

Knowledge, Attitudes and Practices in Health Survey 1996



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This report summarises the findings of the 1996 Malawi Knowledge, Attitudes and Practices in Health Survey (MKAPH) conducted by the National Statistics Office, Zomba, Malawi. Macro International Inc. provided technical assistance. Funding was provided by the U.S. Agency for International Development (USAID) Mission to Malawi and the United Nations Children's Fund (UNICEF).

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PREFACE

The fieldwork for the Malawi Knowledge, Attitudes, and Practices in Health (MKAPH) Survey was carried out by the National Statistical Office from the end of June to the beginning of October 1996. Data processing was completed in November 1996 and the preliminary report was released in January 1997.

The objective of the MKAPH survey was to provide information for monitoring programmes of the Ministry of Health and Population (MOHP). Data were collected on contraceptive prevalence, immunisations, vitamin A supplementation, malaria prophylaxis among pregnant women, childhood illnesses. Information was also gathered on knowledge, attitudes, and practices of women and men regarding HIV/AIDS and other sexually transmitted diseases.

The MKAPH survey was a nationally representative sample survey designed to provide estimates of family planning and health indicators for the three administrative regions of the country, urban and rural areas, and Malawi as a whole. Four types of questionnaires were used: the Household Questionnaire, the Women's Questionnaire, the Men's Questionnaire, and the Carctaker's Questionnaire, which was administered to the primary care givers of children under five years of age. Some elements of the Demographic and Health Survey (DHS) core questionnaires were used in the MKAPH, but many questions were designed to meet the particular needs of public health programmes in Malawi.

I would like to thank the USAID Mission to Malawi for providing the financial support for implementing the MKAPH survey and for contracting with Macro International Inc. (Macro) of Calverton, Maryland to provide technical assistance. Thanks also go to UNICEF for giving us additional financial support. I would also like to thank the NSO team, which carried out the survey with exemplary efficiency under difficult field conditions. Finally, my gratitude goes to the people of Malawi, who patiently responded to survey interviews.

L. F. Golosi

Commissioner for Census and Statistics

SUMMARY OF FINDINGS

The Malawi Knowledge, Attitudes, and Practices in Health Survey (MKAPH) is a nationally representative survey of 2,683 women age 15-49, 2,658 men aged 15-54, and 2,418 children aged 0-59 months. The MKAPH was implemented by the National Statistical Office (NSO) of Malawi. Major funding for the survey was provided by the U.S. Agency for International Development (USAID) mission in Malawi. Additional funding came from UNICEF. The Demographic and Health Division of Macro International (U.S.A.) provided technical assistance under a contract with USAID/Malawi. Data collection was carried out from June to early October 1996.

The 1996 MKAPH was designed to provide information on malaria prevention, immunisation, management of childhood illnesses, fertility regulation, marriage and partner relations, and sexually transmitted diseases (STDs) including AIDS. Results are for use by the Ministry of Health and Population (MOHP) for monitoring and planning programmes in child and maternal health, AIDS, other STDs, and family planning.

Fertility regulation. Knowledge of modern methods of contraception has risen in the four years since the 1992 Malawi Demographic and Health Survey (MDHS). In 1996 knowledge of at least one modern method of contraception increased from 88 percent for women 15-49 to 96 percent; for men the increase was from 94 percent to 99 percent. Knowledge of a modern means of birth control is now almost universal in Malawi.

Among currently married women, current use of modern contraceptive methods has risen from 7 percent in 1992 to 14 percent in 1996. The most widely used modern method is injectables (6 percent) followed by the pill (3 percent), and female sterilisation (3 percent).

Use of modern methods varies among currently married women according to their background characteristics. Prevalence of modern methods among urban married women (29 percent) is more than twice as high as among their rural counterparts (13 percent). Prevalence of modern methods also rises with increasing education of women. Regional differentials in usage of modern methods are small.

Government-sponsored facilities remain the main source of modern contraceptives. Most women obtained their methods from a government facility (25 percent from government hospitals, 24 percent from government health centres, and 9 percent from government dispensaries/maternity clinics/mobile clinics.) Thirty-one percent of current users reported the private medical sector (e.g., private hospitals) as their source.

Vaccinations and vitamin A. Prevalence of complete vaccination (BCG, DPT 1-3, polio 1-3, and measles) before the first birthday among children 12-23 months of age at the time of the survey was 55 percent compared with 67 percent in 1992. At the time of interview, caretakers of children aged 12-23 months were able to show health cards for 89 percent of these children compared with 86 percent in 1992.

Prevalence of at least once dose of vitamin A administered before the MKAPH to under-five children was 16 percent. Prevalence of vitamin A among these children was 19 percent in urban areas and 15 percent in rural areas. Prevalence was higher among children whose caretakers had secondary or higher education (23 percent) than among those whose caretakers had primary education (16 percent) or no formal education (15 percent).

Vitamin A is given to nursing mothers in Malawi to provide indirect supplementation for children through breast milk. Prevalence of vitamin A dosage among women who had given birth was therefore ascertained. Twenty-three percent of mothers reported receiving vitamin A within 8 weeks of the last birth while another 13 percent reported receiving vitamin A after 8 weeks.

Childhood illnesses. Information on the prevalence of symptoms of acute respiratory infection (ARI), diarrhoea, and fevers among children 0-59 months of age in the two weeks before the interview was gathered from the children's caretakers. In the MKAPH survey, acute respiratory infection was defined as the presence of fast or difficult breathing due to illness in the chest.

Twelve percent of under-five children were reported by their caretakers as having fast or difficult breathing due to chest problems. Of children with ARI, 46 percent received care from hospitals or clinics, 26 percent from shops selling medicines, and small proportions from a variety of other sources including traditional healers.

Other respiratory symptoms which did not include chest involvement were also reported by caretakers for the two weeks preceding the survey. Seven percent of under-five children were reported to have had blocked nose while 38 percent had cough without fast or difficult breathing due to chest illness. As with ARI symptoms, these symptoms were more common among children older than 6 months. Hospitals or clinics were the most common sources of outside care for children with blocked nose and cough without chest problems.

Sixteen percent of children under five were reported by caretakers to have had diarrhoea in the two weeks before the survey, while 2 percent were said to have had bloody diarrhoea. Diarrhoea prevalence increased markedly after six months of age and then declined to a low among children aged 48-59 months. Thirty-two percent of children who had had diarrhoea received care from hospitals or clinics. Fifty percent of the diarrhoea cases were given a solution prepared from ORS packets, and 5 percent received recommended home fluids.

Malaria is endemic in Malawi; therefore, the MKAPH questioned caretakers of under-five children about the presence of fever in their children during the two weeks preceding the survey. Forty-five percent of children were reported to have had fever symptoms. As with other childhood infections, there was a marked increase in prevalence after six months of age. Prevalence was also higher in rural areas than in urban areas and among children with less educated caretakers. Thirty-five percent of children with fevers received care from a modern health facility (hospital or clinic) and 33 percent from a shop selling medicines. Sixty-six percent of children taken to a hospital or health centre were diagnosed as having malaria. Of children taken to a medical facility because of fever, 87 percent were given a prescription for malaria medication, and 94 percent of these received the medication.

Malaria knowledge and preventive practices. Information regarding knowledge of malaria transmission was collected during the male and female interviews. Female respondents who were pregnant were also asked whether they had received malaria prophylaxis during ante-natal clinic visits. During the household interview, informants were also questioned about household preventive practices.

Forty-three percent of women aged 15-49 and 67 percent of men 15-54 responded correctly that malaria is transmitted by mosquito bites. Knowledge of the mosquito vector was higher in urban than in rural areas, and rose sharply with increasing education of both men and women. Women were asked about complications during pregnancy caused by malaria. Twenty-seven percent of female respondents were able to cite abortion or stillbirth as consequences of malaria. Smaller proportions mentioned anemia in the mother and low birth weight.

Forty percent of women who said they were pregnant at the time of interview had visited an antenatal care (ANC) clinic at least once. Of these women, 55 percent had been offered malaria medication for prophylaxis or treatment of symptoms. Virtually all women (99 percent) who reported that they were offered malaria medication during an ANC clinic said that they had taken the medication.

The MKAPH survey inquired about household use of mosquito coils, spray insecticides, and mosquito nets. Five percent of households reported purchasing a mosquito coil in the past month. Two percent of households reported purchasing a bed net in the year preceding the survey. Three percent of households reported that all household members were covered by nets during the night before the interview, while 8 percent of households reported the presence of at least one net. Prevalence of coil, insecticide, and mosquito net usage was higher in urban areas than in rural areas.

Questions were also asked about the use by households of certain traditional anti-malarial practices. Thirty-one percent of households reported burning herbs or leaves; 14 percent burned or spread animal dung; and 20 percent burned a fire in the house. Traditional anti-malarial practices were more common among rural than urban households.

HIV-AIDS and other sexually transmitted diseases (STDs). AIDS is by far the best known STD in Malawi. Eighty-five percent of women and 92 percent of men reported that they knew of AIDS when asked (without prompting) to name any STDs. When those women and men who did not mention AIDS without prompting were asked if they had heard of the disease, the proportions who said they had heard of AIDS rose to 99 percent for men and 97 percent for women.

When asked without prompting to name the STDs they knew, 58 percent of women and 70 percent of men cited gonorrhoea, while 44 percent of women and 63 percent of men mentioned "buboes," a term widely used in Malawi to refer to swollen inguinal lymph nodes associated with syphilis and chancroid. Thirteen percent of women and 4 percent of women were unable to name any STD. Knowledge of STDs varies in predictable ways; it is more prevalent among residents of urban areas than rural areas and rises with increasing level of education.

Five percent of male respondents reported having an STD in the past 12 months compared with 1 percent of females. Men were asked if they had experienced urethral discharge or pain on urination during the past 12 months. The proportion of men reporting either of these symptoms was 5 percent. Ninety-two percent of women and 75 percent of men with STDs reported they had sought treatment while 96 percent of women and 65 percent of men said they had informed their partners that they were infected.

A major focus of the MKAPH survey was knowledge and behaviour relating to HIV-AIDS. The most common source of knowledge about AIDS mentioned by respondents was the radio: 93 percent of men and 76 of women reported receiving information about AIDS from the radio. Other prevalent information sources were friends and relatives (43 percent of women and 39 percent of men), and clinic workers (38 percent of women and 31 percent of men).

Knowledge of valid ways to prevent AIDS is more widespread among men than women. Twentyeight percent of women and 53 percent of men were able to cite at least two valid ways of avoiding AIDS. The most widely mentioned, valid preventive measures were having only one sex partner (cited by 67 percent of women and 47 percent of men), and using a condom (23 percent of women and 47 percent of men). For both men and women, knowledge of valid ways to prevent AIDS was more common in urban areas and among the better educated. Women reported higher levels of perceived personal risk of getting AIDS than men. Forty-seven percent of women saw themselves as having "moderate" or "great" risk compared with 17 percent of men. Among women and men who were married or in union, the discrepancy in perceived personal risk was even greater; 54 percent of women reported moderate or high risk compared with 17 percent of men.

Women, much more than men, attributed moderate or high risk of getting AIDS to the infidelity of their spouse or partner. Twenty-six percent of women stated that their moderate or great risk was due to a spouse or partner having another partner, while 56 percent cited suspicions about the fidelity of the spouse or partner. The largest proportion of men (51 percent) attributed their moderate or great risk to having multiple partners, a finding which tends to confirm the assertions of women that their greatest risk of AIDS is partner infidelity. Only 7 percent of men attributed moderate or great risk to their spouses or partners having other partners.

Men reported having more sexual partners than did women. Nineteen percent of married women and men reported one extra-spousal relationship. Three percent of married men reported at least two nonspousal partners, while no married women reported two or more non-spousal sexual relationships. Among unmarried women, 28 percent reported one sexual partner while 1 percent claimed two or more. For unmarried men, the comparable percentages were 45 percent and 9 percent. Less than 1 percent of currently married women reported at least one non-regular partner, compared with 6 percent of currently married men. Among unmarried respondents, 7 percent of women and 39 percent of men reported a non-regular partner.

Condoms are important in AIDS prevention. Ninety-one percent of women and 98 percent of men had heard of condoms. Among women and men who knew of condoms, 71 percent of females and 89 percent of males knew a source for condoms. Among women and men who reported having sexual intercourse with a non-regular partner during the 12 months preceding the survey, 24 percent of women and 43 percent of men reported using a condom during the last sexual encounter with a non-regular partner in the 12-month period.



CHAPTER 1

INTRODUCTION

1.1 Geography and Economy

Situated in southeast Africa, Malawi is bordered on the north by Tanzania, on the west by Zambia, and on the south and east by Mozambique. Malawi is approximately 900 kilometres in length and ranges in width from 80 to 160 kilometres. The country has a total area of 118,486 square kilometres, of which 94,276 is land. The remaining area consists mainly of Lake Malawi, which is about 475 kilometres long and runs down Malawi's eastern boundary with Mozambique.

Malawi is divided into three main administrative areas—the Northern Region, the Central Region, and the Southern Region. Below the regional level there are 25 districts, five in the Northern Region, nine in the Central, and 11 in the Southern Region. Within each district there are administrative subdivisions known as Traditional Authorities, which are presided over by chiefs. The smallest administrative unit is the village.

The East African Rift Valley runs through much of Malawi from north to south. The Rift Valley includes the vast extent of Lake Malawi and the Shire River, which drains the southern reaches of Malawi and empties into the Zambezi River in Mozambique. To the west and south of Lake Malawi are arable plains, rolling hills, and high mountains whose peaks range from about 1,700 to 3,000 metres above sea level.

The climate is tropical continental with some maritime influences. Temperature and rainfall vary with proximity to Lake Malawi and altitude, which ranges from 37 metres where the Shire River crosses into Mozambique to 3,000 metres at the peak of Mount Mulanje.

Natural resources consist of limestone, and largely unexploited deposits of uranium, coal, and bauxite. Land use consists of about 25 percent arable land, 20 percent meadows and pastures, 50 percent forests and woodland, and 5 percent miscellaneous uses. The last census (1987) listed the labor force by sector as follows: agriculture, 43 percent; manufacturing, 16 percent; personal services, 15 percent; commerce, 9 percent; construction, 7 percent; miscellaneous services, 4 percent; and other permanently employed, 6 percent.

Agriculture comprises 31 percent of the gross domestic product (GDP), services comprise 55 percent, and industry accounts for another 14 percent of the GDP. Malawi's main exports are tobacco, tea, coffee, peanuts, and wood products. Agriculture makes up about 90 percent of export earnings. Over the past decade, the growth rate of real GDP has increased from about 3 percent per annum in 1988 to almost 10 percent per annum in 1995.

1.2 Population

Malawi has had population censuses in 1891, 1901, 1911, 1921, 1926, 1931, 1945, 1956, 1966, 1977, and 1987. A national census will be conducted in 1998. Other sources of population data include the Malawi Population Change Survey of 1970-72, the Malawi Demographic Survey (1982), the Malawi Labour Force Survey (1983), the Survey of Handicapped Persons (1983), the Family Formation Survey (1984) and the Demographic and Health Survey (1992). Table 1.1 shows demographic indicators derived from the last two national censuses and other sources.

The population has grown rapidly. In 1901, the total population was estimated at 737,000. Between 1901 and 1977, the annual growth rate was estimated to be 2.6 percent. The 1977-87 intercensal growth rate was 3.2 percent excluding refugees. As a result, the total population has increased from 5,547,460—as enumerated in the 1977 census—to about 10 million in 1997.

Along with population growth has come increasing population density. As indicated in Table 1.1, population density increased from 59 persons per square kilometre in 1977 to about 116 persons per square kilometre in 1996.

	Censu	Recent	
Indicator	1977	1987	estimates"
Population ^b	5,547,460	7,988,507	10,931,100
Intercensal growth rate ^c	2.9	3.2	3.2
Total area (sq. km.)	118,486	118,486	118,486
Land area (sq. km.)	94,276	94,276	94,276
Density (pop./sq. km.)	59	85	116
Women of childbearing age as percentage of female			
population	45.1	44.2	44.2
Sex ratio	93	94	97
Crude birth rate	48.3	41.2	41.2
Total fertility rate	7.6	7.6 ^d	6.7
Crude death rate	25.0	14.1	-
Infant mortality rate	165	151	134
Life expectancy:			
Male	39.2	41.4	53
Female	42.4	44.6	54

Rapid population growth has meant increasing pressure on the GDP. This is clearly seen with regard to maize production. The Government of Malawi has estimated that, by the year 2000, about 2,268,000 metric tonnes of maize per annum will be required to achieve minimum food self-sufficiency for the nation, whereas the current output of maize per annum is about 841,000 tonnes short of this goal.

To curb rapid population growth, the Government of Malawi adopted a National Population Policy in 1994. This policy is designed to reduce population growth to a level compatible with Malawi's social and economic goals (OPC, 1994). Strategies to achieve this objective include improved family planning and health care programmes, increased school enrolments with emphasis on raising the proportion of female students to 50 percent of total enrolments, and wider employment opportunities, particularly in the private sector.

1.3 Health Priorities and Programmes

The objective of health policy in Malawi is to develop a sound health care delivery system capable of preventing and curing disease. Because of high childhood and maternal morbidity and mortality, the health needs of mothers and children under five years of age are high priorities. Service delivery is being improved

by extending coverage, so that basic curative services for common illnesses such as malaria, diarrhoea, and acute respiratory infection are widely available along with immunisations and family planning. Information, education, and communication (IEC) programmes are used to increase the prevalence of effective preventive behaviour. Training of providers is being upgraded. Management systems are being reorganised to improve collaboration between units of the Ministry of Health and Population (MOHP) and to improve cost effectiveness. (MOHP, 1995).

The MOHP has also launched a major initiative to reduce the prevalence of AIDS and other sexually transmitted diseases. The first AIDS case was confirmed in Malawi in 1985. Screening of blood supplies began at that time.

Coordination of AIDS control activities is provided by the AIDS Secretariat (AIDSEC) under the supervision of the National AIDS Committee (NAC). The first medium-term AIDS control plan (MTP I) was implemented in 1987. MTP I was followed in 1994 by MTP II, which will run until 1998. Under the Second MTP, the emphasis is on preventive information, education, and communication (IEC); counseling, social support and case management; blood supply monitoring; and epidemiology and surveillance. (AIDSEC, 1994).

1.4 Objectives, Organisation, and Survey Design

Objectives

The primary objectives of the MKAPH were to provide information on malaria prevention, family planning, immunisation, management of childhood illnesses, marriage and partner relations, and STDs including AIDS. Specifically, the objectives were as follows:

- Collect information on methods used to prevent malaria infection.
- Establish current contraceptive prevalence.
- Gather from caretakers of children under age five information on vaccination coverage and the prevalence of diarrhoea, respiratory infection, and fevers among under-five children during the two weeks preceding the survey.
- Collect information on current and past partner relations in and outside of marriage among women aged 15-49 and men 15-54.
- Collect information on knowledge, attitudes, and practices regarding AIDS and STDs among women aged 15-49 and men aged 15-54.

In fulfilling these objectives, the MKAPH findings provide data for monitoring current programmes of the Ministry of Health and Population and for planning future public health activities. Additionally, the immunisation and contraceptive prevalence sections of the MKAPH contain information which can be compared with the 1992 Malawi Demographic and Health Survey (MDHS) to provide updated estimates of the extent of immunisation and contraceptive usage.

Organisation

The 1996 Malawi Knowledge, Attitudes, and Practices in Health (MKAPH) Survey was conducted by the National Statistical Office (NSO) from June through the first week of October 1996. Financial support was provided by the U. S. Agency for International Development (USAID) mission in Malawi and UNICEF. Technical assistance was provided by Macro International Inc. (Macro) of Calverton, Maryland, through a contract with USAID.

Survey Design

The area sampling frame used for the MKAPH survey consisted of the 8,652 enumeration areas (EA) from the 1987 Malawi Census. For the MKAPH, six sampling strata were identified, with an urban and a rural stratum for each of the three regions of the country. The MKAPH sample of households was selected in two stages.

In the first stage, 106 enumeration areas were selected from the 1987 census. This was done by choosing a systematic sample with random entry of 106 EAs from the 225 EAs of the 1992 MDHS, which was a subset of the 1987 census EAs. Because Malawi has a predominantly rural population, urban areas were over-sampled to ensure that the sampling errors for the urban domain would not be unacceptably large. The Northern Region also comprises a small proportion of the total and was similarly over-sampled to control sampling errors. Over-sampling by region and urban location means that the MKAPH sample is not self weighting at the national level, but it is self-weighting within each of the six strata determined by regional and urban-rural location.

Within each of the 106 EAs, a complete household listing and mapping were done from April through May 1996. For the listing and mapping, permanent NSO enumerators were trained. Institutional populations (army barracks, police camps, hospitals, etc.) were not listed.

In the second stage, a systematic sample of households was selected from the household list compiled for each EA. The sampling interval for each EA was proportional to its size based on the results from the listing. In selected households, all women 15-49, men 15-54, and children under five years were eligible for the survey. Information for each eligible child was gathered from the mother or principal caretaker.

Four types of questionnaires were used for the MKAPH: the Household Questionnaire, the Women's Questionnaire, the Men's Questionnaire, and the Caretaker's Questionnaire. Some elements of the standard DHS Questionnaire were used in all four questionnaires—e.g., the household schedule, the contraceptive usage table, and the immunisation module. However, many questions, particularly in the Caretaker's Questionnaire, were specially designed to meet the data collection needs of public health programmes in Malawi.

The Household Questionnaire was used to list all the usual members and visitors of households in the sample. Basic information was collected on the characteristics of each person listed, including age, sex, education, and relationship to the head of the household. The main purpose of the Household Questionnaire was to identify women and men who were eligible for individual interview. Mothers or caretakers of children under five were similarly identified and interviewed using the Caretaker's Questionnaire. In addition, the Household Questionnaire collected information on characteristics of the household's dwelling units, such as the source of water, type of toilet facilities, materials used for the floor of the house, ownership of various consumer goods, and household practices for preventing malaria infection.

The Women's Questionnaire was used to collect information on all women aged 15-49 living in sample households. These women were asked questions on the following topics:

- Background characteristics (education, residential history, etc.)
- Reproduction and antenatal care
- Knowledge and use of family planning methods
- Marital status and partner relations
- Awareness and risk-related behaviour regarding AIDS and other STDs.

The Men's Questionnaire was administered to all males aged 15-54 living in households in the MKAPH sample. Men were asked most of the same questions that were addressed to women. The Men's Questionnaire omitted questions on pregnancy and antenatal care. However, men were asked some questions on STD symptoms such as urethritis and genital ulceration that were not asked of women.

The Caretaker's Questionnaire was asked of each person, male or female, who was the individual most responsible for taking care of each child under five identified in the Household Questionnaire. In most cases, the caretaker was the mother of a child. In other cases, when the mother was living away from the household or was deceased, the caretaker was someone else closely connected to the child and familiar with the child's immunisations and recent health history. The Caretaker's Questionnaire contained questions on the following aspects of a child's health:

- Immunisation and vitamin A dosage
- Symptoms of illness in the past two weeks
- Management of respiratory illnesses, fever, and diarrhoea symptoms that occurred in the past two weeks.

The MKAPH questionnaires were pretested in March 1996. Nine interviewers consisting of seven nurses, and two additional persons with prior survey experience were hired and trained to carry out the pretest. Most of these individuals were later selected to serve as field supervisors and editors for the main survey. The Chichewa and Tumbuka questionnaires were field tested during a one-week period in the town of Zomba and surrounding villages in the Southern Region. Approximately 200 pretest interviews were conducted. Subsequent discussions with the pretest interviewers contributed to refinement of the questionnaires.

Training of field staff for the main survey was conducted over a three-week period during May and June 1996 at Chilema Training Centre outside Zomba. Staff of the National Statistical Office trained 42 persons, most of whom were qualified nurses. The training course consisted of instruction in interviewing techniques, field procedures, a detailed review of the questionnaires, mock interviews between trainees, and field practice in villages around Chilema which were not included in the MKAPH sample. Ten persons selected as supervisors or field editors were given additional training in methods of questionnaire editing, data quality control, and coordination of fieldwork. Thirty-five trainees were selected for the field teams. The remaining seven were offered employment as data-entry personnel. Of these seven, five accepted data-entry positions.

1.5 Data Collection and Data Processing

The MKAPH fieldwork was carried out by five interviewing teams which were assigned to five areas covering the Northern, Central, and Southern Regions. Each team consisted of one supervisor, one field editor, three female interviewers, and two male interviewers. Each team was assigned a vehicle and a driver. The work of the field teams was coordinated by NSO officers. Data collection was carried out from June 22 through October 5, 1996.

Table 1.2 shows response rates for the MKAPH survey. A total of 3,035 households were selected in the sample, of which 2,830 were found to be occupied. Of these households, 2,798 were interviewed, yielding a household response rate of 99 percent.

In the interviewed households, 2,737 eligible women were identified and, of these, 2,683 were interviewed, yielding a response rate of 98 percent for women. The number of men identified was 2,861, of which 2,658 were successfully interviewed for a 93 percent response rate. The main reason for nonresponse among women and men was failure to be at home despite repeated visits to the household. The lower response rate among men as compared to women was due to the more frequent and longer absences of men from the household. There were no major differences between urban and rural response rates.

The number of children under five years who were listed in household schedules was 2,433. The number of interviews conducted with caretakers of these children was 2,418, yielding a response rate for under-five children of 99 percent.

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Number of households, number of interviews, and response rates, Malawi 1996							
	Resid						
Sample/response rate	Urban	Rural	Total				
Household interviews							
Households sampled	1,426	1,609	3,035				
Households found	1,341	1,489	2,830				
Households interviewed	1,318	1,480	2,798				
Household response rate	98.3	99.4	9 8 .9				
Individual interviews							
Number of eligible women	1,354	1,383	2,737				
interviewed	1,333	1,350	2,683				
Eligible woman response rate	98.4	97.6	98.0				
Individual interviews							
Number of eligible men Number of eligible men	1,585	1,276	2,861				
interviewed	1,454	1,204	2,658				
Eligible man response rate	91.7	94.4	92.9				
Individual interviews							
Number of eligible children	1,122	1,311	2,433				
interviewed	1,117	1,301	2,418				
Eligible shild mean and a sta	00.6	00.7	00.4				

All questionnaires were returned to the NSO for data processing, which consisted of office editing, coding of open-ended questions, data entry, and correcting computer-identified errors. The data were processed on five desktop computers, one of which was purchased for the MKAPH survey. Data entry and editing were done using the Integrated System for Survey Analysis (ISSA). Data entry began on July 8 and was completed on October 22, 1996.

CHAPTER 2

CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

The purpose of this chapter is to provide a short descriptive summary of selected socioeconomic characteristics of the household population and the individual survey respondents, such as age, sex, residence, and educational level. These data provide a context for the interpretation of demographic and health indices, and also furnish an approximate indication of the representativeness of the survey.

2.1 Household Population

The MKAPH household questionnaire was used to collect data on the demographic and social characteristics of all usual residents of the sampled households, and visitors who had spent the previous night in the household.¹

Age-Sex Composition

The distribution of the MKAPH household population is shown in Table 2.1, by five-year age groups, according to urban-rural residence and sex. The distribution is summarised by the population pyramid pictured in Figure 2.1. The distribution is typical of a high-fertility population, with an ever-widening pyramid base, reflecting a continually growing population.

		Urban			Rural			Total	
Age	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	15.5	16.2	15.9	17.7	17.2	17.5	17.4	17.1	17.3
5-9	13.2	14.4	13.8	16.1	15.3	15.7	15.7	15.2	15.4
10-14	13.3	16.5	14.9	15.9	13.7	14.7	15.5	14.0	14.7
15-19	11.8	11.8	11.8	9.1	9.7	9.4	9.5	9.9	9.7
20-24	11.5	10.0	10.8	7.7	8.3	8.0	8.2	8.5	8,4
25-29	8.3	8.6	8.5	5.3	5.8	5.6	5.7	6.1	5.9
30-34	7.2	7.0	7.1	5.5	5.5	5.5	5.7	5.6	5.7
35-39	5.6	4.6	5.1	4.3	4.2	4.2	4.5	4.3	4,3
40-44	3.6	3.5	3.6	3.7	5.0	4.4	3.7	4.9	4.3
45-49	3.8	2.2	3.0	4.1	3.3	3.7	4.1	3.2	3.6
50-54	1.7	2.1	1.9	2.7	3.6	3.2	2.6	3.4	3.0
55-59	1.6	1.0	1.3	2.2	2.7	2.5	2.2	2.5	2.3
60-64	1.0	0.9	0.9	2.0	1.9	1.9	1.9	1.7	1.8
65-69	0.8	0.3	0.6	1.4	2.1	1.8	1.3	1.9	1.6
70-74	0.4	0.4	0.4	0.9	1.0	1.0	0.9	1.0	0.9
75-79	0.1	0.3	0.2	0.7	0.5	0.6	0.6	0.5	0.5
80+	0.1	0.1	0.1	0.4	0.3	0.3	0.4	0.2	0.3
Missing/Don' know	t 0.5	0.0	0.3	0.0	0.1	0.1	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹ A household refers to a person or group of related and unrelated persons who live together in the same dwelling unit(s), who acknowledge one adult male or female as head of household, who share the same housekeeping arrangements, and are considered as one unit. A member of the household is any person who usually lives in the household and a visitor is someone who is not a usual member of the household but had slept in the household the night before the interview date. The household population presented in this chapter includes, unless otherwise stated, all usual members of the household who slept in the household the night before the survey and visitors (de facto population).



Table 2.2 compares the population age structure found in the MKAPH with that of the 1992 MDHS and the censuses of 1987 and 1977; dependency ratios² are also shown. The current dependency ratios in Malawi are typical of those found in other African countries. With approximately 47 percent of the population under age 15 and 3 percent over age 64, there is one dependent person for each adult in the population. As in many growing populations, old age dependency is minimal compared with child dependency.

Table 2.2 Population by broad age groups from selected sources Percent distribution of the population by broad age groups, and dependency ratios, selected sources. Malawi						
	MKAF	°H 1966	MDHS 1992	Ce	nsus	
Age	De jure	De facto	De facto	1987	1977	
<15	47.1	47.4	47.3	46.0	44.6	
15-64	49.4	49.1	48.6	50.0	50.9	
65+	3.4	3,4	4,0	4.0	4.5	
Missing/Don't know	0.1	0.1	0.1	0.0	0.0	
Total	100.0	100.0	100.0	100.0	100.0	
Dependency ratio	1.02	1.04	1.05	1.00	0.96	

² The *dependency ratio* is the sum of persons under 15 years and over 64 years (the dependent population) divided by the number of persons age 15-64 (the productive population).

Household Composition

Table 2.3 presents the percent distribution of households by sex of the household head, size of the household, and kinship structure within the household. One in four Malawian households is headed by a woman; rural households are more likely than urban households to be headed by a woman (27 and 17 percent, respectively). Single heads of household are found in one-third of households; there is little difference between the proportion of single heads of household in rural compared with urban areas. Twenty-five percent of household heads are single females compared with only 8 percent who are single males. In rural areas, the proportion of single female heads of household (26 percent) is more than four times greater than the proportion of single male heads of household (6 percent).

The average household size is 4.3 persons. The MKAPH did not find major urban/rural differentials in household size. The most common relationship between adults in the household sample in both urban and rural households is one in which two adults of the opposite sex are living together. This kind of relationship characterised 41 of urban households and 45 percent of the rural households. Of the remaining households, most have three or more related adults resident (27 percent of households).

Table 2.3 Household composition

Percent distribution of households by sex of head of household, household size, and kinship structure, according to urban-rural residence, Malawi 1996

	Residence				
Characteristic	Urban	Rural	Total		
Household headship			_		
Male	83.4	73.0	74.3		
Female	16.5	27.0	25.7		
Single household headship					
Male	19.1	6.4	8.0		
Female	16.2	25.8	24.7		
Total	35.3	32.2	32.6		
Number of usual members					
1	11.6	9.2	9.5		
2	14.6	15.5	15.4		
3	17.6	16.7	16.8		
4	14.1	16.9	16.6		
5	11.1	14.3	13.9		
6	11.5	11.7	11.7		
7	7.3	6.1	6.2		
8	4.5	5.1	5.0		
9+	7.5	4.5	4.9		
Total	100.0	100.0	100.0		
Mean size	4.4	4.3	4.3		
Relationship of adults					
One adult	18.5	20.4	20.1		
Two related adults:					
Of opposite sex	40.7	45.3	44.8		
Of same sex	6.2	4.6	4.8		
Three or more related adults	27.5	27.3	27.3		
Other	7.0	2.3	2.9		

Education

Tables 2.4.1 and 2.4.2 show the distribution of the de facto male and female population (age six and above) by the highest level of education attended and the median number of years of education completed. Overall, 21 percent of males and 37 percent of females have never been to school. Once in school, males tend to progress further in their schooling; 8 percent of males, but only 3 percent of females, have been to secondary school, and the median number of years of schooling is higher among males than females at almost every age.

Tables 2.4.1 and 2.4.2 also show school attendance by urban-rural residence and region. While the vast majority of urban residents have had some schooling, the male/female differential persists. Ninety-two percent of urban men and 86 percent of urban women have had some schooling. But for the nearly 90 percent of Malawians that live in rural areas, lack of formal education is not uncommon. Forty percent of rural women and nearly one-quarter of rural men have never attended school. Only 1 percent of rural women and 5 percent of men have attended secondary school. The Northern region has higher levels of school attendance among both women and men than the Central and Southern regions, which have roughly similar levels of attendance. Eighty percent of females and 90 percent of males in the Northern

region have been to school. In the Central and Southern regions, approximately 60 percent of females and 80 percent of males have been to school.

The overall median number of years of schooling is estimated at a little over one year for women and three years for men. The median for women is four times as high in urban areas as in rural areas, while for men, the urban median is just twice as high as the rural median. The median number of years of schooling for women is three times as high in the Northern Region compared with the Central and Southern Regions; for men, the median is also higher in the Northern Region, but compared with the Central and Southern Regions the difference is less marked than for women.

Literacy rates follow similar patterns. A household member was classified as literate if he or she had attended secondary school or could read and write English, Chichewa, or Tumbuka. Overall, 55 percent of males are reported as literate compared with 36 percent females. As with median years of schooling, literacy is higher for both females and males in urban areas than in rural areas. For females, the percentage who are literate is higher in the Northern Region compared with the Central and Southern Regions, while for males, there is little difference between the Northern and Southern Regions, both of which have higher male literacy rates than the Central Region.

Table 2.4.1 Educational level of the female household population

Percent distribution of the de facto female household population age six and over by highest level of education attended, and median number of years of schooling, according to selected background characteristics, Malawi 1996

		Level of education							Mumha
Background characteristic	No education	Primary	Secondary	Higher	Don't know/ Missing	ye Total sch	years of schooling	Percent literate	of females
Agei									
6-9	29.4	70.1	0.0	0.0	0.5	100.0	0.8	9.6	739
10-14	10.9	88.5	0,6	0.0	0.0	100.0	2.4	46.3	868
15-19	23.5	70.8	5.5	0.2	0.0	100.0	3.6	58.3	614
20-24	35.5	57.3	7.1	0.2	0.0	100.0	2.8	47.8	526
25-29	41.4	52.4	5.7	0.5	0.0	100.0	2.5	45.1	380
30-34	41.8	54.6	3.1	0.5	0.0	100.0	2.4	45.0	349
35-39	47.7	46.7	5.2	0.4	0.0	100.0	0.9	36.8	263
40-44	54.9	43.3	1.8	0.0	0.0	100.0	0.0	31.7	302
45-49	51.9	46.0	1.8	0.2	0.0	100.0	0.0	31.5	195
50-54	68.9	29.4	1.2	0.3	0.2	100.0	0.0	18.5	213
55-59	64.0	35.5	0.0	0.5	0.0	100,0	0.0	21.0	153
60-64	66.4	33.3	0.0	0.1	0.2	100.0	0.0	18.0	108
65+	78.4	20.7	0.0	0.0	0.9	100.0	0.0	9.3	221
Residence									
Urban	13.8	70.2	14.3	1.5	0.1	100.0	4.3	61.4	581
Rural	40.2	58.5	1.2	0.0	0.1	100.0	1.0	32.6	4,354
Region									
Northern	19.8	77.0	3.0	0.2	0.0	100.0	3.4	46.5	583
Central	36.0	61.5	2.2	0.1	0.3	100.0	1.2	35.0	2.037
Southern	42.5	54.1	3.1	0.2	0.0	100.0	1.0	34.2	2,315
Total	37.1	5 9.9	2.7	0.2	0.1	100.0	1.3	36.0	4,936
¹ Excludes 4 wome	n for whom age v	vas not repo	orted						

Table 2.5 shows the percentage of the de facto household population age 6-24 years currently enrolled in school by age, sex, and urban/rural residence. The MKAPH found that 64 percent of children age 6-10 are currently attending school. Enrolment rises to 77 percent among children age 11 to 15 years,

and then falls abruptly after age 15; only one-third of those age 16 to 20 years are attending school. Boys and girls achieve the same levels of enrolment up to age 15 in both urban and rural areas. But while boys and girls are now equally likely to start school, boys are far more likely to stay in school longer (see Figure 2.2). Only 21 percent of girls age 16-20 are currently in school, while nearly half of boys of the same age are in school.

Background characteristic		L	evel of educat	ion			Median		Numbe
	No education	Primary	Secondary	Higher	Don't know/ Missing	Total	years of schooling	Percent literate	of males
Age ¹									
6-9	32.7	66.8	0.0	0.0	0.5	100.0	0.7	9.3	741
10-14	11.3	88.7	0.0	0.0	0.0	100.0	2.2	44.2	877
15-19	7.4	86.2	6.3	0.1	0.0	100.0	4.7	76.3	534
20-24	16.5	64.4	17.9	1.3	0.0	100.0	5.2	70.2	466
25-29	19.7	61.5	16.3	2.4	0.2	100.0	5.2	66.4	324
30-34	18.5	66.7	11.7	3.0	0.0	100.0	5,9	74.9	322
35-39	20.9	65.0	11.7	2.4	0.0	100.0	5.5	68.0	252
40-44	21.6	60.3	16.0	2.0	0.1	100.0	5.0	73.1	211
45-49	25.9	66.4	7.2	0.5	0.0	100.0	4.1	68.6	231
50-54	20.2	68.1	9.3	2.4	0.0	100.0	5.4	77.7	147
55-59	39.4	55.7	4.2	0.7	0.0	100.0	2.8	55.0	122
60-64	44.6	52.9	1.8	0.8	0.0	100.0	1.0	54.8	106
65+	43.8	55.4	0.8	0.0	0.0	100.0	2.2	60.0	182
Residence									
Urban	7.8	66.7	21.8	3.3	0.4	100.0	6.3	72.8	625
Rural	23.0	71.9	4,5	0.5	0.1	100.0	2.5	52.0	3,897
Region									
Northern	11.3	78.6	8.4	1.7	0.0	100.0	4.4	55.7	539
Central	2 4.1	69.9	5.5	0.3	0.3	100.0	2.4	51.3	1,873
Southern	20.4	70.4	7. 7	1.3	0.2	100.0	2.9	57.9	2,110
Total	20.9	71.2	6.9	0.9	0.2	100.0	2.8	54.9	4,522

	Male			Female			Total		
Age	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Tota
6-10	82.5	59.4	61.9	87.8	63.8	66.5	85.2	61.5	64.2
11-15	86.5	77.1	78.3	82.5	73.6	74.8	84.4	75.4	76.5
6-15	84.5	67.6	69.5	85.0	68.3	70.4	84.8	67.9	70.0
16-20	60.8	44.5	47.3	41.0	17.4	20.6	51.5	30.1	33.3
21-24	15.3	5.9	7.9	5.1	2.4	2.8	10.7	3.9	5.1



2.2 Housing Characteristics

Physical characteristics of the household have an important bearing on environmental exposure to disease, and also reflect the household's socioeconomic status. Information on the characteristics of sampled households is shown in Table 2.6.

Overall, only 4 percent of households in Malawi have electricity, but there is a significant difference between urban and rural areas. Twenty-seven percent of urban households have electricity compared with less than 1 percent of rural households.

The vast majority (84 percent) of urban households have access to piped water; half of these households have access to a public tap. Sixty-seven percent of rural households obtain their water from a well; 27 percent from a protected (covered) well or borehole, and 39 percent from an unprotected well. Overall, half of all households (53 percent) obtain their water from a source that can be considered unsafe (i.e., unprotected well or natural resources).

Two-thirds of households use a traditional pit latrine—78 percent of urban households and 65 percent of rural households. In urban areas, the second most common facility is a flush toilet (16 percent). In rural areas, nearly all households without a traditional pit latrine do not use any facility at all (34 percent).

The MKAPH collected data on the number of rooms used for sleeping. The number of persons per sleeping room is considered a measure of crowding. The average number of persons per sleeping room is 2.6 and urban/rural differences are minor.

Table 2.6 Housing characteristics

Percent distribution of households by housing characteristics, according to residence, Malawi 1996

	Resi	lence	
Characteristic	Urban	Rural	Total
Electricity			
Yes	26.5	0.6	3.8
No	73.3	99.3	96.1
Total	100.0	100.0	100.0
Source of drinking water			
Piped into residence	12.1	0.4	1.8
Piped into yard/plot	29.8	1.8	5.2
Public tap	42.5	10.6	14.4
Protected well/borehole	10.1	27.3	25.2
Unprotected well	3.2	39.2	34.9
River/stream/spring	0.4	18.9	16.7
Lake/pond/dam	0.3	1.8	1.6
Other	1.6	0.0	0.2
Total	100.0	100.0	100.0
Sanitation facility			
Own flush toilet	13.7	0.4	2.0
Shared flush toilet	2.2	0.0	0.3
Traditional pit toilet	77.8	65.3	66.9
nit latrine	2.0	0.2	0.4
No facility/bush	43	335	30.0
Other	4.5	01	0.0
Missing/Don't know	0.0	0.1	0.1
Total	100.0	100.0	100.0
Persons per sleeping room			
1.2	64 4	57 1	58.0
3_4	30.2	315	314
5-6	3.8	67	62
5-0 7 +	5.0 1.0	0.7	0.5
Missing/Don't know	0.7	3.8	3.4
Total	100.0	100.0	100.0
Mean persons per			
sleeping room	2.4	2.6	2.6
Number of households	340	2,458	2,798

Table 2.7 shows the percentage of households owning certain durable goods by urban-rural residence. Ownership of durable consumer goods is a rough measure of household disposable income. Among the selected durable goods, a radio is present in 43 percent of households, although this varies greatly by residence; 39 percent of rural households and 73 percent of urban households own a radio. A bicycle is present in 29 percent of households, and a car in just 1 percent of households. Most households (85 percent) have a paraffin lamp.

Table 2.7 Household durab	le goods		
Percentage of households consumer goods, by urban-	possessing rural reside	g specific ence, Male	e durable awi 1996
	Resi	lence	·
Durable goods	Urban	Rural	Total
Radio	73.0	38.6	42.8
Paraffin lamp	85.7	85.1	85.2
Oxcart .	0.4	1.7	1.5
Bicycle	24.0	29.6	29.0
Motorcycle	1.7	0.5	0.6
Private car	6.2	0.7	1.4
Number of households	340	2,458	2,798

2.3 Characteristics of Survey Respondents

Background characteristics of the 2,683 women and 2,658 men interviewed in the MKAPH are presented in Table 2.8. The distribution of respondents by age is similar for women and men; the proportion of respondents in each age group declines with increasing age (as it does for the population as a whole).

Three-quarters of female respondents are currently in a union (73 percent); this is higher than the proportion of men who are currently in a union (65 percent). "Currently in union" refers to persons who are either "married" or "living together." In subsequent tables, these two categories are combined and referred to as "currently married" or "currently in union." Respondents who are currently married, widowed, divorced, or no longer living together (separated) are referred to as "ever married." "Single" refers to persons who have never been married. One-third of male respondents are single, compared with only 17 percent of women. The 1992 MDHS found that women marry, on average, 5 to 6 years earlier than men.

Malawi is predominantly rural; fewer than one out of five persons lives in an urban area. The proportion of males in urban areas (16 percent) is slightly higher than that of females (13 percent). Men are more likely to migrate to urban areas in search of work. For both sexes, the largest proportion of the population is in the Southern region (47 percent), followed closely by the Central region. The distribution of MKAPH respondents by ethnicity is very similar for women and men. One-third of respondents are Chewa, one-quarter are Lomwe, and one-quarter are Yao or Ngoni. Other ethnic groups comprise the remaining 15 percent of respondents.

