among the acceptors and non-acceptors it is seen that family planning acceptors have on average 36 percent higher number of male children compared to non-acceptors. It thus seems reasonable to believe that couples in a semi-urban community with an average of 3 to 4 surviving children stimulates to accept family planning devices. Alternatively if the couples have 2-3 sons, the family planning advise and services are well received.

Mean Age

As seen above couples accepting family planning did so at an age between 30-39 years, which is complimented by having 'desired number' of children. Table 6 shows that the mean age of sterelization was 33.5 years for males and 28.3 years for females.

Table 6. MEAN AGE OF THE MALE AND FEMALE SPOUSE AT THE TIME OF STERELIZATION (Mahankal 1981)

Mean Age at Time of Sterelization	Type of Permanent Method		
	Vasectomy	Lap/Tub.	All Type
Husband	33.3±6.4	36.4±13.2	33.5±7.0
Wife	28.3±4.8	28.2±3.6	28.3±4.7
(N)	98	9	107

The mean age of the females who had laproscopy or tubectomy is same as that of females whose husbands had vasectomy. On the other hand males who had vasectomy were found younger by about 3 years compared to males whose spouse had laproscopy. This difference in age was found statistically not significant (Z = 1.373, 1.96 at 0.5 level). A possible explanation for this age difference may be related to feared side effects of vasectomy and hence the females are submitted for laproscopy after much thought so the mean age of the husband whose wife underwent laproscopy is raised. Other possibility is that the higher mean age of the male spouse accepting female sterilization is because of the greater age difference between the couples. To give further explanations to this, additional information may be needed.

Occupation

Occupation, as has been reported elsewhere (WFS 1978) have some influence in determining the use of contraceptives. The distribution of couples in certain occupational groups is very small like among the labourer, students, etc. The present result may be of less significance in generalizing for other populations with difference occupational distribution. As seen in Table 7 the ratio of family planning acceptor was found highest among those who are employed in the private and public sector. This group of couples is expected to have a maximum number of personal contact with other people outside their own community. As mentioned earlier all the employed individuals have to commute to their place of work every day by public transport or on foot. This obviously increases their frequency of contact with outside people. This may have been one of the contributing factors in acquiring more knowledge on family planning that eventually made him/her a client. A higher ratio of family planning acceptor, noted among the business class, may not be given due consideration owing to small number in this category of occupation.

Table 7. RATIO OF FAMILY PLANNING ACCEPTORS BY OCCUPATION OF HUSBAND (Mahankal 1981)

Occupation Type	Acceptor/Non/Acceptor Ratio	
Agriculture	29	N=65
Private/Public Employee	51	37
Student	(27)	3
Labourer	13	8
Domestic Worker	16	21
Business	(67)	4
Unemployed	(50)	3
All types	27.1	141

It is reasonable to correlate that those who are employed may also have a higher grade of education compared to other occupations. Therefore, the high ratio of family planning acceptors in the employed group could be an attribute of education or a combination of both, education and occupation. Another possibility is that employment outside the panchayat territory is mainly a non-Newar affair. Therefore, it seems like a synergestic effect of Ethnic group, ward location occupation and education.

Education Level

When the husband's education level was used as an index of measuring the rate of family planning acceptance a positive correlation was found as follows:

Husband's Education Status	Percent Acceptors
10th grade or more can read and write but no formal education	64.7
dropouts	44.4
illiterate	20.2
	21.6

It is likely that school dropouts and the illiterate groups have a similar attitude towards various social amenitis including family planning unlike the group with husbands education 10th class or more and the literate group without formal education. The latter groups attitude of learning made them more aware of various social phenomenon and hence are allined more with the educated groups. These assumptions however need further empirical evidence to be of any significance. It merely proves that education level of couples somehow proves significant in accepting contraceptic practices.

5. Conclusion

Reviewing all the observations made it is evident that some kind of demographic change is on the way. It is however too early to discuss in detail the reasons for this in terms of their implications for national policy matters. It is interesting to see that the high social value given on having as many number of children as possible have changed to a considerable degree. The norm seems to have moved to having fewer number but of 'high quality'. This may be an outcome of a very high economic pressure in rearing and educating children. An important observation made is that this wide spread use of contraception is not used for child spacing. The concept of family planning is understood mostly as a limiting of family size.

Data from several Asian countries including Nepal show that the impact of sterilization on women above the age of 30 years has a limited significance on the number of births averted (Nortman 1980). Nortman in 1980 reported a mean age of 32.2 for tubectomy patients with a mean number of 4.4 children for Nepal. The present study indicated a decline in the mean age at tubectomy and is reasonable to believe that the number of births averted in this community has increased to more than an average for Nepal.