Table 2.8 Background characteristics of respondents

		Women		Men				
	Walabaad	Number	of women	fwomen		er of men		
characteristic	percent	Weighted	Unweighted	percent	Weighted	Unweighter		
Age								
15-19	23.0	618	626	21.5	572	600		
20-24	19.6	526	548	18.5	492	519		
25-29	14.6	391	435	13.2	351	377		
30-34	13.7	368	388	12.7	338	345		
35-39	10.1	270	260	10.0	265	277		
AU-44	11.7	313	260	87	233	205		
40-44	72	106	164	0.7	2.51	205		
43-47 50_54	NA	ΝΔ	NA	2.¶ 60	160	123		
50-54	110	134	114	0.0	100	125		
Marital status	14.0			23 0		0.04		
Never married	16.9	453	511	32.9	873	986		
Married	62.4	1,675	1,708	58.2	1,546	1,446		
Living together	10.1	272	185	6.4	171	141		
Widowed	3.2	87	86	0.5	14	15		
Divorced	4.6	123	110	1.6	42	43		
Separated	2.7	73	83	0.4	11	26		
Residence								
Ulrhan	13.1	350	1 333	16.4	437	1 4 5 4		
Rural	86.9	2.333	1,350	83.6	2 221	1 204		
	· · · ·	_ ,	.,		_ , _ _	· • • • •		
Region	11.7	212	677	12.5	221	605		
	41.7	313 1 1 1 9	1 0 2 2	12.3	1 094	1043		
Central	41.7	1,110	1,038	40.8	1,084	1,042		
Southern	46.7	1,253	1,023	46.8	1,243	1,011		
Education	_							
No education	39.7	1,064	733	17.6	468	310		
Primary	55.2	1,481	1,571	68.6	1,824	1,686		
Secondary	4.9	131	353	12.0	319	579		
Higher	0.3	7	26	1.7	46	83		
Ethnicity								
Chewa	34.2	91 7	722	33.6	892	719		
Tumhuka	62	166	347	67	179	334		
Lomue	743	651	500	25.2	671	548		
Lumwe Tanaa	47.J 19	74	107	<u>ع.دغ</u> 19	40	72		
Tonga V	4.0 15 0	407	270	1.0	47	204		
Yao	15.2	407	370	10.2	430	394		
Sena	3.2	8/	/0	2.5	0/	58		
Nkhonde	0.5	14	41	0.2	6	26		
Ngoni	10.8	290	400	10.7	285	396		
Other	2.9	77	122	3.0	79	110		
Totel	100.0	2 683	2 683	100.0	2.658	2.658		

The proportion of women who have never been to school is double that of men (40 versus 18 percent). Women are much less likely to reach secondary school (5 percent) than men (14 percent). Table 2.9 shows the distribution of women and men by the highest level of education attended, according to age, residence, and region. Younger women and men are typically more educated than older women and men. For example, approximately half of women and one-quarter of men in their 40s have never been to school,

Table 2.9 Level of education of respondents by background characteristics

Percent distribution of women and men by the highest level of education attended, according to selected background characteristics, Malawi 1996

			Number			
Background characteristic	No education	Primary	Secondary	Higher	Total	women/ men
····· , ,		v	VOMEN			
Age						
15-19	24.2	70.0	5.5	0.2	100.0	618
20-24	35.4	57.0	7.5	0.1	100.0	526
25-29	41.9	51.9	5.7	0.5	100.0	391
30-34	43.5	52.9	3.1	0.5	100.0	368
35-39	47.8	46.8	5.1	0.3	100.0	270
40-44	55.2	42.9	1.9	0.0	100.0	313
45-49	52.1	45.7	1.9	0.3	100.0	196
Residence						
Urban	15.1	59.1	23.8	2.0	100.0	350
Rural	43.4	54.6	2.0	0.0	100.0	2,333
Region						
Northern	19.1	74,7	5.8	0.3	100.0	313
Central	39.0	57.0	3.8	0.2	100.0	1.118
Southern	45.4	48.7	5.5	0.3	100.0	1,253
Total	39.7	55.2	4.9	0.3	100.0	2,683
			MEN			
Age			······································			···
15-19	7.0	85.8	7.0	0.1	100.0	572
20-24	14.5	65.7	18.3	1.5	100.0	492
25-29	21.3	60.5	15.6	2.6	100.0	351
30-34	18.9	65.6	12.2	3.4	100.0	338
35-39	22.2	65.4	9.1	3.3	100.0	265
40-44	23.6	57.8	16.8	1.8	100.0	231
45-49	27.1	64.5	7.8	0.5	100.0	249
50-54	23.5	67.8	6.6	2.0	100.0	160
Residence						
Urban	6.5	56.5	31.9	5.1	100.0	437
Rural	19.8	71.0	8.1	1.1	100,0	2,221
Region						
Northern	7.8	75.4	14.1	2.7	100.0	331
Central	22.6	67.6	9.3	0.5	100.0	1.084
Southern	15.9	67.7	13.8	2.6	100.0	1 243
						•
Total	17.6	68.6	12.0	1.7	100.0	2,658

whereas only one-quarter of women and 7 percent of men age 15-19 have never been to school. Urban-rural educational differentials are also large. Not only are rural residents far more likely than urban residents to have no schooling, they are also far less likely to obtain any secondary schooling. Rural residents are twice as likely as urban residents to have never been to school. And only 2 percent of rural women and 9 percent of rural men have had any secondary schooling, whereas 26 percent of urban women and 37 percent of urban men have had some secondary schooling.

All respondents were asked whether they read a newspaper or magazine at least once a week and also whether they listen to the radio at least once a week. This information can be useful to programme planners in designing strategies to disseminate family health messages. Table 2.10 shows that 10 percent of women and 20 percent of men read a newspaper or magazine and 60 percent of women and 79 percent of men listen to the radio at least once a week. Not surprisingly, reading a newspaper or magazine is positively associated with level of education. Family planning and health messages disseminated through the print media will obviously miss a significant proportion of the population. Until education is more nearly universal, radio messages will receive a far wider audience than printed messages. But even listening to the radio is positively correlated with education. While nine out of ten women with secondary or higher education listen to the radio at least once a week. only half of women who have never been to school do.

Urban and rural differentials in media contact are quite large. One-third of urban women read a newspaper or magazine at least once a week, while only 6 percent of rural women do. Likewise among men, nearly half of urban men read a newspaper or magazine while only 15 percent of rural men do. Urban-rural differentials in radio listening also exist, but media contact through radio is significantly higher than contact through print media among both groups.

Table 2.10 Access to mass media

Percentage of women and men who usually read a newspaper or magazine once a week or listen to radio once a week, by selected background characteristics, Malawi 1996

	Mass		
Background charact c ristic	Read newspaper weekly	Listen to radio weekly	Number of women/ men
	WOMEN	1	
Age	10.0		(10
10-19	12.9	01.0	618
20-24	8.2	67.6	320
30-34	104	64.8	368
35-39	6.7	57.0	270
40-44	4.8	52.8	313
45-49	6.3	41.4	196
Residence			
Urban	32.0	84.2	350
Rural	6.2	56.1	2,333
Region	0.0	(0 (212
Northern	8.8	68.0	515
Southern	10,1	23,4 42.2	1,110
Southern	9.3	03.3	1,235
Education	0.1	46 1	1.064
Primary	12.2	667	1 481
Secondary+	54.7	90.8	137
Total	9.6	59.8	2,683
	MEN		
Age			
15-19	15.8	76.0	572
20-24	20.4	79.9	492
20-29	21.6	82.8 84 1	166
30-34 25-20	20.3	04.1 97 7	338 264
40-44	20.0	79 7	203
45-49	14.7	68.2	249
50-54	21.7	69.2	160
Residence			
Urban	46.8	90.5	437
Rural	14.9	76.6	2,221
Region			
Northern	11.1	79.4	331
Central	21.1	78.8	1,084
Soumern	21.7	78.7	1,243
Education	1.0	20 7	420
Primary	1.9	00.J 78 4	408 1 924
Secondary	58.1	93.8	365
lotal	20.1	78.8	2,658

CHAPTER 3

FERTILITY REGULATION

This chapter presents the MKAPH results regarding contraceptive knowledge, behaviour, and attitudes among both women and men. Family planning methods are grouped into two principal types: modern methods and traditional methods. Modern methods include short-term methods (pill, condoms, and vaginal methods, which include diaphragm, foam, and jelly), long-term methods (IUCD, injectables, and implants), and permanent methods (female and male sterilisation). Traditional methods include periodic abstinence, withdrawal, and local methods such as herbs and strings.

3.1 Knowledge of Contraception

Knowledge of contraception was assessed by first asking respondents to name ways or methods by which a couple could delay or avoid pregnancy. Any of the eight modern methods listed above, as well as periodic abstinence and withdrawal, were described by the interviewer if they had not been mentioned spontaneously by the respondent. The interviewer then recorded whether or not the respondent knew of the method. Other methods mentioned by the respondent, such as herbs, were also recorded. In the following discussion, respondents are considered to know of a method if they spontaneously mentioned it or said they had heard of it after it was described to them. Results are presented in Table 3.1 for all women and men, currently married women and men, sexually active,¹ unmarried women and men, and for women and men who have had no sexual experience.

Knowledge of several modern methods is high, while other methods are less known. Knowledge of modern methods generally varies more by marital status than it does by sex. Virtually all married women know of the pill (95 percent), injectables (93 percent), and condoms (93 percent). Married men are about equally likely to know of the pill (92 percent), injectables (89 percent), and condoms (99 percent). Among the unmarried population, the condom is the most widely known method for both women and men. The condom is known by more than 95 percent of the sexually active, unmarried population (women and men). Pills, injectables, and female sterilisation are known by 70 to 80 percent of sexually active, unmarried women and men.

The largest female-male differentials in knowledge are observed among those who have not yet had any sexual experience. Condoms are still the most widely known method—known to two-thirds of women and 90 percent of men—but knowledge of other methods is quite low, especially among women. Men with no sexual experience have higher levels of knowledge of nearly every method than women with no sexual experience.

Men are more likely than women to know of traditional methods (76 and 70 percent, respectively). Table 3.1 also shows the overall mean number of methods known, which varies more by marital status than by sex. Currently married women and men both know an average of seven methods. Unmarried women and men know of fewer methods than the married population. The mean number of methods known by sexually active unmarried women and men is 5.5 and 5.3, respectively. Unmarried women and men who have not yet had sexual intercourse know, on average, of only 2.4 and 3.6 methods, respectively.

¹ Sexually active unmarried women and men are those who had sexual intercourse in the 30 days preceding the interview.

Table 3.1 Knowledge of specific contraceptive methods

Percentage of all respondents, of currently married respondents, of sexually active unmarried respondents and of respondents with no sexual experience who know specific contraceptive methods and mean number of methods known, Malawi 1996

		Wa	omen		Men				
Contraceptive method	All women	Currently married women	Sexually active unmarried women	Women with sexual experience	Ali men	Currently married men	Sexually active unmarried men	Men with sexual experience	
Any method	95.9	98.9	95.7	72.5	98.7	99.9	96.8	92.7	
Any modern method	95.6	98.7	95.7	72.5	98.5	99.7	96. 8	92.7	
Pill	88.5	94.7	78.9	45.0	85.3	92.0	77.5	60.5	
IUCD	52.1	58.6	34.7	15.7	46.6	55.1	33.4	20.4	
Injectables	86.1	92.6	79.0	41.7	83.2	88.8	77.5	60.2	
Diaphragm/Foam/Jelly	30.9	34.1	24.1	5.7	29.6	36.6	21.4	9.0	
Condom	89.9	92.8	95.5	67.0	97.9	99.2	96.8	90.3	
Female sterilisation	76.0	81.7	71.4	31.2	81.1	87.7	77.3	54.7	
Male sterilisation	35,7	39.2	30.4	12.5	48.2	54.3	47.4	22.7	
Implants	30.9	35.3	18.3	5.3	14.0	18.0	9.6	3.1	
Any traditional method	70.0	78.3	64.6	14.2	76.2	91.3	51.8	27.2	
Periodic abstinence	46.9	51.6	42.5	10.0	58.4	70.6	38.1	21.0	
Withdrawal	42.2	47.9	30.0	4.0	51.3	65.0	33.1	8.2	
String	37.3	44.0	39.9	3.5	23.9	33.6	8.4	3.3	
Herbs	8.6	10.1	3.3	1.8	6.7	7.7	6.0	2.7	
Other methods	4.0	4.8	0.0	0.2	2.1	2.2	0.9	0.1	
Number of respondents	2683	1947	94	287	2658	1718	300	292	
Mean number of methods	6.3	6.9	5.5	2.4	6,3	7.1	5.3	3.6	

As shown in Table 3.2, knowledge of at least one modern method of contraception is universal among the currently married population of Malawi. This reflects an increase in knowledge since the 1992 MDHS. Figures 3.1.1 and 3.1.2 compare levels of knowledge of specific methods in the MDHS and MKAPH, for women and men, respectively. Knowledge of all modern methods has increased in just four years for both women and men (with the exception of vaginal methods). One of the most significant changes is the increased level of knowledge of injectables. With the increased level of knowledge of most methods, female-male differentials have generally declined.

3.2 Ever Use of Contraception

All women and men who reported knowing a particular method were asked whether they had ever used the method. Forty-one percent of currently married women and 66 percent of currently married men have used a method of family planning (modern or traditional) at some time in their lives (Tables 3.3.1 and 3.3.2). Ever use of modern methods among currently married respondents was reported by 25 percent of women and 42 percent of men. These figures reflect increases since the 1992 MDHS when 19 and 30 percent, respectively, of currently married women and men reported ever use of modern methods. The increase in ever use among currently married women is primarily due to greater use of injectables (from 4 percent in 1992 to 10 percent in 1996). The increase among men is primarily due to greater use of injectables (from 5 percent to 12 percent) and condoms (from 22 percent to 29 percent).

Table 3.2 Knowledge of contraceptive methods by background characteristics

		Women		Men				
Background characteristic	Know any method	Know modern method	Number of women	Know any method	Know modern method	Number of men		
Age								
15-19	97.2	97.2	207	•	*	14		
20-24	98.6	98.6	419	100.0	100.0	216		
25-29	99.9	99.9	355	100.0	100.0	294		
30-34	100.0	100.0	329	99.9	99.9	316		
35-39	99.6	99.6	230	100.0	100.0	257		
40-44	98.6	98.5	257	99.6	99.6	226		
45-49	97.0	94.3	150	100.0	98.4	242		
50-54	NA	NA	NA	100.0	100.0	152		
Residence								
Urban	99.9	99.8	233	99.8	99.5	239		
Rural	98.8	98.6	1,715	99.9	99.7	1,479		
Region								
Northern	97.3	97.3	249	99.5	99.1	201		
Central	98.9	98.7	789	100.0	100.0	720		
Southern	99.3	99.1	910	99.9	99.6	797		
Educational level								
No education	98.3	98.1	869	99.8	98.9	373		
Primary	99.3	99.1	1,001	100.0	99.9	1,129		
Secondary and higher	100.0	100.0	77	100.0	100.0	216		
Total	98.9	98.7	1,947	9 9.9	99.7	1,718		

Percentage of currently married respondents who know at least one method and at least one modern method, by selected background characteristics, Malawi 1996

The overall level of ever use of modern methods among the sexually active, unmarried population is on par with that of the married population; 28 percent of sexually active, unmarried women and 43 percent of men have used a modern method at some time. Condoms are the method most likely to have been used by the unmarried population; in fact, a sexually active, unmarried person is more likely to have had experience using a condom than a currently married person (female or male). Twenty-four percent of sexually active, unmarried women and 43 percent of unmarried men have used a condom at some time.




Table 3.3.1 Ever use of contraception: women

Percentage of all women, of currently married women, and of sexually active unmarried women who have ever used any contraceptive method, by specific method and age, Malawi 1996

					Modern	method				T	raditional	method	ls		
Age	Any method	Any modern method	Pill	IUCD	In- ject- ables	Dia- phragm/ foam/ jelly	Con- dom	Female steri- lisa- tion	Im- plants	Any trad. method	Periodic absti- nence	With- draw- al	Other trad. meth- ods	Total	Numbe of women
					· · · · · · ·		LL WO	OMEN							
15-19	12.6	8.3	1.3	0.0	1.5	0.1	7,0	0.0	0.0	6.8	4.8	2.9	2.0	100.0	618
20-24	38.6	25.9	12.5	0.1	4.7	0.4	13.6	0.5	0.4	22.6	11.4	9.0	8.0	100.0	526
25-29	41.9	24.8	10.3	0.8	9.3	1.1	8.1	2.8	0.1	23.8	9.9	12.4	9.0	100.0	391
30-34	48.3	28.7	13.3	1.7	14.9	0.5	8.8	3.4	0.0	32.0	10.1	14.5	16.3	100.0	368
35-39	48,8	28.4	14.5	1.9	13.6	0.1	9.2	3.2	0.0	33.2	15.4	12.9	17.9	100.0	270
40-44	41.1	23.7	9.7	1.8	10.3	0.8	4.4	4.1	0.0	25.8	8.7	8.2	16.7	100.0	313
45-49	35.8	18.8	10.1	2.7	6.1	0,0	3.5	6,8	0.0	26.5	10.3	11.0	15.8	100.0	196
Total	35.5	21.5	9.4	1.0	7.7	0.4	8.4	2.3	0.1	22.2	9.5	9.3	10.5	100.0	2,683
					CI	JRRENT	LY MA	RRIED W	OMEN						
15-19	21.3	12.8	4.0	0.0	2.5	0.3	10.0	0.0	0.0	15.2	10.9	7.9	3.7	100.0	207
20-24	42.2	27.5	14.0	0.0	5.5	0.5	13.5	0.7	0.5	25.5	12.6	9.6	9.4	100.0	419
25-29	41.0	24.2	10.7	0.8	9.3	1.1	8.0	1.9	0.1	23.9	10.7	12.8	8.2	100.0	355
30-34	47.9	29.1	14.2	1.8	16.2	0,6	8.2	3.0	0.0	31.7	10.3	14.0	16.8	100.0	329
35-39	50.7	30.3	13.9	2.1	15.3	0.1	9.5	3.6	0,0	35.0	15.9	12.5	19.5	100.0	230
40-44	44.0	25.2	9.3	2.2	11.8	0.8	4.5	4.1	0.0	28.0	9.7	8.6	17.5	100.0	257
45-49	35.2	19.9	10.0	2.1	6.5	0.0	2.9	7.2	0.0	24.7	9.3	10.2	16.1	100.0	150
Total	41.4	25.0	11.4	1.2	9.7	0.6	8.7	2.5	0.1	26.6	11.4	11.0	12.6	100.0	1,947
					SEXUAI	LLY ACT	IVE UN	MARRI	ED WO	MEN ¹					
15-19	(22.4)	(18.0)	(0.0)	(0.0)	(0.0)	(0.0)	(18.0)	(0.0)	(0 .0)	(4.5)	(0.3)	(0.0)	(4.2)	100.0	48
20-24	(43.9)	(42.9)	(6.0)	(1.0)	(3.0)	(0.0)	(39.9)	(0.0)	(0.0)	(10.8)	(2.4)	(6.3)	(3.5)	100.0	25
25+	(59.0)	(31.0)	(12.5)	(0.0)	(16.7)	(1.7)	(18.8)	(0.0)	(0.0)	(37.7)	(21.5)	(4.6)	(24.4)	100.0	21
Total	36.4	27.5	4.4	0.3	4.6	0.4	24.0	0. 0	0 .0	13.7	5.7	2.7	8.6	100.0	94

Sexually active unmarried women are those who have had sexual intercourse in the 30 days prior to interview.

Table 3.3.2 Ever use of contraception: men

Percentage of all men, of currently married men, and of sexually active unmarried men who have ever used any contraceptive method, by specific method and age, Malawi 1996

					Mo	dern meth	od				Т	raditiona	l metho	ds		
Age	Any method	Any modern method	Pill	IUCD	In- ject- ables	Dia- phragm/ foam/ jelly	Con- dom	Female steri- lisa- tion	Male steri- lisa- tion	Im- plants	Алу trad. method	Periodic absti- nence	With- draw- al	Other trad. methods	Total	Numbe of men
							A	LL MEN								
15-19	15.7	14.8	0,4	0.0	0. 0	0.1	14.7	0.0	0.0	0.0	5.3	2.0	2.8	0.4	100.0	572
20-24	49.0	40.2	5.8	0.7	2.1	1.5	37.4	0.6	0.0	0.0	25.7	17.9	11.9	3.4	100.0	492
25-29	55.5	41.6	9.9	0.5	5.7	0.1	33.4	0.7	0.0	0.2	34.6	27.8	18.3	4.6	100.0	351
30-34	67.2	47.0	17.6	1.2	14.6	0.1	32.9	2.8	0.0	0.2	48.9	35.4	25.3	9.0	100.0	338
35-39	69.1	42.4	16.8	1.8	16.7	0.8	24.9	1.0	0.0	0.1	52.0	39.5	22.6	12.7	100.0	265
40-44	71.2	41.2	21.8	2.1	17.8	0.2	25.7	4.2	0.0	0.0	53.5	34.1	21.0	18.2	100.0	231
45-49	61.7	34.8	15.3	1.9	11.4	0.0	19.4	3.4	0.0	0.0	47.0	29.5	17.7	15.6	100.0	249
50-54	69.7	32.7	14.5	4.4	10.8	0.0	19.2	5.4	1.9	0.0	56.9	31.7	24.2	22.8	100.0	160
Total	51.4	35.1	10.6	1.2	7.9	0.4	2 6. 4	1.7	0.1	0.1	34.4	23.5	1 5.7	8.2	100.0	2,658
						CUR	RENTL	Y MARR	IED ME	N						
15-19	•	٠		*	٠	*	•	*	*	•	*	*	*	*	100.0	14
20-24	60.5	43.1	13.0	1.5	4.6	1.0	36.8	1.4	0.0	0.0	38.9	26.5	17.7	5.6	100.0	216
25-29	59.5	43.9	10.9	0.5	6.0	0.0	34.9	0.9	0.0	0.2	39.2	31.2	21.0	5.5	100.0	294
30-34	70.1	48.6	18.3	1.3	15.5	0.1	33.6	3.0	0.0	0.3	51.7	37.4	27.0	9.6	100.0	316
35-39	69.1	42.0	17.2	1.9	17.2	0.9	24.1	1.0	0,0	0.1	52.7	39.8	23.3	13.1	100.0	257
40-44	72.5	41.9	22.1	2.2	18.2	0.2	26.0	4.3	0.0	0.0	54.7	34.9	21.4	18.5	100.0	226
45-49	62.9	35.2	15.7	1.9	11.7	0.0	19.4	3.5	0.0	0.0	48.3	30.2	18.1	16.1	100.0	242
50-54	69.5	33.1	13.8	4.6	11.4	0.0	20.2	5.7	2.0	0.0	57.4	31.4	23.5	24.1	100.0	152
Total	66.0	41.9	15.8	1.8	12.1	0.3	28.7	2.6	0.2	0.1	48.1	33.2	21.7	12.2	100.0	1,718
					SI	EXUALLY	(ACTI	VE UNM	ARRIEI	D MEN ¹						
15-19	34.5	34.1	1.4	0.0	0.2	0.3	33.9	0.0	0.0	0.0	10.4	4.2	6.2	0.0	100.0	151
20-24	54.9	54.6	0.1	0.4	0.4	0.2	54.6	0.0	0.0	0.0	17.3	13.0	9.6	0.2	100.0	109
25+	42.7	41.4	0.0	1.0	0.0	1.0	41.4	0.0	0.0	0.0	9.6	7.9	2.4	0.0	100.0	39
Total	43.0	42.5	0.8	0.3	0.2	0.4	42.5	0.0	0.0	0.0	0.1	12.7	7.9	6.9	100.0	300

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.¹ Sexually active unmarried men are those who have had sexual intercourse in the 30 days prior to interview. s and has been suppressed.

3.3 Current Use of Contraception

Tables 3.4.1 and 3.4.2 show the percentage of women and men currently using specific methods of family planning by age. Approximately one out of five currently married women is currently using some method of family planning (22 percent), while two out of five currently married men are using a method (40 percent). The higher levels of use among men are chiefly due to the reporting of higher levels of use of periodic abstinence (the most commonly reported method among men), and condoms. Only two-thirds of use among women and half of use among men involves modern methods. Injectables are the most commonly used modern method among currently married women (6 percent); all other modern methods are used by less than 5 percent of women (see Figure 3.2). The most commonly used modern methods among currently married men are the condom (7 percent), injectables (6 percent), and pills (5 percent).

The current levels of contraceptive use reflect an increase in use since the 1992 MDHS. Use of any modern method doubled from 7 to 14 percent among currently married women, and increased from 13 to 21 percent among currently married men. Much of the increase is due to greater use of injectables.

Table 3.4.1 Current use of family planning: women

Percent distribution of all women and of currently married women and of sexually active unmarried women by contraceptive method currently used, according to age, Malawi 1996

				Мо	dern met	hod			Tradit	ional m	ethod			
Age	Any method	Any modern method	Pill	IUCD	In- ject- ables	Con- dom	Female steri- lisa- tion	Im- plants	Any trad. method	Peri- odic absti- nence	With- draw- al	Not cur- rently using	Total	Number of women
						ALL	WOME	N						
15-19	6.3	3.7	0.9	0.0	0.5	2.3	0.0	0.0	2.6	1.4	0.5	93.7	100.0	618
20-24	20.8	13.7	6.6	0.1	3.0	3.4	0.5	0.0	7.1	1.9	2.2	79.2	100.0	526
25-29	19.7	12.6	2.4	0.2	5.6	1.4	2.8	0.1	7.2	1.9	2.5	80.3	100,0	391
30-34	25.2	19.4	2.6	0.3	11.1	2.0	3.4	0.0	5.8	0.9	1.8	74.8	100.0	368
35-39	26.2	16.2	2.6	1.0	8.6	0.8	3.2	0.0	10.0	3.4	0.8	73.8	100.0	270
40-44	21.0	14.5	2.0	0.3	6.7	1.4	4.1	0.0	6.6	1.0	0.7	79.0	100.0	313
45-49	17.4	11.2	0.0	1.0	3.0	0.3	6.8	0.0	6.2	1.3	0. 9	82.6	100.0	196
Total	18.2	12.2	2.7	0.3	4.9	2 .0	2.3	0 .0	6.1	1.6	1.4	81.8	100.0	2,683
					CURRE	NTLY N	IARRIE	D WON	IEN					
15-19	10.7	6.0	2.6	0.0	1.5	1.9	0.0	0.0	4.7	2.1	1.4	89.3	100.0	207
20-24	22.7	14.3	7.7	0.0	3.5	2.5	0.7	0.0	8.4	2.3	2.7	77.3	100.0	419
25-29	18.1	11.4	2.4	0.2	5.4	1.3	1.9	0.1	6.7	2.1	2.7	81.9	100.0	355
30-34	26.0	20.2	2.9	0.3	11.9	1.9	3.0	0.0	5.8	1.0	2.0	74.0	100.0	329
35-39	28.4	17.7	2.0	1.2	10.0	0.9	3.6	0.0	10.8	3.9	0.9	71.6	100.0	230
40-44	24.2	16.4	2.4	0.3	7.9	1.6	4.1	0.0	7.9	1,0	0.8	75.8	100.0	257
45-49	20.9	12.8	0.0	1.3	4.0	0.2	7.2	0.0	8.1	1.7	1.1	79.1	100.0	150
Total	21.9	14.4	3.4	0.4	6.4	1.6	2.5	0,0	7.5	2.0	1.9	78 .1	100.0	1,947
				SEXU	JALLY	ACTIVE	UNMA	RRIED	WOMEN			,		
15-19	(11.2)	(7.0)	(0.0)	(0.0)	(0.0)	(7.0)	(0.0)	(0.0)	(4.2)	(0.0)	(0.0)	(88.8)	100.0	48
20-24	(27.6)	(27.6)	(2.6)	(1.0)	(1.5)	(22.6)	(0.0)	(0,0)	(0.0)	(0.0)	(0.0)	(72.4)	100.0	25
25+	(34.1)	(23.1)	(1.1)	(0.0)	(15.6)	(6.4)	(0.0)	(0.0)	(11.0)	(1.7)	(0.0)	(65.9)	100.0	21
Total	20.7	16.1	0.9	0.3	3.9	11.0	0.0	0.0	4.6	0.4	0.0	79.3	100.0	94

Note: Figures in parentheses are based on 25-49 unweighted cases.

¹ Sexually active unmarried women are those who have had sexual intercourse in the 30 days prior to interview.

Since 1992, use of injectables among women in their early 30s increased from 1 to 12 percent. In fact, use of modern methods has increased among all age groups since the MDHS, among both women and men (Figures 3.3.1 and 3.3.2). Women under age 20 report increased use of the pill, from 1 to 3 percent. Women in their early 20s also report higher levels of pill use (from 2 to 8 percent), and greater use of injectables. The highest levels of use among women are observed among women in their 30s, who primarily use injectables. Women in their early 40s also rely primarily on injectables, and women in their late 40s increasingly use sterilisation.

The highest levels of use among currently married men are among those in their 30s and early 40s, and their increased levels of prevalence are primarily due to increased use of injectables. The increase in prevalence among men in their early 20s is primarily due to increased use of the pill.

Table 3.4.2 Current use of family planning: men

Percent distribution of all men and of currently married men and of sexually active unmarried men by contraceptive method currently used, according to age, Malawi 1996

					Modern	method				Tradi	tional m	ethod			
Age	Any method	Any modern method	Pill	IUCD	In- ject- ables	Con- dom	Female steri- lisa- tion	Male steri- lisa- tion	Im- plants	Any trad. method	Peri- odic absti- nence	With- draw- al	Not cur- rently using	N Total	lumber of men
							ALL M	EN							
15-19	6.3	6.1	0.0	0.0	0.0	6.0	0.0	0.0	0.0	0.2	0.2	0,0	93.7	100.0	572
20-24	21.1	14.2	2.6	0.2	0.3	10.6	0.6	0.0	0.0	6.9	4.2	1.3	78,9	100.0	492
25-29	30.8	18.5	3,0	0.1	2.5	12.1	0.6	0.0	0.1	12.3	9.6	1.8	69.2	100.0	351
30-34	43.9	23.7	7.5	0.1	6.4	6.8	2.8	0.0	0.1	20.1	15.3	2.4	56.1	100.0	338
35-39	43.6	25.2	6.9	0.5	11.0	5.8	0.9	0.0	0.0	18.5	15.1	1.7	56.4	100.0	265
40-44	42.8	25.0	4.1	0.2	12.5	4.3	3,8	0.0	0.0	17.8	8.3	2.2	57. 2	100.0	231
45-49	38.1	17.0	5.2	0.5	5.2	2.8	3.2	0.0	0.0	21.1	13.9	2.2	61.9	100.0	249
50-54	38,9	19.3	1.3	1.5	5.0	4.4	5.2	1.9	0.0	19.6	11.7	4.1	61.1	100.0	160
Total	28.9	16.8	3.4	0.3	4.2	7.2	1.6	0.1	0.0	12.1	8.3	1.6	71.1	100.0	2,658
				u		CURRE	NTLY M	RRIED	MEN						
15-19	*	*	*	*	*	*	*	*	*	*	*	*	*	100.0	14
20-24	30.2	14.8	5.8	0.4	0.4	6.8	1.4	0.0	0.0	15.4	9.2	2.9	69.8	100,0	216
25-29	35.0	20.5	3.6	0.1	3.0	12.9	0.7	0,0	0.1	14.5	11.4	2.1	65.0	100.0	294
30-34	46.2	24.6	8.1	0.1	6.8	6.4	3.0	0.0	0.1	21.6	16.4	2.6	53.8	100,0	316
35-39	43.9	24.9	7.1	0.5	11.4	5.0	0.9	0.0	0.0	19.0	15.5	1.7	56.1	100.0	257
40-44	43.7	25.5	4.2	0.2	12.8	4.4	3.9	0.0	0.0	18.2	8.5	2.3	56.3	100.0	226
45-49	39.2	17.5	5.4	0.5	5.4	2.9	3.3	0.0	0.0	21.7	14.3	2.3	60.8	100.0	242
50-54	41.0	20.3	1.4	1.6	5.2	4.6	5.4	2 .0	0.0	20.6	12.3	4.3	59.0	100.0	152
Total	39.9	21.4	5.3	0.4	6.4	6.5	2.5	0.2	0.0	18.5	12.7	2.5	60,1	100.0	1,718
			_		SEXU	ALLY A	CTIVE U	NMAR	RIED M	EN ¹					
15-19	17.5	17.3	0.0	0,0	0.2	17.1	0.0	0.0	0.0	0.3	0.3	0.0	82.5	100.0	151
20-24	22.2	21.8	0.0	0.0	0.4	21.4	0.0	0.0	0.0	0.4	0.4	0.0	77.8	100.0	109
25+	22.3	22.3	0.0	0.0	0,0	22.3	0.0	0.0	0.0	0.0	0.0	0.0	77.7	100.0	39
Total	19.9	19.6	0.0	0.0	0.2	19.4	0.0	0.0	0.0	0.3	0.3	0,0	80.1	100.0	300

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Sexually active unmarried men are those who have had sexual intercourse in the 30 days prior to interview.







Although their method use differs, sexually active unmarried women and men report roughly the same levels of current use as the married population. Sixteen percent of sexually active unmarried women and 20 percent of sexually active unmarried men are currently using a modern method. Two-thirds of use by women and virtually all use by men involves condoms.

Differentials in Current Use of Family Planning

While overall levels of contraceptive use are still fairly low in Malawi, Tables 3.5.1 and 3.5.2 show substantial use among particular subgroups of the population. Prevalence of modern methods among currently married urban women (29 percent) is more than twice that among rural women (13 percent). Much of this differential is due to greater use of injectables among urban women (14 percent of currently married women). Prevalence among women increases sharply with increasing education, from 9 percent of women with no education to 44 percent of women with secondary or higher schooling. Prevalence of modern methods is fairly uniform across the regions of Malawi; however, the Central and Southern regions exhibit a greater reliance on injectables, while the Northern region exhibits a more varied method mix including the pill, injectables, and condoms. Prevalence also increases with the number of living children. Differentials in use among men reflect the same general patterns observed among women.

Figures 3.4.1 and 3.4.2 show the percentage of currently married women and men who were current users of modern methods in 1992 and 1996 by background characteristics. Prevalence of modern methods has increased substantially in all subgroups, among both women and men. For example, use of modern methods among men with no education has increased from 5 to 18 percent. The differentials in use across subgroups that were found in the MKAPH are also evident in the MDHS.

Table 3.5.1 Current use of family planning by background characteristics: women

Percent distribution of currently married women by contraceptive method currently used, according to selected background characteristics, Malawi 1996

				Moo	lem met	hod			T	radition	al meth	od			
							Femal			Peri-			Not		
Background characteristic	Any method	Any modern method	Pill	IUCD	In- ject- ables	Con- dom	steri- lisa- tion	Im- plants	Any trad. method	odic absti- nence	With- draw- al	Other trad. method	cur- rently using	Total	Number of women
Residence	• •														
Urban	36.0	28.7	4.8	1.5	14.0	2.7	5.5	0.2	7.3	2.7	2.2	2.4	64.0	100.0	233
Rural	20.0	12.5	3.2	0.2	5.4	1.5	2.1	0.0	7.5	1.9	1.8	3.8	80.0	100.0	1,715
Region															
Northern	27.3	15.0	4.7	0.1	3.8	3.8	2.5	0.1	12.4	1.4	9.0	1.9	72.7	100.0	249
Central	23.1	15.2	3.9	0.1	6.9	1.5	2.9	0.0	7.9	2.3	0.8	4.8	76.9	100.0	789
Southern	19.3	13.6	2.7	0.7	6.8	1.2	2.2	0.0	5.7	1.9	0.9	3.0	80.7	100.0	910
Educational level															
No education	16.1	9.3	1.8	0.0	4.8	0.7	1.9	0.0	6.8	2.1	0.9	3.8	83.9	100.0	869
Primary	24.3	16.6	4.1	0.4	7.4	2.2	2,6	0.0	7.6	1.8	2.6	3.3	75.7	100.0	1,001
Secondary and higher	56.4	44.1	12.8	4.5	13.3	4.9	8.1	0.5	12.3	3.5	3.2	5.7	43.6	100.0	77
No. of living children															
0	2.9	1.8	0.9	0.0	0.0	0.9	0.0	0.0	1.1	1.1	0.0	0.0	97.1	100.0	248
1	17.2	8.3	3.8	0.0	1.2	2.0	1.4	0.0	8.9	3.1	2.6	3.1	82.8	100.0	356
2	23.4	15.4	6.3	0.4	4.5	1.9	2.2	0.1	8.0	1.9	3.4	2.7	76.6	100.0	342
3	23.1	17.4	5.6	0.8	5.9	1.8	3.3	0.0	5.7	1.8	1.6	2.3	76.9	100.0	287
4+	29.6	20.2	1.9	0.5	12.4	1.6	3.8	0.0	9.4	1.9	1.5	6.0	70.4	100.0	715
Total	21.9	14.4	3.4	0.4	6.4	1.6	2.5	0.0	7.5	2.0	1.9	3.6	78.1	100.0	1,947

Table 3.5.2 Current use of family planning by background characteristics: men

Percent distribution of currently married men by contraceptive method currently used, according to selected background characteristics, Malawi 1996

				N	Modern	method				Tr	adition	al metho	bd			
Background characteristic	Any method	Any modern method	Pill	IUCD	In- ject- ables	Con- dom	Female steri- lisa- tion	Male steri- lisa- tion	Im- plants	Any trad. method	Peri- odic absti- nence	With- draw- al	Other trad. method	Not cur- rently using	Total	Number of men
Residence				· · ·												
Urban	52.2	34.0	5.9	1.8	12.4	7.9	5.4	0.3	0.3	18.2	14.7	1.1	2.4	47.8	100.0	239
Rural	37.9	19.3	5.2	0.2	5.5	6.3	2.0	0,1	0.0	18.6	12.3	2.7	3.5	62.1	100.0	1,479
Region																
Northern	33.0	17.5	5.1	0.5	2.3	8.5	1.1	0.0	0.0	15.5	5.7	7.2	2.7	67.0	100.0	201
Central	45.1	21.9	6.4	0.2	7.6	5.0	2.7	0.0	0.0	23.2	17.3	2.5	3.3	54.9	100.0	720
Southern	36.9	21.8	4.4	0.6	6.4	7.4	2.6	0.4	0.1	15.1	10.3	1.2	3.6	63.1	100.0	797
Educational level																
No education	33.2	17.7	4.3	0.0	4.3	6.5	2.5	0.1	0.0	15.6	13.7	1.2	0.7	66.8	100.0	373
Primary	38.8	18.7	4.8	0.1	6.3	5.8	1.6	0.0	0.0	20.1	12.5	3.2	4.5	61.2	100.0	1.129
Secondary and high	er 56.9	41.7	9.8	2.8	10.6	10.1	6.8	1.2	0.2	15.2	11.8	1.0	2.4	43.1	100.0	216
No. of living childre	n															
0	3.2	2.4	0.0	0.0	0.0	2.4	0.0	0.0	0.0	0.7	0.6	0.0	0.1	96.8	100.0	184
1	32.5	18.3	5.1	0.0	1.8	9.3	2.1	0.0	0.0	14.2	9.2	3.9	1.2	67.5	100.0	314
2	47.7	23.8	7.0	0.6	3.5	11.0	1.4	0.1	0.1	23.9	17.2	4.1	2.7	52.3	100.0	280
3	38.6	22.9	7.1	1.1	5.0	7.0	2.6	0.0	0.1	15.7	13.7	0.8	1.2	61.4	100.0	239
4+	50.1	26.2	5.6	0.4	11.9	4.4	3.6	0.4	0.0	23.9	15.3	2.4	6.2	49.9	100.0	700
Total	39.9	21.4	5.3	0.4	6.4	6.5	2.5	0.2	0.0	18.5	12.7	2.5	3.4	60.1	100.0	1,718





3.4 Number of Children at First Use of Contraception

Table 3.6 Number of children at first use of contraception

Family planning methods can be used either for limiting family size, or for spacing or delaying births. Couples who use methods to limit their family size are using contraception after they have had as many children as they would like to have. When fertility desires are high, such couples will not use contraception until late in their reproductive lives, and will adopt contraception to stop further childbearing. Couples who use methods for spacing births will start using contraception earlier, hoping to delay a possible pregnancy. Adopting contraception for spacing purposes may be done before having any children at all or before having many births. To explore motivations for using contraception, women interviewed in the MKAPH were asked how many children they had at the time they first used a method of family planning.

Table 3.6 shows the number of children at first use of contraception among ever-married women. Approximately half of older women (age 35 and older) who have ever used a method of family planning did so for the first time only after having four or more children. Younger women (age 15-29) are more likely to first use a method after having only one or two children. Twenty-seven percent of women age of 20-24 years have already used a method of family planning by the time they have had one child; less than 10 percent of older women had done so. This indicates a trend toward earlier use of contraception in women's reproductive lives.

	Never used contra-		Nur c	nber of livin of first use of	g children f contracep	at time tion			Number	Median number of
Current age	ception	0	1	2	3	4+	Missing	Total	women	children
15-19	79.3	7.7	11.8	1.2	0.0	0.0	0.0	100.0	229	1.2
20-24	59.8	2.6	24.9	10.3	2.1	0.0	0.1	100.0	475	1.7
25-29	58.1	1.9	13.2	12.6	9.8	3.8	0.6	100.0	383	2.4
30-34	51.5	0.8	12.0	9.5	8.1	18.2	0.0	100.0	365	3.2
35-39	51.2	0.1	8.0	7.4	8.1	24,4	0.8	100.0	270	4.1
40-44	58.9	0.1	4.9	2.6	8.4	24.9	0.1	100.0	313	4.6
45-49	64.4	0.1	6.5	4.6	4.9	19.5	0.0	100.0	196	4.4
Total	59.4	1.8	13.0	7.7	6.0	11.8	0.2	100.0	2.230	2.7

3.5 Source of Supply

All current users of modern methods were asked to report the source from which they most recently obtained their methods. Table 3.7 and Figure 3.5 present the percent distribution of current users of modern methods by source of method. Most women obtained their methods from a government facility—25 percent from government hospitals, 24 percent from government health centres, and 9 percent from government dispensaries/maternity clinics/mobile clinics. Thirty-one percent of current users reported the private medical sector (e.g., private hospitals) as their source. The remaining 10 percent are condom users who listed nonmedical sources for their condoms, predominantly shops or pharmacies. In fact, condom users are now much more likely to use shops or pharmacies to obtain condoms than they were in the past; 23 percent of women and 20 percent of men obtained condoms from shops/pharmacies in 1992, while in 1996 the proportions were 44 and 53 percent, respectively.

Table 3.7 Source of supply for modern contraceptive methods

Percent distribution of current users of modern contraceptive methods by most recent source of supply or information, according to specific methods, Malawi 1996

		Contrace	otive method		Δ11
Source of supply	Pill	IUCD	Condom	Inject- ables	modern methods ¹
· · · · · · · · · · · · · · · · · · ·	W	OMEN			
Public	57.8	71.0	36.0	57.2	58.6
Government hospital	16.9	22.6	11.9	53.9	25.4
Government health clinic	33.7	33.2	15.2	3.3	24.1
Mobile clinic	5.7	0.C 0.S	1.5	0.0	4.7
CBD worker	1.2	0.0	0.0	0.0	0.3
Medical private	41.7	27.5	10.5	39.5	31.4
Private hospital	22.2	13.8	1.6	35.9	19.0
Private health centre	0.3	7.3	0.3	0.6	3.2
Dispensary/maternal clinic	11.1	0.4	7.7	0.0	3.9
Private mobile clinic	5.5	3.3	0.0	0.0	2.6
Other private	0.0	0.4	0.0	0.0	0.1
Banja La Mtsogolo	2.5	2.4	1.0	3.0	2.7
Other private	0.5	1.5	53.5	3.3	9.9
Shop	0.0	0.0	41.8	0.0	6.7
Pharmacy Eriands/relatives	0.5	0.0	2.3	0.0	0.5
Other	0.0	0.0	3.2	0.0	0.5
Don't know/missing	0.0	1.5	1.5	3.3	1.5
Total	100.0	100.0	100.0	100.0	100.0
Number of women	73	132	52	62	327
	ľ	MEN	· · · · · · · · · · · · · · · · · · ·		* A * % * ***** * &
Public	61.5	73.1	39.2	74.0	55.7
Government hospital	18.8	31.6	18.0	67.9	27.0
Government health clinic	34.8	34.3	17.6	5.1	23.7
Dispensary/maternal clinic	3.1	5.3	1.8	0.0	2.7
Mobile clinic	0.0	1.9	0.5	0.0	0.7
Other public	2.4	0.0	0.2	1.0	0.7
	20.1		<u> </u>	a r 0	
Medical private	38.1	26.6	5.4	26.0	20.3
Private health centre	22.9	6.4	2.7	18.5	11.4
Dispensary/maternal clinic	12.5	2.3	0.6	5.1	3.9
Private mobile clinic	0.0	0.4	0.0	0.0	0.1
Private doctor	0.3	0.0	0.0	0.0	0.1
Other private	0.0	0.0	0.3	0.0	0.1
Banja La Mtsogolo	2.4	5.7	1.8	2.7	3.2
Other private	0.5	0.2	55.4	0.0	23.9
Shop	0.0	0.0	52.9	0.0	22.6
Pharmacy	0.0	0.0	0.3	0.0	0.1
Bottle shop	0.0	0.0	0.1	0.0	0.0
Rest house	0.0	0.0	0.1	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.4
Don't know/Missing	0.5	0.2	1.1	0.0	0.6
Total	100.0	100.0	100.0	100.0	100.0
Number of men	92	111	191	42	447

¹ Total for women includes eight IUCD users; total for men includes seven IUCD users, 3 users of male sterilisation and one user of implants.



Women and men who were currently using a modern contraceptive method were asked how long it takes to travel (one-way) from their home to the place where they last obtained their method. The results are presented in Table 3.8. Not surprisingly, urban users are closer to their source than are rural users. Twenty-seven percent of women and 41 percent of men in urban areas are within 30 minutes of their source; only 14 and 10 percent of rural women and men are within 30 minutes of their source. The majority of current users of modern methods (60 percent of women and 64 percent of men) have to travel one hour or longer to reach the source they last used.

Table 3.8	Time to source	of modern	contracentive method
-			

Percent distribution of women and men who are currently using a modern method by time to reach a source of supply, according to urban-rural residence, Malawi 1996

T : (Women			Men	
in minutes	Urban	Rural	Total	Urban	Rural	Total
0-14	14.3	10.3	11.3	19.1	4.5	7.7
15-29	12.6	4.1	6.2	21.7	5.9	9.3
30-59	22.0	9.7	12.8	25.8	14.7	17.1
60-119	12.7	16.1	15.2	12.4	22.9	20.6
120+	30.2	50.1	45.1	18.5	50.8	43.8
	5.0	4.9	4.9	0.2	0.0	0.0
Don't know time Not stated	3.1	4.8	4.4	2.4	1.1	1.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of respondents	83	244	327	98	349	447
Median time	45.6	>120	70.9	30.5	>120	60.9

3.6 Reasons for Nonuse

Women and men who are not currently using a method of family planning were asked why they were not doing so. Table 3.9 presents the main reasons for not using a method among currently married women and men.² The most common reason given by both women and men for not using a method of family planning is that they want more children (23 percent of women and 38 percent of men). Not surprisingly, this is a more common response among those under age 30, whereas those over age 30 are more likely to report that it is difficult for them to become pregnant either because they or their partner are subfecund, menopausal, or breastfeeding. Concerns about health effects or side effects were cited by only 3 percent of women and men.

Percent distribution of currently married women and men who are not using any contraceptive method, by main reason for not using, according to broad age groups, Malawi 1996

Reason for not		Women			Men	
using contraception	<30	30-49	Total	<30	30-59	Total
Not having sex	3.2	1.8	2.5	2.8	2.0	2.3
Infrequent sex	1.2	2.3	1.7	2.3	3.4	3.0
Menopausal/hysterectomy	0.0	12.4	5.9	0.0	10.8	7.1
Subfecund/infecund	9.7	2 4.9	16.9	2.4	13.5	9.7
Postpartum/breastfeeding	12.0	9.1	10.6	10.7	11.6	11.3
Wants more children	31.0	13.2	22.6	56,7	28.5	38.2
Pregnant	18.8	11.3	15.2	13.2	10.4	11.3
Respondent opposed	0.8	1.3	1.0	0.4	1.0	0.8
Husband opposed	3.1	2.1	2.6	0.0	0.4	0.3
Others opposed	0.0	0.0	0.0	0.1	0.0	0.0
Religious prohibition	0.8	0.3	0.6	0.7	2.3	1.7
Knows no method	2.6	2.5	2.6	1.6	1.6	1.6
Knows no source	1.4	0.9	1.2	0.6	1.4	1.1
Health concerns	0.3	0.9	0.6	0.0	1.1	0.7
Fear of side effects	1.9	3.0	2.4	0.7	2.7	2.0
Lack of access	1.7	0.9	1.3	2.6	1.9	2.2
Inconvenient to use	0.5	2.6	1.5	0.0	0.4	0.2
Interferes with body	0.4	1.7	1.0	0.0	0.9	0.6
Other	7.4	7.4	7.4	5.1	5.4	5.3
Don't know	3.3	1.5	2.4	0.0	0.6	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women/men	800	721	1521	354	678	1033

3.7 Exposure to Family Planning Messages on Radio

All respondents were asked whether they had heard a message on the radio about family planning during the month preceding the interview. Table 3.10 shows the percentage of women and men who reported hearing such a message, and Figures 3.6.1 and 3.6.2 compare exposure levels in the MKAPH with those in the MDHS. The percentage of women who had recently heard a family planning message on the radio has increased greatly, from only 27 percent in 1992 to 44 percent in 1996. The likelihood of having heard such a message increased among women in all subgroups; however, the differentials across groups continue to exist. For example, urban dwellers are much more likely than rural dwellers to have heard a message, and regional differences are more

²Note that this table should not be compared directly with data presented in the MDHS report because the latter were restricted to persons who also reported they did not intend to use a method in the future; the data presented here include persons regardless of whether or not they intend to use at some time in the future.

pronounced than at the time of the MDHS. The percentage of men who have heard a message has also increased overall since the time of the MDHS, from 49 to 57 percent. Men of all subgroups are more likely than the women in those same subgroups to have heard a radio message, but the gender gap has narrowed since 1992.

All women and men were asked whether they consider it acceptable or unacceptable for child spacing messages to be broadcast on the radio. Table 3.11 indicates that the vast majority of Malawians find such broadcasting acceptable, and the overall level of acceptability (83 percent of women and 93 percent of men) is virtually unchanged since the MDHS. The MKAPH results show regional differences among women that Table 3.10 Exposure to family messages on radio

Percentage of women and men who have heard a radio message about family planning in the month preceding the interview, according to selected background characteristics, Malawi 1996

	Wo	men	Men			
Background characteristic	Heard family planning message	Number of women	Heard family planning message	Number of men		
Residence						
Urban	68.0	350	73.2	437		
Rural	40.8	2,333	53. <u>2</u>	2,221		
Region						
Northern	50.4	313	66.6	331		
Central	35.3	1,118	55.2	1,084		
Southern	51.0	1,253	54.9	1,243		
Educational level						
No education	32.3	1,064	42.9	468		
Primary	49.4	1,481	55.1	1,824		
Secondary and higher	83.7	137	81.0	365		
Total	44.4	2,683	56.5	2,658		

were not evident in the MDHS data. While only 10 percent of MKAPH women in the Southern region reported that they found broadcasting of child spacing messages unacceptable, 20 percent of women in the Central region expressed such an opinion.





Table 3.11 Acceptability of media messages on family planning

Percent distribution of women and of men by acceptability of messages about family planning on the radio, by selected background characteristics, Malawi 1996

	Accep				
Background characteristic	Accept- able	Not accept- able	Don't know/ Missing	Total	Number of respondents
		WOMEN	T		,
Age					
15-19	79.9	15.5	4.6	100.0	618
20-24	88.0	10.3	1.7	100.0	526
25-29	85.7	12.3	2.0	100.0	391
30-34	85.7	12.1	2.2	100.0	368
35-39	85.8	14.2	0.0	100.0	270
40-44	78.1	18.2	3.7	100.0	313
45-49	70.4	25.2	4.4	100.0	196
Residence			. .		250
Urban	89.5	10.0	0.5	100.0	350
Rural	81.8	15.1	3.1	100.0	2,333
Region	22 0	12.1	4.0	100.0	212
Northern	82.0	13.1	4.9	100.0	1110
Central	//.3	20.1	2.0	100.0	1,118
Southern	87.9	9.8	2.3	100.0	1,200
Educational level	76.6	10.0	4.5	100.0	1.044
No education	/6.5	19.0	4.5	100.0	1,064
Primary Second and blob or	80.4	11.9	1.7	100.0	1,481
Secondary and figher	95.2	0.8	0.0	100.0	137
Total	82.8	14.5	2.7	100.0	2,683
		MEN			
Age					
15-19	89.9	4.7	5.4	100.0	572
20-24	94.1	4.4	1.5	100.0	492
25-29	96.8	2.9	0.3	100.0	301
30-34	94.3	2.2	0.2	100.0	228
33-39	94.1	2.8 5.7	0.2	100.0	205
40-44	94.5	18	0.0	100.0	2/9
50-54	86.0	13.4	0.6	100.0	160
Pasidance					
Urban	90.5	8.4	1.1	100.0	437
Rural	93.7	4.6	1.7	100.0	2,221
Region					
Northern	82.5	9.2	8.3	100.0	331
Central	92.7	6.8	0.4	100.0	1,084
Southern	96.4	2.8	0.8	100.0	1,243
Educational level					
No education	91.2	7.7	1.1	100.0	468
Primary	93.5	4.5	2.0	100.0	1,824
Secondary and higher	94.1	5.7	0.2	100.0	365
Total	93.2	5.2	1.6	100.0	2,658

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CHAPTER 4

CHILD HEALTH

This chapter presents data concerning vaccination coverage and reported illnesses in children under five years of age. The data show how vaccination coverage, illnesses, and related treatment vary with background characteristics of children and their caretakers. Subgroups of children who appear less likely to be fully immunised, more susceptible to illness, and less likely to receive appropriate treatment are identified. This information may be used to assess and improve immunisation and primary health care programmes in Malawi.

In the vast majority of cases (94 percent), the principal caretaker for children under age five is the natural mother. In the remaining 6 percent of cases, when the mother was not a household resident, the caretaker was the person most responsible for the routine care of the child. The presence in the household of a child under age five and the identity of the mother or other principal caretaker were ascertained by means of the household schedule.

4.1 Vaccinations

To facilitate evaluation of the Expanded Programme on Immunization (EPI) in Malawi, the MKAPH collected information on vaccination of all children born in the five years preceding the survey. The EPI schedule in Malawi calls for children to receive one dose of BCG vaccine, three doses of DPT vaccine, at least three doses of oral polio vaccine (OPV), and one dose of measles vaccine before the first birthday. BCG is for protection against tuberculosis. DPT protects against diphtheria, pertussis, and tetanus.

Information on vaccination coverage was collected in two ways: from vaccination cards shown to interviewers by the caretakers of children under five and from the verbal reports of caretakers. When caretakers of eligible children were able to produce the cards for inspection, interviewers recorded vaccination dates directly from the cards. Verbal reports were relied on when vaccination cards were presented, but particular vaccinations had not been recorded on the card. In such cases, the caretaker was asked to recall whether a particular vaccine had been given. If the caretaker was not able to provide a card for the child, she was asked to recall whether the child had received each of the required BCG, OPV, DPT and measles vaccinations.

Information on vaccination coverage is presented in Table 4.1. Information in this table is based on the child's health card or the caretaker's report as described above. Data are presented for children 12-23 months, the age range by which children should be fully vaccinated. Of these children, 89 percent had health cards that were seen by the interviewers. The caretakers of the remaining 11 percent of children did not produce health cards for inspection.

Based solely on the evidence of health cards, it is estimated that 88 percent of all children 12-23 months had received a BCG vaccination against tuberculosis. An additional 10 percent of these children had been immunised with BCG according to their caretakers' reports. In all, 98 percent of children aged 12-23 months were reported to have received BCG according to cards or caretaker reports. This proportion is about the same as the percentage reported in the 1992 MDHS (97 percent). According to the MKAPH, 97 percent of children aged 12-23 months had received BCG before age 12 months compared with 95 percent in the 1992 MDHS (see Figure 4.1).

In Table 4.1, coverage for DPT1 and OPV1 is about the same as for BCG. Prevalence of DPT1 and OPV1 received at any time before the survey is 98 and 99 percent, respectively. Before the first birthday, 97 percent of children received DPT1 and 98 percent received OPV1.

Table 4.1 Vaccinations by source of information

Percentage of children 12-23 months who had received specific vaccines at any time before the survey, by whether the information was from the vaccination card or from the mother, and the percentage vaccinated by 12 months of age, Malawi 1996

Background	Vaccinations							Percent	Number			
characteristic	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All ¹	None	children	children
Vaccinated at any												
time before survey												
Vaccination card	88.4	88.0	86.3	83.0	88.9	86.8	83.9	78.9	76.1	0.0	88.9	378
Mother's report	9.5	9.5	9.5	8.4	9.5	9.5	5.3	9.4	5.2	1.5	11.1	47
Either source	97,9	97.5	95.8	91.4	98.5	96.3	89.1	88.3	81.3	1.5	100.0	425
Vaccinated by												
12 months of age	97.2	96,7	91.7	81.2	97.6	93.2	82.8	67.9	54.5	1.6	100.00	425

Note: For children whose information was based on the mother's report, the proportion of vaccinations given during the first year of life was assumed to be the same as for children with a written record of vaccination.¹ Children who are fully vaccinated (i.e., those who have received BCG, measles and three doses of DPT and polio).



Some attrition in coverage of DPT and OPV occurs between the first and third vaccinations. As seen in Table 4.1, the coverage of DPT given any time before the survey goes from 98 percent at the first vaccination to 96 percent at the second and 91 percent at the third (a drop in coverage of 7 percent). Prevalence of OPV1-3 at any time before the survey falls from 99 percent for the first vaccination to 96 percent for the third, a drop of 10 percent. In the 1992 MDHS, the attrition for both DPT and OPV was about 10 percent.

There is also some attrition in the proportion of children receiving DPT coverage by the first birthday. The proportion vaccinated in the first year of life drops from 97 percent for DPT1 to 92 percent for DPT2 and 81 percent for DPT3. This represents a dropout rate of 16 percent compared with 12 percent in 1992. OPV1 coverage in the first year is 98 percent compared with 93 percent for OPV2 and 83 percent for OPV3. This represents a dropout rate of 15 percent for OPV compared with 12 percent reported by the 1992 MDHS.

According to the MKAPH, prevalence of measles vaccination received at any time before the survey is 88 percent. Sixty-eight percent of children received a measles vaccination by 12 months of age. By comparison, the 1992 MDHS reported that 86 percent of children aged 12-23 months had been immunised against measles, while 70 percent received the measles vaccination before their first birthday.

In Table 4.1, complete vaccination at any time before the survey among children 12-23 months is 81 percent, while 55 percent of children are reported to have been fully vaccinated before their first birthday. The 1992 MDHS reported that 82 percent of children 12 to 23 months were completely vaccinated at the time of the survey and 67 percent had received all the required vaccinations before age one. The objective of the EPI in Malawi is for children to receive all recommended vaccinations by the first birthday.

Table 4.2 reports vaccination coverage among children aged 12-23 months by background characteristics. The proportion of boys who had received all vaccinations (84 percent) is slightly higher than the corresponding proportion of girls (78 percent). The proportion of children fully vaccinated decreases with increasing birth order from 89 percent at birth order one to 74 percent at six and above. Complete coverage in urban areas (88 percent) is higher than in rural areas (80 percent).

There is a marked difference in level of complete vaccination by region which was not found in the 1992 MDHS. In Table 4.2, the Southern Region has the highest coverage (90 percent) followed by the Northern Region (82 percent) and the Central Region (73 percent). Children whose caretakers have some schooling are more likely to be completely vaccinated than those whose caretakers have no formal education.

4.2 Vitamin A Coverage

Vitamin A deficiency is a major cause of blindness in children in developing countries. Inadequate vitamin A is also associated with impaired immune responses to infection, including lower respiratory tract infection. In Malawi, the MOHP, with UNICEF support, is implementing a programme of vitamin A supplementation for children. Under this programme, tablets are administered directly to children under five years of age. Another objective of the supplementation programme is to give vitamin A to mothers within eight weeks after giving birth. The main purpose of giving mothers a dose of vitamin A is to benefit nursing infants who receive the vitamin through breast milk.

At the request of UNICEF, the MKAPH survey asked two questions to ascertain the extent of direct and indirect (maternal) vitamin A supplementation of children's diets. Caretakers of children under five were asked if the child had ever been given a vitamin A tablet. Mothers who had given birth at some time prior to the survey were asked if they had received a tablet within eight weeks after the birth of their last child. The results of these two questions appear in Tables 4.3 and 4.4 and Figure 4.2.

Table 4.2 Vaccinations by background characteristics

Background	Immunisations received								Percent with a vaccine-	Number		
characteristic	BCG	DPT1	DPT2	DPT3	Polio1	Polio2	Polio3	Measles	All	None	tion card	children
Sex										•		
Male	98.0	98.9	96.5	92.9	99.0	97.5	90.1	9 0.0	84.2	1.0	89.0	226
Female	97.9	95.9	94.9	89.6	97.9	94.9	88.1	86.4	78.0	2.1	88.8	199
Birth order												
1	100.0	100.0	100.0	98.8	100.0	97.1	91.3	97.2	88.9	0.0	90.7	89
2-3	96.7	95.5	94.2	93.6	96.9	95.6	89.9	88.3	83.2	3.1	89.5	150
4-5	97.8	97.8	95.2	86.2	97.8	97.8	84.1	88.2	78.9	2.2	83.2	89
6+	98.0	98.0	94,9	86.0	100.0	95.1	90.6	80.3	73.6	0.0	91.6	97
Residence												
Urban	97.9	98.1	97.0	95.3	98.6	97.4	91.1	94.3	88.0	1.4	84.8	51
Rural	97.9	97.4	95.6	90.9	98.4	96.1	88.9	87.5	80.4	1.6	89.5	374
Region												
Northern	100.0	100.0	98.4	90.4	100.0	98.4	86.7	88.3	81.7	0.0	81.2	51
Central	95.8	94.6	91.3	85.8	96.8	93.5	84.5	82.9	72.9	3.2	86.7	185
Southern	99.4	99.6	99.4	97.2	99.6	98.4	94.4	93.7	89.5	0.4	93.1	189
Caretaker's education												
No education	95.7	94.7	92.6	89.0	96.7	92.6	86.8	82.3	76.5	3.3	91.2	189
Primary	99.8	99.7	98.2	92.7	99.8	99.2	91.4	92.8	85.1	0.2	89.1	210
Secondary and higher	98.3	100.0	98.9	98.9	1 00 ,0	100.0	85.9	96.0	83.6	0.0	73.8	21
All children	97.9	97.5	95.8	91.4	98.5	96.3	89.1	88.3	81.3	1.5	88.9	425

Percentage of children 12-23 months who had received specific vaccines by the time of the survey (according to the vaccination card or the mother's report), and the percentage with a vaccination card, by background characteristics, Malawi 1996

The prevalence of direct vitamin A supplementation of children's diets increases in predictable ways. As seen in Table 4.3, coverage increases as children get older and their chances of being reached by the supplementation programme increase because they are exposed to the programme repeatedly when they go to sick child clinics. Among children aged 0 through 5 months and 6 to 11 months, the prevalence of at least one dose of vitamin A is 6 percent. After the first birthday, coverage rises from 8 percent for children 12-23 months to 28 percent at 48-59 months.

Vitamin A coverage varies slightly by place of residence and more strongly by level of education of the caretaker. As seen in Table 4.3, the percentage of children in urban areas who received at least one dose of vitamin A before the survey is 19 percent compared with 15 percent in rural areas. Prevalence is markedly higher among children whose caretakers have secondary or higher education (23 percent) than among those whose caretakers have primary schooling (16 percent) or no formal education (15 percent). Overall, the proportion of children receiving at least one dose of vitamin A among children 0-59 months is 16 percent.

As seen in Table 4.4, vitamin A supplementation given to women within 8 weeks of giving birth varies by education. Thirty percent of women with secondary or higher education received vitamin A within eight weeks compared with 23 percent of women with only primary education and 22 percent of those with no formal education. In all, 23 percent of mothers reported receiving vitamin A within 8 weeks after the last birth, while another 13 percent received it after 8 weeks.

4.3 **Respiratory Infections**

An important cause of sickness and death among children under five is respiratory disease. On a worldwide basis, WHO estimates that acute respiratory infection (ARI) accounts for more than 4 million deaths annually in children under five (WHO, 1995). Many of these deaths occur in Africa. The precise extent of the ARI problem in Malawi is unknown but ARI is recognised as a major cause of childhood morbidity and mortality. At outpatient clinics in Malawi, ARI in children is the second most common cause of attendance next to malaria.

Because of the importance of ARI as a public health problem, the Ministry of Health and Population (MOHP) has made respiratory infection in children a high priority. Clinicians in primary health care centres have been trained in a new syndromic protocol for diagnosing and treating children with ARI. The emphasis of this protocol is on distinguishing between the syndrome which constitutes ARI and other symptoms of respiratory infection.

The kcy symptom in the WHO protocol for clinical diagnosis of ARl is fast or difficult breathing due to chest problems. The protocol requires clinicians who detect fast or difficult breathing due to chest problems in a child to diagnose pneumonia, especially if the fast or difficult breathing is accompanied by chest in-drawing or harsh respiratory sounds (stridor).

The MKAPH survey gathered information on the prevalence of ARI-related symptoms by questioning caretakers about the presence of fast or difficult breathing due to chest problems during the two weeks preceding the interview. Information on other respiratory symptoms in

Table 4.3 Vitamin A coverage of children

Percentage of children under 5 years who had received at least one dose of vitamin A by the time of the survey, by selected background characteristics, Malawi 1996

Background characteristic	Percent of children with vitamin A	Number of child- ren under 5 years
Child's age (months)		
<6	6.4	215
6-11	6.2	245
12-23	8.2	425
24-35	15.3	454
36-47	24.5	394
48-59	28.2	338
Sex		
Male	15.1	996
Female	16.3	1,075
Birth order		
]	18.8	414
2-3	13.7	718
4-5	16.5	485
6+	15.2	454
Residence		
Urban	18.8	239
Rural	15.3	1,832
Region		
Northern	21.2	283
Central	16.7	928
Southern	12.9	860
Caretaker's education		
No education	14.8	907
Primary	16.0	1,068
Secondary and higher	23.2	8 6
Total	15.7	2,071

children under five was also gathered. The objective was to estimate the prevalence of respiratory illness as perceived by caretakers. It should be borne in mind that morbidity data collected in surveys depend on the subjective judgements of informants, in this case caretakers of children under five, and are not validated by medical personnel.

Table 4.5 shows that 12 percent of children age 0-59 months were reported by their caretakers as having fast or difficult breathing due to chest problems during the two weeks preceding the survey. Variations by age are not large, but there is an increase in prevalence of chest-related fast or difficult breathing at 6-11 months, an age when the immunity conferred by breastfeeding declines as a child makes the transition to other foods (see Figure 4.3). Prevalence is also noticeably higher in rural areas where 13 percent of children are reported to have shown chest-related breathing difficulties compared with 7 percent in urban areas.



Table 4.4 Vitamin A dosage of women

Percentage of women who had given birth who received a vitamin A capsule within eight weeks of the birth of the last child and after eight weeks, by background characteristics, Malawi 1996

]				
Background characteristic	Within 8 weeks after last birth	More than 8 weeks after last birth	Any time after last birth	Don't know	Number of women
Age					
15-19	22.0	8.3	30.3	0.0	161
20-24	27.4	15.6	43.1	1.9	432
25-29	26.6	12.6	39.2	0.9	364
30-34	22.8	15.4	38.2	2.3	357
35-39	22.0	11.1	33.1	1.3	261
40-44	18.4	11.0	29.4	2.0	301
45-49	14.5	7.5	22.0	5.3	187
Residence					
Urban	22.2	19.0	41.2	1.7	253
Rural	23.0	11.6	34.6	1.9	1,813
Region					
Northern	29.6	3.2	32.7	1.1	262
Central	17.9	15.3	33.2	2.9	838
Southern	25.3	12.6	37.9	1.2	966
Caretaker's education					
No education	22.3	11.7	34.0	1.9	907
Primary	22.7	13.1	35.8	1.9	1.069
Secondary and higher	30.2	13.0	43.2	1.4	89
Total	22.9	12.5	35.4	1.9	2,067

Caretakers were asked whether they tried to obtain care outside the home for children with fast or difficult breathing due to chest problems. Seventy-six percent of children with fast or difficult breathing due to chest problems had caretakers who looked for care outside the home. In terms of age of child, there is no clear pattern. The proportion of children of birth order 6 and over whose caretakers sought outside care (65 percent) was much lower than the proportion of children of lower birth orders whose caretakers sought outside care (close to 80 percent). Outside care was more prevalent in the Northern Region (87 percent) compared with the Southern (77 percent) and Central Regions (73 percent). No clear difference in the tendency to seek outside care was found by sex of child, urban-rural residence, region, or level of education of the caretaker.

Fast or difficult breathing due to chest problems is symptomatic of serious childhood illness which requires medical attention, a fact which seems to have been recognised by almost half of the caretakers. Table

Table 4.5 Prevalence of fast or difficult breathing due to chest problems and treatment outside the home

	All chi	ldren							
	Percent with fast or difficult breathing	Number of children	Percent of children with fast or difficult breathing due to chest problems receiving care from:						
Background characteristic	due to chest problems		Any outside source	Hospitals or health centres	Shops selling medicines	Traditional healers	Other sources	Number of children	
Child's age (months)									
<6	11.3	215	(66.9)	(30.3)	(36.7)	(3.3)	(0.0)	24	
6-11	16.0	245	(90.8)	(68.5)	(14.9)	(15.8)	(2.4)	39	
12-23	13.4	425	(67.4)	(46.7)	(18.9)	(8.6)	(0.0)	57	
24-35	12.5	454	(83.0)	(57.5)	(23.9)	(3.4)	(4.9)	57	
36-47	9.8	394	(54.3)	(32.8)	(15.9)	(0.6)	(5.0)	39	
48-59	11.8	338	(88.7)	(29.5)	(54.9)	(4.4)	(4.1)	40	
Sex									
Male	12.2	996	75.7	41.5	32.7	6.4	0.8	122	
Female	12.5	1,075	75.8	50.2	20.3	6.0	4.7	134	
Birth order									
1	16.5	414	78.8	52.0	21.3	8.5	5.2	68	
2-3	12.2	718	77.8	41.2	33.3	5.9	0.9	88	
4-5	9.7	485	(79.7)	(47.4)	(32.0)	(1.7)	(6.2)	47	
6+	11.6	454	(64.9)	(45.3)	(15.6)	(7.7)	(0.0)	53	
Residence									
Urban	6.8	239	74.1	53.7	15.0	6.0	0.8	16	
Rural	13.1	1,832	75.9	45,5	2 7.0	6.2	3.0	239	
Region									
Northern	9.7	283	(87.2)	(39.4)	(31.5)	(12.3)	(12.3)	27	
Central	15.0	928	72.7	42.1	26.1	1.7	2.8	139	
Southern	10.3	860	76.9	54.3	24.8	11.3	0.0	89	
Caretaker's education	_								
No education	11.7	907	76.0	47.2	22.5	3.7	4.4	106	
Primary	13.5	1,068	7 4 .7	43.7	29.5	8.3	1.8	144	
Secondary and higher	6.5	86	•	•	*	٠	•	6	
Гotal	12.3	2,071	75.7	46.1	26.2	6.2	2.8	256	

Note: Figures in parentheses are based on 25-49 children. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.



centres. Prevalence of care-seeking at these institutions more than doubles from 30 percent at less than 6 months of age to a a peak of 69 percent at 6-11 months. The proportion of girls whose caretakers sought care at hospitals or health centres (50 percent) is higher than the corresponding proportion of boys (42 percent).

In terms of birth order, the highest proportion of children receiving care from clinics or hospitals (52 percent) is children of birth order 1; the lowest (41 percent) is children of birth order 2-3. Regionally, by far the highest percentage of children with ARI symptoms receiving care from health facilities is the Southern Region (54 percent) followed by the Central Region (42 percent) and the Northern Region (39 percent). Predictably, the prevalence of care received from medical facilities is higher in urban areas (54 percent) than in rural areas (46 percent).

In Table 4.5, 26 percent of children are reported to have received care from shops selling medicines. Children residing in urban areas appear much less likely to get care from shops than children in rural areas where medical facilities are less accessible. Very small proportions of children received care from traditional healers and other sources.

Table 4.6 presents the prevalence of fast or difficult breathing due to blocked nose but not chest problems. In all, 7 percent of children age 0-59 months were reported by their caretakers to have had blocked nose problems without chest problems. Table 4.7 shows that 58 percent of these children received care from outside the home, 38 percent from hospitals or health centres, and 17 percent from shops selling medicines. Small percentages received care from traditional healers, pharmacies, and other sources.

As seen in Table 4.8, 38 percent of children were reported to have had a cough without the ARI symptoms of fast or difficult breathing. Sixty-four percent of all children 0-59 months who had coughs during the 2 weeks before the survey are reported to have received care from outside the home. In Table 4.8, the most prevalent source of care is hospitals or health centres (37 percent), followed by shops selling medicines (26

percent). Very small percentages of children with a cough received care from other sources.

4.4 Diarrhoea

The World Health Organisation (WHO) has estimated that diarrhoea is responsible for more than 3 million deaths per annum worldwide among children under five (WHO, 1995). About half of these deaths are due to dehydration. Diarrhoea deaths from dehydration are preventable through oral rehydration therapy (ORT), which includes treating the child with a solution prepared from packets of oral rehydration salts (ORS). ORS packets contain salts (electrolytes) and carbohydrates (e.g., glucose, sucrose, and rice powder).

Virtually all maternal and child health (MCH) programmes in the developing world attempt to achieve widespread use of ORS or homemade solutions prepared according to specific recipes. In Malawi, the MOHP promotes the sale of ORS in pharmacies and shops and also distributes it in hospital outpatient departments and health centres. Mothers are also educated in the preparation of homemade rehydration solutions composed of maize porridge or rice water. ORT has been actively promoted by the Government of Malawi and NGOs since the mid-1980s.

The MKAPH survey asked caretakers whether diarrhoea had occurred in their children under five during the preceding two weeks and whether there was blood in the stools. Caretakers were also asked how the diarrhoea was treated. Tables 4.9, 4.10, and 4.11 present the reported prevalence of diarrhoea and related treatment patterns.

Table 4.6 Prevalence of fast or difficult breathing due to blocked nose

Percentage of children under five who had fast or difficult breathing due to blocked nose but not chest problems during the two weeks preceding the survey, by background characteristics, Malawi 1996

Background characteristic	Percent with fast or difficult breathing due to blocked nose but not chest problems	Number of children
Child's age (months)		
<6	2.5	215
6-11	9.1	245
12-23	6.1	425
24-35	9.1	454
36-47	6.0	394
48-59	5.4	338
Sex		
Male	7.0	996
Female	6.2	1,075
Birth order		
1	8.3	414
2-3	8.1	718
4-5	6.6	485
6+	2.6	454
Residence		
Urban	4.7	239
Rural	6.9	1,832
Region		
Northern	7.8	283
Central	8.3	928
Southern	4.3	860
Caretaker's education		
No education	6.3	907
Primary	6.7	1,068
Secondary and higher	6.5	86
Total	6.6	2,071

Table 4.7 Percentage chest probl the home,	Treatment outs of children und ems in the two w Malawi 1996 Of ch bloc	ide the home of f er five with fast eeks preceding th nildren with fast ked nose, percer	fast or difficult breath or difficult breath e survey who reco or difficult breath at who received ca	eathing due to block ing due to block eived care from ing due to are from:	plocked nose ked nose but no sources outside
Any outside source	Hospitals or health centres	Shops selling medicines	Traditional hcalers	Other sources	Number of children
57.8	37.8	17.4	5.6	1.9	137

Table 4.8 Prevalence of cough and treatment outside the home

Percentage of children under five who had cough but not fast or difficult breathing during the two weeks preceding the survey and percentage taken for care outside the home, by background characteristics, Malawi 1996

	All cl	nildren		Percent o diffici	f children wi alt breathing	ith cough but receiving care	not fast or e from:	
Background characteristic	Percent with cough	Number of children	Any outside source	Hospitals or health centres	Shops selling medicines	Traditional healers	Other sources	Number of children
Child's age (months)								
<6	37.4	215	60.9	41.0	21.2	0.0	1.0	80
6-11	42.5	245	75.7	39.4	32.5	2.6	3.7	104
12-23	38.1	425	64.1	36.2	26.3	2.5	0.5	162
24-35	37.4	454	66.3	44.0	21.6	2.6	0.5	170
36 -47	34.8	394	58.6	32.6	26.3	0.0	1.9	137
48-59	36.3	338	57.4	27.4	30.8	0.8	1.4	123
Sex								
Male	35.4	996	63.6	34.6	29.3	0.8	1.2	353
Female	39.4	1,075	63.9	38.6	23.8	2.2	1.6	424
Birth order								
1	34.9	414	58.7	39.2	15.6	1.4	2.7	144
2-3	36.0	718	66.7	37.7	29.2	2.6	1.8	259
4-5	41.4	485	63.2	36.5	26.3	0.4	0.6	201
6+	38.0	454	64.3	33.8	30.8	1.4	0.5	172
Residence								
Urban	38.3	239	70.1	41.3	28.1	0.3	1.3	92
Rural	37.4	1,832	62.9	36.2	26.1	1.7	1.4	685
Region								
Northern	45.5	283	78 .0	35.2	36.9	3.4	4.6	129
Central	32.6	928	52.8	28.9	23.3	0.6	0.7	303
Southern	40.1	860	68.1	44.3	25.0	1.7	0.8	345
Caretaker's education								
No education	37.9	907	59.5	35.0	24.2	2.2	1.4	344
Primary	37.7	1,068	66.5	37.5	28.0	1.2	1.5	402
Secondary and higher	30.3	86	80.8	48.1	32.1	0.0	0.5	26
Total	37.5	2,071	63.8	36.8	26.3	1.6	1.4	776

Table 4.9 gives the prevalence of diarrhoca in children under five. Overall, 16 percent of children 0-59 months of age were reported to have had diarrhoea during the two weeks preceding the survey. Two percent of children were reported to have experienced bloody diarrhoea. Diarrhoea prevalence increases with age to a peak at 6-11 months (37 percent) and then falls at older ages. A similar pattern is observable for bloody diarrhoea. Variations by other background characteristics are small.

Table 4.10 shows treatment patterns for children with diarrhoea. In all, 49 percent of children with diarrhoea during the two weeks preceding the survey received care from outside the home. Place of residence and education of caretaker are the background factors most strongly related to outside treatment. Fifty percent of rural children with diarrhoea are reported as having received care from outside the home compared with only 38 percent of urban children. Regionally, prevalence is highest in the Northern Region where 66 percent of children received outside care compared with 50 percent in the Central Region and 43 percent in the Southern Region. Predictably, prevalence is higher among children whose caretakers had at least primary education than among children with caretakers who had no education.

Caretakers of 32 percent of children classified as being ill with diarrhoea reported that they sought care from a hospital or health centre. Caretakers of 11 percent of children tried to obtain care at shops selling medicines, while 4 percent consulted traditional healers.

In Table 4.10, age of child and education of caretaker are related to the likelihood of receiving care from a hospital or clinic. In terms of age of child, prevalence of modern medical facilities as a source of care peaks at 6-11 months when children start losing the protection of breastfeeding. Having a caretaker with secondary or higher education is more likely to result in outside care than if the child's caretaker has primary education or no education.

Table 4.11 shows the reported use of ORS and other forms of oral rehydration therapy. Overall, 50 percent of children with diarrhoea were given ORS. ORS use peaks at 62 percent in the 24-35 month age group. Fifty-three percent of boys with diarrhoea received ORS compared with 46 percent of girls. Prevalence was higher among birth orders 4 and above compared with lower birth orders. Use of ORS in rural areas (51 percent) is markedly higher than in urban areas (41 percent).

Five percent of children received recommended home fluids (RHF), while 51 percent received increased fluids. As ex-

Table 4.9 Prevalence of diarrhoea

Percentage of children under five who had diarrhoea and diarrhoea with blood in the two weeks preceding the survey, by background characteristics, Malawi 1996

	Children w	ith diarrho ea	Number
Background characteristic	All diarrhoea	Diarrhoea and blood	of children
Child's age (months)			
<6	7.4	0.0	215
6-11	36.6	4.5	245
12-23	32.6	3.6	425
24-35	11.8	2.1	454
36-47	7.2	1.4	394
48-59	2.1	0.5	338
Sex			
Male	18.1	28	996
Female	14.2	14	1 075
1 cindle	1-1.2	17	1,070
Birth order			
1	19.4	1.8	414
2-3	16.7	1.9	718
4-5	14.0	2.7	485
6+	14.1	2.0	454
Residence			
Urban	14.4	1.3	239
Rural	16.3	22	1.832
	10,0		,, <u>-</u>
Region			
Northern	14.5	1.8	283
Central	16.8	2.3	928
Southern	15.8	1.9	860
Caretaker's education			
No education	15.6	2.4	907
Primary	16.4	1.8	1.068
Secondary and higher	14 3	0.0	86
secondary and inglice		0,0	00
Total	16.1	2.1	2,071

pected, the prevalence of some type of ORT is strongly associated with increasing education of caretaker and is also more prevalent among children living in urban areas compared with their rural counterparts. Thirty percent of children with diarrhoea received no ORT (neither ORS nor RHF). As recommended in primary health care settings in Malawi, 61 percent of children with diarrhoea received the same amount or more food.

Table 4.10 Sources of treatment for diarrhoea

Percentage of children under five who had diarrhoea during the two weeks preceding the survey and percentage who received care from sources outside the home, by background characteristics, Malawi 1996

	Percent of	Number of				
Background characteristic	Any outside source	Hospitals or health centres	Shops selling medicines	Traditional healers	Other sources	children with diarrhoca
Child's age (months)					·····	
<6	•	+	•	•	*	16
6-11	57.5	37.1	8.0	6.9	6.3	90
12-23	48.1	31.5	12.0	3.7	2.6	138
24-35	42.8	30.0	10.8	0.0	3.0	53
36-47	(38.6)	(24.6)	(13.1)	(0.8)	(0.0)	28
48-59	` *´	*	` • ´	•	`*´	7
Sex						
Male	49.0	31.3	9.2	6.4	3.5	180
Female	49.0	32.4	13.5	1.1	4.0	152
Birth order						
1	48.8	29.8	11.4	8.1	3.6	80
2-3	47.8	30.0	10.9	4.1	2.7	120
4-5	45.8	30.0	11.0	2.4	2.4	68
6+	54.9	39.4	11.7	0.0	7.4	64
Residence						
Urban	38.3	28.8	9.2	2.8	0.4	34
Rural	50.2	32.2	11.4	4.1	4.1	298
Region						
Northern	65.5	32.2	13. 2	5.9	16.1	41
Central	49.6	31.3	13.3	2.7	3.8	156
Southern	43.3	32.2	8.2	4.8	0.0	136
Caretaker's education						
No education	43.6	29.8	8.5	2.0	4.7	142
Primary	52.1	32.5	12.6	5.9	3.3	175
Secondary and higher	(50.1)	(39.4)	(9.6)	(0.0)	(1.1)	12
Total	49.0	31.8	11.2	3.9	3.8	333

Note: Figures in parentheses are based on 25-49 children. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

Table 4.11 Treatment of diarrhoea

Among children under five with diarrhoea, the proportions who were given increased fluids, ORS, recommended home fluids (RHF), neither ORS nor RHF, and the same amount or more food, by background characteristics, Malawi 1996

	Percent of children under five with diarrhoea who received:						
Background characteristic	Increased fluids	ORS	RHF	Neither ORS nor RHF	Same amount or more food	Number of childrer	
Child's age (months)						, ,	
<6	٠	٠	*	•	•	16	
6-11	44.4	41.0	2.5	32.1	49.0	90	
12-23	51.4	54.7	7.0	26.3	59.0	138	
24-35	67.3	62.2	1.4	22.5	66.2	53	
36-47	(45.2)	(48.9)	(10.6)	(34.1)	(73.8)	28	
48-59	•	*	•	•	•	7	
Sex							
Male	50.8	53.2	7.8	29.9	55.2	180	
Female	51.1	45.6	2.3	29.9	67.4	152	
Birth order							
1	52.8	49.5	0.6	22.7	67.6	80	
2-3	54.7	41.0	9.2	37.3	61.8	120	
4-5	46.4	56.7	4.1	29.5	53.3	68	
6+	46.6	59.0	5.1	25.6	58.4	64	
Residence							
Urban	56.6	40.8	5.3	28.9	62.9	34	
Rural	50.3	50.8	5.3	30.0	60.5	298	
Region							
Northern	63.5	45.7	10.9	24.7	71.7	41	
Central	44.6	47.0	7.2	33.0	56.5	156	
Southern	54.5	54.1	1.4	28.0	62.4	136	
Caretaker's education							
No education	38.5	49.2	4.3	35.6	58.8	142	
Primary	57.9	50.1	5.0	27.4	60.4	175	
Secondary and higher	(80.6)	(50.1)	(22.5)	(10.7)	(92.2)	12	
Total	51.0	49.7	5.3	29.9	60.8	333	

4.5 Fever

Fever is common among children in Malawi and has a number of causes including lower respiratory infections, malaria, and measles. In Malawi where malaria is endemic, many fevers in children are thought to be due to malaria. Because of the wide prevalence of fevers, caretakers were asked if their children under five had a fever in the previous two weeks and, if so, where treatment was obtained.

Table 4.12 shows that 45 percent of children under five were reported to have had fever in the two weeks preceding the survey. Prevalence of fever peaks at 54 percent in the 6-23 month age group (see Figure 4.4). Reported prevalence among females (48 percent) is higher than among males (42 percent). Rural prevalence (46 percent) is higher than urban (36 percent). The prevalence of fever among children whose caretakers have

Table 4.12 Prevalence of fever and treatment outside the home

Percentage of children under five who had fever during the two weeks preceding the survey and percentage taken for care outside the home, by background characteristics, Malawi 1996

Background characteristic	All c	hildren	Percent of children with fever receiving care from:					m:
	Percent with fever	Number of children	Any outside source	Hospitals or health centres	Shops selling medicines	Traditional healers	Other sources	Number of children
Child's age (months)								
<6	29.1	215	72.9	43.3	27.9	4.4	0.0	63
6-11	53.7	245	72.6	37.6	31.3	0.3	4.5	132
12-23	53.6	425	72.4	44.4	25.4	4.4	1.9	228
24-35	49.5	454	69.8	27.4	42.7	0.4	1.4	225
36-47	37.5	394	59.4	30.1	28.2	2.2	1.7	147
48-59	39.5	338	69.3	27.4	36.4	4.2	2.1	134
Sex								
Male	41.8	996	70.1	33.8	32.6	3.1	1.7	416
Female	47.6	1,075	68.7	35.1	32.7	2.0	2.3	512
Birth order								
1	48.4	414	64.9	33.4	30.8	1.9	1.6	200
2-3	44.1	718	71.1	34.7	34.0	3.8	1.5	317
4-5	43.9	485	64.8	30.0	33.2	1.8	1.8	213
6+	43.7	454	75.7	40.4	31.8	1.5	3.7	198
Residence								
Urban	35.6	239	75.3	44.4	30.8	1.6	1.2	85
Rural	46.0	1,832	68.7	33.5	32.8	2.6	2.1	843
Region								
Northern	43.7	283	82.7	29.2	47.2	3.5	6.8	124
Central	44.3	928	64.7	32.6	31.1	1.6	0.0	411
Southern	45.7	860	70.0	38.3	29.6	3.1	2.7	393
Caretaker's education								
No education	46.3	907	66.5	28.5	33.8	4.3	2.1	420
Primary	44.6	1,068	71.2	38.2	32.4	1.0	2.1	477
Secondary and higher	30.0	86	82.3	64.2	18.0	0.0	0.0	26
Total	44.8	2,071	69.3	34.5	32.6	2.5	2.0	928

secondary or higher education (30 percent) is much lower than among children whose caretakers have primary education (45 percent) or no education (46 percent).