There are a number of limitations that must be considered in interpreting the above findings for use at a National level. One observation that could be generalised for sure is the universal decline in total fertility and increasing acceptance of family planning practice in urban and semi-urban areas throughout the country. Any deliberations on the national policy must give considerations to the social and changing cultural factors of the ever expanding semi-urban population of Nepal

ACKNOWLEDGEMENTS

Thanks are due to all the first year Diploma students (1981) of the Institute of Medicine for conducting the interview of the families and my special credit goes to Ms. Eleanor English for critical reviewing of the text.

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Appen

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Appendix I. PERCENT DISTRIBUTION OF ETHNIC GROUPS BY WORDS (Mahankal 1981)

Ward No.	Ethnic Groups				Total	
	Newar	Brahmin	Chhetri	Others	%	(N)
1	-	12.5	72.2	32.2	100	320
2	17.6	9.3	57.6	15.4	100	623
3	12.9	15.8	50.4	20.8	100	494
4	6.9	19.2	33.6	40.3	100	548
5	45.2	23.2	31.4	-	100	328
6	100.0	-	-	-	100	437
7	100.0	-	-	-	100	761
8	57.9	17.8	24.3	-	100	461
9	100.0	-	-	-	100	519
All %	52.2	9.0	27.2	11.6	100	
Wards (N)	2345	403	1220	523		4491

Appendix 2. PERCENT DISTRIBUTION OF COUPLES INTERVIEWED BY LEVEL OF FAMILY PLANNING ACCEPTANCE AND ETHNIC GROUP OF RESPONDENT (Mahankal 1981)

Ethnic* Group	Family Planning		Total	
	Acceptor	Non-Acceptor	%	(N)
Newar	15.8	84.1	100	353
Chhetri	33.3	66.7	100	177
Brahmin	31.1	68.9	100	61
Others	10.0	90.0	100	70
All %	21.3	78.7	100	
Groups (N)	141	520		661

X^2 = 21.93 df = 2; p = 0.001

X^2 = 0.92 df = 1; p = 0.9 (without Newars)

Appendix 3. DISTRIBUTION OF COUPLES INTERVIEWED BY FAMILY PLANNING ACCEPTANCE WITHIN EACH AGE-SEX GROUPS

Age Group in Years	Males Total				Female Total			
	Accep.	Non. Accep.	%	(N)	Accep.	Non Accep.	%	(N)
Under 25	4.1	95.8	100	145	5.6	94.4	100	231
25-29	9.2	90.8	100	130	18.1	81.9	100	144
30-34	29.0	71.0	100	107	39.2	60.8	100	120
35-39	35.1	64.9	100	114	35.8	64.2	100	106
40-44*	31.5	68.5	100	165	28.3	71.7	100	60
All age groups	21.3	78.7	100	661	21.3	78.8	100	661

*For males read it as 40 + years.

Appendix 4. DISTRIBUTION OF COUPLES BY NUMBER OF SURVIVING CHILDREN AND LEVEL OF FAMILY PLANNING ACCEPTANCE (Mahankal 1981)

No. of Children	% of Family Planning	
	Acceptor	Non-Acceptor
0	0.7	15.2
1	2.1	21.3
2	10.6	21.7
3	36.2	19.2
4	24.1	12.7
5	15.6	6.0
6+	10.6	3.8
Total	% 100 N 541	100 520

Appendix 5. DISTRIBUTION OF COUPLES BY NUMBER OF SURVIVING SONS AND LEVEL OF FAMILY PLANNING ACCEPTANCE (Mahankal 1981)

Number of Sons	FAMILY PLANNING			
	Acceptor		Total Accep.	Non Acceptor
	Permanent	Temporary		
0	2.8	5.9	3.5	34.0
1	16.8	23.5	18.4	35.7
2	46.7	44.1	46.1	17.9
3	16.8	17.6	17.1	8.3
4	10.3	5.9	9.2	3.5
5+	6.5	2.9	5.7	0.6
Total %	100	100	100	100
N	107	34	141	520
Mean Number of sons per couples	2.37	2.02	2.26	1.13

Appendix 6. DISTRIBUTION OF COUPLES BY NUMBER OF SURVIVING DAUGHTERS AND LEVEL OF FAMILY PLANNING ACCEPTANCE (Mahankal 1981)

Number of daughters	FAMILY PLANNING			
	Acceptors		Total Acceptor	Non Acceptor
	Permanent	Temporary		
0	20.5	23.5	21.3	35.0
1	31.8	20.6	29.1	33.2
2	32.7	32.4	32.6	18.8
3	10.3	23.5	13.5	8.5
4	4.7	-	3.5	4.5
Total %	100	100	100	100
N	107	34	141	520
Mean Number of daughters per couples	1.46	1.55	1.48	1.15