As seen in Table 4.12, caretakers of 69 percent of children with fever sought care outside the home. Eighty-two percent of children whose caretakers had secondary or higher education received outside care compared with 71 percent of children whose caretakers had primary education and 67 percent whose caretakers had no education. The prevalence of outside care was more common in the Northern Region compared with the Southern and Central Regions. Prevalence was also higher in urban areas (75 percent) compared with rural areas (69 percent).

Thirty-five percent of children received care from hospitals or health centres and 33 percent from shops selling medicines. Use of hospitals or health centres as sources of care is higher in urban areas as compared with rural areas, the Southern Region compared with the Central and Northern Regions, and among children whose caretakers have secondary or higher education compared to those whose caretakers have primary education or no education.



As a follow-up question, caretakers of children with fever who received care from a hospital or health centre were asked if the fever had been diagnosed as malarial. Whether or not these children were diagnosed as having malaria, their caretakers were also asked if malaria medication had been prescribed and whether the child had been given the prescribed medication. Establishing the total reported prevalence of malaria medication prescriptions regardless of whether there was a diagnosis of malaria is of interest because, in Malawi, the protocol for syndromic diagnosis and treatment of children under five requires clinicians to prescribe malaria medication for all fevers whether or not a clinical diagnosis of malaria can actually be made.

Table 4.13 shows that 66 percent of children who received care for fever from a hospital, health centre, or clinic were diagnosed as having malaria. Eighty-seven percent of the children who were treated for fever at medical facilities were prescribed malaria medication and 94 percent of those who received prescriptions were given the medication. In terms of background characteristics, the proportion of malaria diagnoses in children from rural areas (67 percent) was higher than the percentage (60 percent) among children from urban areas. The proportion of fever cases diagnosed as malaria also declines with increasing education of the caretaker as does the proportion of children diagnosed as having malaria who were given prescriptions for malaria medication.

Table 4.13 Treatment of fever at health facilities

Among children with fever who were taken to a hospital, health centre, or clinic for treatment, the percentage who were diagnosed with malaria, the percentage given a prescription for malaria medication, and of those given a prescription, the proportion treated with the prescribed medication, by background characteristics, Malawi 1996

	C ta h c alt	children with feve ken to a hospital h centre for treat	Children give a prescription for malaria medication			
Background characteristic	Percent diagnosed as having malaria	Percent given a prescription for malaria medication	Number of children	Percent treated with prescribed malaria medication	Number of children	
Child's age (months)		<u>.</u>				
<6	(48.4)	(81.1)	27		22	
6-11	(76.1)	(93.0)	50	(90.0)	46	
12-23	68.5	` 85.3´	101	`94.5 ´	8 6	
24-35	66.0	92.2	62	94.9	57	
36-47	47.7	79.7	44	(98.3)	35	
48-59	(78.4)	(83.7)	37	(99.6)	31	
Sex						
Male	66.9	86.7	141	95.0	122	
Female	64.8	86.4	180	93.9	155	
Birth order						
1	65.1	73.7	67	98.8	49	
2-3	65.0	89.7	110	93.8	98	
4-5	59.1	93.4	64	86.5	60	
6+	72.7	87.4	80	(98.8)	70	
Residence						
Urban	59.7	89.0	38	92.4	34	
Rural	66.6	86.2	283	94.7	244	
Region						
Northern	69.7	85.8	36	88.2	31	
Central	69.0	87 .6	134	96.1	117	
Southern	61.9	85.7	150	94.4	129	
Caretaker's education						
No education	68.2	9 0.0	120	9 6.2	108	
Primary	64.1	84.9	182	93.2	155	
Secondary and higher	(61.5)	(77.4)	17	(93.4)	13	
Total	65.8	86.5	320	94.4	277	

Note: Figures in parentheses are based on 25-49 children. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

CHAPTER 5

MALARIA KNOWLEDGE AND PREVENTIVE PRACTICES

5.1 Knowledge of Malaria

Malaria is endemic in Malawi. The MOHP has therefore implemented a Malaria Control Programme designed to promote understanding of malaria transmission, how to prevent it, and how to treat malaria when it occurs. Health education focusing on understanding malaria transmission and how to prevent infection has been conducted through the mass media. Bed nets impregnated with mosquito insecticide are made available through retail outlets. Clinicians have been trained to recognise malaria symptoms and to treat them appropriately. The MOHP also has a programme to make sulphadoxine-pyrimethamine (SP) available as the first-line anti-malarial drug in medical facilities, pharmacies, and shops selling medicines. The MKAPH survey asked a number of questions designed to assess knowledge, attitudes, and practices regarding malaria prevention and treatment.

Men appear to have better knowledge of malaria transmission than women. As seen in Tables 5.1.1 and 5.1.2, 43 percent of women and 67 percent of men stated correctly that malaria can be transmitted by the bite of a mosquito. Among both sexes, proportions with this knowledge declined sharply in the oldest age groups. Knowledge of the mosquito vector was higher in urban areas compared with rural areas and rose sharply with increasing education among both men and women (Figures 5.1.1 and 5.1.2). The most frequently mentioned incorrect causes of malaria were impure food and water and exposure to cold.

Female respondents were asked what problems malaria causes during pregnancy. As Table 5.2 indicates, 27 percent of women 15-49 correctly cited abortion or stillbirth as adverse consequences, 11 percent mentioned malarial illness in the mother, 2 percent cited anemia in the mother, and 2 percent said that babies born of mothers with malaria can suffer from low birth weight. Fifty-six percent of women questioned were aware that malaria medicine can prevent these problems. Three percent of women stated incorrectly that a fetus can get malaria from the mother. Table 5.2 shows that correct knowledge of malaria-related problems during pregnancy is much more widespread among urban women and those who are better educated.

5.2 Anti-malaria Treatment of Pregnant Women at ANC Clinics

The MKAPH survey inquired whether female respondents were pregnant at the time of interview. If a woman was pregnant, she was asked if she had visited an antenatal care (ANC) clinic during the current pregnancy and, if so, whether she had been offered malaria medication during a clinic visit. If malaria medication had been offered, the respondent was asked if she had taken the medicine. Tables 5.3 and 5.4 report the results of these questions.

Table 5.3 shows that 40 percent of women who were pregnant at the time of the survey had visited an ANC clinic at least once during their pregnancy. The proportion visiting clinics declined with age. Fifty-five percent of urban women reported visiting a clinic compared with 38 percent of their rural counterparts. There was little difference between regions in the prevalence of visits. Thirty-eight percent of women with no education had gone for ANC care compared with 42 percent of women with primary education.

Table 5.1.1 Knowledge of malaria causation: women

Percentage of female respondents citing various causes of malaria, by background characteristics, Malawi 1996

	Percentage of women mentioning various causes of malaria					
Background characteristic	Mosquito bit e s	Impure food or water	Exposur e to cold	Other	Don't know	Numb e r of women
Age						
15-19	\$ 0. 6	6 .0	13.0	17.6	22.6	618
20-24	41.9	4.6	16.0	18.6	28.1	526
25-29	47.3	8.1	12.0	19.7	22.7	391
30-34	44.2	3.1	13.8	20.0	27.7	368
35-39	43.5	4.6	12.3	21.6	25.6	270
40-44	30.6	7.1	13.1	22.3	34.0	313
45-49	29.0	5.0	13.4	21.7	36.1	196
Marital status						
Never married	57.5	5.4	12.0	15.1	20.4	453
Currently in union	40.2	5.8	13.8	20.1	28.7	1.947
Formerly in union	38.1	3.6	14.1	24.1	25.7	283
Residence						
Urban	72.7	5.1	10.7	11.4	11.5	350
Rural	38.5	5.6	14.0	20.9	29.3	2,333
Region						
Northern	43.5	18.2	9.9	21.7	26.6	313
Central	39.5	5.9	11.1	24.7	26.8	1,118
Southern	45.8	2.0	16.6	14.7	27.3	1,253
Educational level						
No education	26.2	4.3	13.9	23.8	37.6	1,064
Primary	50.7	6.6	13.8	17.9	21.6	1,481
Secondary and higher	89.2	3.8	7.9	7.1	4,0	137
Total	42.9	5.5	13.5	19.7	27.0	2,683

Table 5.1.2 Knowledge of malaria causation: men

Percentage of male respondents citing various causes of malaria, by background characteristics, Malawi 1996

	Percent	Percentage of men mentioning various causes of malaria				
Background characteristic	Mosquito bites	Impure food or water	Exposure to cold	Other	Don't know	Number of men
Age						
15-19	70.2	5.9	12.0	12.3	10.3	572
20-24	71.0	7.2	8.9	18.3	11.3	492
25-29	74.1	8.9	8.2	16.4	10,1	351
30-34	73.0	6.9	9.1	18.7	10.0	338
35-39	67.9	4.5	9.2	19.2	11.5	265
40-44	62.6	6.2	8.8	16.6	17.4	231
45-49	50.3	3.0	13.5	21.6	20.6	249
50-54	47.2	3,7	16.4	25.2	15.8	160
Marital status						
Never married	69.3	6.0	11.7	15.8	10.1	873
Currently in union	66.2	6.0	9.9	18.0	13.6	1,718
Formerly in union	61.9	12.0	6.0	26.2	14.4	67
Residence						
Urban	80.7	6.8	7.6	18.2	6.6	437
Rural	64.4	6.0	11.0	17.3	13.6	2,221
Region						
Northern	73.8	24.3	13.6	15.7	7.0	331
Central	64.5	6.9	6.3	23.3	13.8	1.084
Southern	67.6	0.7	13.2	12.9	12.7	1,243
Educational level						
No education	41.0	2.2	11.3	23.4	30.9	468
Primary	68.2	7.3	11.4	17.4	10.0	1,824
Secondary and higher	95.2	\$.6	4.4	10.1	1.1	365
Total	67.1	6.2	10.4	17.5	12.5	2,658
Table 5.2 Women's knowledge of the effects of malaria during pregnancy

Percentage of women who reported various effects of malaria during pregnancy and the percentage who believe malaria medicine can prevent the adverse effects of malaria, by background characteristics, Malawi 1996

	Percer	tage of wom	en reporting v	arious advers	se effects of m	alaria	Malaria medicine		
Background characteristic	Abortion or still- birth	Malaria in the mother	Malaria in the fetus	Low birth weight	Anemia	Other effects	can prevent adverse effects	Number of women	
Age									
15-19	8.1	5.0	1.0	1.5	1.1	10.3	33.9	618	
20-24	30.9	12.9	3.1	2.0	0.9	17.7	60.1	526	
25-29	33.6	15.4	4.9	2.7	2.4	24.4	67.3	391	
30-34	35.2	14.2	2.7	3.3	2.6	27.9	69.9	368	
35-39	39.4	10.0	2.9	2.9	0.5	33.5	69.4	270	
40-44	30.1	14.8	2.5	1.7	1.5	21.4	54.7	313	
45-49	21.4	9.1	1.6	3.4	1.3	24.7	46.3	196	
Residence									
Urban	49.2	14.3	5.2	6.6	2.9	17.3	74 3	350	
Rural	23.3	10.8	2.2	1.7	1.2	21.4	53.0	2,333	
Region									
Northern	29.1	27.4	3.8	0.9	0.6	22.5	68.1	313	
Central	31.7	10.8	3.2	3.3	2.4	21.2	58.1	1,118	
Southern	21.7	7.6	1.8	1.9	0.8	20.2	50.5	1,253	
Educational level									
No education	20.0	10.0	2.1	1.6	0.9	19.3	49.1	1.064	
Primary	28.9	12.2	2.6	2.6	1.5	21.5	57.8	1.481	
Secondary and higher	55.1	10.4	6.9	5.1	5.3	27.1	85.5	137	
Total	26.7	11.3	2.6	2.3	1.5	20.9	55.8	2,683	





Table 5.3 Antenatal care clinic visits

Percentage of women who were pregnant at the time of the interview, and the percentage of these who visited an antenatal care (ANC) clinic during the current pregnancy, by background characteristics, Malawi 1996

	Women wh they were at time of th	to reported pregnant c interview	Pregnant women who reported visiting an ANC clinic				
Background characteristic	Percent	All women	Percent who visited clinic	Number of pregnant women			
Age							
15-19	10.2	618	(48.7)	63			
20-34	17.2	1,285	39.0	221			
35+	7.2	780	*	56			
Residence							
Urban	10.3	350	54.5	36			
Rural	13.1	2,333	38.4	305			
Region							
Northern	14.7	313	(40.7)	46			
Central	13.6	1.118	38.7	152			
Southern	11.4	1,253	41.5	143			
Educational level							
No education	13.3	1.064	(37.5)	141			
Primary	12.7	1,481	41.5	188			
Secondary and higher	8.9	137	*	12			
Total	12.7	2,683	40.1	341			

As seen in Table 5.4, 55 percent of women who visited clinics were offered malaria medication. Virtually all women (99 percent) who were offered medication said that they had taken the medicine.

5.3 Household Preventive Practices

The MKAPH survey inquired about household use of mosquito coils¹, spray insecticides, and mosquito nets to combat malaria. As indicated in Table 5.5, 22 percent of households in the sample had at some time bought a mosquito coil and 5 percent had purchased one during the month preceding the interview. The prevalence of having purchased a coil at some time or in the past month was more than 5 times as high in urban areas compared with rural areas.

Percentage of currently pregnant women who were given malaria medication during antenatal clinic visits and the percentage of these women who took the medicine they were offered, Malawi 1996

Women wi	ho were given	Women gi	iven malaria
malaria	medication	medicine dur	ring ANC visit
during	ANC visit	who took t	he medicine
Percent	Number of	Percent	Number of
given	women who	who took	women
malaria	visited	mataria	given
medicine	clinic	medicine	medicine
55.2	137	99.2	75

Background characteristic	Reported ever buying mosquito coil	Reported buying mosquito coil in past month	Reported ever buying spray insecticide	Reported buying spray in- secticide in past month	At least one mosquito net in household	All members covered by mosquito net during preced- ing night	Reported net purchase during past year	Average cost for last net bought (Kwachas)	Number of house- holds
Residence			. <u> </u>					· · ·	
Urban	61.7	18.7	35.9	11.1	19.8	7.3	4.5	125.3	340
Rural	16.7	3.1	4.6	0.6	5.9	2.6	1.5	136.7	2,458
Region									
Northern	21.0	5.1	9.4	2.2	16.1	5.2	7.2	102.4	312
Central	22.5	4.6	7.9	1.6	6.3	3.1	1.6	127.0	1,135
	22.2	<i>r</i> •	0.6		67	2.7	0.0	2174	1,750

Only 8 percent of households reported ever having bought spray insecticide; 2 percent had purchased spray in the past month.

Households were also questioned about their use of mosquito bed nets. Table 5.5 shows that 2 percent of households reported purchasing a bed net in the year preceding the survey. Predictably, purchases were more common in urban areas than in rural areas. The prevalence of purchases in the Northern Region (7 percent) was more than three times that in the Central and Southern Regions.

Complete protection of all household members with bed nets is rare. Only 3 percent of households claimed that all members were covered by a bed net during the night before the interview. Coverage of all members was more common in the Northern Region and in urban areas. Eight percent of households reported that there was at least one bed net in the household. As with other indicators of bed net usage, households with at least one net were more prevalent in the Northern Region and urban areas.

¹ A mosquito coil is a type of chemical mosquito repellent in the shape of a coil or spiral. The coil is lit at one end and burns slowly repelling mosquitos.

Regional and urban-rural differences in the extent of bed net usage may be due in part to cost. Compared with the Northern Region, the reported average cost of nets was more than 25 percent higher in the Central Region and more than twice as high in the Southern Region. In rural areas, the reported average cost was 9 percent higher than in urban areas.

Table 5.6 presents reported use of traditional malaria preventive practices in households. Thirty-one percent of households reported burning leaves or herbs, while 14 percent burned or spread animal dung, and 20 percent burned a fire in the house. Reported use of traditional preventive practices was much more common in rural areas and in the Central and Southern Regions compared with the Northern Region.

The prevalence of appropriate knowledge and practices concerning malaria is far from

	-			
Table 5.6	Traditional	malama	nreventive	Dractices.
1000 2.0	<u></u>	manana	preventee	PINCEL IN

Percentage of households which reported using traditional malaria preventive practices, by background characteristics, Malawi 1996

	Traditions					
Background characteristic	Burning leaves or herbs	Burning or spreading animal dung	Burning a fire in the house	Number of households		
Residence						
Urban	12.2	2.3	5.6	340		
Rural	33.9	15.4	21.9	2,458		
Region						
Northern	14.4	3.6	7.0	312		
Central	24.6	11.5	22.0	1,135		
Southern	40.8	18.1	21.2	1,350		
Total	31.3	13.8	19.9	2,798		

universal in Malawi. When asked what causes a person to become ill with malaria, 57 percent of women and 33 percent of men did not mention the mosquito vector. On the other hand, a majority of women appear to be aware of the importance of malaria medicine in preventing or curing illness during pregnancy and thereby preventing adverse consequences for the unborn child. Appropriate knowledge and practices relating to protecting households against malaria tend to be more widespread in urban areas compared with rural areas and in the Northern Region compared with the rest of Malawi. Possibly because of their cost, bed nets, coils, and insecticides are used by very small percentages of households.

CHAPTER 6

HIV/AIDS AND OTHER STDS

Acquired immune deficiency syndrome (AIDS) and other sexually transmitted diseases (STDs) are recognised as important public health problems in Malawi. In 1995, among women attending antenatal clinics, the reported seroprevalence of the human immunodeficiency virus (HIV), which causes AIDS, was 25 percent in urban areas, 18 percent in peri-urban areas, and 10 percent in rural clinics. Syphilis seroprevalence among antenatal clinic attenders ranged from no cases at Thonje rural site in Dowa to 12 percent among women attending the clinic at Mulanje Mission Hospital (AIDSEC, 1994).

Prevention campaigns for AIDS and STDs have been launched throughout Malawi by MOHP through the National AIDS Control Programme (NACP). AIDS programmes are also being carried out by the Ministry of Education and Culture, the Ministry of Women and Children Affairs, and nongovernmental organisations (NGOs). Condoms are being made available through free distribution and social marketing.

AIDS control programmes arc being expanded with particular emphasis on rural areas, schools, work sites, the armed forces, and police. Informal sectors such as bar girls and truck drivers are also being targeted. At the request of the NACP, the MKAPH survey asked questions designed to assess knowledge of AIDS/STD-related health issues among women 15-49 and men aged 15-54. The survey also inquired about behaviour related to the transmission of AIDS and STDs.

6.1 Awareness of STDs

All female and male respondents were asked "Which [sexually transmitted] diseases do you know?" Respondents were not prompted with the names of specific STDs. Results are presented in Tables 6.1.1 and 6.1.2.

AIDS is by far the best-known STD. Knowledge of STDs is more prevalent among men than women, but the difference in prevalence between the sexes is less for AIDS than other STDs. The deadly nature of AIDS and the many health education programmes that focus on it probably account for the fact that it is the most widely recognised STD.

As seen in Tables 6.1.1 and 6.1.2, 85 percent of women and 92 percent of men reported that they knew of AIDS. By comparison, 57 percent of women and 73 percent of mcn reported knowledge of syphilis. For gonorrhoea, the percentages were 58 percent for women and 70 percent for men. Forty-four percent of women and 63 percent of men mentioned "buboes," a term widely used in Malawi to refer to the swollen inguinal lymph nodes which can accompany syphilis and chancroid. About 1 percent of both women and men cited genital warts. Thirteen percent of women and 4 percent of men wcre unable to name any STDs.

With regard to background characteristics, awareness of STDs is lowest in the youngest age group for both sexes. Awareness tends to increase among women and men to ages 25-29 and then remains relatively stable until the mid-40s for women and the late 40s for men, after which there are declines of varying magnitudes for gonorrhoea, syphilis, and buboes, but not for AIDS.

Table 6.1.1 Knowledge of sexually transmitted diseases: women

Percentage of women who know of specific sexually transmitted diseases, by selected background characteristics, Malawi 1996

Background characteristic	Syphilis	Gonorrhoea	Genital warts	HIV/ AIDS ¹	Buboes	Other	Don't know any	Numbe of womer
Age								
15-19	39.3	39.8	0.7	78.8	30.8	9.5	20.4	618
20-24	58.0	60.8	1.0	85.1	44.1	12.2	13.8	526
25-29	64.9	64.6	0.7	90.3	56.4	15.4	6.9	391
30-34	62.5	68.3	1.0	88.5	48.1	16.8	9.0	368
35-39	65.9	65.9	1.5	89.6	50.4	13.5	8.7	270
40-44	64.2	64.6	0.8	84.7	437	16.8	11.2	313
45-49	60.0	52.2	0.6	86.5	41.3	12.3	10.9	196
Residence								
Urban	77.7	76.1	1.9	93.4	56.3	7.5	1.9	350
Rural	53.9	55.1	0.8	84.2	41.9	14.2	14.2	2,333
Region								
Northern	45.6	53.0	3.0	92.4	452	15.6	41	313
Central	44.3	44.5	0.4	80.9	42.8	6.0	174	1 1 1 8
Southern	71.1	71.0	0.9	87.6	44.3	19.3	10.4	1,253
Educational level								
No education	52.2	52.8	0.6	77.5	40.2	12.6	20.1	1 064
Primary	58.2	59.0	0.8	90.0	46.8	14.2	8.4	1,481
Secondary and higher	80.9	84.4	3.5	96.1	38.5	9.5	0.0	137
Total	5 7.0	57.9	0.9	85.4	43.8	13.3	12.6	2,683

Table 6.1.2 Knowledge of sexually transmitted diseases: men

Percentage of men who know of specific sexually transmitted diseases, by selected background characteristics, Malawi 1996

Background characteristic	Syphilis	Gonorrhoea	Genital warts	HIV/ AIDS ¹	Buboes	Other	Don't know any	Numbe of men
Age								
15-19	53.8	48.1	0.1	88.6	49.5	6.4	7.2	572
20-24	72.7	73.3	1.1	92.8	64.7	10.5	3.8	492
25-29	78.1	80.1	0.9	93.5	72.3	12.8	1.6	351
30-34	82.0	79.4	0.8	96.0	71.3	12.5	1.5	338
35-39	82.8	82.5	2.7	92.2	70.7	11.3	1.7	265
40-44	81.6	78.7	2.0	93.5	64.2	12.7	2.8	231
45-49	77.1	71.5	1.2	87.4	63.3	13.4	4.7	249
50-54	73.3	61.2	4.7	90.1	60.0	24.5	2.7	160
Residence								
Urban	85.3	82.6	1.1	94.7	68.5	9.4	1.0	437
Rural	70.3	67.6	1.3	91.1	62.4	12.0	4.2	2,221
Region								
Northern	54.7	65.1	1.2	94.3	30.4	25.6	1.6	331
Central	63.2	59.4	1.8	92.1	62.9	9.1	4.8	1,084
Southern	85.9	80.6	0.8	90.7	72.7	9.9	3.3	1,243
Educational level								
No education	62.6	59.8	2.8	84.9	63.7	12.5	8.7	468
Primary	72.0	69.1	0.7	92.7	63.5	11.5	3.1	1.824
Secondary and higher	89.8	87.7	2.3	95.5	63.0	10.8	0.1	365
Total	72.8	70.0	1.3	91.7	63.4	11.5	3.7	2,658

See Table 6.4.2 for level of knowledge of HIV/AIDS after probing.

Women and men in urban areas are more conversant with STDs than their rural counterparts. Variations in knowledge by region are uneven. For both women and men, knowledge is highest in the Southern Region for gonorrhoea and syphilis. AIDS knowledge among women is higher in the Northern Region, while among men, there is little difference by region. For AIDS, syphilis, and gonorrhoea, prevalence of knowledge rises with level of education.

6.2 Self-Reporting of Recent Sexually Transmitted Diseases

All female and male respondents were asked if they had had an STD during the past 12 months. As seen in Table 6.2, 1 percent of women and 5 percent of men reported having had an STD. This is likely to be an underestimate for three reasons: having an STD is a sensitive issue which is not easily admitted; many women with STD infection are asymptomatic; and some symptoms may not have been recognised as STDs by respondents.

There is a slight increase in the prevalence of reported STD infection at the ages of greatest sexual activity. Among women, the proportion who reported an STD infection rises from about 1 percent at ages 15-24 to 2 percent at 25-29, after which there is a decline to less than 1 percent. For males, the proportion reporting any STD rises from 5 percent at ages 15-19 and reaches 7 percent during the ages 20-34, after which there is an uneven decline to 5 percent at ages 50-54. No respondents reported having AIDS or HIV infection.

Table 6.2 Self-reporting of sexually transmitted diseases in the past year

			Women			Men							
Background characteristic	Any STD	Syphilis	Gonor- rhoea	Other	Number of women	Any STD	Syphilis	Gonor- rhoea	Pain on urina- tion or discharge	Other	Number of men		
Age													
15-19	0.7	0.0	0.3	0.3	618	4.8	0.2	0.8	4.8	1.2	572		
20-24	0.7	0.2	0.1	0.5	526	6.9	1.4	1.6	6.6	0.1	492		
25-29	2.0	1.1	0.9	0.1	391	6.8	1.0	1.0	5.3	1.2	351		
30-34	1.5	0.2	1.2	0.2	368	6.5	2.0	0.8	5.6	0.8	338		
35-39	1.5	1.1	0.3	0.1	270	2.4	0.2	0.0	2.2	0.0	265		
40-44	0.4	0.3	0.1	0.1	313	5.1	1.1	0.9	4.9	0.0	231		
45-49	0.1	0.0	0.0	0.1	196	3.3	0.3	0.0	3.1	0.0	249		
50-54	NA	NA	NA	NA	NA	4.7	0.4	0.3	4.5	1.4	160		
Residence													
Urban	2.0	0.8	0.8	0.7	350	3.7	1.6	0.7	2.7	0.4	437		
Rural	0.9	0.3	0.4	0. 2	2,333	5.6	0.7	0.8	5.3	0.7	2,221		
Region													
Northern	1.7	0.6	1.0	0.2	313	2.1	0.5	0.3	1.8	0.1	331		
Central	0.2	0.0	0.1	0.1	1,118	5.5	0.5	0.3	5.3	0.8	1,084		
Southern	1.6	0.7	0.6	0.4	1,253	6.0	1.3	1.4	5.4	0.6	1,243		
Educational level													
No education	1.4	0.6	0.3	0.4	1,064	5.3	0.5	0.0	5.2	0.1	468		
Primery	0.7	0.2	0.5	0.1	1,481	5.7	0.9	1.1	5.2	0.8	1,824		
Secondary and higher	1.6	0.8	0. 5	0.7	137	3.4	1.1	0.2	3.0	0.6	365		
Total	10	04	04	02	2 683	53	0.9	0.8	49	0.6	2 658		

Percentage of women and men who reported having specific sexually transmitted diseases (STDs) or symptoms during the 12 months preceding the survey, by background characteristics, Malawi 1996

Men were asked if they had noticed discharge from the penis or pain on urination during the past 12 months. The proportion of men reporting these symptoms was 5 percent. Women were not asked this question.

Women and men who reported having an STD during the preceding 12 months were asked what they did to treat the STD. Table 6.3 indicates that 92 percent of women and 75 percent of men reported seeking treatment, while 22 percent of women and 31 percent of men said they had taken medicine to cure their infection.

Infection of partners is an important issue in STD control. Respondents who reported an STD infection were therefore asked whether they had informed their partners. Ninety-six percent of women reported that they had done so. By comparison, only 65 percent of men stated that they had informed their partners.

Women and men reporting an infection were also asked if they had adopted any specific means to avoid infecting their partners. Twenty-nine percent of women and 70 percent of men claimed to have taken some precaution. Four percent of women stated that they had avoided sexual intercourse, and 6 percent mentioned using a condom. Thirty-nine percent of males reported avoiding sexual intercourse, while 13 percent reported using a condom. Fifty-two percent of women and 6 percent of men took no action because their partners were infected.

Table 6.3 Action taken by respondents who reported having a sexually transmitted disease in the last year

Among women and men who reported having had a sexually transmitted disease during the 12 months before the survey, the percentage who sought treatment, the percentage who informed their partner(s) and the percentage who took measures to avoid infecting their partner(s), Malawi 1996

Perc wł sou trea Respondents me		Percent who informed partners	Perc	entages wh to avoid in	to adopted fecting the	various me ir partners	Perce not infecti	ntages wh hing to av ng their pa				
	Percent who sought treat- ment		Took medicine to cure STD	Avoided sex	Used condom	Used other means of preven- tion	percent using some means of preven- tion	Did nothing because partner already infected	Did nothing for other reasons	Total percent who took no preventive action	Percent missing	Number reporting an STD
Women	(91.7)	(95.5)	(22.4)	(3.6)	(6.2)	(0.0)	(28.6)	(51.7)	(19.7)	(71.4)	(0.0)	27
Men	75.0	64.7	30.7	39.3	13.3	1.6	70,4	6.1	18.5	24.6	4.9	141

6.3 HIV/AIDS Knowledge and Awareness

Acquiring knowledge of AIDS is an important step towards adopting behaviour which will prevent transmission of HIV. Tables 6.4.1 and 6.4.2 report the prevalence among women and men of knowledge about AIDS and their sources of information about the disease.

It is important to note that the prevalence of AIDS knowledge reported in Tables 6.1.1 and 6.1.2 is based on a different question from the one asked for Tables 6.4.1 and 6.4.2. For Table 6.1, respondents were asked "Which [STDs] do you know?" By contrast, for Tables 6.4.1 and 6.4.2, respondents were asked the following question in which AIDS is specifically mentioned: "Have you ever heard of an illness called AIDS?"

Table 6.4.1 Knowledge of AIDS and sources of AIDS information: women

Percentage of women who have ever heard of AIDS, percentage who received information about AIDS from specific sources, and mean number of sources of information about AIDS, by selected background characteristics, Malawi 1996

			Source of AIDS information										
Background characteristic	Ever heard of AIDS	Radio	News- paper/ maga- zine	Pamph- let/ poster	Clinic/ health worker	Mosque/ church	School	Com- munity meet- ing	Friend/ rela- tive	Work place	Other	Mean num- ber of sources	Number of women
Age													
15-19	95.1	75.7	4.2	2.2	19.4	3.5	19.4	2.2	42.9	0.5	3.1	1.7	618
20-24	96.2	81.0	4.6	1.1	41.8	5.5	4.9	5.9	40. 2	0.5	6.1	1.9	526
25-29	98.4	81.0	3.8	1.8	45.4	4.7	1.6	9.6	37.6	0.0	7.1	1.9	391
30-34	97.6	81.3	1.8	1.2	53.0	2.7	0.4	4.3	44.9	0.4	6.3	2.0	368
35-39	98.5	67.4	2.2	3.4	41.5	4.8	0.1	11.0	50.2	0.2	9.0	1.9	270
40-44	96.7	63.0	1.0	0.8	41.8	6.9	0.3	9.5	45.1	0.3	7.2	1.8	313
45-49	94.9	69. 8	0.5	3.8	34.3	11.3	1.2	8.3	43.6	0.3	6.8	1.8	196
Residence													
Urban	99. 9	91.0	9.6	4.6	46.6	9.0	10.0	6.7	41.2	1.1	8.1	2.3	350
Rural	96.2	73.1	2.0	1.4	37.0	4.5	5.1	6.5	43.2	0.2	5.8	1.8	2,333
Region													
Northern	99.7	74.7	3.4	2.3	41.3	10.9	5.7	5.1	37.3	0.4	17.4	2.0	313
Central	98.3	70.8	3.0	1.6	38.3	4.1	5.1	7.5	48.6	0.1	4.1	1.8	1,118
Southern	94.4	80.2	3.0	1.9	37.4	4.5	6.4	5.9	39.2	0.6	4.9	1.8	1,253
Educational level													
No education	93.7	68.4	0.0	0.3	31.7	2.3	0.2	5.6	49.3	0.5	4.5	1.6	1,064
Primary	98.5	78.7	3.3	2.4	41.2	6.2	7.9	6.6	40.0	0.1	6.9	1.9	1,481
Secondary and higher	99.8	93.9	22.2	7.4	55.1	13.3	23.7	11.5	28.4	1.6	8.9	2.7	137
Total	96.7	75.5	3.1	1.9	38.3	5.1	5.8	6.5	42.9	0.3	6.1	1.9	2,683

When asked if they had heard of an illness ealled AIDS, 97 percent of women and 99 percent of men responded affirmatively. These proportions are similar to those reported by the 1992 MDHS in which 95 percent of women and 98 percent of men said they had heard of AIDS.

Next, respondents were asked to name the sources from which they had learned the most about AIDS. The most commonly mentioned source was the radio, from which 76 percent of women and 93 percent of men had received AIDS information. These figures represent an increase over 1992 when 63 percent of women and 87 percent of men reported getting information from radio. Since 1992, the Malawi Broadcasting Corporation has greatly enhanced the frequency and content of its AIDS-related reports and public service messages.

Table 6.4.2 Knowledge of AIDS and sources of AIDS information: men

Percentage of men who have ever heard of AIDS, percentage who received information about AIDS from specific sources, and mean number of sources of information about AIDS, by selected background characteristics, Malawi 1996

	Source of AIDS information												
Background characteristic	Ever heard of AIDS	Redio	News- paper/ maga- zine	Pamph- let/ poster	Clinic/ health worker	Mosque/ church	School	Com- munity meet- ing	Friend/ rela- tive	Work place	Other source	Mean num- ber of sources	Number of m e n
Age	••		,				·			•			
15-19	98.9	87.6	5.1	6.5	23.5	5.1	37.5	6.2	42.1	0.4	0.3	2.1	572
20-24	99.4	94.5	15.0	7.1	33.9	9.3	12.5	7.7	41.8	0.8	1.9	2.2	492
25-29	100.0	95.0	15.5	6.6	33.5	8.3	3.8	10.5	32.6	2.5	1.2	2.1	351
30-34	100.0	95.7	15.4	7.4	35.4	9.3	3.7	13.6	36.1	2.6	1.4	2.2	338
35-39	100.0	95.2	10.8	8.2	32.3	9.5	1.0	11.7	31.7	5.6	1.2	2.1	265
40-44	100.0	94.3	14.3	7.9	35.1	4.2	1.1	12.7	38.4	2.2	1.1	2.1	231
45-49	98.2	92.8	6.6	2.2	30.9	7.2	0.0	14.9	42.7	3.3	1.3	2.0	249
50-54	98.7	88.0	10.5	6.9	28 .6	3.6	0.6	9.5	46.4	3.1	1.4	2.0	160
Residence													
Urban	100.0	95.6	24.3	8.2	29.9	9.3	15.9	8.9	39.6	2.2	2.9	2.4	437
Rural	99.3	92.2	8.9	6.3	31.4	6.9	10.7	10.3	38.8	2.1	0.8	2.1	2,221
Region													
Northern	99. 2	90.6	10.6	7.2	32.9	17.1	18.6	12.8	30.4	2.7	10.7	2.2	331
Central	99.6	92.5	11.1	6.9	28.5	7.8	11.5	7.1	44.8	0.9	1.4	2.1	1.084
Southern	99.3	93.5	12.0	6.2	33.1	4.2	9.7	12.0	36.1	3.0	1.1	2.1	1.243
Educational level													
No education	97.5	91.1	0.7	3.5	19.1	4.9	0.0	6.8	49.4	0.8	0.6	1.8	468
Primary	99.8	92.8	8.1	6.4	33.4	7.7	12.4	10.7	38.0	2.1	1.2	2.1	1.824
Secondary and highe	r 100.0	94.7	41.6	11.9	35.1	8.2	21.5	11.2	30.6	4.2	1.6	2.6	365
Total	99.4	92.8	11.5	6.6	31.2	7.3	11.5	10.1	39.0	2.1	1.2	2.1	2,658
Note: Mean number of	of sources	is based	on respo	ondents w	/ho have	heard of	AIDS.						

Compared with men, women tend to get AIDS information more by word of mouth and less from mass media or organised settings such as schools and religious institutions. Friends and relatives were cited as a source of information by 43 percent of women and 39 percent of men, while clinic workers were mentioned by 38 percent of women and 31 percent of men. Other sources of information mentioned were newspapers or magazines (3 percent of women, 12 percent of men), pamphlets or posters (2 percent of women, 7 percent of men), community meetings (7 percent of women, 10 percent of men), mosque or church (5 percent of women, 7 percent of men), and schools (6 percent of women, 12 percent of men).

Knowledge of ways of getting AIDS is presented in Tables 6.5.1 and 6.5.2. Among women, by far the highest proportion (72 percent) reported sex with multiple partners as a means of transmission. Multiple sex partners was also the risk factor most frequently mentioned by men. However, the proportion of men who mentioned multiple partners (49 percent) was much lower than the proportion of women (76 percent). On the other hand, a higher proportion of men (46 percent) compared with women (24 percent) mentioned sexual intereourse of any kind as a source of transmission. Women appear to be more conscious than men of the particular danger posed by multiple-partner relationships, while men, more than women, may see all sex as a source of danger. Relatively high proportions of both women (29 percent) and men (45 percent) stated that sharing razors was a means of AIDS transmission. Only 4 percent of women and 13 percent of men cited having sex without using a condom as a risk factor.

Table 6.5.1 Knowledge of AIDS transmission: women

Percentage of women who reported specific ways in which AIDS is transmitted, by background characteristics, Malawi 1996

	Ways of getting AIDS											
Background characteristic	Sexual inter- course	Sex with multiple partners	Sex with prosti- titutes	Not using condoms	Blood trans- fusions	Injec- tions	Sharing rezors	Sharing tooth- brush	Other means	Number of women		
Age												
15-19	26.1	64.2	1.5	4.4	3.8	12.8	25.5	5.8	8.0	618		
20-24	22.9	73.9	1.5	6.1	5.3	13.7	28.4	7.7	9.5	526		
25-29	27.0	73.8	2.2	2.9	8.2	20.1	31.7	10.1	9.4	391		
30-34	20.1	77.0	1.6	4.3	7.1	22.1	36.5	7.9	10.4	368		
35-39	21.1	76.8	2.3	3.1	3.5	22.9	34.0	5.6	7.2	270		
40-44	23.0	73.5	1.3	2.7	2.8	11.5	22.1	3.5	9.4	313		
45-49	26.0	66.6	0.3	1.9	2.5	11.5	23.0	3.8	6.8	196		
Marital status												
Never married	28.1	6 2 .9	1.6	6.1	6.0	16.5	28.9	8.4	8.8	453		
Currently married	22.8	74.2	1.6	3.5	4.8	16.6	29.5	6.5	9.3	1,947		
Formerly married	24.6	69.7	1.2	3.7	4.4	11.8	23.8	5.0	5.8	283		
Residence												
Urban	24.7	75.7	2.4	9.3	15.4	29.4	40.4	12.8	12.8	350		
Rural	23.8	71.2	1.5	3.2	3.4	14.1	27.0	5.7	8.2	2,333		
Region												
Northern	29.2	72.0	3.1	4.1	3.4	16.1	39.9	6.0	14.3	313		
Central	14.7	82.3	1.1	4.0	6.8	17.2	22.1	4.0	8.9	1,118		
Southern	30.8	62.4	1.6	4.0	3.7	15.0	32.0	9.2	7.4	1,253		
Educational level												
No education	20.9	70.5	1.5	2.8	1.2	8.5	18.5	3.0	5.5	1,064		
Primary	25.8	72.5	1.7	4.5	5.9	19.4	33.6	7.8	10.5	1,481		
Secondary and higher	26.6	74.1	1.5	8.1	24.3	39.7	\$6.6	22.9	15.8	137		
Total	23.9	71.8	1.6	4.0	5.0	16.1	28.8	6.7	8.8	2,683		

Table 6.5.2 Knowledge of AIDS transmission: men

Percentage of men who reported specific ways in which AIDS is transmitted, by background characteristics, Malawi 1996

	Ways of getting AIDS											
Background characteristic	Sexual inter- course	Sex with multiple partners	Sex with prosti- titutes	Not using condoms	Blood trans- fusions	Injec- tions	Sharing razors	Sharing tooth brush	Other means	Number of men		
Age			·									
15-19	52.1	43.3	5.2	16.3	5.8	16.7	41.7	9.2	11.4	572		
20-24	42.2	48.5	10.0	19.5	10.5	22.1	47.9	7.0	11.7	492		
25-29	47.8	48.3	8.0	12.7	6.5	26.7	48.7	7.3	10.6	351		
30-34	43.0	51.1	11.9	6.8	11.2	30.7	49.1	8.6	11.4	338		
35-39	41.9	58.2	8.4	13.4	9.8	23.9	40.9	10.7	7.0	265		
40-44	45.1	51.7	8.8	10.3	6.7	25.8	47.1	11.4	8.8	231		
45-49	48.4	44.1	11.9	6.6	6.7	19.5	41.8	7.6	14.8	249		
50-54	40.4	50.4	8.7	11.6	2.7	18.8	34.9	4.0	16.9	160		
Marital status												
Never married	50.6	42.6	6.2	17.6	8.4	18.6	44.0	9.3	11.7	873		
Currently married	43.1	51.7	10.1	10.9	7.5	25.0	45.5	8.1	11.3	1,718		
Formerly married	53.9	48.7	7.7	16.7	9.2	15.8	33.6	2.9	8.1	67		
Residence												
Urban	57.7	39.9	5.0	16.0	16.4	34.0	59.3	18.5	15.1	437		
Rural	43.5	50.3	9.5	12.7	6.1	20.5	41.8	6.3	10.6	2,221		
Region												
Northern	69.6	30.3	3.0	7.8	12.5	28.2	42.1	5.9	17.2	331		
Central	21.7	71.7	11.0	16.7	6.1	19.2	42.5	7.8	10.8	1,084		
Southern	60.6	33.4	8.4	11.7	8.1	24.2	47.4	9.5	10.2	1,243		
Educational level												
No education	28.7	58.9	13.6	10.6	1.8	11.4	30.4	4.3	7.5	468		
Primary	48.2	47.8	8.0	13.0	5.4	22.0	44.9	7.8	11.3	1,824		
Secondary and higher	56.1	39.6	6.5	17.9	27.5	40.5	62.0	16.4	16.3	365		
Total	45.9	48.6	8.8	13.2	7.8	22.7	44.7	8.3	11.3	2,658		

Knowledge of valid ways to prevent AIDS is much more widespread among men than women. Tables 6.6.1 and 6.6.2 show the percentage of women and men who reported specific ways to avoid getting HIV/AIDS. Twenty-eight percent of women and 53 percent of men were able to cite at least two valid ways to avoid becoming ill with AIDS. About 5 percent of women and 1 percent of men reported that there was no way to avoid getting AIDS.

In terms of valid ways to prevent AIDS, having only one sex partner was cited by 67 percent of women and 47 percent of men (see Figure 6.1). Condoms were mentioned by 23 percent of women and 47 percent of men. It is interesting to note that the level of recognition that condoms are a means of preventing AIDS appears to be much higher among both women and men than the knowledge that sex without a condom carries with it the risk of getting AIDS (Table 6.6.1 and 6.6.2). Only 1 percent of women and 2 percent of men cited invalid AIDS prevention methods such as consulting a traditional healer and avoiding kissing and mosquito bites.

Knowledge of valid ways to avoid AIDS follows expected patterns in terms of level of education and residence. For both women and men, knowledge of valid ways to prevent AIDS is less prevalent among respondents who have little or no education, and those living in rural areas.

Table 6.6.1 Knowledge of ways to avoid AIDS: women

Percentage of women who have heard of AIDS and who know of specific ways to avoid AIDS and percentage with knowledge of at least two valid ways, by selected background characteristics, Malawi 1996

						Way	rs to avoid A	IDS						
Background characteristic	No way to avoid AIDS	Abstain from sex	Use condoms	Have only one sexual partner	Avoid scx with prosti- tutes	Avoid trans- fusions	Avoid injec- tions	Avoid sharing razora	Avoid kissing	Avoid mosquito bites	Avoid tradi- tional healers	Other ways	Knowledge of at least two valid ways	Number of women
Age														
15-19	5.9	21.1	20.9	57.4	0.6	2.9	6.8	18.6	0.6	0.0	0.5	9.3	21.5	588
20-24	4.2	15.1	31.4	68.7	0.8	4.0	9.8	19.8	1.0	0.0	0.1	10.7	32.7	506
25-29	3.5	14.1	22.6	70.6	2.2	5.9	16.0	24.8	0.1	0.0	0.3	13.6	30.2	384
30-34	3.3	12.3	24.4	74.7	1.3	4.9	15.9	22.9	0.9	0.6	0.5	9.7	36.7	359
35-39	7.1	13.5	17.6	73.1	1.6	3.5	18.8	20.5	0.1	0.1	1.6	8.5	28.6	266
40-44	6.0	17.2	15.8	69.2	0.6	1.9	9.0	14.4	0.7	0.7	0.1	5.6	23.8	303
45-49	5.1	21.6	17.1	62.8	1.7	0.9	11.0	18.9	1.3	0.0	0.0	9.9	22.5	186
Current marital status														
Never married	4.3	23.6	22.5	57.0	0.7	5.6	10.4	22.2	0.7	0.0	0.7	12.0	27.4	423
Currently married	5.2	14.0	22.5	70.5	1.3	3.5	12.4	20.1	0.5	0.2	0.3	9.7	28.8	1,894
Formerly married	4.2	22.3	22.4	61.5	0.6	1.7	10.2	16.7	1.5	0.0	0.8	7.3	24.9	276
Residence														
Urban	2.0	18.9	38.4	70.2	2.5	10.4	20.4	25.7	1.6	0.1	1.5	14.8	49.9	350
Rural	5.4	16.1	20.0	66.9	0.9	2.6	10.5	19.2	0.5	0.2	0.3	9.0	24.8	2,244
Region														
Northern	2.3	9.2	26.8	79.2	3.9	1.5	6.2	25.1	0.0	0.0	0.0	15.4	28.8	312
Central	8.0	9.0	18.7	72.4	0.4	5.8	13.8	16.5	1.2	0.2	0.7	8.0	27.7	1,099
Southern	2.7	25.3	24.9	59.5	1.1	2.2	11.4	22.1	0.4	0.2	0.3	10.1	28.4	1,183
Educational level														
No education	8.1	12.1	14.4	65.4	0.8	1.4	7.3	12.3	0.6	0.4	0.1	5.3	16.7	998
Primary	3.3	18.9	26.8	68.0	1.3	4.2	13.4	23.5	0,7	0.0	0.5	11.6	33.3	1,459
Secondary and higher	0.3	22.5	35.8	73.9	2.0	13.8	28.2	39.6	1.0	0.0	2.5	23.9	56.9	137
Total	4.9	16.5	22.5	67.3	1.1	3.6	11.8	20.1	0.7	0.2	0.4	9.8	28.2	2,594

Table 6.6.2 Knowledge of ways to avoid AIDS: men

Percentage of men who have heard of AIDS and who know of specific ways to avoid AIDS and percentage with knowledge of at least two valid ways, by selected background characteristics, Malawi 1996

				-		Way	rs to avoid A	IDS						
Background characteristic	No way to avoid AIDS	Abstain from sex	Usc condoms	Have only onc sexual partner	Avoid sex with prosti- tutes	Avoid trans- fusions	Avoid injec- tions	Avoid sharing razors	Avoid kissing	Avoid mosquito bites	Avoid tradi- tional healers	Other ways	Knowledge of at least two valid ways	Number of men
Age														
15-19	2.4	42.4	53.4	34.3	6.2	3.5	14.2	31.0	3.1	0.0	0.0	11.2	48.3	566
20-24	1.9	33.8	57.1	43.3	10.5	7.2	16.6	35.5	1.3	0.6	0.0	10.1	54.8	489
25-29	1.3	33.0	53.1	49.4	9.4	3.8	21.3	32.3	1.5	0.1	0.3	12.4	57.0	351
30-34	0.1	36.2	34.3	54.3	11.9	7.5	27.3	37.9	0.6	0.2	0.2	15.1	55.8	338
35-39	0.9	35.9	46.4	55.0	12.2	5.9	21.0	29.0	0.3	0.4	0.1	11.6	63.4	265
40-44	1.1	36.0	38.7	53.5	10.8	4.6	23.2	35.6	1.4	0.0	0.0	10.0	55.6	231
45-49	0.1	38.2	35.7	48.6	9.6	4.0	14.5	28.3	3.4	0.9	0.0	18.0	43.2	245
50-54	0.0	32.7	38.8	52.7	13.0	2.5	15.3	27.7	1.9	0.0	0.2	15.1	45.9	158
Current marital status														
Never married	2.7	41.2	55.9	35.6	7.4	5.6	15.2	32.4	2.8	0.1	0.1	10.7	51.1	864
Currently married	0.6	34.4	42.4	52.1	11.3	4.7	20.8	33.0	1.3	0.3	0.1	13.6	54.1	1,711
Formerly married	0.8	34.2	52.2	51.5	7.1	6.3	14.5	27.5	0.8	0.4	0.0	5.5	54.0	67
Residence														
Urban	0.7	52.3	46.8	41.3	5.3	10.6	27.7	46.9	3.3	0.6	0.6	21.2	62.6	437
Rural	1.4	33.5	47.1	47.8	10.8	4.0	17.1	29.8	1.5	0.2	0.0	10.7	51.3	2,205
Region														
Northern	0.0	60.8	433	33.0	34	81	24.1	26.4	2.2	0.0	0.0	11.2	56.3	329
Central	23	16.2	44 1	65.9	13.6	4.8	17.3	33.2	13	0.5	02	15.1	51.2	1.080
Southern	0.7	47.9	50.7	33.5	8.3	4.5	18.8	33.8	2.1	0.1	0.0	10.5	54.0	1,234
Educational level														
No education	0 0	21.0	40.3	547	15.0	0.9	9.0	23.5	0.6	0.0	0.1	78	40.9	457
Demogr	1.6	27.0	471	45.5	88	35	17.4	320	10	0.0	0.1	110	51.5	1 820
I milely Secondary and higher	0.0	106	556	42.5	0.0 9.0	170	202	47.1	27	0.5	0.1	20.8	76.6	365
Secondary and higher	0.0	47.0	0.00	42.3	0.7	17.7	30.5	47.1	2.1	0.4	0.5	20.0	70.0	505
Total	1.3	36.6	47.1	46.7	9.9	5.1	18.8	32.6	1.8	0.3	0.1	12.4	53.1	2,642



Awareness of AIDS-related health issues is presented in Tables 6.7.1 and 6.7.2. Seventy-four percent of women and 86 percent of men stated that a healthy person can have AIDS, while 79 percent of women and 83 percent of men reported that the disease can be transmitted from mother to child.

A large proportion of women and men are aware of the fatal consequences of AIDS. Ninety-one percent of women and 87 percent of men reported that AIDS is almost always fatal, while even higher percentages (95 percent of women and 97 percent of men) responded in the negative when asked if AIDS can be cured. Seventy-one percent of female respondents and 68 percent of males said they knew someone with AIDS or someone who had died of the disease.

These responses show that a large proportion of women and men in Malawi are aware that AIDS is a lethal disease that can be transmitted in deceptive ways. Moreover, AIDS morbidity and mortality have impinged on the personal experience of many adults. Knowledge that apparently health persons can have AIDS, that AIDS can be transmitted from mother to child, and that AIDS is fatal is more prevalent in urban areas. Prevalence of this knowledge also increases with the educational attainment of women and men (see Figures 6.2.1 and 6.2.2).

Table 6.7.1 Awareness of AIDS-related health issues: women

Percentage of women who are aware of certain AIDS-related health issues, by background characteristics, Malawi 1996

Dackground characteristic Yes Yes Yes No Age 15-19 72.5 72.9 90.1 95.1 20-24 73.7 83.7 88.2 96.1 25-29 80.0 88.2 93.8 94.0 30-34 80.8 81.7 89.7 94.7 35-39 75.7 81.1 92.6 91.3 40.44 64.7 71.0 91.4 93.7	Yes wome 64.2 588
Age 72.5 72.9 90.1 95.1 20-24 73.7 83.7 88.2 96.1 25-29 80.0 88.2 93.8 94.0 30-34 80.8 81.7 89.7 94.7 35-39 75.7 81.1 92.6 91.3 40.44 64.7 71.0 91.4 93.7	64.2 588
15-1972.572.990.195.120-2473.783.788.296.125-2980.088.293.894.030-3480.881.789.794.735-3975.781.192.691.340.4464.771.091.493.7	64.2 588
20-24 73.7 83.7 88.2 96.1 25-29 80.0 88.2 93.8 94.0 30-34 80.8 81.7 89.7 94.7 35-39 75.7 81.1 92.6 91.3 40.44 64.7 71.0 91.4 93.7	771 507
25-29 80.0 88.2 93.8 94.0 30-34 80.8 81.7 89.7 94.7 35-39 75.7 81.1 92.6 91.3 40.44 64.7 71.0 91.4 93.7	/3.1 506
30-34 80.8 81.7 89.7 94.7 35-39 75.7 81.1 92.6 91.3 40.44 64.7 71.0 91.4 93.7	76.4 384
35-39 75.7 81.1 92.6 91.3 40.44 64.7 71.0 91.4 93.7	69.9 359
	6 8 .4 2 66
	76.8 303
45-49 68.7 73.5 92.9 96.7	65.1 186
Marital status	
Never married 74.7 74.3 88.1 95.7	65.9 423
Currently in union 74.3 81.2 91.4 94.5	72.7 1,894
Formerly in union 72.1 72.4 91.0 93.6	62.3 276
Residence	
Urban 88.1 92.0 94.9 96.5	71.8 350
Rural 72.0 77.1 90.2 94.3	70.3 2,244
Region	
Northern 63.1 81.3 86.4 95.4	80.1 312
Central 75.0 75.3 92.3 93.7	71.7 1.099
Southern 76.3 82.1 90.6 95.3	66.8 1,183
Educational level	
No education 62 1 68 7 89 1 94 1	65.7 998
Primary 80.2 84.6 91.5 95.0	73.3 1.459
Secondary and higher 97.0 97.1 96.4 95.4	75.3 137
Total 74.1 79.1 90.8 94.6	70.5 2,594

Table 6.7.2 Awareness of AIDS-related health issues: men

Percentage of men who are aware of certain AIDS-related health issues, by background characteristics, Malawi 1996

	Can a healthy person have the AIDS virus?	Can AIDS be transmitted from mother to child?	Is AIDS almost always fatal?	Can AIDS be cured?	Do you know someone with AIDS or who has died of AIDS?	Number
Background	Vas	 Var	Van	No		10
	1 65	165	1 ¢\$	NO	1 05	men
Age						_
15-19	79.7	75.6	84.1	97.4	57.1	566
20-24	85.6	86.2	86.9	97.4	65.8	489
25-29	89.3	88.8	88.7	97.5	70.4	351
30-34	90.5	90. 9	90.9	96.5	73.9	338
35-39	86.3	87.7	86.4	96.0	72.9	265
40-44	88.4	80.2	83.0	95.9	75.5	231
45-49	86.6	78.4	86.5	97.8	76.4	245
50-54	83.5	67.4	87.6	96.7	71.1	158
Marital status						
Never married Currently in union	82.9	79.0	84.8	96.5	57.4	864
Formerly in union	87.3	84.7	87.5	97.4	74.0	1,711
2	83.3	77.0	90.4	92.8	68.2	67
Residence Urban						
Rural	95.5	91.4	89.9	97.9	66,9	437
	83.8	80.9	86.0	96.8	68.8	2,205
Region Northern						
Central	74.2	83.5	76.8	98.0	68.0	329
Southern	85.7	78.9	91.0	96.0	74.5	1.080
	88.8	85.7	85.5	97.6	63.3	1.234
Educational level						-,
No education	75.7	63.3	84.7	95.2	60.6	457
Primary	85.8	84.9	86.5	97.3	70.1	1,820
Secondary and higher	97.7	95.3	90.0	97.9	69.9	365
Total	85.7	82 .6	86.7	97.0	68.4	2,642





6.4 Perceptions of the Risk of Getting AIDS

Female and male respondents who had heard of AIDS were asked if they thought their risk of getting AIDS was "small," "moderate," or "great," or they had "no risk" at all. Respondents were then asked why they felt their risk was small, moderate, great, or nil. Tables 6.8.1 and 6.8.2 show that 53 percent of women and 83 percent of men classified themselves as having little or no risk of being infected. Only 17 percent of men responded that they had moderate or great risk compared with 47 percent of women (see Figure 6.3).

Table 6.8.1 Perception of the risk of getting AIDS: women

Percent distribution of women who know about AIDS by their perception of the risk of getting AIDS, according to selected background characteristics, Malawi 1996

	Р	erceived risk	of getting AIDS	;		Number
Background characteristic	No risk at all	Smatt	Moderate	Great	Total	of
				01127		
Age						
15-19	43.3	28.0	14.0	14.7	100.0	588
20-24	24.2	26.3	23.8	25.7	100.0	506
25-29	23.0	20.3	29.1	27.6	100.0	385
30-34	21.7	22.2	27.2	29.0	100.0	359
35-39	19.9	23.4	30.8	25.9	100.0	266
40-44	24 1	28.7	23.7	23.5	100.0	303
45-49	32.0	24.0	21.5	22.5	100.0	186
Morital status						
Never married	40.6	30.0	10.0	10.4	100.0	423
Currently meetind	49.0	30.0	26.7	27.0	100.0	1 904
Currently married	22.9	23.4	20.7	27.0	100.0	1,074
Formerly marned	31.0	25.0	21.2	19.2	100.0	270
Non-regular sexual						
partners last year						
At least one	17.8	25.5	27.2	29.5	100.0	38
Residence						
Urban	29.7	25.4	16.5	28.4	100.0	350
Rural	27.9	25.0	24.5	22.7	100.0	2,244
р. ·						
Kegion	42.1	14.1	20.2	10.6	100.0	210
Northern	42.1	10.1	29.2	12.5	100.0	312
Central	32.8	29.5	5.8	31.8	100.0	1,099
Southern	20.0	23.2	38.2	18.6	100.0	1,183
Educational level						
No education	28.2	22.6	24.5	24.8	100.0	998
Primary	27.9	26.3	22.8	23.0	100.0	1,459
Secondary and higher	29.5	29.8	21.5	19.2	100.0	137

Table 6.8.2 Perception of the risk of getting AIDS: men

Percent distribution of men who know about AIDS by their perception of the risk of getting AIDS, according to selected background characteristics, Malawi 1996

	Р	erceived risk		Number		
Background characteristic	No risk at all	Small	Moderate	Great	Total	of men
Age						
15-19	40.8	47.2	5.1	6.8	100.0	566
20-24	30.1	54.2	8.7	7.0	100.0	489
25-29	29.6	50.2	9.1	11.2	100.0	351
30-34	35.7	44.8	10.9	8.5	100.0	338
35-39	34.9	47.3	9.6	8.2	100.0	265
40-44	34.0	41.5	17.0	7.4	100.0	231
45-49	38.1	48.6	10.5	2.8	100.0	245
50-54	38.1	48.8	5.5	7.5	100.0	158
Marital status						
Never married	37.7	48.4	7.0	6.9	100.0	864
Currently married	33.9	48.7	9.7	7.6	100.0	1,712
Formerly married	30.5	37.4	1 8 .0	14.2	100.0	67
Non-regular sexual partners last year						
At least one	24.6	44.9	20.4	10.1	100.0	348
Residence						
Urban	29.8	52.7	9.8	7.6	100.0	437
Rural	36.1	47.5	8.9	7.5	100.0	2,205
Region						
Northern	57.3	15.4	24.1	3.2	100.0	329
Central	38.9	48.5	3.6	8.9	100.0	1,080
Southern	25.8	56.9	9.8	7.5	100.0	1,234
Educational level						
No education	32.2	48.6	7.6	11.6	100.0	457
Primary	35.9	48.7	8.5	6.8	100.0	1,820
Secondary and higher	34.8	45.9	13.5	5.7	100.0	366
Total	35.1	48.3	9.1	7.5	100.0	2,642



Among respondents who were currently married or in union, women tended to see themselves as being more likely to get AIDS than men. As Table 6.8.1 and 6.8.2 show, about 54 percent of women who were married or in union reported moderate or high risk compared with only 17 percent of men who were married or in union.

Women and men were interviewed separately in the MKAPH survey. This makes it possible to look at couples as units of study. Table 6.9 shows that, in 42 percent of unions, both partners claimed small or no risk of getting AIDS. In 10 percent of couples, both the woman and man reported moderate or great risk.

In 48 percent of couples, risk perceptions were discordant: in 41 percent of

Table 6.9 Perception of the risk of getting AIDS among couples

Percent distribution of couples who know about AIDS by husband's and wife's perception of risk of getting AIDS, Malawi 1996

	Perce	ived risk of		Number		
Perception of risk	No risk at all	Small	Moderate	Great	- Total	of couples
Chances of getting AIDS: wife						
No risk	10.7	10.4	2.5	0.9	24.5	358
Small	7,7	13.2	1.7	1.7	24.3	356
Moderate	9.6	9.9	3.8	1.5	24.7	361
Great	8.0	13.3	2.1	3.1	26.5	388
Total	36.0	46.7	10.0	7.2	100.0	1,463

couples, the woman reported that her risk of AIDS was moderate or great while the husband stated his risk to be small or nil; in 7 percent of couples, the wife reported that her risk of AIDS was small or nil while the husband claimed that his risk was moderate or great.

Table 6.10 summarises the reasons given by women and men respondents for their stated "small" or "no" risk of getting AIDS. Among those who claimed they had "small" or "no" risk of getting AIDS, 64 percent of women and 67 percent of men attributed their low risk to having only one partner or a limited number of partners. Differences in the proportion of women and men who classified themselves as having low risk because of sexual abstinence were also small (28 percent of women compared with 24 percent of men).

Table 6.10 Reasons for perception of small or no risk of getting AIDS

Percentage of women and men who think they have small or no risk of getting AIDS, by reasons for that perception and marital status, Malawi 1996

Marital status	Abstain from sex	Use condoms	One sex partner	Limited number of partners	Spouse has no other partner	No blood trans- fusions	No injec- fusions	Avoid sharing razors	Other	Number of women/ men
			<u></u>	WO	MEN					
Never in union	74.5	5.5	13.1	0.9	0.7	1.9	2.6	0.0	10.9	337
Currently in union	2.0	1.5	91.3	1.6	8.4	1.4	0.9	0.0	4.4	876
Formerly in union	74.7	2.0	14.3	1.3	0.0	0.7	2.1	0.0	13.8	165
Total	28.4	2.6	63.0	1.4	5.5	1.4	1.5	0.0	7.1	1,378
				M	EN					
Never in union	56.9	20.6	18.8	9.8	0.2	1.7	5.2	9.0	6.1	744
Currently in union	6.0	11.6	77.0	10.8	4.0	1.6	6.1	9.0	5.7	1,414
Formerly in union	58.3	18.9	16.6	11.6	0.0	3.6	12.6	7.5	6.8	45
Total	24.3	14.8	5 6.1	10.5	2.7	1.7	5.9	9.0	5.9	2,203

Table 6.11 summarises the reasons given by women and men for their stated "moderate or great" risk. Women in this risk category attribute their chances of getting AIDS to one main factor—infidelity on the part of their spouse or partner. Twenty-six percent of women stated that their moderate or great risk was due to a spouse or partner having another partner, while 56 percent cited suspicions about the fidelity of the husband or partner.

The responses of men who stated their risk to be moderate or great tend to confirm the conclusion of women that their greatest risk of AIDS comes from the infidelity of their partner. As seen in Table 6.11, the largest percentage of men (51 percent) attribute their risk to having more than one partner. Only 7 percent of men attributed their risk to a spouse or partner having another partner, while 18 percent cited suspicions about the fidelity of the wife or partner.

Nineteen percent of men attributed their moderate or great risk to nonuse of condoms, 15 percent to injections, and 6 percent to sharing razor blades. Among women, 5 percent cited nonuse of condoms, 4 percent mentioned having had injections, while none attributed moderate or great risk to sharing razor blades.

Table 6.11 Reasons for perception of moderate or great risk of getting AIDS

Percentage of women and men who think they have moderate or great risk of getting AIDS, by reasons for that perception and marital status, Malawi 1996

Marital status	Do not use condom	More than one sex partner	Spouse has other partner	Had blood trans- fusion	Had injec- tions	Not sure of spouse	Share razor blades	Other	Number of women/ men
				WOMEN	1		· · · · · · · · · · · · · · · · · ·		
Never in union	22.1	21.1	9.6	2.8	13.0	22.8	0,0	34.7	86
Currently in union	3.2	4.4	28.4	0.3	2.9	61.8	0.0	4.8	1.018
Formerly in union	9.7	17.3	18.9	0.0	4.0	30.3	0.0	26.3	112
Total	5.1	6.8	26.2	0.4	3.7	56.1	0.0	8.9	1,216
				MEN	• •				·····
Never in union	2 6.1	55.3	5.1	1.5	11.1	8.0	11.0	15.1	120
Currently in union	14.6	48.2	7.8	2.6	17.5	23.0	4.4	10.4	297
Formerly in union	35.3	57.8	0.7	0.0	5.0	10.9	0.7	20.0	21
Total	18.7	50.6	6.7	2.1	15.1	18.3	6.0	12.2	438

6.5 Changes in Behaviour

Respondents who had heard of AIDS were asked whether they had changed their behaviour since they learned of the disease. Those who said they had done so were asked what behaviour changes they had made.

As seen in Tables 6.12.1 and 6.12.2, the vast majority of respondents reported that they had changed their behaviour in response to AIDS. Only 8 percent of women and 2 percent of men said they had made no change in behaviour.

In terms of effective changes in behaviour, large proportions of women and men reported that they had restricted their sexual activity. How they did so varied in predictable ways. Eighty-six percent of women in union and 78 percent men in union limited sex to one partner as compared with 32 percent of women and 29 percent of men who were formerly in union and 18 percent of women and 21 percent of men who had never been married. The largest proportions of women (51 percent) and men (27 percent) who stopped all sexual relations were formerly married. Women and men who postponed starting sex were primarily those who had never been married (52 percent of women and 31 percent of men).

Other valid responses to AIDS included using condoms (mentioned by 3 percent of women and 16 percent of men) and avoiding prostitutes (11 percent of men).

Table 6.12.1 AIDS prevention behaviour: women

Percentage of women who made changes in their behaviour after learning of AIDS, by background characteristics, Malawi 1996

		Type of behaviour change								
Background characteristic	No change in behaviour	Did not start sex	Stopped sexual relations	Began using condoms	Restricted sex to partner	Reduced number partners	Asked spouse to be faithful	Avoided sharing razors	Other	Numbe of women
Age										
15-19	8.2	36.1	10.3	4.0	40.0	2.7	1.3	2.2	4.0	588
20-24	7.0	2.3	7.0	3.8	80.0	1.2	4.7	2.5	4.2	506
25-29	6,6	0.3	4.8	2.8	82.7	0.7	7.4	3.5	4.7	384
30-34	6.5	1.4	7.4	3.3	81.9	0.8	9.0	3.8	4.5	359
35-39	8.5	0.3	7.1	2.0	75.7	3.6	6.6	1.2	3.1	266
40-44	12.3	2.2	9.8	1.4	71.9	1.1	5.3	2.4	2.5	303
45-49	7.2	1.5	18.3	4.9	65.8	1.4	4.1	1.1	5.1	186
Marital status										
Never married	8.1	52.2	13.2	5.9	18.1	2.6	0.9	3.0	5.2	423
Currently married	8.3	0.2	1.5	2.6	86.1	1.1	6.6	2.5	3.8	1,894
Formerly married	5.3	6.1	50.8	3.5	31.7	3.8	1.7	1.6	3.5	276
Residence										
Urban	4.6	14.7	7.2	5.2	67.4	1.9	9.6	3.9	5.8	350
Rural	8.5	8.4	8.9	2.9	69.5	1.6	4.4	2.3	3.7	2,244
Region										
Northern	2.7	7.5	7.7	1.3	79.6	1.4	10.4	3.6	3.1	312
Central	6.0	10.9	9.9	2.1	68.9	1.6	4.4	1.9	5.2	1,099
Southern	11.1	8.3	7.7	4.8	66.7	1.8	4.4	2.8	3.2	1,183
Educational level										
No education	9,7	2.7	8.5	2.2	74,7	1.1	4.2	1.3	2.1	998
Primary	6.6	13.4	8.6	3.8	66.3	2.0	5.6	3.1	4.8	1,459
Secondary and higher	8.9	13.1	10. 2	5.1	59.4	1.8	6.8	5.7	9.9	137
Total	7.9	9.3	8.6	3.2	69. 2	1. 7	5.1	2.5	4.0	2,594

Table 6.12.2 AIDS prevention behaviour: men

Percentage of men who made changes in their behaviour after learning of AIDS, by background characteristics, Malawi 1996

		Type of behaviour change											
Background characteristic	No change in behaviour	Did not start sex	Stopped sexual relations	Began using condoms	Restricted sex to one partner	l Reduced number partners	Avoided sex with prosti- tutes	Asked spouse to be faithful	Avoided sharing razors	Other	 Numbe of men		
Age													
15-19	3.7	39.6	17.9	17.5	18.6	10,8	5.0	1.4	8.9	5.9	566		
20-24	0.6	6.7	14.5	27.8	52.3	19.6	11.1	5.0	9.8	8.2	489		
25-29	2.2	2.1	10.6	15.7	71.7	16.6	14.8	5.1	8.5	10.4	351		
30-34	1.4	0.7	6.2	15.7	75.2	14.0	13.9	4.3	11.3	14.6	338		
35-39	2.7	1.0	2.8	10.1	76.7	19.2	11.1	7.0	6.3	13.1	265		
40-44	2.4	1.4	7.8	6.6	70.7	16.3	12.3	5.8	10.4	11.7	231		
45-49	1.6	0.2	3.8	10.3	79.7	11.5	15.7	4.8	5.8	4.3	245		
50-54	1.9	0.0	8.9	12.1	70.4	20.0	8.8	9.4	11.5	9.5	158		
Marital status													
Never married	2.7	30.9	20.7	24.0	21.0	13.5	6.4	1.6	9.0	6.5	864		
Currently married	1.9	0.3	4.8	12.0	78.2	15.8	13.1	6.1	9.3	10.6	1,711		
Formerly married	0.6	1.3	27.1	24.8	29.2	35.2	17.6	6.9	4.0	15.4	67		
Residence													
Urban	4.0	10.0	15.7	19.1	55.4	11.7	12.0	4.8	10.6	11.5	437		
Rural	1.7	10.4	9.5	15.7	58.8	16.3	10.8	4.6	8.7	8.9	2,205		
Region													
Northern	1.4	17.2	8.9	15.8	49,8	16.9	5.0	6.0	4.6	13.4	329		
Central	2.1	13.0	11.3	15.9	62.8	8.7	11.5	4.2	10.6	8.3	1,080		
Southern	2.3	6.2	10.4	16.7	56.6	21.2	12.2	4.7	8.9	9.2	1,234		
Educational level													
No education	2.8	3.8	8.9	12.7	66.0	16.2	12.2	4.0	7.0	6.3	457		
Primary	1.8	12.6	10.6	15.7	55.9	15.9	10.7	4.7	9.3	9.0	1,820		
Secondary and higher	2.9	7.2	12.2	23.6	60.2	12.7	11.0	5.3	10.3	14.9	365		
Total	2.1	10.3	10.6	16.3	58.3	15.5	11.0	4.7	9.1	9.4	2,642		

6.6 Number of Sexual Partners

Because most HIV infections in Malawi are due to heterosexual contact, information on sexual behaviour is useful for planning behaviour-modification programmes. The MKAPH survey included questions about sexual activity during two reference periods, 4 weeks and 12 months preceding the survey. Respondents were asked about sex with spouses and other partners. They were also asked about condom use with spouses and other partners.

Tables 6.13.1 and 6.13.2 show the percent distribution of currently married and unmarried women and men by number of persons with whom they had sex in the previous 4 weeks. Overall, men reported having more sexual partners than women. The mean number of partners for married women was 0.8 and for married men 0.9. For unmarried women the mean number of partners was 0.3 compared with 0.6 for single men. Nineteen percent of married women and men reported one extra-spousal relationship. Three percent of married men reported at least two non-spousal partners, while no women reported such partners.

Table 6.13.1 Number of recent sexual partners: women

Percent distribution of currently married women and unmarried women by the number of sexual partners in the four weeks preceding the survey, according to background characteristics, Malawi 1996

					Cu	rrently m	arried w	omen											
		Partners including spouse						Pa	ariners exc	luding sp	ouse		Unmarried women						
Background characteristic	0	1	2+	Total	Number of women	Mean number of part- ners	0	1	Missing	Total	Number of women	Mean number of part- ners	0	ł	2+	Total	Number of women	Mean number of part- ners	
Age		-																	
15-19	33.8	66.2	0.0	100.0	207	0.7	80.5	19.5	0.0	100,0	207	0.2	53.7	43.4	2.9	100.0	140	0.5	
20-24	20.6	79.3	0.1	100.0	419	0.8	76.5	23.5	0.0	100.0	419	0.2	59.4	40.4	0.1	100.0	93	0.4	
25-29	27.6	71.8	0.6	100.0	355	0.7	82.9	17.1	0.0	100.0	355	0.2	69.8	29.5	0.7	100.0	35	0.3	
30-34	26.3	73.7	0,0	100.0	329	0.7	83.3	16.7	0.0	100.0	329	0.2	(96.7)	(3.3)	(0.0)	100.0	37	(0.0)	
45-39	22.3	77.3	0.4	100.0	230	8.0	77.7	22.3	0.0	100.0	230	0.2	(83.4)	(16.6)	(0.0)	100.0	41	(0.2)	
40-44	21.9	78.1	0.0	100.0	257	0.8	85.6	14.4	0.0	100.0	257	0.1	89.0	11.0	0.0	100.0	56	0.1	
45-49	26.9	73.1	0.0	100.0	150	0.7	85.7	14.3	0.0	100.0	150	0.1	(93.5)	(6.5)	(0.0)	100.0	46	(0.1)	
Residence																			
Urban	16.8	83.1	0.2	100.0	233	0.8	81.5	18.5	0.0	100.0	233	0.2	66.9	32.6	0.5	100.0	72	0.3	
Rural	26.3	73.6	0.2	100.0	1,715	0.7	81.3	18.7	0.0	100.0	1,715	6.2	71.7	27.2	1.1	100.0	377	0.3	
Region																			
Northern	36.0	63.7	0.3	100.0	249	0.6	82.0	18.0	0.0	100.0	249	0.2	74.2	25.4	0.3	100.0	4i	0.3	
Central	18.4	81.3	0.3	100.0	789	0.8	74.7	25.3	0.0	100.0	789	0.3	78.2	20.5	1.3	100.0	170	0.2	
Southern	28.0	72.0	0.0	100.0	910	0.7	86.7	13.3	0.0	100.0	910	0.1	65.2	33.9	0.8	100.0	238	0.4	
Educational level																			
No education	28.3	71.7	0.0	100.0	869	0.7	81.3	18.7	0.0	100.0	869	0.2	74.8	25.2	0.0	100.0	146	0.3	
Primary	22.8	76.9	0.3	100.0	1,001	0.8	81.0	19.0	0.0	100.0	1,001	0.2	67.7	30.6	1.7	100.0	258	0.4	
Secondary and higher	20.0	80.0	0.0	100.0	77	0.8	84.9	15.1	0.0	100.0	7 7	0.2	77.0	23.0	0.0	100.0	44	0.2	
Total	25.1	74.7	0.2	100.0	1,947	0.8	81.3	18.7	0.0	100.0	1,947	0.2	70.9	28.1	1.0	100.0	448	0.3	

Table 6.13.2 Number of recent sexual partners: men

Percent distribution of currently married men and unmarried men by the number of sexual partners in the four weeks preceding the survey, according to background characteristics, Malawi 1996

					C	urrently	married	men											
		Pa	rtners in	cluding sp	ousc			Pa	riners es	cluding sp	ouse				U	Inmarried	men		
Background characteristic	0	1	2+	Total	Number of men	Mean number of part- ners	0	1	2+	Total	Number of men	Mean number of part- ners	0	1	2+	Missing	Total	Number of men	Mean number of part- ners
Are																			.
15-19	20	07.1	0.0	100.0	14	1.0	60.2	20 7	0.0	100.0	14	0 3	44.0	175		0.0	100.0	21.7	07
20-24	2.9	7/.1	0.0	100.0	14	1.0	26.2	30.7	0.0	100.0	14	0.3	444.0	47.5	8.2	0.0	100.0	212	0.7
25-29	21.9	73.3	4.8	100.0	210	0.8	75.5	24.5	0.4	100.0	216	0.3	48.0	43.9	8.0	0.1	100.0	239	0.6
30-34	17.4	71.9	4.7	100.0	294	0.9	81.4	17.0	1.0	100.0	294	0.2	49.0	.54.0	16.4	0.0	100.0	52	0.8
45-39	20.5	74.4	5.1	100.0	316	0.9	79.1	17.7	3.3	100.0	316	0.2	(41.2)	(36.0)	(2.8)	(0.0)	100.0	20	(0.6)
40-44	22.9	65.7	11.4	100.0	257	0.9	80.3	15.9	3.8	100.0	257	0.2			1		:	2	
45-49	21.4	69.2	9.4	100.0	226	0.9	78.3	18.1	3.6	100.0	220	0.3			1			4	
50-54	21.0	67.4	6.0 12.0	100.0	152	0.9 0.9	78.0 76.2	19.5	1.9 5.0	100.0	152	0.3	•			•	•	8	*
Residence																			
Urban	22.7	74 1	1 1	100 0	220		96 1	12.4	1.4	100.0	120	A A	\$7.0	20.4	2.4	0.2	100.0		A 6
Rural	20.2	74.1	5.2 7.8	100.0	1,479	0.8	80.5 77.4	12.4	2.9	100.0	1,479	0.2	43.4	46.1	10.5	0.2	100.0	494	0.5
Region																			
Northern	21.9	629	13.2	100.0	201	0 0	61.9	32.8	53	100.0	201	04	39.1	50.9	9.6	04	100.0	75	07
Central	20.6	73 1	62	100.0	720	0.9	753	21.5	11	100.0	720	0.1	54.8	37.8	74	0.4	100.0	212	0.7
Southern	19.7	73.8	6.5	100.0	797	0.9	86.0	12.5	1.5	100.0	797	0.2	43.7	47.2	9.1	0.0	100.0	362	0.7
Educational level																			
No education	21.7	71 7	65	100.0	373	0.9	78.0	194	26	100.0	373	07	38.8	55.6	56	0.0	100.0	70	07
Primary	20.3	72.3	7.4	100.0	1,129	0.9	77.7	19.3	3.1	100.0	1,129	0.3	46.5	41.2	10.3	0.0	100.0	453	07
Secondary and higher	19.9	72.8	7.3	100.0	216	0.9	85.0	14.3	0.7	100.0	216	0.2	52.3	43.3	4.3	0.1	100.0	125	0.5
Total	20.6	72.2	7.2	100.0	1,718	0.9	78.7	18.7	2.7	100.0	1,718	0.2	46.8	44.5	8.6	0.0	100.0	648	0.6

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Twenty-five percent of married women and 21 percent of married men reported having no sexual intercourse in the preceding 4 weeks (see Figure 6.4). The prevalence of no sexual activity among rural married women (26 percent) was higher than among their urban counterparts (17 percent), possibly reflecting the greater tendency of rural men to work away from home compared with urban men.

Among unmarried women, 28 percent reported one sexual partner while 1 percent claimed two or more. For unmarried, men the comparable percentages were 45 percent and 9 percent. For unmarried men, the prevalence of two or more partners was markedly higher in rural areas where the prevalence was 11 percent compared with 3 percent for urban males.



Seventy-one percent of unmarried women and 47 percent of unmarried men reported no sexual intercourse during the preceding 4 weeks. The percentage of unmarried men who stated they had no sexual intercourse was much higher in urban areas (58 percent) than in rural areas (43 percent). The difference in terms of residence for women is smaller and in the opposite direction, with 67 percent of urban females reporting no sex compared with 72 percent of rural women.

To follow up questions on recent sexual activity, the MKAPH asked respondents whether they had "given or received money, gifts or favours in return for sex in the last 12 months." This question was asked because the giving or receiving of some sort of compensation to obtain sex often involves commercial sex workers among whom the prevalence of STD and HIV infection can be high.

Table 6.14 shows that 5 percent of women and 9 percent of men reported giving or receiving compensation in exchange for sex. Among women, the percentage of married women who reported sexual relations which involved giving or receiving compensation was only 1 percent compared with 19 percent of unmarried women. For married men, the percentage was 6 percent compared with 15 percent for unmarried men.

Non-regular sex partners are often a source of HIV infection whether or not they are commercial sex workers. The MKAPH survey therefore asked respondents who were sexually experienced how many non-regular partners they had had during the 12 months preceding the survey. If respondents reported having a non-regular sex partner during the preceding 12 months, they were asked if they had used a condom during the last sexual intercourse with a non-regular partner.

Table 6.14 Payment for sexual relations

Among women and men who ever had sexual intercourse, the percentage who gave or received money, gifts, or favours in return for sex in the last 12 months by marital status, according to background characteristics, Malawi 1996

	<u> </u>		Wo	men			Men								
Background	Currentl	y married	Unmarried		Total		Current	y married	Unn	arried	т	otal			
characteristic	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number			
Age			···· .												
15-19	5.9	207	33.7	140	17.1	347	*	14	13.0	312	12.4	326			
20-24	2.0	419	27.2	93	6.6	512	12.3	216	18.3	239	15.5	455			
25-29	0.9	355	7.3	35	1.5	390	8.0	294	13.0	52	8.8	346			
30-34	0.4	329	(0.7)	37	0.4	366	5.8	316	(11.8)	20	6.1	336			
35-39	0.0	230	(2.4)	41	0.4	270	6.3	257	` • ´	5	7.0	263			
40-44	0.1	257	7.7	56	1.5	313	3.4	226	•	4	3.3	230			
45-49	0.0	150	(5.7)	46	1.3	196	2.9	242	٠	7	2.8	249			
50-54	NA	NA	NA	NA	NA	NA	2.9	152	•	8	3.3	160			
Residence															
Urban	2.2	233	22.7	72	7.0	304	5.4	239	13.3	154	8.5	393			
Rural	1.2	1,715	17.7	377	4.2	2,091	6.1	1,479	15.4	494	8.5	1,973			
Region															
Northern	1.2	249	18.9	41	3.7	289	2.1	201	18.8	75	6.6	276			
Central	0.8	789	15.7	170	3.4	959	3.6	720	10.7	212	5.2	931			
Southern	1.8	910	20.5	238	5.7	1,147	9.2	797	16.5	362	11.5	1,158			
Educational level															
No education	1.2	869	6.4	146	2.0	1,015	1.2	373	7.0	70	2.2	443			
Primary	1.2	1.001	25.4	258	6.1	1.260	7.7	1,129	16.2	453	10.1	1,582			
Secondary and higher	4.2	77	18.3	44	9.4	121	5.7	216	14.5	125	8.9	341			
fotal	1.3	1,947	18.5	448	4.5	2,396	6.0	1,718	14.9	648	8.5	2,366			

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

NA = Not applicable

Tables 6.15.1 and 6.15.2 give the reported prevalence of sex with non-regular partners during the 12 months preceding the survey. A non-regular partner was defined as someone other than a spouse whom the respondent did not see on a regular basis. Only 2 percent of women as compared with 16 percent of men reported having at least one non-regular partner during the reference period.

As might be expected, there was a difference in prevalence of non-regular partners in terms of marital status. Less than 1 percent of currently married women reported at least one non-regular partner compared with 6 percent of currently married male respondents. Among unmarried respondents, 11 percent of women and 46 percent of men reported a non-regular partner.

6.7 Knowledge and Sources of Condoms

Because of the important role condom use plays in combating the transmission of HIV, respondents who reported knowing about condoms were asked where they could be obtained. Tables 6.16.1 and 6.16.2 show that knowledge of condoms is widespread in Malawi. Almost all men (98 percent) and most women (91 percent) reported knowing about condoms.

The most widely reported source of condoms was shops. Twenty-four percent of women and 44 percent of men stated that condoms could be obtained from shops. In Malawi most of these businesses are small convenience shops. The next most widely mentioned condom sources were "public." In Malawi, these sources include government facilities and various family planning outlets run by nongovernmental organisations (NGOs) such as missions. Thirty-seven percent of women and 34 percent of men named public facilities as sources of condoms. Twenty-nine percent of women and 11 percent of men who knew of condoms could not name a source for obtaining them. For both women and men, knowledge of a source is more prevalent in urban arcas and increases with level of educational attainment.

Table 6.15.1 Non-regular sexual partners: women

	Currently married women					Unmarried women							All respondents						
Background characteristic	0	1	Total	At least one non- regular partner	Number of women	0	1	2+	Missing	Total	At least one non- regular partner	Number of women	0	1	2+	Missing	Total	At least one non- regular partner	Number of women
Age																			
15-19	98.6	1.4	100.0	1.4	200	84.9	10.3	1.7	3.2	100.0	12.0	127	93.3	4.8	0.7	1.2	100.0	5.5	327
20-24	99.3	0.7	100.0	0.7	414	90.1	3.2	6.7	0.0	100.0	9.9	78	97.9	1.1	1.1	0.0	100.0	2.1	492
25-29	100.0	0.0	100.0	0.0	351	(96.9)	(2.1)	(1.0)	(0.0)	100.0	(3.1)	24	99.8	0.1	0.1	0.0	100.0	0.2	375
30-34	99.7	0.3	100.0	0.3	316	*	•	•	*	100.0	*	17	98.9	0.4	0.0	0.7	100.0	0.4	333
45-39	100.0	0.0	100.0	0.0	222			•	•	100.0	*	22	98.3	0.9	0.0	0.8	100.0	0.9	244
40-44	100.0	0.0	100.0	0.0	241		•		•	100.0	*	15	98.7	1.3	0.0	0.0	100.0	1.3	256
45-49	100.0	0.0	100.0	0.0	139	•	•	•	•	100.0	•	12	98.5	1.3	0.2	0.0	100.0	1.5	150
Residence																			
Urban	99.7	0.3	100.0	0.3	230	87.2	10.4	1.9	0.5	100.0	12.3	52	97.4	2.2	0.4	0.1	100.0	2.5	282
Rural	99.7	0.3	100.0	0.3	1,653	86.2	7.6	2.8	3.3	100.0	10.5	243	97.9	1.3	0.4	0.4	100.0	1.6	1,896
Region																			
Northern	99.3	0.7	100.0	0.7	228	82.1	14.5	3.4	0.0	100.0	17.9	29	97.3	2.3	0.4	0.0	100.0	2.7	257
Central	100.0	0.0	100.0	0.0	773	82.0	8.1	2.8	7.0	100.0	10.9	89	98.1	0.8	0.3	0.7	100.0	1.1	862
Southern	99.5	0.5	100.0	0.5	882	89.3	7.1	2.5	1.1	100.0	9.5	177	97.8	1.6	0.4	0.2	100.0	2.0	1,059
Educational level																			
No education	100.0	0.0	100.0	0.0	829	87.9	7.0	2.6	2.5	100.0	9.6	91	98.8	0.7	0.3	0.2	100.0	0.9	920
Primary	99.5	0.5	100.0	0.5	977	84.6	8.7	3.2	3.5	100.0	11.9	171	97.3	1.7	0.5	0.5	100.0	2.2	1.149
Secondary and higher	97.4	2.6	100.0	2.6	77	91.6	8.4	0.0	0.0	100.0	8,4	33	95.7	4.3	0.0	0.0	100.0	4.3	110
Total	99.7	0.3	100.0	0.3	1,883	86.4	8.1	2.7	2.8	100.0	10.8	295	97.9	1.4	0.4	0.4	100.0	1.8	2,178

Percent distribution of women by number of non-regular sexual partners in the last 12 months, according to background characteristics, Malawi 1996

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk idicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 6.15.2 Non-regular sexual partners: men

Percent distribution of men by number of non-regular sexual partners in the last 12 months, according to background characteristics, Malawi 1996

		C	urrently	married	men				ι	Inmarried	men					A	Il respond	ents		
- Background characteristic	0	1	2+	Total	At least one non- regular partner	Number of men	0	1	2+	Missing	Total	At least one non- regular partner	Number of men	0	1	2+	Missing	Total	At least one non- regular partner	Number of men
Age																				
15-19	*	*	*	100.0	*	14	48.5	30.6	20.8	0.2	100.0	51.3	269	51.1	29.1	19.7	0.1	100.0	48.8	283
20-24	90.7	5.7	3.6	100.0	9.3	213	56.9	24.1	16.8	2.2	100.0	40.9	206	74.1	14.7	10.1	1.1	100.0	24.8	419
25-29	92.7	4.8	2.5	100.0	7.3	292	(60.1)	(26.8)	(13.0)	(0.0)	100.0	(39.9)	43	88.5	7.6	3.9	0.0	100.0	11.5	334
30-34	93.6	3.4	2.9	100.0	6.4	315	•	•	*		100.0		14	92.5	4.0	3.4	0.0	100.0	7.5	328
45-39	93.6	4.4	2.1	100.0	6.4	254	•	*		٠	100.0	•	5	93.0	4.3	2.7	0.0	100.0	7.0	259
40-44	94.7	4.3	1.0	100.0	5.3	218		*	*	•	100.0	*	3	94.0	4.6	1.4	0.0	100.0	6.0	221
45-49	97.1	2.4	0.4	100.0	2.9	241	*	*	٠	*	100.0	*	6	96.7	2.5	0.8	0.0	100.0	3.3	248
50-54	96.9	1.5	1.6	100.0	3.1	144	*	*	•	*	100.0	*	1	96.2	2.1	1.6	0.0	100.0	3.8	145
Residence																				
Urban	94.3	4.4	1.3	100.0	5.7	235	71.8	20.8	7.0	0.5	100.0	27.7	123	86.5	10.0	3.3	0.2	100.0	13.3	358
Rural	94.0	3.8	2.2	100.0	6.0	1,456	48.0	28.9	22.0	1.0	100.0	50.9	423	83.7	9.4	6.7	0.2	100.0	16.1	1,879
Region																				
Northern	92.0	5.8	2.3	100.0	8.0	194	25.8	47.7	26.0	0.5	100.0	73.7	65	75.4	16.2	8.2	0.1	100.0	24.5	259
Central	97.4	1.9	0.8	100.0	2.6	707	61.8	24.7	12.0	1.5	100.0	36.7	160	90.8	6.1	2.8	0.3	100.0	8.9	866
Southern	91.6	5.2	3.2	100.0	8.4	791	54.8	24.1	20.4	0.7	100.0	44.5	322	81.0	10.7	8.2	0.2	100.0	18.8	1,113
Educational level																				
No education	95.1	3.6	1.2	100.0	4.9	365	58.2	25.9	16.0	0.0	100.0	41.8	59	90.0	6.8	3.3	0.0	100.0	10.0	425
Primary	93.7	3.8	2.5	100.0	6.3	1.111	49.1	28.9	20.7	1.2	100.0	49.6	383	82.3	10.2	7.1	0.3	100.0	17.4	1.494
Secondary and higher	94.0	4.6	1.5	100.0	6.0	214	66.5	20.9	12.4	0.1	100.0	33.4	104	85.0	99	5.1	0.0	100.0	15.0	318
Total	94.1	3.9	2.1	100.0	5.9	1,691	53.4	27.1	18.6	0.9	100.0	45.7	546	84.1	9.5	6.1	0.2	100.0	15.6	2,238

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 6.16.1 Knowledge of condoms: women

Percentage of women who know about condoms and among these percentage who know a specific source for condoms, by background characteristics, Malawi 1996

	Ali w	'omen	Among women who know about condoms, percentage who know source for condoms										
Background characteristic	Know about condoms	Number of women	Public source	Private medical sector	Private pharmacy	Shop	Other source	Don't know source	Total	Number of women			
Age													
15-19	83.6	618	25.4	6.3	0.0	34.3	1.4	32.5	100.0	517			
20-24	93.7	526	34.9	12.3	0.0	27.8	1.1	23.8	100.0	493			
25-29	98.9	391	46.9	7.3	0.0	20.3	0.1	25.4	100.0	386			
30-34	95.4	368	44.0	9.6	0.1	21.6	0.0	24.8	100.0	351			
35-39	94.5	270	42.1	11.8	0.0	16.5	1.0	28.7	100.0	255			
40-44	90.5	313	41.3	11.3	0.0	13.9	0.0	33.5	100.0	284			
45-49	82.4	196	32.2	5.8	0.0	22.5	1.2	38.3	100.0	162			
Marital status													
Never married	79.4	453	25.5	4.0	0.1	40.0	1.0	29.3	100.0	360			
Currently married	93.9	1.947	40.3	9.6	0.0	21.8	0.8	27.5	100.0	1.828			
Formerly married	92.0	283	33.8	13.8	0.0	16.7	0.1	35.7	100.0	260			
Residence													
Urban	99.0	350	38.4	5.3	0.1	41.4	1.1	13.7	100.0	347			
Rural	90.1	2,333	37.3	9.9	0.0	21.1	0.7	31.1	100,0	2,101			
Region													
Northern	95.9	313	42.6	9.1	0.0	33.3	0.6	14.5	100.0	300			
Central	85.7	1.118	39.8	7.3	0.1	16.1	1.3	35.5	100.0	958			
Southern	95.0	1,253	34.2	10.9	0.0	27.9	0.3	26.7	100.0	1,190			
Educational level													
No education	87.0	1.064	33 1	87	0.0	17.9	0.9	39.4	100.0	926			
Primary	93.5	1.481	40.3	9.2	0.0	26.2	0.6	23.7	100.0	1.385			
Secondary and higher	100.0	137	37.7	13.5	0.4	41.7	0.5	6.3	100.0	137			
Total	91.2	2,683	37.4	9.3	0.0	24.0	0.7	28 .6	100.0	2,448			

Table 6.16.2 Knowledge of condoms: men

Percentage of men who know about condoms and among these the percentage who know a specific source for condoms, by background characteristics, Malawi 1996

	ILA	men	·							
Background characteristic	Know about condoms	Number of women	Public source	Private medical sector	Private pharmacy	Shop	Other	Don't know source	Total	Number of men
Age	<u>-</u>	·								
15-19	94.8	572	25.5	8.4	0.0	53,6	2.9	9.6	100.0	542
20-24	98.5	492	35.6	6.7	0.0	49. 2	1.5	7.0	100.0	484
25-29	99.3	351	40.9	6.5	0.2	41.6	3.2	7.7	100.0	348
30-34	99.9	338	37.6	9.4	0.0	41.4	2.7	8.8	100.0	338
35-39	100.0	265	35.3	8.9	0.1	43.5	1.6	10.6	100.0	265
40-44	98.3	231	31.5	9.7	0.0	40.9	2.4	15.5	100.0	227
45-49	96.7	249	35.5	8.4	0.1	35.2	4.5	16.3	100.0	241
50-54	98.5	160	30.1	4.6	0.0	29.7	3.6	32.1	100.0	158
Marital status										
Never married	95.3	873	27.9	7.6	0.1	52.3	3.3	8.7	100.0	832
Currently married	99.2	1,718	36.3	8.2	0.0	40.3	2.3	12.8	100.0	1,704
Formerly married	100.0	67	41.3	3.1	0.0	45.9	3.1	6.6	100.0	67
Residence										
Urban	99.2	437	25.1	7.9	0.3	61.5	2.8	2.5	100.0	434
Rural	97.7	2,221	35.5	7.9	0.0	40.9	2.6	13.1	100.0	2,169
Region										
Northern	97.5	331	33.7	3.3	0.1	46.3	7.7	8.9	100.0	323
Central	96.9	1,084	40.5	7.8	0.0	31.6	1.6	18.5	100.0	1,050
Southern	99.0	1,243	28.0	9.2	0.0	54.6	2.2	6.0	100.0	1,230
Educational level										
No education	96. 3	468	27.9	5.8	0.0	39.2	2.8	24.3	100.0	451
Primary	98.0	1,824	35.8	8.7	0.0	42.9	2.6	10.1	100.0	1,787
Secondary and higher	99.9	365	30.9	6.7	0.2	57.6	3.0	1.7	100.0	365
Total	97.9	2,658	33.7	7.9	0.0	44.3	2.7	11.4	100.0	2,603

6.8 Use of Condoms

Tables 6.17.1 and 6.17.2 show the percentage of women and men who ever used condoms for contraceptive purposes, for STD prevention, and for either reason. A total of 14 percent of women and 41 percent of men reported having used a condom for either contraceptive purposes or for STD prevention. Nine percent of women had used condoms for contraceptive purposes and 8 percent to avoid STDs, compared with 30 percent of men who had used condoms for contraception and 32 percent to protect against STDs. Among women and men who use condoms, the rationale of STD prevention is almost as common as contraception for women and slightly more common than contraception for men.

Use of condoms by women and men is associated with perceived risk of getting AIDS. This is particularly true for men. Use of condoms for protection against STDs is 35 percent greater among men whose reported risk is moderate or great than it is among those who see their risk as none or small. Use of condoms by men for family planning is 24 percent greater in the moderate or great risk group than it is in the small or no-risk group.
Table 6.17.1 Reasons for using condoms and with whom: women

Among women who ever had sex, the percentage who ever used condoms for family planning, the percentage who ever used condoms to avoid sexually transmitted diseases, and the percentages who used a condom during last sexual intercourse with spousal and non-spousal partners according to perception of AIDS risk and background characteristics, Malawi 1996

		Reasons for us	ing condom		Used o	ondom during	last sexual intere	course
Background characteristic	For family planning	To avoid STD/AIDS	Either reason	Numb er of women	Percent with spouse	Number of women	Percent with non-spouse	Number of women
Perceived personal risk of HIV/AIDS								
None or small	9.5	7.6	13.2	1,187	3.0	917	22.4	121
Moderate or great	9.3	8.9	13.9	1,208	3.9	1,027	16.4	105
Age								
15-19	12.5	13.3	17.1	347	5.6	207	23.5	116
20-24	14.0	12.8	20.3	512	5.5	417	18.5	61
25-29	8.1	8.5	14.4	390	3.5	355	(12.8)	14
30-39	9.0	4.5	11.2	637	2.5	557	(8.2)	19
40-49	4.1	4.8	6.5	509	1.5	407	*	16
Marital status								
Never married	20.9	25.6	28.3	166	NA	0	25.0	152
Currently married	8.7	7.0	12.8	1.947	3.5	1.943	+	3
Formerly married	7.0	6.7	10.0	283	NA	0	8.8	72
Residence								
Urban	22.4	18.0	28.5	304	6.4	232	33.4	45
Rural	7.5	6.9	11.3	2,091	3.1	1,711	16.2	181
Region								
Northern	19.8	7.9	23.5	289	5.4	247	27.8	21
Central	8.5	6.6	10.7	959	2.9	789	25.9	67
Southern	7.5	9.7	13.4	1,147	3.4	908	15.4	139
Educational level								
No education	4.7	4.6	7.7	1,015	2.4	869	(6.0)	48
Primary	11.0	9.6	15.6	1,260	3.9	999	21.2	139
Secondary and higher	31.1	25.3	40.1	121	8.9	75	(30.8)	39
Total	9.4	8.3	13.5	2,396	3.5	1,943	19.6	226

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 cases and has been suppressed.

NA = Not applicable

For women, the difference in condom usage is less pronounced with regard to perceived risk. Condom usage for STD protection rises from 8 percent among women who see their risk as none or small to 9 percent among women who reported their risk as moderate or great. There is little difference between the two risk groups in terms of family planning usage of condoms.

Among both men and women, condom use for both family planning and protection against STDs is more prevalent in urban areas than in rural. Prevalence is also markedly higher among women with secondary or higher education compared with less educated women and men.

Tables 6.17.1 and 6.17.2 also show the prevalence of condom use during last sexual intercourse in terms of whether the last partner was a spouse or non-spouse. Predictably, condom use is much higher when the last partner is not a spouse. Among women whose last sex was with a spouse, 4 percent stated that a condom had been used compared with 20 percent whose last sex was with a non-spouse. For men, the comparable percentages were 9 percent and 38 percent.

Table 6.17.2 Reasons for using condoms and with whom: men

Among men who ever had sex, the percentage who ever used condoms for family planning, the percentage who ever used condoms to avoid sexually transmitted diseases, and the percentages who used a condom during last sexual intercourse with spousal and non-spousal partners according to perception of AIDS risk and background characteristics, Malawi 1996

		Reasons for us	ing condom		Used o	ondom during	last sexual intere	ourse
Background characteristic	For family planning	To avoid STD/AIDS	Either reason	Number of men	Percent with spouse	Numb er of men	Percent with non-spouse	Numbe of men
Perceived personal risk of HIV/AIDS							· · · · · · · · · · · · · · · · · · ·	
None or small	28.4	30.2	39.3	1.932	8.8	1.386	39.9	528
Moderate or great	35.3	40.7	48.2	433	8.1	276	30.2	157
Age								
15-19	25.7	39.4	40.8	326	*	14	32.0	312
20-24	40.4	52.0	56.5	455	12.0	210	39.5	244
25-29	33.8	32.9	48.3	346	13.1	285	34.6	55
30-39	29.6	28.5	40.6	599	8.4	545	61.3	51
40-49	22.5	16.7	27.6	479	4.8	458	•	20
50-54	19.2	18.4	22.2	160	7.7	150	•	3
Marital status								
Never married	33.3	50.3	50.9	581	NA	0	35.7	581
Currently married	28.7	25.7	37.6	1.718	8.7	1.662	62.6	54
Formerly married	22.4	37.0	38.7	67	NA	0	24.3	50
Residence								
Urban	36.3	42.1	49.4	393	13.7	227	47.9	161
Rural	28.3	30.1	39.3	1,973	7.9	1,435	34.7	524
Region								
Northern	33.6	24.6	41.3	276	6.2	191	35.5	83
Central	27.5	27.4	37.4	931	6.5	692	35.9	229
Southern	30.4	37.6	43.7	1,158	11.3	779	39.0	373
Educational level								
No education	23.8	21.7	31.7	443	7.6	364	24.7	74
Primary	27.7	31.4	38.9	1,582	8.0	1,089	34.6	485
Secondary and higher	46.2	48.9	62.6	341	14.3	209	54.7	126
Total	29.6	32.1	40.9	2,366	8.7	1,662	37.5	685

Among both women and men, the prevalence of condom use with non-spousal partners was higher among those whose perceived risk of AIDS was none or small compared with those who saw their risk as moderate or great. Twenty-two percent of women whose perceived personal risk was none to small used a condom at last sex with a non-spouse compared with 16 percent whose risk was moderate or high. Among men with small or no risk, the percentage reporting condom use with the last non-spousal partner was 40 percent compared with 30 percent for men with moderate or high risk. Lower perceived personal risk may be derived in part from more prevalent use of condoms and the protection it provides.

Table 6.18 gives the prevalence of condom use during the last sexual intercourse with a non-regular partner during the 12 months preceding the survey. It is important to note this definition of last sexual intercourse differs from last sexual intercourse as presented in Tables 6.17.1 and 6.17.2. These tables show condom use the last time a respondent had sex before the survey. This last sexual intercourse is classified by whether it was with

a spouse or non-spouse. The non-spouse category includes both regular and non-regular partners who are not spouses.

By contrast, Table 6.18 includes only the last sexual encounter with a non-regular partner during the 12 months preceding the interview. The last non-regular partner a respondent had sex with may not be the last person the respondent had sex with. In the MKAPH survey, a "non-regular partner" was defined as a person other than a spouse whom the respondent did not see on a regular basis.

Table 6.18 Use of condoms with non-regular partners Percentage of women and men who used a condom during last sexual intercourse with a non-regular partner, Malawi 1996 Percent who used Number of women condoms during or men who had last sex with had sex with non-regular non-regular Respondent partner partner Women 38 (23.7)Men 42.7 352 Note: Figure in parentheses is based on 25-49 unweighted cases.

As Table 6.18 reveals, among women who

reported a non-regular partner during the 12 months before the survey, 24 percent used a condom during the last sexual intercourse with such a partner. Of males with non-regular partners during the reference period, 43 percent used a condom at last sex with a non-regular partner.

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APPENDIX A

SURVEY DESIGN

Table A.10.1 Sample implementation

Percent distribution of households and eligible women in the ZDHS sample by results of the interviews and household, eligible women, and overall response rates, according to region and residence, Malawi 1996

		Region		Resid	lence	
Result	Northern	Central	Southern	Urban	Rural	Total
Selected households						
Completed(C)	93,6	92.0	91.6	92.4	92.0	92.2
Household present but						
no competent respondent		0.5		1.2		0.0
at home (HP)	1.1	0.5	1.1	1.3	0.5	0.9
Dwelling not found (DNF)	0,0	0.1	0.1	0.1	0.0	0.1
Household absent (HA)	15	15	2.5	16	2.1	1.9
Dwelling vacant (DV)	3.5	5.3	4.1	3.8	5.0	4.4
Dwelling destroyed (DD)	0.3	0.3	0.4	0.6	0.2	0.4
Other (Ö)	0.0	0.0	0.2	0.0	0.1	0.1
Total percent Number	100.0	100.0	100.0	100.0	100.0	100.0
	039	1102	1214	1420	1009	5055
Household response rate (HRR)	98.9	99.1	98.7	98.3	99.4	98.9
Eligible women						
Completed (EWC)	97.3	98.1	98.4	98.4	97.6	98.0
Not at home (EWNH)	1.9	1.0	1.2	1.0	1.6	1.3
Refused (EWR)	0.2	0.2	0.0	0.1	0.1	0.1
Inconnectated (EWI)	0.0	0.0	0.2	0.1	0.1	0.1
Other (EWO)	0.2	0.2	0.1	0.1	0.0	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number	639.0	1058	1040	1354	1383	2737
Ebgible woman response	07.0	66 1	00.4	00.4	07 (
rate (EWRR)"	97.3	98.1	98.4	98.4	97.6	98.0
Overall response rate (ORR)	96.2	97.2	97.1	96.8	97.0	96.9
Eligible men						
Completed (EMC)	92.4	94.0	92.1	91.7	94.4	92.9
Not at home (EMNH)	6.3	4.6	5.7	6.2	4.5	5.4
Refused (EMR)	0.2	0.5	1.1	1.1	0.1	0.0
Incanacitated (EMI)	0.2	0.0	0.4	0.1	0.2	0.2
Other (EMO)	0.0	0.2	0.1	0.2	0.0	0.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number	655	1108	1098	1585	1276	2861
Eligible men response rate (EMRR) ²	92.4	94.0	92.1	91.7	94.4	92.9
Overall response	01.2	07.0	00.0	00.0	07.0	01.0
rate (UKK)	91.3	93.2	90,9	90.2	93.8	91.9
Eligible children Completed (ECC)	08.0	00 4	90 8	99.6	99.2	00 4
Not at home (ECNH)	0.6	0.5	0.1	0.3	0.5	0.4
Refused (ECR)	0,5	0.0	0.1	0.1	0.2	0.2
Other (ECO)	0.0	0.1	0.0	0.1	0.0	0.0
Fotal percent Number	100.0 626	100.0 989	100.0 818	100.0 1122	100.0 1311	100.0 2433
Eligible child response						
rate (ECRR) ²	98.9	99.4	99.8	99.6	99.2	99.4
Overall response	07.0	00 €	09.4	07 0	00 £	00.2
rate (UKK)	97.8	98.5	98.4	97.8	98.0	98.5

Note: The household response rate is calculated for completed households as a proportion of completed, no competent respondent, refused, and dwelling not found. The eligible woman response rate is calculated for completed interviews as a proportion of completed, not at home, postponed, refused, partially completed, incapacitated and "other." The overall response rate is the product of the household and woman response rates. Using the number of households falling into specific response categories, the household response rate (HRR) is

APPENDIX B

ESTIMATES OF SAMPLING ERRORS

APPENDIX B

ESTIMATES OF SAMPLING ERRORS

The estimates from a sample survey are affected by two types of errors: (1) non-sampling errors, and (2) sampling errors. Non-sampling errors are the results of mistakes made in implementing data collection and data processing, such as failure to locate and interview the correct household, misunderstanding of the questions on the part of either the interviewer or the respondent, and data entry errors. Although numerous efforts were made during the implementation of the MKAPH to minimize this type of error, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

Sampling errors, on the other hand, can be evaluated statistically. The sample of respondents selected in the MKAPH is only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. Although the degree of variability is not known exactly, it can be estimated from the survey results.

A sampling error is usually measured in terms of the *standard error* for a particular statistic (mean, percentage, etc.), which is the square root of the variance. The standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of plus or minus two times the standard error of that statistic in 95 percent of all possible samples of identical size and design.

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the MKAPH sample is the result of a two-stage stratified design, and, consequently, it was necessary to use more complex formulae. The computer software used to calculate sampling errors for the MKAPH is the ISSA Sampling Error Module (SAMPERR). This module used the Taylor linearization method of variance estimation for survey estimates that are means or proportions. The Jackknife repeated replication method is used for variance estimation of more complex statistics such as fertility and mortality rates.

The Taylor linearization method treats any percentage or average as a ratio estimate, r = y/x, where y represents the total sample value for variable y, and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$var(r) = \frac{1-f}{x^2} \sum_{h=1}^{H} \left[\frac{m_h}{m_h-1} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - r.x_{hi}$$
, and $z_h = y_h - r.x_h$

where	h	represents the stratum which varies from 1 to H,
	m_h	is the total number of enumeration areas selected in the h th stratum,
	Y _{hi}	is the sum of the values of variable y in EA I in the h th stratum,
	Xhi	is the sum of the number of cases in EA I in the h th stratum, and
	f	is the overall sampling fraction, which is so small that it is ignored.

The Jackknife repeated replication method derives estimates of complex rates from each of several replications of the parent sample, and calculates standard errors for these estimates using simple formulae. Each replication considers *all but one* clusters in the calculation of the estimates. Pseudo-independent replications are thus created. In the MKAPH, there were 106 non-empty clusters. Hence, 106 replications were created. The variance of a rate r is calculated as follows:

$$var(r) = \frac{1}{k(k-1)} \sum_{i=1}^{k} (r_i - r)^2$$

in which

$$r_i = kr - (k-1)r_{(i)}$$

where r is the estimate computed from the full sample of 106 clusters, $r_{(l)}$ is the estimate computed from the reduced sample of 105 clusters (ith cluster excluded), and k is the total number of clusters.

In addition to the standard error, SAMPERR computes the design effect (DEFT) for each estimate, which is defined as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. SAMPERR also computes the relative error and confidence limits for the estimates.

Sampling errors for the MKAPH are calculated for selected variables considered to be of primary interest. Two sets of results, one for women and for men, are presented in this appendix for the country as a whole, for urban and rural areas, for each of the three administrative Regions: Northern, Central, and Southern. For each variable, the type of statistic (mean, proportion, or rate) and the base population are given in Table B.1. Tables B.2.1 to B.7.3 present the value of the statistic (R), its standard error (SE), the number of unweighted (N) and weighted (WN) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R \pm 2SE), for each variable. The DEFT is considered undefined when the standard error considering simple ramdom sample is zero (when the estimate is close to 0 or 1).

In general, the relative standard error for most estimates for the country as a whole is small, except for estimates of very small proportions. There are some differentials in the relative standard error for the estimates of sub-populations. For example, to estimate the proportion *using a modern contraceptive method among currently married women aged 15-49*, the relative standard errors as a percent of the estimated mean for the whole country, for urban areas, and for rural areas are 8.9 percent, 6.2 percent, and 11.5 percent, respectively.

The confidence interval (e.g., as calculated for the proportion for using a modern contraceptive method among currently married women aged 15-49) can be interpreted as follows: the overall national

sample proportion is 0.144 and its standard error is .013. Therefore, to obtain the 95 percent confidence limits, one adds and subtracts twice the standard error to the sample estimate, ie. $0.144\pm2x.013$. There is a high probability (95 percent) that the *true* value of using a modern contraceptive method among currently married women aged 15 to 49 is between 0.119 and 0.170.

Variable	Description	Base population
	WOMEN	,,,,,,,,,
Urban	Proportion	All women 15-49
With no education	Proportion	All women 15-49
With secondary education or more	Proportion	All women 15-49
Currently married	Proportion	All women 15-49
Married before age 20	Proportion	Ever married 20-49
Currently pregnant	Proportion	All women 15-49
Children ever born	Mean	All women 15-49
Children ever born to women over 40	Mean	All women 40-49
Children surviving	Mean	All women 15-49
Knowing any contraceptive method	Proportion	Currently married women
Knowing any modern method	Proportion	Currently married women
Ever used any method	Proportion	Currently married women
Currently using any method	Proportion	Currently married women
Currently using a modern method	Proportion	Currently married women
Currently using the print	Proportion	Currently married women
Currently using injectables	Proportion	Currently married women
Currently using a condom	Proportion	Currently married women
Currently using female sterilisation	Proportion	Currently married women
Currently using male sterilisation	Proportion	Currently married women
Currently using periodic abstinence	Proportion	Currently married women
Currently using withdrawal	Proportion	Currently married women
Using public sector source	Proportion	Currently married women
Had non-spousal partner during past 12 months	Proportion	All women 15-49
Number of partners during past 4 weeks	Mean	All women 15-49
Knowing AIDS	Proportion	All women 15-49
Knowing at least two valid ways of preventing AIDS	Proportion	All women 15-49
Received vitamin A within 8 weeks of giving birth	Proportion	Women who had given birth
Had at least one non-regular partner during		
past 12 months	Proportion	All women 15-49
	MEN	
Urban	Proportion	All men 15-54
With no education	Proportion	All men 15-54
With secondary education or more	Proportion	All men 15-54
Currently married	Proportion	All men 15-54
Had non-spousal partner during past 12 months	Proportion	All men 15-54
Number of partners during past 4 weeks	Bronortion	All man 15-54
NIGWING ALDO Knowing at least two valid wave of preventing ALDO	Proportion	All men 15-54
Had at least one non-regular partner during past	rioportion	All lifeli 15-54
12 months	Proportion	All men 15-54
	CHILDREN	
Had fever in past two weeks	Proportion	All children under five
Had diarrhoea in past two weeks	Proportion	All children under five
Had cough in past two weeks	Proportion	All children under five
Had fast or difficult breathing in past two weeks	Proportion	All children under five
Had health card	Proportion	Children 12-23 months
Received BCG vaccine	Proportion	Children 12-23 months
Received DPT vaccine	Proportion	Children 12-23 months
Received polio vaccine	Proportion	Children 12-23 months
Received measles vaccine	Proportion	Children 12-23 months
Fully immunised	Proportion	Children 12-23 months
	T	

Table B.2 Sampling errors - National sample: Malawi 1996

		Standard	Number	of cases	Design	Relative	Confider	ce limits
Variable	Value (R)	error (SE)	Unweighted (N)	Weighted (WN)	effect (DEFT)	error (SE/R)	R-2SE	R+2SI
			WOMEN					
Urban	0.131	0.009	2683	2683	1.365	0.068	0.113	0.148
With no education	0.397	0.020	2683	2683	2.120	0.050	0.357	0.437
With secondary education or higher	0.051	0.006	2683	2683	1.415	0.118	0.039	0.063
Currently married (in union)	0.726	0.013	2683	2083	1.538	0.018	0.099	0.754
Married before age 20	0.742	0.014	2037	2003	1.413	0.018	0.715	0.705
Children ever horn	3.505	0.087	2683	2683	1.403	0.025	3.331	3.678
Children ever born to women over 40	7.233	0.205	426	509	1.373	0.028	6.824	7.64
Children surviving	2.504	0.059	2683	2683	1.309	0.024	2.386	2.623
Knowing any contraceptive method	0.989	0.003	1893	1947	1.264	0.003	0.983	0.99
Knowing any modern method	0.987	0.003	1893	1947	1.174	0.003	0.981	0.993
Ever used any method	0.414	0.015	1893	1947	1.366	0.037	0.383	0.443
Currently using any method	0.219	0.014	1893	1947	1.505	0,000	0.190	0.248
Surrently using a modern memod	0.144	0.007	1893	1947	1.365	0.009	0.020	0.049
Currently using IUD	0.004	0,002	1893	1947	1.184	0.441	0.000	0.007
Currently using injectables	0.064	0.009	1893	1947	1,525	0.134	0.047	0.082
Currently using a condom	0.016	0.003	1893	1947	1.154	0.206	0.010	0.023
Currenly using female sterilisation	0.025	0.005	1893	1947	1.402	0.200	0.015	0.035
Currently using male sterilisation	0.000	0.000	1893	1947	NA	NA	0.000	0.000
Currently using periodic abstinence	0.020	0.005	1893	1947	1.441	0.232	0.011	0.029
Currently using withdrawal	0.019	0.003	1893	1947	0.994	0.166	0.012	0.025
Using public sector source	0.586	0.055	468	321	2.420	0.094	0.470	0.097
12 months	0.008	0.002	2373	2305	0.937	0.219	0.004	0.011
Number of partners during past 4 weeks	0.008	0.002	2374	2396	1 570	0.024	0.617	0.700
Knowing AIDS	0.967	0.004	2683	2683	1.229	0.004	0.958	0.975
Knowing at least two valid ways of								
preventing AIDS	0.282	0.010	2636	2594	1.134	0.035	0.262	0.301
Received vitamin A within 8 weeks of								
giving birth	0.229	0.017	2035	2067	1.841	0.075	0.194	0.263
Had at least one non-regular partner during past 12 months	0.018	0.004	2168	2178	1.262	0.203	0.010	0.025
			MEN					-
Urban	0.164	0.011	2658	2658	1.597	0.070	0.141	0.187
With no education	0.170	0.013	2028	2028	1.775	0.074	0.150	0.202
With secondary education or more	0.137	0.012	2658	2028	1.777	0.080	0.114	0.101
Had non-spousal partner during past	0.040	0.014	2050	2000	1.504	0.022	0.010	0.074
12 months	0.077	0.011	2350	2364	2.039	0.146	0.055	0,100
Number of partners during past 4 weeks	0.811	0.020	2349	2366	1.562	0.025	0.771	0.851
Knowing AIDS	0.994	0.002	2658	2658	1.360	0.002	0.990	0.998
Knowing at least two valid way of				0.7.12			0 40 4	
preventing AIDS	0.531	0.019	2649	2642	1.919	0.035	0.494	0.569
Had at least one non-regular partner during past 12 months	0.156	0.013	2185	2238	1.730	0.086	0.130	0.183
		CI						
	0.440	0.010		0071	1 000	0.042	0.400	0.407
Had fever in past two weeks	0.448	0.019	2071	2071	1.773	0.043	0.409	0.487
Had cough in past two weeks	0.101	0.013	2071	2071	1.379	0.079	0.132	0.180
Had fast or difficult breathing in past	0.555	0.021	2071	2071		0.050	5.214	0.591
wo weeks	0.123	0.012	2071	2071	1.707	0.100	0.099	0.148
Had health card	0.889	0.020	426	425	1.306	0.022	0.849	0.929
Received BCG vaccine	0.979	0.008	426	425	1.215	0.009	0.962	0.996
Received DPT vaccine	0.914	0.017	426	425	1.251	0.019	0.880	0.948
Received polio vaccine	0.891	0.022	426	425	1.439	0.024	0.848	0.935
Received measles vaccine	0.883	0.024	426	425	1.516	0.027	0.836	0.931
Fully immunised	0.813	0.027	426	425	1.402	0.033	0.760	0.866
Received vitamin A	U.15/	0.010	2071	2071	1.900	0.100	V.120	U.100

/ariable	Value	oranomo			LOCALINE		x	
	191	error (SE)	Unweighted	Weighted	effect	error (SE/R)	P-2SE	P±25
	(K)	(012)	WOMEN		(DEPT)		R-25E	
Jrban	1.000	0.000	1333	350	NA	0.000	1.000	1.000
With no education	0.151	0.013	1333	350	1.332	0.086	0.125	0.17
With secondary education or higher	0.258	0.023	1333	350	1.931	0.090	0.212	0.304
Currently married (in union)	0.664	0.017	1333	350	1.300	0.025	0.631	0.69
farried before age 20	0.653	0,021	1005	264	1.419	0.033	0.610	0.69
Durrently pregnant	2 781	0.009	1333	350	1.081	0.088	2.610	2.05
Thildren ever born to women over 40	6 790	0.060	163	42	1 299	0.031	6 186	7 39
Children surviving	2.274	0.066	1333	350	1.049	0.029	2.142	2.40
knowing any contraceptive method	0,999	0.001	886	233	0.979	0.001	0.997	1.00
nowing any modern method	0.998	0.001	886	233	0.963	0.001	0.995	1.00
ver used any method	0.597	0.019	886	233	1.167	0.032	0.559	0.63
urrently using any method	0.360	0.017	886	233	1.057	0.047	0.326	0.39
urrently using a modern method	0.287	0.018	886	233	1.164	0.062	0.252	0.32
Currently using the pill	0.048	800.0	880 092	253	1.083	0.162	0.033	0.06
urrently using IUD	0.015	0,007	000 994	233	1.090	0.400 0.004	0.001	0.02
Summently using injectables	0.140	0.015	896	233	0.952	0.090	0.115	0.10
Surrently using a controlli Surrently using female sterilisation	0.027	0.005	886	233	0.952	0.172	0.017	0.03
Surrently using remain startistion	0.000	0.000	886	233	NA	NA	0.000	0.00
Surrently using periodic abstinence	0.027	0.007	886	233	1.196	0.241	0.014	0.04
Currently using withdrawal	0.022	0.004	886	233	0.894	0.200	0.013	0.03
Jsing public sector source	0.617	0.029	326	83	1.089	0.048	0.559	0.67
lad non-spousal partner during past	0.003	0.002	1157	304	1.134	0.581	0.000	0.00
2 months	0.719	0.016	1157	304	1.183	0.023	0.686	0.75
lumber of partners during past 4 weeks Knowing AIDS	0.999	0.001	1333	350	0.959	0.001	0.997	1.00
Lnowing at least two valid ways of	A 400	0.019	1221	350	1 280	0.035	0.464	0.52
Received vitamin A within 8 weeks of	0.499	0.018	972	254	1.280	0.0.15	0.404	0.35
lad at least one non-regular partner luring past 12 months	0.025	0.005	1068	282	1.112	0.212	0.015	0.03
			MEN					
Isban	1 000	0.000	1454	437	NA	0.000	1 000	1.00
Vith no education	0.065	0.000	1454	437	1458	0.144	0.047	0.084
With secondary education or more	0.370	0.031	1454	437	2.451	0.084	0.308	0.432
Currently married lad non-spousal partner during past	0.546	0.016	1454	437	1.209	0.029	0.515	0.57
2 months	0.055	0.007	1292	393	1.071	0.123	0.041	0.069
Sumber of partners during past 4 weeks	0.684	0.028	1290	392	1.417	0.041	0.628	0.74
Knowing AIDS	1.000	0.000	1454	437	NA	0.000	1.000	1.00
chowing at least two valid way of	0.626	0.018	1454	437	1 457	0.030	0 580	0.66
acvenuing ALDS	0.020	0.016	1434	4.57	1.457	0.030	0.569	0.00
luring past 12 months	0.133	0.013	1178	358	1.3 29	0.099	0.107	0.15
		Cł	HILDREN					
lad fever in past two weeks	0.356	0.017	948	239	1.088	0.048	0.322	0.39
lad diarrhoea in past two weeks	0.144	0.016	948	239	1.406	0.111	0.112	0.17
lad cough in past two weeks lad fast or difficult breathing in past	0.484	0.016	948	239	0.972	0.033	0.452	0.51
wo weeks	0.068	0.010	948	239	1.183	0.142	0.049	0.08
Ind health card	0.848	0.032	202	51	1.280	0.038	0.783	0.91
Received BCG vaccine	0.979	0.012	202	51	1.233	0.013	0.954	1.00
Received DP1 vaccine	0.955	0.015	202	51	1.029	0.010	0.923	0.98
Received pond vaccine	0.911	0.027	202	51	1.333	0.030	0.630	0.90
Solly immunised	0.943	0.023	202	51	1.309	0.024	0.876	0.90
Received vitamin A	0.188	0.018	948	239	1.410	0.095	0.152	0.22

·		Standard	Number o	of cases	Design	Palativa	Confider	ce limite
Variable	Value (R)	error (SE)	Unweighted (N)	Weighted (WN)	effect (DEFT)	error (SE/R)	R-2SE	R+2S
	(11)	(52)	WOMEN		(22.1)	(5211)		
Jrban	0.000	0.000	1350	2333	NA	NA	0.000	0.000
With no education	0.434	0.023	1350	2333	1.669	0.052	0.389	0.47
With secondary education or higher	0.020	0.005	1350	2333	1.300	0.246	0.010	0.030
Currently married (in union)	0.735	0.015	1350	2333	1.241	0.020	0.705	0.76
Viarried before age 20	0.755	0.015	1052	1800	1.130	0.020	0.725	0.78
hildren ever horn	3 613	0.009	1350	2333	1.007	0.071	3417	3 80
Children ever born to women over 40	7.274	0.221	263	467	1.164	0.030	6.831	7.71
Children surviving	2.539	0.067	1350	2333	1.051	0.026	2.404	2.67
Knowing any contraceptive method	0.988	0.003	1007	1715	0.989	0.003	0.981	0.99
Knowing any modern method	0.986	0.003	1007	1715	0.924	0.004	0.979	0.993
ever used any method	0.389	0.017	1007	1715	1.107	0.044	0,355	0.42
Jurrently using a modern method	0.200	0.010	1007	1715	1.275	0.080	0.108	0.23
Surrently using the pill	0.125	0.014	1007	1715	1.570	0.115	0.090	0.13
Currently using IUD	0.002	0.002	1007	1715	1.082	0.706	0.000	0.00
Currently using injectables	0.054	0.010	1007	1715	1.344	0.177	0.035	0.07
Currently using a condom	0.015	0.004	1007	1715	0.990	0.253	0.007	0.02
Currenly using female sterilisation	0.021	0.006	1007	1715	1.255	0.269	0.010	0.032
Currently using male sterilisation	0.000	0.000	1007	1715	NA	NA	0.000	0.000
Currently using periodic abstinence	0.019	0.005	1007	1715	1.204	0.273	0.009	0.02
Lurrently using withdrawal	0.018	0.003	1007	1715	0.821	0.190	0.011	0.02
ad non-spousal partner during past	0.570	0.073	142	244	1.744	0.120	0.431	0.72
12 months	0.008	0.002	1216	2091	0.725	0 2 2 7	0.005	0.01
Sumber of partners during past 4 weeks	0.661	0.018	1217	2091	1.280	0.027	0.625	0.69
Knowing AIDS	0.962	0.005	1350	2333	0.948	0.005	0.952	0.97
Knowing at least two valid ways of								
reventing AIDS	0.248	0.011	1305	2244	0.947	0.046	0.225	0.27
Received vitamin A within 8 weeks of		0.010						0.04
uving birth	0.230	0.019	1063	1813	1.507	0.085	0.191	0.26
luring past 12 months	0.016	0.004	1100	1896	1.047	0.245	0.008	0.02
			MEN					
Jrban	0.000	0.000	1204	2221	NA	NA	0.000	0.000
With no education	0.198	0.016	1204	2221	1.351	0.078	0.167	0.229
With secondary education or more	0.092	0.012	1204	2221	1.497	0.136	0.067	0.11
Jurrently married	0.666	0.016	1204	2221	1.196	0.024	0.633	0.698
2 months	0.081	0.013	1058	1971	1 592	0 164	0.055	0.10
Sumber of partners during past 4 weeks	0.836	0.023	1059	1973	1 277	0.028	0.000	0.88
Knowing AIDS	0,993	0.002	1204	2221	1.003	0.002	0.988	0.99
Knowing at least two valid way of	-	-						
preventing AIDS	0.513	0.022	1195	2205	1.539	0.043	0.468	0.55
had at least one non-regular partner luring past 12 months	0.161	0.016	1007	1879	1.366	0.098	0.129	0.19
		Cł	IILDREN					
lad fever in past two weeks	0.460	0.022	1123	1832	1 451	0.047	0417	0.50
Had diarrhoea in past two weeks	0.163	0.014	1123	1832	1.291	0.047	0.134	0.19
lad cough in past two weeks	0.564	0.023	1123	1832	1.576	0.041	0.517	0.61
lad fast or difficult breathing in past								
wo weeks	0.131	0.014	1123	1832	1.355	0.104	0.103	0.15
lad health card	0.895	0.022	224	374	1.084	0.025	0.850	0.93
Received BCG vaccine	0.979	0.009	224	374	0.985	0.010	0.960	0.99
Received DP1 vaccine	0.909	0.019	224	574	0.997	0.021	0.870	0.94
leceived measles vaccine	0.009	0.024	224	374	1.128	0.027	0.840 0.922	0.93
feleiven measies valenne fully immunised	0.073	0.027	224	374	1.413	0.031	0.822	0.92
Received vitamin A	0.004	0.030	1122	1832	1.124	0.037	0.744	0.00
	0.100	2.010		+0.74	1.0.11	0.110	0.110	0.10

		Standard	Number	of cases	Design	Relative	Confiden	ce limits
Variable	Value (P)	error	Unweighte	d Weighted	effect	error	D. 2SE	D+75
VANADIC	(K)	(36)		(WN)		(SE/K)	K-23E	
			WOMEN					
Jrban With no education	0.132	0.012	622	313	0.888	0.092	0.107	0.150
With secondary education or higher	0.061	0.006	622	313	0.605	0.095	0.050	0.073
Currently married (in union)	0.794	0.018	622	313	1.113	0.023	0.758	0.830
Aarried before age 20	0.857	0.014	496	256	0.888	0.016	0.829	0.88
hildren ever born	3.732	0.135	622	313	1.131	0.075	3.463	4.00
Children ever born to women over 40	7.303	0.335	89	49	1.250	0.046	6.633	7.97
Children surviving	2.752	0.166	622	313	1.796	0.060	2.421	3.08
Chowing any contraceptive method	0.973	0.016	462	249	2.090	0.016	0.941	1.00
Ever used any method	0.650	0.048	462	249	2.164	0.074	0.554	0.74
Currently using any method	0.273	0.037	462	249	1.807	0.137	0.198	0.34
Currently using a modern method	0.150	0.020	462	249	1.184	0.131	0.110	0.18
Sumently using the pill	0.047	0.014	462	249	0.506	1.002	0.018	0.07
Currently using injectables	0.038	0.008	462	249	0.947	0.221	0.021	0.05
Currently using a condom	0.038	0.009	462	249	1.015	0.239	0.020	0.05
Currenly using female sterilisation	0.025	0.005	462	249	0.629	0.182	0.016	0.034
Surrently using male sterilisation	0.000	0.000	402	249	1 309	0.511	0.000	0.000
Currently using withdrawal	0.090	0.015	462	249	1.106	0.163	0.061	0.120
Jsing public sector source	0.683	0.071	118	41	1.641	0.103	0.541	0.824
ad non-spousal partner during past	0.012	0.000	\$40	200	2 001	0.746	0.000	0.03
12 monus Jumber of partners during past 4 weeks	0.013	0.009	563	280	2.001	0.740	0.000	0.05
Knowing AIDS	0.997	0.003	622	313	1.277	0.003	0.992	1.000
Lnowing at least two valid ways of			<i>.</i>		0.007			
reventing AIDS	0.288	0.016	621	312	0.906	0.057	0.255	0.320
viving hirth	0.296	0.029	503	263	1.432	0.099	0.237	0.354
lad at least one non-regular partner	0.270	- /						
luring past 12 months	0.027	0.012	502	1896	1.731	0.467	0.002	0.052
			MEN					
Jrban	0.136	0.015	605	331	1.083	0.111	0.106	0.160
Vith no education	0.078	0.028	605	331	2.583	0.362	0.021	0.134
Vith secondary education or more	0.168	0.024	605	331	1.568	0.142	0.121	0.210
ad non-spousal partner during past	0.006	0.0,36	000	331	1.7.14	0.005	0.551	0.00.
2 months	0.087	0.018	508	276	1.417	0.203	0.052	0.122
lumber of partners during past 4 weeks	0.845	0.047	506	276	1.690	0.055	0.752	0.939
Cnowing AIDS	0.992	0.003	605	331	0.820	0.003	0.986	0.99
reventing AIDS	0.563	0.034	602	329	1.696	0.061	0.495	0.632
fad at least one non-regular partner	0.000	0.02.		027		01001		
luring past 12 months	0.245	0.026	468	259	1.292	0.105	0.193	0.290
		Cł	ILDREN					
lad fever in past two weeks	0.437	0.043	534	283	2.014	0.099	0.351	0.524
lad diarrhoea in past two weeks	0.145	0.031	534	283	2.018	0.212	0.084	0.20
lad cough in past two weeks	0.619	0.034	534	283	1.610	0.055	0.551	0.68
nau rast or difficult oreatining in past	0 097	0.013	534	283	1.035	0.137	0.070	0.124
lad health card	0.812	0.039	102	51	0.995	0.048	0.734	0.889
leceived BCG vaccine	1.000	0.000	102	51	NA	0.000	1.000	1.00
Received DPT vaccine	0.904	0.032	102	51	1.079	0.035	0.841	0.96
teceived pollo vaccine	0.86/	0,060	102	51 51	1.789	0.070	0,740 0,809	0.98
fully immunised	0.817	0.066	102	51	1.721	0.042	0.684	0.94
Received vitamin A	0.212	0.024	534	283	1.338	0.112	0.165	0.25

Table B.6 Sampling errors - Central sample: Malawi 1996

		Standard	Number o	of cases	Design	Relative	Confider	ce limits
Variable	Value (R)	error (SE)	Unweighted (N)	Weighted (WN)	effect (DEFT)	error (SÉ/R)	R-2SE	R+2SE
		· · ·	WOMEN					
Urban	0.120	0.014	1038	1118	1.367	0.115	0.092	0.147
With no education	0.390	0.027	1038	1118	1.772	0.069	0.336	0.444
With secondary education or higher	0.040	0.008	1038	1118	1.374	0.209	0.023	0.057
Currently married (in union)	0.700	0.027	1038	1118	1.920	0.038	0.002	0.760
Currently pregnant	0.729	0.025	1038	1118	1 344	0.035	0.078	0.760
Children ever born	3.728	0.169	1038	1118	1.608	0.045	3.390	4.066
Children ever born to women over 40	7.643	0.322	173	224	1.406	0.042	6.998	8.288
Children surviving	2.612	0.109	1038	1118	1.481	0.042	2.394	2.830
Knowing any contraceptive method	0.989	0.004	713	789	0.993	0.004	0.982	0.997
Knowing any modern method	0.987	0.003	713	789	0.644	0.003	0.981	0.992
Ever used any method	0.435	0.017	713	780	1.406	0.040	0.400	0.470
Currently using a modern method	0.152	0.022	713	789	1.478	0.131	0.113	0.192
Currently using the pill	0.039	0.013	713	789	1.828	0.341	0.012	0.065
Currently using IUD	0.001	0.001	713	789	0.474	0.583	0.000	0.002
Currently using injectables	0.069	0.014	713	789	1.467	0.202	0.041	0.097
Currently using a condom	0.015	0.006	713	789	1.272	0.383	0.004	0.027
Currently using remain sterilisation	0.029	0.005	713	/89 700	0.807 NT A	0.175	0.019	0.039
Currently using mate sternisation	0.000	0.000	713	780	INA [415	1NA 0 342	0.000	0.000
Currently using withdrawal	0.023	0.008	713	789	1.415	0.342	0.007	0.040
Using public sector source	0.606	0.088	196	143	2.526	0.146	0.430	0.783
Had non-spousal partner during past	0.000	0.000	880	050	1 262	0.005	0.000	0.004
12 months Number of postnore during post 4 weeks	0.002	0.002	889	959	1.203	0.925	0.000	0.000
Knowing AIDS	0.714	0.030	1038	1118	1.952	0.042	0.004	0.775
Knowing at least two valid ways of	0.705	0.004	10.0	1110	1.104	0.004	0.775	0.772
preventing AIDS Received vitamin A within 8 weeks of	0.277	0.019	1027	1099	1.337	0.067	0.240	0.315
giving birth Had at least one non-regular partner	0.179	0.031	762	838	2.253	0.175	0.117	0.242
during past 12 months	0.011	0.003	815	862	0.883	0.289	0.005	0.018
			MEN					
	0.154	0.020	1042	1094	1 903	0.121	0.112	0.104
With no education	0.154	0.020	1042	1084	1.603	0.131	0,115	0.194
With secondary education or more	0.220	0.021	1042	1084	1.031	0.094	0.062	0.133
Currently married	0.664	0.021	1042	1084	1.458	0.032	0.621	0.707
Had non-spousal partner during past								
12 months	0.038	0.011	902	929	1.794	0.301	0.015	0.061
Number of partners during past 4 weeks	0.788	0.036	903	931	1.915	0.046	0.715	0.861
Knowing AIDS	0.990	0.003	1042	1084	1.431	0.003	0.990	1.000
preventing AIDS	0.512	0.034	1040	1080	2 208	0.067	0 443	0 580
Had at least one non-regular partner	0.512	0.007	1040	1000	2.200	0.007	V.++./	0.200
during past 12 months	0.089	0.012	836	866	1.196	0.132	0.065	0.113
		Cl	HILDREN					
Had fever in past two weeks	0 443	0.030	847	928	1 756	0.068	0 383	0 503
Had diarrhoea in oast two weeks	0.168	0.021	847	928	1.640	0.126	0.125	0,210
Had cough in past two weeks	0.554	0.038	847	928	2.251	0.069	0.477	0.631
Had fast or difficult breathing in past				-				
two weeks	0.150	0.021	847	928	1.729	0.141	0.108	0.193
Had health card	0.867	0.036	173	185	1,401	0.042	0.795	0.940
Received BUG vaccine	0.938	0.017	173	185	1.100	0.018	0.924	0.992
Received polio vaccine	0.828	0.031	173	185	1.1// 1.495	0.037	0.790	0.920
Received measles vaccine	0.829	0.045	173	185	1.561	0.049	0.739	0.918
Fully immunised	0.729	0.050	173	185	1.467	0.068	0.629	0.828
Received vitamin A	0.167	0.020	847	928	1.545	0.119	0.127	0.206
NA – Not applicable								

	Standard	Nulliber	or cuses	Decion	Patoriva	Confiden	ce limite
Value	error	Unweighted	Weighted	effect	ertor		
(R)	(SE)	(N)	(WN)	(DEFI)	(SE/R)	R-2SE	R+25
		WOMEN					
0.140	0.014	1023	1253	1.277	0.099	0.112	0.16
0.454	0.031	1023	1253	1.976	0.068	0.393	0.51
0.726	0.015	1023	1253	1.058	0.020	0.697	0.75
0.723	0.019	779	951	1.203	0.027	0.684	0.76
0.114	0.011	1023	1253	1.105	0.096	0.092	0.13
3.249	0.111	1023	1253	1.151	0.034	3.027	3.47
0.829	0.303	104	1253	1.215	0.044	0.224	2 4 9
0.993	0.004	718	910	1.206	0.004	0.986	1.00
0.991	0.004	718	910	1.253	0.004	0.982	1.00
0.332	0.024	718	910	1.375	0.073	0.283	0.38
0.193	0.021	718	910	1.447	0.110	0.151	0.23
0.136	0.020	718	910	1.599	0.151	0.095	0.17
0.027	0.010	719	910	1.000	0.373	0.007	0.04
0.068	0.014	718	910	1.464	0.203	0.040	0.09
0.012	0.004	718	910	1.117	0.386	0.003	0.02
0.022	0.010	718	910	1.771	0.440	0.003	0.04
0.000	0.000	718	910	NA	NA	0.000	0.00
0.019	0.007	718	910	1.383	0.375	0.005	0.03
0.009	0.004	/18	910	2.087	0.430	0.001	0.01
0.339	0.004	154	145	2.000	0.150	0.571	0.70
0.011	0.002	922	1147	0.623	0.194	0.007	0.01
0.649	0.017	922	1147	1.039	0.026	0.615	0.68
0.944	0.008	1023	1253	1.087	0.008	0.929	0.96
0.004	0.012	000	1107	A 991	0.046	0.250	0.20
0.284	0.015	900	1165	0.001	0.045	0.239	0.50
0.253	0.020	770	966	1.289	0.080	0.213	0.29
0.020	0.006	851	1059	1.248	0.297	0.008	0.03
		MEN		-			
0.181	0.016	1011	1243	1.338	0.089	0.149	0.21
0.159	0.018	1011	1243	1.590	0.115	0.123	0.19
0.164	0.018	1011	1243	1.506	0.107	0.129	0.19
0.641	0.020	1011	1243	1.343	0.032	0.600	0.68
0.104	0.019	040	1159	1 920	0 173	0.060	0.14
0.100	0.018	940	1158	1.188	0.031	0.009	0.87
0.993	0.003	1011	1243	1.329	0.004	0.986	1.00
0.540	0.025	1007	1234	1.588	0.046	0.490	0.59
0 180	0.022	0.01	1113	1 720	0.120	0.142	0.22
U.188	0.023	001	1115	1.720	0.120	0.143	0.25
	C	HILDREN					
0.457	0.031	690	860	1.620	0.067	0.396	0.51
0.158	0.017	690	860	1.249	0.110	0.123	0.19
0.534	0.028	690	860	1.472	0.052	0.478	0.59
0 102	0.016	690	860	1 363	0 153	0 072	013
0.931	0.020	151	189	0.990	0.022	0.891	0.97
0.994	0.003	151	189	0.550	0.003	0.988	1.00
0.972	0.015	151	189	1.140	0.016	0.941	1.00
0.944	0.020	151	189	1.039	0.021	0.904	0.98
0.937	0.026	151	189	1.322	0.028	0.885	0.99
0.690	0,020	101	107	2 302	0.020	0.044	0.94
	Value (R) 0.140 0.454 0.059 0.726 0.723 0.114 3.249 2.346 0.993 0.991 0.332 0.193 0.136 0.027 0.007 0.068 0.012 0.022 0.000 0.019 0.022 0.000 0.019 0.022 0.000 0.019 0.023 0.020 0.011 0.649 0.284 0.253 0.020 0.020 0.011 0.649 0.284 0.253 0.020 0.020 0.0181 0.164 0.284 0.253 0.020 0.0181 0.164 0.188 0.534 0.1188 0.534 0.1188	Standard Value (R) error (SE) 0.140 0.014 0.454 0.031 0.059 0.010 0.726 0.015 0.723 0.019 0.114 0.011 3.249 0.111 6.829 0.303 2.346 0.073 0.993 0.004 0.993 0.021 0.136 0.020 0.027 0.010 0.007 0.004 0.028 0.014 0.020 0.004 0.021 0.010 0.007 0.004 0.022 0.010 0.007 0.004 0.022 0.010 0.000 0.000 0.0019 0.007 0.0020 0.004 0.539 0.084 0.011 0.002 0.649 0.017 0.944 0.008 0.253 0.020 0.020	Standard (R) error (SE) Unweighted (N) WOMEN WOMEN 0.140 0.014 1023 0.454 0.031 1023 0.726 0.015 1023 0.726 0.019 779 0.114 0.011 1023 0.723 0.019 779 0.114 0.011 1023 3.249 0.303 164 2.346 0.073 1023 0.993 0.004 718 0.193 0.021 718 0.136 0.020 718 0.027 0.010 718 0.027 0.010 718 0.022 0.004 718 0.022 0.007 718 0.022 0.010 718 0.021 0.004 718 0.022 0.017 922 0.044 718 0.0539 0.084 154 0.110 0.002 922	Standard (R) Error (SE) Unweighted (N) Weighted (WN) 0.140 0.014 1023 1253 0.454 0.031 1023 1253 0.726 0.015 1023 1253 0.723 0.019 779 951 0.114 0.011 1023 1253 0.723 0.019 779 951 0.114 0.011 1023 1253 0.723 0.031 1023 1253 0.829 0.303 164 236 2.346 0.071 1023 1253 0.993 0.004 718 910 0.136 0.020 718 910 0.136 0.020 718 910 0.068 0.014 718 910 0.007 718 910 0.009 0.009 0.004 718 910 0.019 0.007 718 910 0.010 0.007 718<	Standard (R) (SE) Unweighted (N) Weighted (WWN) Design effect (DEFT) 0.140 0.014 1023 1253 1.277 0.454 0.031 1023 1253 1.369 0.726 0.015 1023 1253 1.058 0.723 0.019 779 951 1.203 0.144 0.011 1023 1253 1.051 3.249 0.111 1023 1253 1.011 0.893 0.004 718 910 1.203 0.332 0.024 718 910 1.253 0.332 0.021 718 910 1.599 0.027 0.010 718 910 1.120 0.006 0.007 718 910 1.177 0.022 0.007 718 910 1.383 0.019 0.007 718 910 1.383 0.020 770 966 1.289 0.111 0.002	Standard (R) Calue (SE) Design (N) Design (WN) Relative (DEFT) Relative error (SE/R) 0.140 0.014 1023 1253 1.277 0.099 0.454 0.031 1023 1253 1.369 0.172 0.726 0.015 1023 1253 1.058 0.020 0.723 0.019 779 951 1.203 0.034 0.3249 0.111 1023 1253 1.115 0.034 0.3249 0.111 1023 1253 1.011 0.034 0.324 0.021 718 910 1.235 0.004 0.991 0.004 718 910 1.375 0.073 0.135 0.020 718 910 1.457 0.440 0.027 0.010 718 910 1.177 0.380 0.027 0.010 718 910 1.177 0.340 0.022 0.004 718 910 1.087 0.436	Standard (R) Design (SE) Relative (N) Confiden (WN) 0.140 0.014 1023 1253 1.277 0.099 0.112 0.454 0.031 1023 1253 1.376 0.068 0.393 0.725 0.010 1023 1253 1.1369 0.172 0.039 0.726 0.015 1023 1253 1.105 0.096 0.092 7.725 0.011 1023 1253 1.115 0.034 3.027 6.829 0.303 164 236 1.213 0.004 0.982 0.332 0.024 718 910 1.206 0.004 0.982 0.332 0.021 718 910 1.555 0.033 0.024 718 910 1.447 0.110 0.151 0.032 0.136 0.020 718 910 1.477 0.440 0.003 0.047 18 910 1.717 0.4440 0.003 0.046 0.021

APPENDIX C

DATA QUALITY TABLES

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Single-year age distribution of the de facto household population by sex (weighted), Malawi 1996

	Males		Males Females			Ma	lles	Females		
Age	Number	Percent	Number	Percent	Age	Number	Percent	Number	Percent	
<1	245	4.3	223	3.6	36	49	0.9	66	1.1	
1	216	3.8	203	3.3	37	47	0.8	39	0.6	
2	193	3.4	245	3.9	38	63	1.1	68	1.1	
3	182	3.2	209	3.4	39	45	0.8	35	0.6	
4	149	2.6	179	2.9	40	37	0.7	89	1.4	
5	145	2.6	202	3.3	41	39	0.7	41	0.7	
6	212	3.7	196	3.2	42	55	1.0	68	1.1	
7	176	3.1	160	2.6	43	30	0.5	43	0.7	
8	176	3.1	181	2.9	44	50	0.9	60	1.0	
9	177	3.1	202	3.3	45	47	0.8	37	0.6	
10	189	3.3	186	3.0	46	60	1.1	41	0.7	
11	162	2.9	133	2.1	47	42	0.7	43	0.7	
12	206	3.6	211	3.4	48	47	0.8	51	0.8	
13	189	3.4	182	2.9	49	35	0.6	24	0.4	
14	132	2.3	155	2.5	50	46	0.8	40	0.7	
15	127	2.2	141	2.3	51	12	0.2	36	0.6	
16	124	2.2	128	2.1	52	18	0.3	53	0.9	
17	81	1.4	96	1.6	53	43	0.8	41	0.7	
18	105	1.9	127	2.0	54	29	0.5	43	0.7	
19	97	1.7	122	2.0	55	24	0.4	52	0.8	
20	135	2.4	121	1.9	56	40	0.7	27	0.4	
21	85	1.5	115	1.9	57	25	0.4	34	0.5	
22	71	1.3	126	2.0	58	18	0.3	22	0.4	
23	66	1.2	85	1.4	59	15	0.3	18	0.3	
24	109	1.9	79	1.3	60	26	0.5	42	0.7	
25	82	1.4	85	1.4	61	12	0.2	12	0.2	
26	91	1.6	77	1.2	62	22	0.4	21	0.3	
27	59	1.1	62	1.0	63	23	0.4	16	0.3	
28	57	1.0	92	1.5	64	24	0.4	18	0.3	
29	35	0.6	64	1.0	65	18	0.3	25	0.4	
30	62	1.1	66	1.1	66	20	0.4	23	0.4	
31	55	1.0	55	0.9	67	12	0.2	14	0.2	
32	91	1.6	101	1.6	68	13	0.2	31	0.5	
33	55	1.0	67	1.1	69	12	0.2	24	0.4	
34	58	1.0	60	1.0	70+	107	1.9	104	1.7	
35	48	0.9	56	0.9	Don't know/					
					missing	6.0	0.1	4.0	0.1	
					Total	5.652	100.0	6,197	100.0	

Note: The de facto population includes all residents and nonresidents who slept in the household the night before the interview.

Table C.2 Age distribution of eligible and interviewed women and men

Percent distribution of the de facto household population of women age 10-54 and men age 10-69, five-year age distribution of interviewed women age 15-49 and men age 15-59, and the percentage of eligible women and men who were interviewed (weighted) by five-year age groups, Malawi 1996

	Hous popul	ehold ation	Persons in	Percent	
Age	Number	Percent	Number	Percent	(weighted)
		W	OMEN		
10-14	868	NA	NA	NA	NA
15-19	614	23.4	590	22.9	96.1
20-24	526	20.0	512	19.9	97.4
25-29	380	14.4	375	14.6	98.7
30-34	349	13.3	344	13.4	98.4
35-39	263	10.0	261	10.2	99.3
40-44	302	11.5	298	11.6	98.9
45-49	195	7.4	193	7.5	98.8
50-54	213	NA	NA	NA	NA
15-49	2,630		2,573		97.9
]	MEN		
10-14	877	NA	NA	NA	NA
15-19	534	21.5	501	21.4	93.8
20-24	466	18.7	435	18.6	93.3
25-29	324	13.0	309	13.2	95.3
30-34	322	12.9	300	12.8	93.4
35-39	252	10.1	229	9.8	91.0
40-44	211	8.5	198	8.5	93.7
45-49	231	9.3	223	9.5	96.4
50-54	147	5.9	144	6.1	97.7
55-59	122	NA	NA	NA	NA
15-59	2,487		2,339		94.0
Note: Th slept in th NA = No	e de facto pop he household i it applicable	ulation inclu the night be	ides all resid fore the inte	ents and nor rview.	nresidents whe

APPENDIX D

QUESTIONNAIRES

MALAWI KNOWLEDGE, ATTITUDES, AND PRACTICES IN HEALTH SURVEY MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE

HOUSEHOLD SCHEDULE										
		IDI	ENTIFICATION	1						
VILLAGE OR PI	LACE						······································			
MKAPH CLUSTE	MKAPH CLUSTER NUMBER									
HOUSEHOLD NUMBER										
	(ur bull	r, iuiui-2/								
			RVIEWER VISI							
	···· -	1	2	3		FINAI	J VISIT			
DATE						DAY				
						MONTL	_			
						MONT				
						YEAR				
INTERVIEWER'S	NAME					NAME				
RESULT***						RESUI	TL TL			
NEXT VISIT.	DATE									
NEXT VISIT.	TIME				OF	VISI				
***RESULT CODE 1 COMPLETED	S:				TO HO	TAL I USEHO				
2 NO HOUSEHOLI NO COMPETENT	D MEMBER RESPON	R AT HOMÉ AT NDENT AT HOM	TIME OF VI ME AT TIME (ISIT OR OF VISIT	то	TAL N				
3 ENTIRE HOUSE 4 POSTPONED	EHOLD AN	BSENT FOR EN	TENDED PER	IOD	-E W	LIGIE	BLE			
5 REFUSED	סר דעמי	ADDEESS NOT	PA DWELLANC	٦		TTCT				
7 DWELLING DES	STROYED	ADDRESS NO.	T A DOBLETING	3	M	iên Iên				
9 OTHER					- U	NDER				
		(SPECIFY)			S	IXES				
					LI OF	NE NO HH RE	D. ESP.			
LANGUAGE OF	ENGLIS		LANGUAGE (OF INTERV	IEW: C	HICHE	SWA1			
geber tommine			OTHER				.3			
	FIELD	EDITED BY	OFFICE EDI	TED BY	KEYED	BY	KEYED BY			
DATE	·									

E -

Ĩ	LINE USUAL RESIDENTS AND RELATIONSHIP RESIDENCE SEX NO. VISITORS TO HEAD OF		SEX	AGE		EDUCATION AN	D LITERAC	(F	PARENTS*** AN	ID CARETAKER	1	ELIGI- BILITY	ELIGI- Bility	ELIGI- BILITY			
			HOU'SEHOLD*						IF AGED 6 YEA	RS DAR OLDE	R		FUNDER SIX Y	EARS OF AGE	:	(FEMALE)	(MALE)	(CHILD)
		Please give me the names of the persons who usually live in your household and guests of the house- hold who stayed here last night, starting with the head of the household.	What is the relationship of (MAME) to the head of the household?	Does (NAME) usually live here?	Díd (NAME) sleep here last níght?	Is (NAME) male or female ?	How old is (NAME)? RECORD AGE IN COMPLE- TED	Has (NAME) ever been to school?	IF ATTENDE What is the highest level of school (NAME) attended? How many years did (NAME) complete at that level?**	D SCHOOL IF AGED LESS THAN 25 YEARS IS (NAME) still in school?	ASK ONLY IF LESS THAN SECOND. SCHOOL IS (NAME) able to read and write in English or Chichewa ?	Is (NAME)'s natural father alive?	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this house- hold? IF YES: What is her name? RECORD MOTHER'S LINE	IF MOTHER DEAD OR MOTHER NOT LIVING IN HOUSEHOLD Who is (NAME)'s Primary caretaker? RECORD CARETAKER'S LINE	CIRCLE LINE MUMBER OF WOMEN 15-49	CIRCLE LINE NUMBER OF MEN 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN UNDER 6
	(1)	(2)	(3)	(4)	(5)	(6)	YEARS (7)	(8)	(9)	(10)	(11)	(12)	(13)	NUMBER (14)	NUMBER (15)	(16)	(17)	(18)
120	01			YESNO 12	YE\$ NO 1 2	M F 1 2	IN YEARS	YES NO 12	LEVEL YEARS	YES NO	YES NO 12	YES NO DK 128	YES NODK 128			01	01	01
	02			1 2	1 2	1 2		1 2		1 2	1 2	128	128			02	02	02
	03			1 2	1 2	1 2		12		1 2	1 2	128	128			03	03	03
	04			1 2	12	12		12		1 2	1 2	128	128			04	04	04
	05			12	1 2	1 2		1 2		1 2	1 Z	128	128			05	05	05
	06			12	1 2	12		12		1 2	1 2	128	1 2 8			06		06
	07			12	12	1 2		12		1 2	1 2	128	128			07	07	07
	08			12	1 2	1 2		1 2		1 2	1 2	128	128			08	08	08
	09			12	1 2	1 2		1 2		1 2	1 2	128	128			09	09	09
	10			12	1 2	12		12		1 2	12	128	128			10	10	10

HOUSEHOLD SCHEDULE Now we would like some information about the people who usually live in your household or who are staying with you now.

10000	HOLD SCHEDOLE CONTINUED																
0	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
			YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL YEARS	YES NO	YES NO	YES NO DK	YES NO DK					
11			1 2	1 2	1 2		12		1 2	1 2	128	128			11	11	11
12			1 2	1 2	1 2		12		1 2	1 2	128	128			12	12	12
13			1 2	1 2	12		1 2		1 2	12	128	128			13	13	13
14			1 2	1 2	1 2		12		1 2	1 2	128	1 2 8			14	14	14
15			1 2	1 2	1 2		12		1 2	12	128	128			15	15	15
16			1 2	1 2	1 2		12		1 2	1 2	128	128			16	16	16
17			1 2	12	1 2		12		12	1 2	128	128			17	17	17
	· · · · · · · · · · · · · · · · · · ·															_	
тіск	HERE IF CONTINUATION S	SHEET USED			TOTAL TOTAL	NUMBER OF	F ELIGIBI F ELIGIBI	LE WOMEN (15- LE MEN (15-54	49 years) years)		TOTAL D	NUMBER OF ELI	SIBLE CHILI	DREN (UNDER-6]	
TjCK	HERE IF CONTINUATION S	SHEET USED		a:	TOTAL TOTAL	NUMBER OF	F ELIGIB F Eligibi	LE WOMEN (15- Le Men (15-54	49 years) years)		TOTAL	NUMBER OF ELTI	SIBLE CHILI	DREN (UMDER-6	> []]	
Just	HERE IF CONTINUATION S to make sure that I ha Are there any other pe infants that we have r	HEET USED ave a complet arsons such a not listed?	te listin	g: children	TOTAL TOTAL or	NUMBER OI	F ELIGIBI	LE WOMEN (15- LE MEN (15-54	49 years) years) YES		TOTAL D	NUMBER OF ELIN	SIBLE CHILI	DREN (UMDER-6]	
Just 1) 2)	HERE IF CONTINUATION S to make sure that I ha Are there any other pe infants that we have r In addition, are there members of your family or friends who usually	HEET USED Ave a complet Proons such a Not listed? any other p , such as do r live here,	te listin as small people wh prestic s but that	g: children o may no ervants, were no	TOTAL TOTAL or t be lodger: t alread	NUMBER OF NUMBER OF	F ELIGIBI F ELIGIBI	LE WOHEN (15- LE MEN (15-54	49 years) years) YES YES		TOTAL) ENTER EACH II ENTER EACH II	NUMBER OF ELII	SIBLE CHILI]	
Just 1) 2) 3)	HERE IF CONTINUATION S to make sure that I has Are there any other pe infants that we have r In addition, are there members of your family or friends who usually Do you have any guests anyone else who slept	HEET USED ave a complet scons such a not listed? a any other p r, such as do r live here, s or temporar here last ni	te listin as smal(people wh smestic s but that ry visito ight that	g: children ervants, were no rs stayiu we have	TOTAL TOTAL or Lodger: t alread ng here not al	NUMBER OF NUMBER OF dy listed , or ready list	F ELIGIBI F ELIGIBI ? ted?	LE WOMEN (15- LE MEN (15-54	49 years) years) YES YES YES		TOTAL D ENTER EACH II ENTER EACH II ENTER EACH II	NUMBER OF ELIN N TABLE N TABLE	SIBLE CHILI	DREN (UMDER-6]	

*** THIS QUESTION REFERS TO THE BIOLOGICAL FATHER AND NOTHER OF THE CHILD. RECORD "00" IN COLUMN 14 IF MOTHER NOT MEMBER OF HOUSEHOLD.

HOUSEHOLD AMENITIES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES SKIP
18	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INSIDE DWELLING UNIT PIPED INTO YARD/PLOT PUBLIC TAP WELL WATER PROTECTED WELL/BOREHOLE UNPROTECTED WELL SURFACE WATER SPRING AKE/POND/DAM OTHER 71
19	How long does it take to go there, get water, and come back?	MINUTES
20	What kind of toilet facility does your household have?	FLUSH TOILET
21	Does your household have:	YES NO
	Electricity?	ELECTRICITY1 2
	A radio?	RADIO1 2
	A paraffin lamp?	PARAFFIN LAMP1 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
22	How many rooms in all of the dwelling units of this household are used for sleeping?	ROONS	
23	Does any member of your household own:	YES NO	
	A bicycle? A motorcycle? A car? An oxcart?	BICYCLE1 2 MOTORCYCLE1 2 CAR1 2 OXCART1 2	
24	Have you or any other member of this household ever bought mosquito coils to keep mosquitos away at night?	YES1 NO2— DK8—	26
25	Have you or any other member of this household bought any of these coils in the last month?	YES, COIL SEEN	
	IF YES: Please show me a coil.		
26	Have you or any other member of this household ever bought any sprays such as "DOOM" for killing mosquitos?	YES1 NO2— DK8—	

E-85

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
27	Kave you or any other member of this household bought any of this spray in the last month? IF YES: Please show me a can of this spray.	YES, SPRAY SEEN	
28	Was everybody who slept in the household last night covered by a mosquito bed net?	YES1 NO2 DK8	
29	How many mosquito bed nets are now in the household?	NUMBER OF BED NETS	
30	Have you or any member of this household purchased a mosquito bed net in the last 12 months?	YES1 NO2— DK8—	 →32
			E-H6

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
31	How much was paid for the net you bought most recently?	COST OF NET	
32	Do you do any of the following things in order to keep mosquitos away?	YES NO	
	Burn leaves or herbs?	LEAVES, HERBS	
	Burn or spread animal dung?	DUNG1 2	
	Burn a fire in the house?	FIRE IN HOUSE1 2	

E-87

(To be filled in after completing interview)

Comments About Respondent:	
Commonte on Specific Questions.	
comments on specific Questions:	
Any Other Comments:	
SUP	ERVISOR'S OBSERVATIONS
Name of Supervisor:	Date:
	EDITOR'S OBSERVATIONS

MALAWI KNOWLEDGE, ATTITUDES, AND PRACTICES IN HEALTH SURVEY MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE

FEMALE QUESTIONNAIRE

IDENTIFICATION

VILLAGE OR PLACE	
MKAPH CLUSTER NUMBER	
HOUSEHOLD NUMBER	
NAME AND LINE NUMBER OF WOMAN	

INTERVIEWER VISITS										
		1	2	3	3 FINAL VISIT					
DATE					DAY MONTI	H				
INTERVIEWER'S RESULT*	NAME				YEAR NAME RESUI					
NEXT VISIT:	DATE TIME				TOTAL I OF VIS	NUMBER				
* RESULT COI 1 COMPLETED 2 NOT AT HOMI 3 POSTPONED	DES: E	4 REFUSED 5 PARTLY (6 INCAPAC)	COMPLETED ITATED	7 OTHER	(SPECI)	FTY)				
LANGUAGE OF QUESTIONNAIRE	LANGUAGE OF QUESTIONNAIRE: ENGLISH 3 LANGUAGE OF INTERVIEW: CHICHEWA1 OTHER									
NAME DATE	FIELD	EDITED BY	OFFICE ED	ITED BY	KEYED BY	KEYED BY				

E-W1
SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR	
102	In what month and year were you born?	MONTH	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
104	Have you ever attended school?	YES1 NO2—	 108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY	
106	How many years of school did you complete at that level?	YEARS	
107	CHECK 105: PRIMARY OR HIGHER		→109
108	Are you able to read and understand English or Chichewa easily, with difficulty, or not at all?	EASILY1 WITH DIFFICULTY2 NOT AT ALL3—	↓ 110
109	Do you usually read a newspaper or magazine at least once a week?	YES1 NO2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES SKIP
110	Do you usually listen to a radio at least once a week?	YES1 NO2
111	What is your tribe or ethnic group?	CHEWA
112	Have you been through initiation?	YES1 NO2
113	Which initiation ceremonies have you been through?	CHIPUTUA NSONDOB CHABULIKAC CHISAMBAD LITIWOE NOAKULAF UMWALIG OTHERX (SPECIFY)
114	Have you been circumcised?	YES1 NO2→116
115	Who circumcised you?	DOCTORA TRAINED NURSE/MIDWIFEB TRADITIONAL MIDWIFEC CIRCUMCISION PRACTITIONERD OTHERX (SPECIFY) DKZ (SPECIFY)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT	THE WOMAN INTERVIEWED IS A USUAL RESIDENT	201
117	Now I would like to ask about the place in which you usually live. Do you usually live in a city, in a town, or in a village?	CITY	
118	In which region is that located?	NORTH	
119	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INSIDE DWELLING UNIT11- PIPED INTO YARD/PLOT12- PUBLIC TAP13 WELL WATER PROTECTED WELL/BOREHOLE21 UNPROTECTED WELL22 SURFACE WATER SPRING	$ \begin{array}{c} & & \\ & \rightarrow 121 \\ & \rightarrow 121 \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ & \\ $
120	How long does it take to go there, get water, and come back?	MINUTES	

E-₩4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET11 SHARED FLUSH TOILET12 PIT LATRINE TRADITIONAL PIT LATRINE21 VENTILATED IMPROVED PIT (VIP) LATRINE	
122	Does your household have:	YES NO	
	Electricity?	ELECTRICITY1 2	
	A radio?	RADIO1 2	
	A paraffin lamp?	PARAFFIN LAMP1 2	
123	Kow many rooms in all of the dwelling units of this household are used for sleeping?	ROOMS	
124	Does any member of your household own:	YES NO	<u> </u>
	A bicycle?	BICYCLE1 2	
	A motorcycle?	MOTORCYCLE1 2	
	A car?	CAR1 2	
	An oxcart?	OXCART1 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about your children. I am interested only in the children that are biologically yours. Have you ever given birth to a child?	YES2 —	→206
202	Do you have any sons or daughters who are now living?	YES1 NO2 —	→206
203	How many sons do you have now? And how many daughters do you have now? IF NONE, RECORD 'DD'.	SONS LIVING	
206	Have you ever given birth to a son or daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES1 NO2—	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD	
208	SUM ANSWERS TO 203 AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL	

E-₩6

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	CHECK 208:		ĺ
	Just to make sure that I have this right: you have had in TOTAL children during your life. Is that correct?		
	YES NO → 201-208 AS NECESSARY.		
210	CHECK 208: HAS HAD CHILDREN HAS NEVER HAD		. 227
210A	In what month and year was your last child born?	MONTH	
		YEAR	
210B	During the first eight weeks after your last child was	YES, WITHIN EIGHT WEEKS1	
	born, were you given a vitamin A capsule like this one?	NO, AFTER EIGHT WEEKS2 NO, DID NOT RECEIVE VITAMIN A3	
	STUR CAPSULE.	DK	
2100	CHECK 210A, LAST CHILD: BORN SINCE JANUARY 1990	BEFORE JANUARY 1990	→227
211	When you were expecting your lastborn child, did you Want to have the child then, did you want to wait until	THEN	
	at all?		
			l
221		NO] ₂₃₄
228	How many months pregnant are you?	MONTHS	
	KECORD NUMBER OF COMPLETED MONTHS		
		1	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES SKI
229	Did you visit a clinic during this pregnancy?	YES1 NO2→23
230	When you went to the clinic for your pregnancy, were you given malaria medicine to take?	YES1 NO2
231	Did you take the medicine you were given?	YES1 NO2→23 DON'T REMEMBER8→23
232	Did you take the medicine at the clinic?	YES2 NO2 DON'T REMEMBER8
233	Why didn't you take the medicine? CIRCLE ALL RESPONSES.	MALARIA MEDICINE IS NOT GOOD FOR PREGNANT WOMENA WANTED TO SAVE THE MEDICINE FOR FAMILYB OTHERW OTHERX (SPECIFY)

QUESTIONS AND FILLERS	CODING CATEGORIES	SKIP
What problems does malaria cause during pregnancy? CIRCLE ALL RESPONSES.	ABORTIONA STILLBIRTHB MOTHER ILL WITH MALARIAC FETUS ILL WITH MALARIAD LOW BIRTH WEIGHTE OTHERX (SPECIFY) DKZ	
Can medicine prevent these problems?	YES1 NO2 DK8	
What causes a person to become ill with Malaria? Any other way?	MOSQUITO BITESA BLOOD TRANSFUSIONSB SEX WITH INFECTED PARTNERC CONTAMINATED FOOD/WATERD SHARING CLOTHES WITH PERSON WHO HAS MALARIAE HARNFUL SPIRITSF	
RECORD ALL RESPONSES	OTHERX (SPECIFY) DKZ	
	What problems does malaria cause during pregnancy? CIRCLE ALL RESPONSES. Can medicine prevent these problems? What causes a person to become ill with Malaria? Any other way? RECORD ALL RESPONSES	What problems does malaria cause during pregnancy? ABORTION

SECTION 3. METHODS OF CHILDSPACING

Now I would like to talk about fam that a couple can use to delay or a CIRCLE CODE 1 IN 301 FOR EACH METHO THE NAME AND DESCRIPTION OF EACH ME RECOGNIZED, AND CODE 3 IF NOT RECOG 302, ASK 303.	ily planning - t avoid a pregnanc DD MENTIONED SPO ETHOD NOT MENTIO SNIZED. THEN, FO	he various ways y. NTANEOUSLY. THEN NED SPONTANEOUSL R EACH METHOD WI	or method PROCEED Y. CIRCLE TH CODE 1	IS DOWN COLUMN 302, READING CODE 2 IF METHOD IS OR 2 CIRCLED IN 301 OR
301 Which ways or methods have you heard	about? SPONTANEOUS YES	302 Have you ev heard of (M PROBED YES	er ETHOD)? NO	303 Have you ever used (METHOD)?
01 PILL Women can take a pill — every day.	1	2	3-	YES1 NO2
02 IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	v	YES1 NO2
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3-7	YES1 NO2
04 IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	• · 3-]	YES1 NO2
05 DIAPHRAGM,FOAM,JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	▼ 3_]	YES1 NO2
06 CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2	• · 3	YES1 NO2
07 FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2	♥ . 3	Have you ever had an operation to avoid having any more children? YES
08 MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2	3	Has your partner ever had operation to avoid having any more children? YES1 NO2
09 NATURAL METHOD Every month that a couple is sexually active they can avoid having sexual intercourse on the days of the month the women is most likely to get pregnant.	1	2	v - 3	YES1 NO2
10 WITHDRAWAL Men can be careful and Jull out before climax.	1	2	v - 3_	YES1 NO2
Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1 (SPECIFY	·)	3	YES1 NO2 YES
304 CHECK 303:	(SPECIF)	·)		NO2
NOT A SINGLE "YES" AT L	EAST ONE "YES" [(EVER USED) [

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you or your husband/partner ever used anything or tried in any way to delay or avoid getting pregnant?	YES1 NO2 —	1 →312
306	What have you used or done?		
	CORRECT 303 AND 304 (AND 302 IF NECESSART).		<u> </u>
306A	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.	NUMBER OF CHILDREN	
	How many living children did you have at that time, if any?		
	IF NONE, RECORD '00'.		
306B	When you first used family planning, did you want to have another child but at a later time, or did you not want to have another child at all?	WANTED CHILD LATER1 DID NOT WANT ANOTHER CHILD2 OTHER6 (SPECIFY)	
3060	CHECK 303: WOMAN NOT STERILIZED STERILIZED		 →308A
307	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES1 NO2 -	6 →312



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED	
313	Do you know of a place where you can obtain a method of family planning?	YES1 NO2	I →315
314	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
515	In the last month, have you heard a message about childspacing on the radio?	YES1 NO2	
316	Is it acceptable or not acceptable to you for child- spacing information to be provided on the radio?	ACCEPTABLE	
لديري		······································	
317	CHECK 301, 302 (CONDOM)	R HEARD OF THE	>402
317 318	CHECK 301, 302 (CONDOM) EVER HEARD OF THE CONDOM Have you seen or heard any advertisement in the last month about the condom?	R HEARD OF THE CONDOM YES1 NO2—	→ 402

SECTION 4. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
402	Are you currently married or living with a man?	YES, CURRENTLY MARRIED1 YES, LIVING WITH A MAN2 NO, NOT IN UNION3	 →403
4020	WRITE THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR MAN SHE IS LIVING WITH. IF A HUSBAND OR MAN SHE IS LIVING WITH DOES NOT LIVE IN TH	HER HUSBAND OR	407
403	Do you currently have a regular sexual partner, an occasional sexual partner or no sexual partner at all?	REGULAR SEXUAL PARTNER1 OCCASIONAL SEXUAL PARTNER2 NO SEXUAL PARTNER3	
404	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED1 YES, LIVED WITH A MAN2 NO3	 →411 →416н
406	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED1 DIVORCED2 SEPARATED3	I]→411
407	Is your husband/partner living with you now or is he staying elsewhere?	LIVES WITH HER1 STAYING ELSEWHERE2	
408	Does your husband/partner have any other wives besides you?	YES1 NO2	↓ → 411
409	How many other wives does he have?	NUMBER] 411
			E-¥15

NO.	QUESTIONS	AND FILTERS	CODING CATEGORIES	SKIP
410	Are you the first, second,wi	fe?	RANK	
411	Have you been married or lived w or more than one?	ith a man only once,	ONCE1 MORE THAN ONCE2	
412	CHECK 411:	ARRIED/LIVED WITH A AN MORE THAN ONCE	MONTH	→413A
413	How old were you when you started	d living with him?	AGE	
413A	CHECK 402: CURRENTLY MARRIED OR LIVING WITH A MAN]		→416H
4138	With regard to the man you most n began living with, Before you married or star did you both live in the sa	recently married or ted living together ame village?	YES, SAME VILLAGE1 NO, DIFFERENT VILLAGE2	►415

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES S	KIP
413C	In the year immediately after you began living with your most recent husband or partner, where did you reside most of the time? Was it in his village, your village, or was it elsewhere?	IN HIS VILLAGE1 IN WOMAN'S VILLAGE2 ELSEWHERE6 (SPECIFY)	
415	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family health issues. When was the last time you had sexual intercourse with (your husband/man you are living with)?	DAYS AGO1 WEEKS AGO2 MONTHS AGO3 YEARS AGO4	
416	CHECK 301 AND 302: KNOWS CONDOM The last time you had sex with (your husband/ the man you are living with), did you use a condom? Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex (with your husband/man you are living with), was a condom used?	YES	416B 416B
416A	What was the main reason a condom was not used during that last time?	CONDOM NOT AVAILABLE01 CONDOM TOO EXPENSIVE02 PARTNER OBJECTED03 DON'T LIKE THEM04 UNINFECTED PARTNER05 CONDOMS BREAK, LEAK06 OTHER96 (SPECIFY) DK	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416В	Have you had sex with anyone other than (your husband/ the man you are living with) in the last 12 months?	YES1 NO2 -	 ↓ 417
416C	In the last 12 months, how many different persons other than (your husband/man you are living with) have you had sex with?	NUMBER OF PERSONS	
4160	Have you had sex with a non-regular partner in the last 12 months. By non-regular, I mean a person whom you do not see on a regular basis. IF YES: With how many non-regular partners did you have sex in the last 12 months? IF NO, CIRCLE '00' AND FOLLOW SKIP.	NUMBER OF NON-REGULAR PARTNERS	 →4160
416E	When was the last time you had sexual intercourse with a non-regular partner?	DAYS AGO1 WEEKS AGO2 MONTHS AGO3	
416F	Did you use a condom that time?	YES1 - NO2 DK8 -	→4160
4166	What was the main reason a condom was not used?	CONDOM NOT AVAILABLE01— CONDOM TOO EXPENSIVE02 PARTNER OBJECTED03 DON'T LIKE THEM04 UNINFECTED PARTNER05 CONDOMS BREAK, LEAK06 OTHER96 (SPECIFY) DK	→4160 ■
416H	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family health issues.	NEVER	 ↓419
	When was the last time you had sexual intercourse (if ever)?	WEEKS AGO2 MONTHS AGO3	
	IF THE ANSWER IS "NEVER", CIRCLE "000" AND SKIP TO Q. 419.	YEARS AGO4	
			E-W18

NO.	QUESTIONS A	ND FILTERS	CODING CATEGORIES	SKIP
4161	CHECK 416H:			
	LAST SEX WITHIN THE PAST 12 MONTHS	LAST SI 12 MON	EX MORE THAN THS AGO	
416J	In the last 12 months, how m have you had sex with?	any different persons	NUMBER OF PERSONS	
416K	Have you had sex with a non- last 12 months. By non-regu you do not see on a regular IF YES: With how many non-re have sex in the last 12 mont IF NO, CIRCLE '2' AND FOLLOW	regular partner in the lar, I mean a person whom basis. gular partners did you hs? SKIP.	NUMBER OF NON-REGULAR PARTNERS	 →4160
416L	When was the last time you h with a non-regular partner?	ad sexual intercourse	DAYS AGO1	
416M	CHECK 301 AND 302: KNOWS CONDOM The last time you had sex with a non-regular partner, did you use a condom?	DOES NOT KNOW CONDOM Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex with a non-regular partner, did you use a condom?	YES1 NO2 DOES NOT KNOW/NOT SURE8	→ 4160 → 4160

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416N	What was the main reason a condom was not used during that last time?	CONDOM NOT AVAILABLE .01 CONDOM TOO EXPENSIVE .02 PARTNER OBJECTED .03 DON'T LIKE THEM .04 UNINFECTED PARTNER .05 CONDOMS BREAK, LEAK .06 OTHER 96 (SPECIFY)	
4160	CHECK 402: CURRENTLY MARRIED OR LIVING WITH A MAN The last time you had sex, was it with your (husband/ man you live with), a regular partner, or a casual acquaintance?	HUSBAND/MAN SHE LIVES WITH1— REGULAR PARTNER2 ACQUAINTANCE3—	↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓
416P	Did you use a condom this last time?	YES1 NO2 DOES NOT KNOW/NOT SURE8	416R
4160	What was the main reason a condom was not used during that last time?	CONDOM NOT AVAILABLE01 CONDOM TOO EXPENSIVE02 PARTNER OBJECTED03 DON'T LIKE THEM04 UNINFECTED PARTNER05 CONDOMS BREAK, LEAK06 OTHER96 (SPECIFY) DK98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416R	Now long ago did you last have sex?	DAYS AGO1	
417	How many different persons have you had sex with in the past 4 weeks?	NUMBER OF PERSONS	
418	Now old were you when you first had sexual intercourse?	AGE	
419	Do you know where someone can get condoms?	YES1	→501A
420	Where is that? If SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC11 HEALTH CENTRE	



№.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	Have you heard about diseases that can be transmitted through sex?	YES1	→501C
501B	Which diseases do you know? Any others? RECORD ALL RESPONSES	SYPHILIS	
50101	CUECK 415 4144-		
1010	HAS HAD SEXUAL HAS INTERCOURSE SEX	NEVER HAD UAL INTERCOURSE	→5010
501D	CHECK 501A:		
	KNOWS STDS DOE	S NOT KNOW STDS	→501P
501E	During the last twelve months, did you have any of these diseases?	YES1 NO2 DK8	→5010
501F	Which of the diseases did you have?	SYPHILISA GONORRHEAB AIDS/HIV INFECTIONC GENITAL WARTSD CHANCROIDE TRICHOMONIASISF BUBOESG	
	RECORD ALL RESPONSES	OTHERW (SPECIFY) OTHERX (SPECIFY) DKZ	
501J	The last time you had (DISEASE FROM 501F) did you seek treatment?	YES1	- → 501L

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKI
501K	Where did you seek treatment?	PUBLIC SECTOR GOVT. HOSPITAL/CLINICA HEALTH CENTREB MATERNITY CLINICC MOBILE CLINICC FP CLINICE HEALTH POST (DISPENSARY)F OTHER PUBLICG (SPECIFY)	
	Any other place or person?	MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINICH PRIVATE MATERNITY CLINICI PRIVATE MOBILE CLINICJ PRIVATE FP CLINICK PHARMACYL OTHER MED. PRIVATE SECTORM	
	RECORD ALL MENTIONED	(SPECIFY) OTHER SHOPN RELATIVES/FRIENDSO TRADITIONAL HEALERP TBAQ OTHERX (SPECIFY) DKZ	
501L	When you had (DISEASE FROM 501F), did you inform your partner(s)?	YES1 NO2	
501M	When you had (DISEASE FROM 501F) did you do something not to infect your partner(s)?	YES1 NO2— PARTNER ALREADY INFECTED3—	 →50
501N	What did you do?	NO SEXUAL INTERCOURSEA USED CONDOMSB TOOK MEDICINESC	
	RECORD ALL MENTIONED	OTHERX (SPECIFY)	
5010	CHECK 501A AND 501B:		<u></u>]
	DID NOT MENTION 'AIDS'	ONED 'AIDS'	 →50
501P	Have you ever heard of an illness called AIDS?	YES1 NO2—	 →51
<u> </u>			E-W2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
502	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED	RADIO. A TV. B NEWSPAPERS/MAGAZINES. C PAMPHLETS/POSTERS. D HEALTH WORKERS. E MOSQUES/CHURCHES. F SCHOOLS/TEACHERS. G COMMUNITY MEETINGS. H FRIENDS/RELATIVES. I WORK PLACE. J	
		OTHERX (SPECIFY)	
502A	How can a person get AIDS?	SEXUAL INTERCOURSEA SEXUAL INTERCOURSE WITH MULTIPLE PARTNERSB SEX WITH PROSTITUTESC	
	Any Other Ways?	HOMOSEXUAL CONTACTE BLOOD TRANSFUSIONF INJECTIONSG KISSINGH	
	RECORD ALL MENTIONED	MOSQUITO, OTHER INSECT BITESI OTHERW (SPECIFY) OTHERX (SPECIFY) DKZ	
503	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES1 NO2 DK8	↓ 507
504	What can a person do? Any other ways? RECORD ALL MENTIONED	AVOID SEXUAL INTERCOURSEA AVOID SEXUAL INTERCOURSE WITH MULTIPLE PARTNERSB AVOID SEX WITH PROSTITUTESC USE CONDOMSD AVOID HOMOSEXUAL CONTACTE AVOID BLOOD TRANSFUSIONSF AVOID INJECTIONSG AVOID INJECTIONSG AVOID KISSINGH AVOID MOSQUITO, OTHER INSECT BITESI SEEK PROTECTION FROM TRADITIONAL HEALERJ OTHERW (SPECIFY)	
507	Is it possible for a healthy-looking person to have the AIDS virus?	States (SPECIFY) DK	
	·····	•	•

NO.	QUESTIONS AND FILTERS	CODES	SKIP
508	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?	ALMOST NEVER	
508A	Can AIDS be cured?	YES1 NO2 DK8	
508B	Can AIDS be transmitted from mother to child?	YES1 NO2 DK8	
5080	Do you personally know someone who has AIDS or has died of AIDS?	YES1 NO2 DK8	
509	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL1 MODERATE2- GREAT3- NO RISK AT ALL4 HAS AIDS5-	→509B
509A	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons?	ABSTAIN FROM SEXB USE CONDOMSC HAVE ONLY ONE SEX PARTNERD LIMITED NUMBER OF SEX PARTNERSE SPOUSE HAS NO OTHER PARTNERG NO BLOOD TRANSFUSIONSI NO INJECTIONSJ	-→511A
	RECORD ALL MENTIONED	OTHERXXX	
509B	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons?	DO NOT USE CONDOMSC MORE THAN ONE SEX PARTNERD MANY SEX PARTNERSE SPOUSE HAS OTHER PARTNER(S)G HAD BLOOD TRANSFUSIONI HAD INJECTIONSJ SPOUSE, PARTNER HAS AIDS OR DIED OF AIDSK	
	RECORD ALL MENTIONED	OTHERX (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODES	SKIP
511A	Since you heard of AIDS, have you changed your behaviour to prevent getting AIDS?	DIDN'T START SEX]→511C
	IF YES, what did you do?	ASK SPOUSE TO BE FAITHFUL	
	Anything else?	OTHERW (SPECIFY) OTHERX (SPECIFY)	
	RECORD ALL MENTIONED	NO BEHAVIOUR CHANGEY	
511B	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behaviour?	DIDN'T START SEXA STOPPED ALL SEXB STARTED USING CONDOMSC RESTRICTED SEX TO ONE PARTNERD REDUCED NUMBER OF PARTNERSE	
	IF YES: What did you do?	OTHERX	
	Anything else?	NO CHANGE IN SEXUAL BEHAVIOURY	
511C	Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases? Have you ever heard of this?	YES1 NO2—	→511F
511D	CHECK 415 AND 416H:		
	HAS HAD SEXUAL HAS INTERCOURSE SEXU	NEVER HAD JAL INTERCOURSE	→513
511E	We may already have talked about this. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?	YES1 NO2	

NO.	QUESTIONS AND FILTERS	CODES	SKIP
511F	Have you given or received money, gifts or favors in return for sex at any time in the last 12 months?	YES1 NO2	
513	RECORD THE TIME.	HOUR	
			F-427

INTERVIEWER'S OBSERVATIONS (To be filled in after completing interview)

Comments About Respondent:		
Comments on Specific Questions.		
comments on specific guescions.		
Any Other Comments:		
<u>SUP</u>	ERVISOR'S OBSERVATIONS	
	······································	
Name of Supervisor.		Data
Name of Supervisor:		Date:
	EDITOR'S OBSERVATIONS	
		E-W28

MALAWI KNOWLEDGE, ATTITUDES, AND PRACTICES IN HEALTH SURVEY MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE

MALE OUESTIONNAIRE

IDENTIFICATION	
VILLAGE OR PLACE	
MKAPH CLUSTER NUMBER	
HOUSEHOLD NUMBER	
NAME AND LINE NUMBER OF MAN	

INTERVIEWER VISITS						
		1	2	3	FINA	L VISIT
DATE					DAY MONTI YEAR	H
INTERVIEWER'S	NAME				NAME	
RESULT*					RESU	LT
NEXT VISIT:	DATE TIME				TOTAL 1 OF VIS	NUMBER ITS
* RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY) 3 POSTPONED 6 INCAPACITATED						
LANGUAGE OF QUESTIONNAIRE: ENGLISH 3 OTHER3						
NAME DATE	FIELD	EDITED BY	OFFICE ED	ITED BY	KEYED BY	KEYED BY

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES SKIP
101	RECORD THE TIME.	HOUR
102	In what month and year were you born?	MONTH
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS
104	Have you ever attended school?	YES1 NO2→108
105	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY
106	How many years of school did you complete at that level?	YEARS
107	CHECK 105: PRIMARY OR HIGHER	→109
108	Are you able to read and understand English or Chichewa easily, with difficulty, or not at all?	EASILY1 WITH DIFFICULTY2 NOT AT ALL
109	Oo you usually read a newspaper or magazine at least once a week?	YES1 NO2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	Do you usually listen to a radio at least once a week?	YES1 NO2	
111	What is your tribe or ethnic group?	CHEWA	
112	Have you been through initiation?	YES1 NO2	 _→114
113	Which initiation ceremonies have you been through?	CHIPUTU	
114	Nave you been circumcised?	YES1 NO2	→116
115	Who circumcised you?	DOCTORA CIRCUMCISION PRACTITIONERD OTHER CLINIC/HOSPITAL PERSONNEL.F OTHERX (SPECIFY) DKZ	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE MAN INTERVIEWED IS NOT A T USUAL RESIDENT	HE MAN INTERVIEWED IS A USUAL RESIDENT	→201
117	Now I would like to ask about the place in which you usually live. Do you usually live in a city, in a town, or in a village?	CITY1 TOWN2 VILLAGE3	
118	In which region is that located?	NORTH	
119	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INSIDE DWELLING UNIT11 PIPED INTO YARD/PLOT12 PUBLIC TAP13 WELL WATER PROTECTED WELL/BOREHOLE21 UNPROTECTED WELL22 SURFACE WATER SPRING	-→121 -→121
120	Now long does it take to go there, get water, and come back?	MINUTES	
121	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET11 SHARED FLUSH TOILET12 PIT LATRINE TRADITIONAL PIT LATRINE21 VENTILATED IMPROVED PIT (VIP) LATRINE	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	Does your household have:	YES NO	
	Electricity?	ELECTRICITY1 2	
	A radio?	RADIO1 2	
	A paraffin lamp?	PARAFFIN LAMP1 2	
123	How many rooms in all of the dwelling units of this household are used for sleeping?	ROOMS	
124	Does any member of your household own:	YES NO	
	A bicycle?	BICYCLE1 2	
	A motorcycle?	MOTORCYCLE1 2	
	A car?	CAR1 2	
	An oxcart?	OXCART1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about your children. I am interested only in the children that are biologically yours. Did you ever have children?	YES1 NO2	→206
202	Do you have any sons or daughters who are now living?	YES1 NO2	→206
203	How many sons do you have now? And how many daughters do you have now? IF NONE, RECORD '00'.	SONS LIVING	
206	Have you ever had a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES1 NO2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD	
208	SUM ANSWERS TO 203 AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
209	CHECK 208:		
	Just to make sure that I have this right: you have had in TOTAL children during your life. Is that correct?		
	YES NO 201-208 AS NECESSARY.		
210	CHECK 208: HAS HAD CHILDREN HAS NEVER HAD CHILDREN (NONE)		→236
210A	In what month and year was your last child born?	MONTH	
210в	CHECK 210A, LAST CHILD: BORN SINCE JANUARY 1990	BEFORE JANUARY 1990	→236
211	When you were expecting your lastborn child, did you want to have the child then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN1 LATER2 NOT AT ALL3	
236	What causes a person to become ill with Malaria?	MOSQUITO BITES	
	Any other way?	SHARING CLOTHES WITH PERSON WHO HAS MALARIAE HARMFUL SPIRITSF	
	RECORD ALL RESPONSES	OTHERX (SPECIFY) DKZ	
			E-M7

SECTION 3. METHODS OF CHILD SPACING

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

301 Which ways or methods have you hear	d about? SPONTANEOUS YES	302 Have you ever heard of (METHOD)? PROBED YES NO	303 Have you ever used (METHOD)?
01 PILL Women can take a pill — every day.	1	2 3-7	YES1 NO2
02 IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2 ع	YES1 NO2
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2 3	YES1 NO2
04 IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years	1	2 ع	YES1 NO2
05 DIAPHRAGM,FOAM,JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2 3	YES1 NO2
OG CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2 ع	YES1 NO2
07 FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2 3	Has your partner ever had operation to avoid having any more children? YES
08 MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2 3	Have you ever had an operation to avoid having any more children? YES
09 NATURAL METHOD Every month that a couple is sexually active they can avoid having sexual intercourse on days of the month the woman is most likely to get pregnant.	1	2 3	YES1 NO2
10 WITHDRAWAL Men can be careful and pull out before climax.	1	۲ 2 3_	YES1 NO2
Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1 (SPECI	FY)	YES1 NO2
	(SPECI	FY)	YES1 NO2
304 CHECK 303: NOT A SINGLE "YES" AT L (NEVER USED)	EAST ONE "YES" (EVER USED)	▼	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you or your wife/partner ever used anything or tried in any way to delay or avoid having children?	YES1 NO2 -	i →312
306	What have you used or done?		
	CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
306A	Now I would like to ask you about the first time that you did something or used a method to avoid having children.	NUMBER OF CHILDREN	
	How many living children did you have at that time, if any?		
	IF NONE, RECORD '00'.		
306B	When you first used family planning, did you want to have another child but at a later time, or did you not want to have another child at all?	WANTED CHILD LATER1 DID NOT WANT ANOTHER CHILD2 OTHER6 (SPECIFY)	
306C	CHECK 303: MAN NOT MAN STERILIZED STERILIZED		 →308A
307	Are you or your wife currently doing something or using any method to delay or avoid pregnancy?	YES1 NO2 -	 →312
			E-M9


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED	
313	Do you know of a place where you can obtain a method of family planning?	YES1 NO2 -	 → 315
314	Where is that? If SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 PRIMARY HEALTH CENTRE 12 DISPENSARY/MATERNITY CLINIC 13 MOBILE CLINIC 14 CBD 15 OTHER PUBLIC 16 ISPENSARY/MATE SECTOR PRIVATE HOSPITAL 21 PRIVATE HEALTH CENTRE 22 DISPENSARY/MATERNITY CLINIC 23 MOBILE CLINIC 24 PRIVATE DOCTOR 25 OTHER MEDICAL 26 YRIVATE 26	
		OTHER PRIVATE SECTOR SHOP	

QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
In the last month, have you heard a message about childspacing on the radio?	YES1 NO2	
Is it acceptable or not acceptable to you for child- spacing information to be provided on the radio?	ACCEPTABLE1 NOT ACCEPTABLE2 DK8	
CHECK 301, 302 (CONDOM):		1
EVER HEARD OF THE CONDOM	R HEARD OF THE CONDOM	→402
Have you seen or heard any advertisement in the last month about the condom?	YES1 NO2	
Where did you see or hear the advertisement? CIRCLE ALL MENTIONED	RADIOA NEWSPAPERB MAGAZINEC POSTERSD CAN NOT REMEMBERE OTHERX (SPECIFY)	
	QUESTIONS AND FILTERS In the last month, have you heard a message about childspacing on the radio? Is it acceptable or not acceptable to you for child-spacing information to be provided on the radio? CHECK 301, 302 (CONDOM): NEVER EVER HEARD OF THE CONDOM Where you seen or heard any advertisement in the last month about the condom? Where did you see or hear the advertisement? CIRCLE ALL MENTIONED	QUESTIONS AND FILTERS CODING CATEGORIES In the last month, have you heard a message about childspacing on the radio? YES

SECTION 4. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
402	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED1 YES, LIVING WITH A WOMAN2 — NO, NOT IN UNION3 —	→4028 →403
402A 402B	How many wives do you have? How many women are you living with as if you are married?	NUMBER OF WIVES	
402C	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE/WIVES. IF A WIFE DOES NOT LIVE IN THE HOUSEHOLD, WRITE '00'. THE NUMBER OF BOXES FILLED MUST EQUAL THE NUMBER OF WIVES.		→ 411
403	Do you currently have a regular sexual partner, an occasional sexual partner or no sexual partner at all?	REGULAR SEXUAL PARTNER1 OCCASIONAL SEXUAL PARTNER2 NO SEXUAL PARTNER3	
404	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED1 YES, LIVED WITH A WOMAN2 — NO3 —	
406	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED	
411	Have you been married or lived with a woman only once, or more than one?	ONCE1 MORE THAN ONCE2	

	QUESTI	ONS AND FILTERS	CODING CATEGORIES	SI
412	CHECK 411: MARRIED/LIVED WITH	MARRIED/LIVED WITH A	MONTH	
			YEAR	 _→4
	In what month and year did you start living with your wife/woman?	Now we will talk about your first wife/woman you lived with. In what month and year did you start living with her?	DOES NOT KNOW YEAR98	
413	How old were you when you sta	rted living with her?	AGE	
413A	CHECK 402:			ł
413A	CHECK 402: CURRENTLY MARRIED OR LIVING WITH A WOMAN		NOT IN UNION	
413A 413B	CHECK 402: CURRENTLY MARRIED OR LIVING WITH A WOMAN With regard to the woman you to began living with,	most recently married or	NOT IN UNION	
413A 413B	CHECK 402: CURRENTLY MARRIED OR LIVING WITH A WOMAN began living with, Before you married or s did you both live in th	most recently married or tarted living together e same village?	NOT IN UNION YES, SAME VILLAGE	
413A 413B 413C	CHECK 402: CURRENTLY MARRIED OR LIVING WITH A WOMAN began living with, Before you married or s did you both live in th In the year immediately after with your most recent wife or reside most of the time? Was in your village, or was it el	most recently married or tarted living together e same village? you began living partner, where did you it in her village, sewhere?	NOT IN UNION YES, SAME VILLAGE1— NO, DIFFERENT VILLAGE2	↓ ↓ ↓ ↓ ↓
413A 413B 413C	CHECK 402: CURRENTLY MARRIED OR LIVING WITH A WOMAN began living with, Before you married or s did you both live in th In the year immediately after with your most recent wife or reside most of the time? Was in your village, or was it el	most recently married or tarted living together e same village? you began living partner, where did you it in her village, sewhere?	NOT IN UNION	→41 1 1
413A 413B 413C	CHECK 402: CURRENTLY MARRIED OR LIVING WITH A WOMAN With regard to the woman you model began living with, Before you married or s did you both live in th In the year immediately after with your most recent wife or reside most of the time? Was in your village, or was it el	most recently married or tarted living together e same village? you began living partner, where did you it in her village, sewhere?	NOT IN UNION YES, SAME VILLAGE	↓ ↓ ↓ ↓ ↓

NO,	QUES	TIONS AND FILTERS	CODING CATEGORIES	SKIP
415	Now I need to ask you some activity in order to gain a some family health issues. When was the last time you with (your wife/the woman y	questions about sexual a better understanding of had sexual intercourse you are living with)?	DAYS AGO1 WEEKS AGO2 MONTHS AGO3 YEARS AGO4	
416	CHECK 301 AND 302: KNOWS CONDOM	DOES NOT KNOW CONDOM	YES1	 → 416B
	sex with (your wife/ the woman you are living with), did you use a condom?	which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex with (your wife/ the woman you are living with), did you use a condom?	DOES NOT KNOW/NOT SURE8-	4168
416A	What was the main reason a that last time?	condom was not used during	CONDOM NOT AVAILABLE01 CONDOM TOO EXPENSIVE02 PARTNER OBJECTED03 DON'T LIKE THEM04 UWINFECTED PARTNER05 CONDOMS BREAK, LEAK06 OTHER96 (SPECIFY) DK	
416B	Have you had sex with anyor the woman you are living w	ne other than (your wife/ ith) in the last 12 months?	YES1 NO2 -	↓ ↓ 417 ↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416C	In the last 12 months, how many different persons other than (your wife/the woman you are living with) have you had sex with?	NUMBER OF PERSONS	
416D	Have you had sex with a non-regular partner in the last 12 months. By non-regular, I mean a person whom you do not see on a regular basis. IF YES: With how many non-regular partners did you have sex in the last 12 months? IF NO, CIRCLE '2' AND FOLLOW SKIP.	NUMBER OF NON-REGULAR PARTNERS	 →4160
416E	When was the last time you had sexual intercourse with a non-regular partner?	DAYS AGO1	
416F	Did you use a condom that time?	YES1 — NO2 DK8 —	→4160
4160	What was the main reason a condom was not used during that last time?	CONDOM NOT AVAILABLE01 CONDOM TOO EXPENSIVE02 PARTNER OBJECTED03 DON'T LIKE THEM04 UNINFECTED PARTNER05 CONDOMS BREAK, LEAK06 OTHER96 (SPECIFY) DK	→4160
416H	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family health issues. When was the last time you had sexual intercourse (if ever)? IF THE ANSWER IS "NEVER", CIRCLE "000" AND SKIP TO Q. 419.	NEVER	419
		l	E-M16

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
4161	CHECK 416H: LAST SEX WITHIN THE PAST 12 MONTHS MORE M	EX 12 OR ONTHS AGO	↓ 4160
416J	In the last 12 months, how many different persons have you had sex with?	NUMBER OF PERSONS	
416K	Have you had sex with a non-regular partner in the last 12 months. By non-regular, I mean a person who you do not see on a regular basis. IF YES: How many different persons have you had sex with in the last 12 months? IF NO, CIRCLE '2' AND SKIP.	NUMBER NON-REGULAR PARTNERS	¥160
416L	When was the last time you had sexual intercourse with a non-regular partner?	DAYS AGO1	
416M	CHECK 301 AND 302: KNOWS CONDOM T The last time you had sex with a non-regular partner, did you use a condom? DOES NOT KNOW CONDOM T Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex with a non-regular partner, did you use a condom?	YES1 – NG2 DK8 –	→4160 →4160
416N	What was the main reason a condom was not used during that last time?	CONDOM NOT AVAILABLE	

E-N17

NO.	QUESTIONS AND	FILTERS	CODING CATEGORIES	SKIP
4160	CHECK 402:			
	CURRENTLY MARRIED OR LIVING WITH A WOMAN	NOT CURRENTLY MARRIED AND NOT LIVING WITH A WOMAN		
	The last time you had sex, was it with your (wife/the woman you live with), a regular partner, a casual acquaintance, or someone you paid for sex?	The last time you had sex, was it with a regular partner, a casual acquaintance, or someone you paid for sex?	WIFE/WOMAN HE LIVES WITH1 REGULAR PARTNER2 ACQUAINTANCE3 SOMEONE HE PAID FOR SEX4	$ \begin{array}{c} \bullet \\ \bullet $
416P	Did you use a condom this last	time?	 YES1	416R
			NO2	
			DOES NOT KNOW/NOT SURE8	 →416R
4169	What was the main reason a cond that last time?	lom was not used during	CONDON NOT AVAILABLE01 CONDOM TOO EXPENSIVE02 PARTNER OBJECTED03 DON'T LIKE THEM04 UNINFECTED PARTNER05 CONDOMS BREAK, LEAK06 OTHER96 (SPECIFY) DK	
416R	How long ago did you last have	sex?	DAYS AGO1 WEEKS AGO2 MONTHS AGO3 YEARS AGO4	
417	How many different persons have the past 4 weeks?	you had sex with in	NUMBER OF PERSONS	
418	How old were you when you first	: had sexual intercourse?	AGE	
(40)		ant condenc?		<u> </u>
419	υο you know where someone can g	et condoms?	NO2	501A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
420	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL/CLINIC11 HEALTH CENTRE12 MATERNITY CLINIC13 MOBILE CLINIC14 FP CLINIC15 HEALTH POST (DISPENSARY)16 CBD	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501A	Have you heard about diseases that can be transmitted through sex?	YES1 NO2 —	j →501C
501B	Which diseases do you know? Any other? RECORD ALL RESPONSES	SYPHILIS	
501C	CHECK 415, 416H:		
	HAS HAD SEXUAL HA	S NEVER HAD XUAL INTERCOURSE	→ 5010
501D	CHECK 501A:		
	KNOWS STDS DOI	ES NOT KNOW STDS	>501G
501E	During the last twelve months, did you have any of these diseases?	YES1 NO2 DK8	 -→501G
501F	Which of the diseases did you have? RECORD ALL RESPONSES	SYPHILISA GONORRHEAB AIDS/HIV INFECTIONC GENITAL WARTSD CHANCROIDE TRICHOMONIASISF BUBOESG OTHERW (SPECIFY) OTHERX (SPECIFY) DKZ	
501G	I would like to ask you some questions about your health in the last 12 months. Men sometimes have pain when they urinate or have discharge from the penis. During the last twelve months, have you had pain when you urinate or discharge from your penis?	YES1 NO2 DK8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501H	During the last twelve months, have you had any sores in your genital area?	YES1 NO2 DK8	
5011	CHECK 501F, 501G AND 501H		1
	HAD ONE OR MORE	HAD NONE OF THE DISEASES	5010
501J	The last time you had (DISEASE FROM 501F/501G/501H) did you seek treatment?	YES1 NO2—	 ▶501∟
501K	Where did you seek treatment?	PUBLIC SECTOR GOVT. HOSPITAL/CLINICA HEALTH CENTREB	
	Any other place or person?	HEALTH POST (DISPENSARY)F OTHER PUBLICG (SPECIFY) MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINICH PRIVATE MOBILE CLINICJ	
	RECORD ALL MENTIONED	PHARMACYL OTHER MED. PRIVATE SECTORM (SPECIFY) OTHER SHOPN RELATIVES/FRIENDSO TRADITIONAL HEALERP TBAQ OTHERX (SPECIFY) DKZ	
501L	When you had (DISEASE FROM 501F/501G/501H) did you inform your partner(s)?	YES1 NO2	
501M	When you had (DISEASE FROM 501F/501G/501H) did you do something not to infect your partner(s)?	YES1 NO2— PARTNER ALREADY INFECTED3—]]→5010
			E-M21

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501N	What did you do?	NO SEXUAL INTERCOURSEA USED CONDOMSB TOOK MEDICINESC	
	RECORD ALL MENTIONED	OTHERX	
·		(SPECIFY)	
5010	CHECK 501A AND 501B		1
	DID NOT MENTION 'AIDS'	AIDS'	502
501P	Have you ever heard of an illness called A1DS?	YES1 NO2	 →511C
502	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED	RADIOA TVB NEWSPAPERS/MAGAZINESC PAMPHLETS/POSTERSD HEALTH WORKERSE MOSQUES/CHURCHESF SCHOOLS/TEACHERSF COMMUNITY MEETINGSF FRIENDS/RELATIVESJ WORK PLACEJ OTHERX (SPECIFY)	
502A	How can a person get AIDS? Any other ways? RECORD ALL MENTIONED	SEXUAL INTERCOURSEA SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS. B SEX WITH PROSTITUTESC NOT USING CONDOMD HOMOSEXUAL CONTACT. BLOOD TRANSFUSIONF INJECTIONS. KISSINGH MOSQUITO, OTHER INSECT BITESI OTHER (SPECIFY) OTHER (SPECIFY) DK	
503	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES1 NO2 DK8	Ⅰ]_→507

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
504	What can a person do? Any other ways? RECORD ALL MENTIONED	AVOID SEXUAL INTERCOURSEA AVOID SEXUAL INTERCOURSE WITH MULTIPLE PARTNERSB AVOID SEX WITH PROSTITUTESC USE CONDOMSD AVOID BLOOD TRANSFUSIONSF AVOID BLOOD TRANSFUSIONSF AVOID NJECTIONSG AVOID KISSINGH AVOID MOSQUITO, OTHER INSECT BITESI SEEK PROTECTION FROM TRADITIONAL HEALERJ OTHERW (SPECIFY) OTHERX (SPECIFY) DKZ	
507	Is it possible for a healthy-looking person to have the AIDS virus?	YES1 NO2 DK8	
508	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?	ALMOST NEVER	
508A	Can AIDS be cured?	YES1 NO2 DK8	
508B	Can AIDS be transmitted from mother to child?	YES1 NO2 DK8	
508C	Do you personally know someone who has AIDS or has died of AIDS?	YES1 NO2 DK8	
509	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL	E →5098 →511A E-M23

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509A	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS?	ABSTAIN FROM SEX]
	Any other reasons?	NO HOMOSEXUAL CONTACT	→ 511A
	RECORD ALL MENTIONED	OTHERX (SPECIFY)]
509B	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS?	DO NOT USE CONDOMSC NORE THAN ONE SEX PARTNERD MANY SEX PARTNERSE SEX WITH PROSTITUTESF SPOUSE HAS OTHER PARTNER(S)G	
	Any other reasons?	HOMOSEXUAL CONTACTH HAD BLOOD TRANSFUSIONI HAD INJECTIONSJ SPOUSE, PARTNER HAS AIDS OR DIED OF AIDSK	
	RECORD ALL MENTIONED	OTHERX	
511A	Since you heard of AIDS, have you changed your behaviour to prevent getting AIDS?	DIDN'T START SEX	->511C
	IF YES, what did you do?	NO MORE HOMOSEXUAL CONTACTSG - STOPPED INJECTIONSH ASK SPOUSE TO BE FAITHFULI	
	Anything else?	OTHERW (SPECIFY)	
	RECORD ALL MENTIONED	(SPECIFY)	
511в	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behaviour?	DIDN'T START SEX	
	IF YES, In what way?	NO MORE HOMOSEXUAL CONTACTSG	
	RECORD ALL MENTIONED	OTHERX (SPECIFY)	
		NO CHANGE IN SEXUAL BEHAVIOURY DKZ	
511C	Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases? Have you ever heard of this?	YES1 NO2	 -→511F
	······································		E-M24

NO.	QUESTIONS AND FILTERS	CODES	SKIP
511D	CHECK 415 AND 416H: HAS HAD SEXUAL INTERCOURSE	AS NEVER HAD	+513
511E	We may already have talked about this. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?	YES1 NO2	
511F	Have you given or received money, gifts or favors in return for sex at any time in the last 12 months?	YES1 NO2	
513	RECORD THE TIME.	HOUR	

INTERVIEWER'S OBSERVATIONS (To be filled in after completing interview)

Comments About Respondent:		
Comments on Specific Questions.		
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Any Other Comments:		
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Name of Supervisor:	· · · ·	Date:
	EDITOR'S OBSERVATIONS	
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MALAWI KNOWLEDGE, ATTITUDES, AND PRACTICES IN HEALTH SURVEY MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE

CARETAKER OUESTIONNAIRE

Б

IDENTIFICATION	
VILLAGE OR PLACE	
MKAPH CLUSTER NUMBER	
HOUSEHOLD NUMBER	
NAME AND LINE NUMBER OF CHILD	
NAME AND LINE NUMBER OF CARETAKER	

INTERVIEWER VISITS					
	1	2	3	FINAL VI	SIT
DATE				DAY MONTH YEAR	
INTERVIEWER'S NAME				NAME	
RESULT *				RESULT	
NEXT VISIT: DATE TIME				TOTAL NUMB OF VISITS	ER
* RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED	4 REFUSED 5 PARTLY (6 INCAPAC)	COMPLETED ITATED	7 OTHER	(SPECIFY)	
LANGUAGE OF		LANGUACE		L. CUTCUEWA	
QUESTIONNAIRE: ENGLISH 3 OTHER_			JF INTERVIEW	TUMBUKA	····2

	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
DATE				

SECTION 1. CARETAKER'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR	
102	TRANSFER: NAME OF CHILD		
103	In what month and year was (NAME) born?	MONTH	
104	How old was (NAME) at his/her last birthday?	AGE IN COMPLETED YEARS	
	COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.		
105	How many live births did (NAME)'s mother have before (NAME) was born?	NUMBER OF BIRTHS	
		DK NUMBER OF BIRTHS98	
106	CHECK COLUMN 16 AND 17 IN THE HOUSEHOLD QUESTIONNAIRE: CARETA CARETAKER IS NOT AN ELIGI ELIGIBLE WOMAN (15-49) NOR AN ELIGIBLE MAN (15-54)	AKER IS AN BLE WOMAN (15-49) OR IGIBLE MAN (15-54)	 →201
107	In what month and year were you born?	MONTH	
108	How old were you at your last birthday?	AGE IN COMPLETED YEARS	
100	COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	l vec 1	
109		NO2—	 -→113
110	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY	
111	How many years of school did you complete at that level?	YEARS	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	CHECK 110: PRIMARY OR HIGHER		 →114
113	Are you able to read and understand English or Chichewa easily, with difficulty, or not at all?	EASILY1 WITH DIFFICULTY2 NOT AT ALL3	 →115
114	Do you usually read a newspaper or magazine at least once a week?	YES1 NO2	
115	Do you usually listen to a radio at least once a week?	YES1 NO2	
		E-C3	

SECTION 2. IMMUNIZATION OF UNDER-SIX CHILDREN

201	TRANSFER: NAME OF CHILD	
202	Do you have a card where (NAME'S) vaccinations are wrîtten down? IF YES: May I see it please?	YES, SEEN
203	Did you ever have a vaccination card for (NAME)	YES
204	 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION OR WAS GIVEN BUT NO DATE IS RECORDED. BCG POLIO 0 POLIO 1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 MEASLES 	DAY MO YR BCG
205 206 207	Has (NAME) received any vaccinations that are not recorded on the card? RECORD 'YES' IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, OR MEASLES VACCINE(S). CHECK 204: ANY POLIO VACCINE RECORDED AS GIVEN ON JUNE 11 OR JUNE 12, 1996? Was (NAME) given polio vaccine on June 11 or June 12 this year?	YES1 (PROBE FOR VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 204.) NO2 DK8 YES1 YES2 YES
208	CHECK TABLE IN 204: SOME OR ALL	ALL VACCINATIONS

NO.	QUESTIONS AN	DFILTERS	CODING CATEGORIES	SKIP
209	CHECK 204: SOME BUT NOT ALL VACCINATIONS GIVEN Why did (NAME) receive some but not all of his/her vaccinations? Any other reasons?	NO MACCINATIONS IVEN Why did (NAME) receive no vaccinations?	UNAWARE OF NEED FOR VACCINATIONA UNAWARE OF NEED TO RETURN FOR ALL REQUIRED DOSESB PLACE/TIME OF IMMUNIZATION UNKNOWNC FEAR OF SIDE REACTIONSD WRONG IDEAS ABOUT CONTRA- INDICATIONSE INTENTION TO GET IMMUNIZATION AT SOME FUTURE DATEF DO NOT BELIEVE IMMUNIZATION WORKSG RUMOURSH PLACE OF IMMUNIZATION TOO FARI TIME OF IMMUNIZATION NOT CONVENIENTJ VACCINATOR ABSENTK VACCINE NOT AVAILABLEL MOTHER TOO BUSYM FAMILY PROBLEMN CHILD ILLO CHILD BROUGHT BUT NOT GIVEN BECAUSE CHILD ILLP LONG WAITING TIMEQ OTHERX (SPECIFY)	
210	CHECK VACCINATION CARD: VITAMIN A RECORDED?		YES1 NO2	
211	Has (NAME) ever been given a this? SHOW VITAMIN A CAPSULE.	vitamin A capsule like	YES1 NO2— DK8—	 ┃ ┃ ┃
212	- How long ago did (NAME) last capsule?	receive a vitamin A	DAYS AGO1	
213	Did (NAME) ever receive any v prevent him/her from getting (accinations to diseases?	YES1 NO2- DK8-	 >219
		· · · · · · · · · · · · · · · · · · ·	E-CS	

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ACCINATIONA TURN ISESB ATION C ISD ITRA- F ZATION F ZATION F ZATION G K G K G

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES SKIP
219	Has (NAME) ever received a Vitamin A capsule like this? SHOW CAPSULE.	YES1 NO2 DK8→301
220	How long ago did (NAME) last receive a vitamin A capsule?	DAYS AGO1 WEEKS AGO2 MONTHS AGO3 → 30
	-	E-C7

SECTION 3. HEALTH OF UNDER-SIX CHILDREN

301 TRANSFER: NAME OF CHILD

NO.	QUESTIONS AND FILTERS	1	CODING CATEGORIE	s		SKIP
302	Has (NAME) had any of the following symptoms or problems at any time in the last two weeks?		YES	NO	DK	
	Has (NAME) had					
	Fever?	ł	FEVER1	2	8	
	Ear pain or runny ear?	I	EAR PAIN/RUNNY EAR1	2	8	
	Cough?	1	COUGH1	2	8	
	Fast breathing?		FAST BREATHING1	2	8	
	Difficult breathing?	1	DIFF. BREATHING1	2	8	
	Diarrhoea?	J	DIARRHOEA1	2	8	
	Blocked or runny nose?	1	BLOCKED/RUNNY NOSE1	2	8	
	Vomiting?	I	VOMITING1	2	8	
	Sweating?	I	SWEATING1	2	8	
	Shaking?	I	SHAKING1	2	8	
	Shivering?	I	SHIVERING1	2	8	
	Loss of appetite?	1	LOSS OF APPETITE1	2	8	
	Crying for little reason?	I	CRY LITTLE REASON1	2	8	
	SUMMARISE: CHECK IF CHILD EXPERIENCED SYMPTOMS BELOW:		· · · · · · · ·			
	FEVER COUGH FAST OR DIFFICULT BREATH	ING	D I ARRHOEA			
303	CHECK 302:					
	HAD FAST OR DID NOT HAD DIFFICULT BREATHING DIFFICULT	AVE BRI	FAST OR		>	309
304	When (NAME) had fast/difficult breathing was it caused by illness in the chest or by a blocked nose?		CHEST BLOCKED NOSE BOTH CHEST AND NOSE DK		.1 .2 .3 .8	
305	When (NAME) had fast or difficult breathing, did you seek care outside the home?		YES		.1 .2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES SK	IP
306	Where did you seek care? Anywhere else? RECORD ALL RESPONSES MENTIONED	GOVERNMENT CLINIC, HEALTH CENTREA GOVERNMENT HOSPITALB PRIVATE CLINICD MISSION HOSPITAL/ CLINICD PHARMACYE SHOPF TRADITIONAL HEALERF RELATIVE OR FRIENDH OTHERX (SPECIFY)	
307	CHECK 306: MORE THAN ONE PROVIDER ONLY MENTIONED MENTI	ONE PROVIDER ONED 31	4
308	Which provider did you go to first?	GOVERNMENT CLINIC, HEALTH CENTRE	→ 314
309	CHECK 302: HAD COUGH DID	NOT HAVE COUGH	514
310	When (NAME) had a cough, did you seek care outside the home?	YES1 NO2	314
311	Where did you seek care outside the home when (NAME) had a cough? Anywhere else? RECORD ALL RESPONSES MENTIONED	GOVERNMENT CLINIC, HEALTH CENTREA GOVERNMENT HOSPITALB PRIVATE CLINICC MISSION HOSPITAL/ CLINICD PHARMACYE SHOPF TRADITIONAL HEALERG RELATIVE OR FRIENDH OTHERX (SPECIFY)	

E-C9

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK 311: MORE THAN ONE PROVIDER ONLY	ONE PROVIDER	 > 314
313	Which provider did you go to first?	GOVERNMENT CLINIC, HEALTH CENTRE	
314	CHECK 302: HAD FEVER DID NOT HAV		 → 333
315	You have mentioned that, during the past two weeks, (NAME) had fever. When (NAME) had fever, did you seek treatment outside the home.	YES1 NO2-	
316	Where did you seek care outside the home when (NAME) had a fever?	GOVERNMENT CLINIC, HEALTH CENTRE	
	RECORD ALL RESPONSES MENTIONED		I
317	CHECK 316: MORE THAN ONE PROVIDER ONLY ONI		 _→ 319
318	Which provider did you go to first?	GOVERNMENT CLINIC, HEALTH CENTRE	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	CHECK 316: HOSPITAL, CLINIC, OR HEALTH CENTRE MENTIONED?	NO	 → 333
320	After you noticed the fever, how soon did you take (NAME) to (HOSPITAL/CLINIC/HEALTH CENTRE)?	HOURS	
	RECORD '0' IF LESS THAN 1 HOUR; PROBE IF 12, 24 OR 48 HOURS.		
321	Did the (HOSPITAL/CLINIC/HEALTH CENTRE) tell you that (NAME) had malaria?	YES1 NO2	
322	Did the (HOSPITAL/CLINIC/HEALTH CENTRE) prescribe any tablets or syrup to cure (NAME) of malaria?	YES1 NO2-	→ 331
323	Did you obtain the medicine for (NAME)?	YES1 NO2-	→ 330
324	What was the name of the medicine in the tablets or syrup? RECORD ALL MENTIONED RESPONSES DO NOT PROMPT	CHLOROQUINE/NORLONA FANSIDARB QUININEC AMODIAQUINED ASPIRIN/PANADOLE OTHERX (SPECIFY) DKZ	
325	How did you get the medicine? RECORD ALL MENTIONED RESPONSES	GIVEN AT THE CLINIC OR HOSPITALA PURCHASED IT AT HOSP./CLINICB PURCHASED IT AT PHARMACYC PURCHASED IT AT A SHOPD HAD IT AT HOMEE RELATIVE/ FRIENDF OTHERX (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES SKIP
326	Did the doctor, or other person who provided you the medicine explain how to give it to (NAME)?	YES1 NO2
327	Did you finish giving all of the recommended medicine to (NAME)?	YES1 NO2
328	Was the medicine in tablets?	YES1 NO2→331
329	How many tablets or parts of tablets were given to (NAME)? PROBE FOR PARTS OF TABLETS AND NUMBER OF WHOLE TABLETS GIVEN.	NO MEDICINE GIVEN
330	Why did you not obtain the medicine? RECORD ALL RESPONSES.	CLINIC HAD RUN OUTA SHOP/PHARMACY HAD RUN OUTB CLINIC TOO FARC SHOP TOO FARD COST TOO MUCHE OTHERX (SPECIFY)
331	At the facility or clinic, was (NAME) given an injection?	YES1 NO2→ 333
332	What was the name of the injection? IF MORE THAN ONE, CIRCLE ALL RESPONSES	CHLOROQUINE
333	In your opinion, what is the best medicine for young children when they have malaria?	CHLOROQUINE + ASPIRIN/PANADOL01 CHLOROQUINE ONLY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
334	CHECK 302: HAD DIARRHOEA	DID NOT HAVE DIARRHOEA	-> 346
335	You have mentioned that (NAME) has had diarrhoea during the past two weeks. Was there any blood in the stools?	YES1 NO2	
336	On the worst day of the diarrhoea, how many bowel movements did (NAME) have?	NUMBER OF MOVEMENTS	
337	Was (NAME) given the same amount to drink as before the diarrhoea, or more, or less?	SAME1 MORE2 LESS3	
338	Was (NAME) given the same amount to eat as before the diarrhoea, or more, or less?	SAME1 MORE2 LESS3	
339	Was (NAME) given ORS solution to drink?	YES1 NO2	
340	Was anything else given to treat the diarrhoea?	YES1 NO2—	→ 342 →

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
341	What was given to treat the diarrhoea?	RECOMMENDED HOME FLUIDSA PILL OR SYRUPB INJECTIONC (I.V.) INTRAVENOUSD HOME REMEDIES OR HERBAL MEDICINEE	
	RECORD ALL MENTIONED	OTHERX	
342	When (NAME) had diarrhoea, did you seek treatment outside the home for the diarrhoea?	YES1 NO2—	→346
343	Where did you seek treatment?		
		GOVERNMENT CLINIC, HEALTH CENTRE	
	RECORD ALL RESPONSES	OTHER X	
344	CHECK 343: MORE THAN ONE PROVIDER ON	LY ONE PROVIDER	-> 346
345	Which provider did you go to first?	GOVERNMENT CLINIC, HEALTH CENTRE	
346	RECORD THE TIME.	KOUR	



INTERVIEWER'S OBSERVATIONS (To be filled in after completing interview)

Comments About Respondent:		
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comments on specific Questions:		
Any Other Comments:		
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SUP	ERVISOR'S OBSERVATIONS	
Name of Supervisor:		Date:
	EDITOR'S OBSERVATIONS	
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