

# Malawi

## 2015-16 Demographic and Health Survey Key Findings





The 2015-16 Malawi Demographic and Health Survey (2015-16 MDHS) was implemented by the National Statistical Office from 19 October 2015 to 18 February 2016. The funding for the 2015-16 MDHS was provided by the government of Malawi, the United States Agency for International Development (USAID), the United Nations Children's Fund (UNICEF), the Malawi National AIDS Commission (NAC), the United Nations Population Fund (UNFPA), UN WOMEN, Irish Aid, and the World Bank. ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2015-16 MDHS may be obtained from the Demography and Social Statistics Division, National Statistical Office, Chimbiya Road, P.O. Box 333, Zomba, Malawi (telephone: +265-1-524-377; e-mail: [enquiries@statistics.gov.mw](mailto:enquiries@statistics.gov.mw); Internet: [www.nsomalawi.mw](http://www.nsomalawi.mw)).

Additional information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA (telephone: +1-301-407-6500; fax: 301-407-6501; e-mail: [info@DHSprogram.com](mailto:info@DHSprogram.com); Internet: [www.DHSprogram.com](http://www.DHSprogram.com)).

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# ABOUT THE 2015-16 MDHS

The 2015-16 Malawi Demographic and Health Survey (MDHS) is designed to provide data for monitoring the population and health situation in Malawi. The 2015-16 MDHS is the fifth Demographic and Health Survey conducted in Malawi since 1992. The objective of the survey is to provide reliable estimates of fertility levels, marriage, sexual activity, fertility preferences, family planning methods, breastfeeding practices, nutrition, childhood and maternal mortality, maternal and child health, HIV/AIDS and other sexually transmitted infections (STIs), women's empowerment, and domestic violence that can be used by programme managers and policymakers to evaluate and improve existing programmes.

## Who participated in the survey?

A nationally representative sample of 24,562 women age 15-49 in 26,361 selected households and 7,478 men age 15-54 in one-third of the selected households were interviewed. This represents a response rate of 98% of women and 95% of men. The 2015-16 MDHS provides reliable estimates at the national and regional levels, for urban and rural areas, and for each of the 28 districts.



# CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS

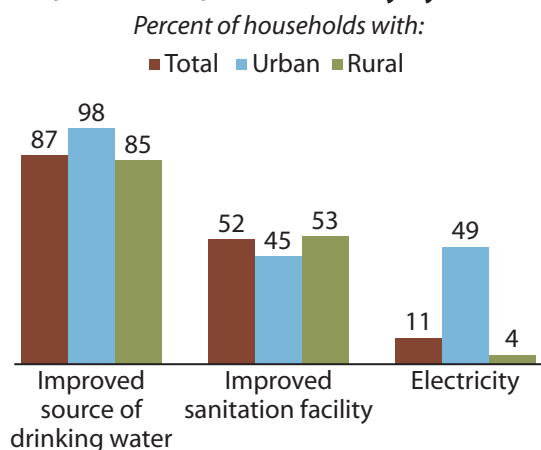
## Household Composition

The average household size in Malawi is 4.5 members. Three in ten households are headed by women. Nearly half (48%) of the Malawian population is under age 15.

## Water, Sanitation, and Electricity

Nearly 9 in 10 households have access to an improved source of drinking water. Almost all households in urban areas have access to an improved source of drinking water, compared to 85% of rural households. Over half (52%) of households in Malawi use improved sanitation. Rural households are more likely than urban households to use improved sanitation (53% versus 45%). Forty-eight percent of households use unimproved sanitation – 31% use a shared facility, 11% use an unimproved facility, and 6% have no facility. Only 11% of Malawian households have electricity. Half of urban households have electricity, compared to 4% of rural households.

### Water, Sanitation, and Electricity by Residence



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## Ownership of Goods

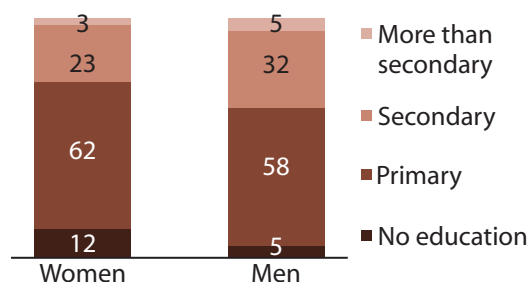
More than half of Malawian households have a mobile telephone, 41% have a radio, and 12% have a television. Urban households are more likely than rural households to own a mobile telephone, radio, or television. In contrast, rural households are more likely to own agricultural land or farm animals than urban households.

## Education

Twelve percent of women and 5% of men age 15-49 have no education. Nearly 6 in 10 women and men have attended primary school, while 23% of women and 32% of men have attended secondary education. Only 3% of women and 5% of men have more than secondary education. About three-quarters of women and 83% of men are literate.

### Education

Percent distribution of women and men age 15-49 by highest level of education attended



# FERTILITY AND ITS DETERMINANTS

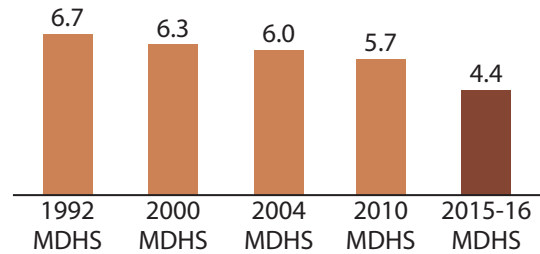
## Total Fertility Rate

Currently, women in Malawi have an average of 4.4 children. Since 1992, fertility has decreased from 6.7 children per woman to the current level. This demonstrates a dramatic decline of 2.3 children.

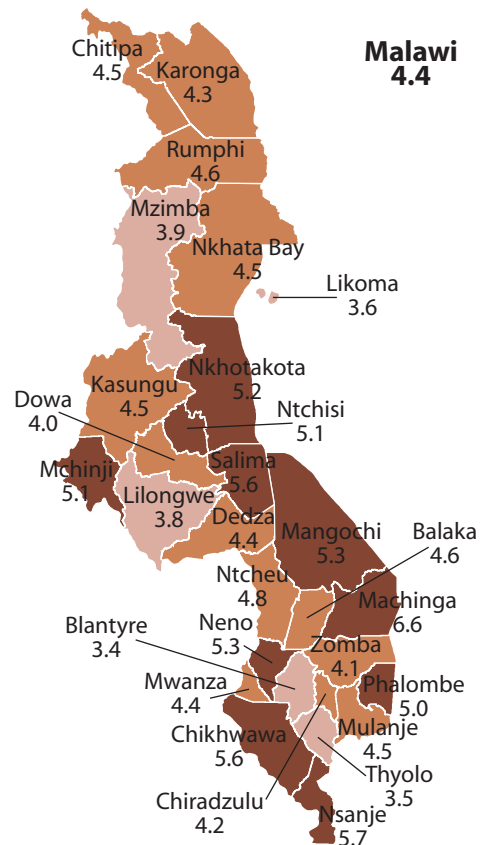
Fertility varies by residence and district. Women in rural areas have an average of 4.7 children, compared to 3.0 children among women in urban areas. Fertility is lowest in Blantyre (3.4 children per woman) and highest in Machinga (6.6 children per woman).

Fertility also varies with education and economic status. Women with no education have 3.2 more children than women with more than secondary education (5.5 versus 2.3). Fertility decreases as the wealth of the respondent's household\* increases. Women living in the poorest households have an average of 5.7 children, compared to 2.9 children among women living in the wealthiest households.

**Trends in Fertility**  
Births per woman for the three-year period before the survey

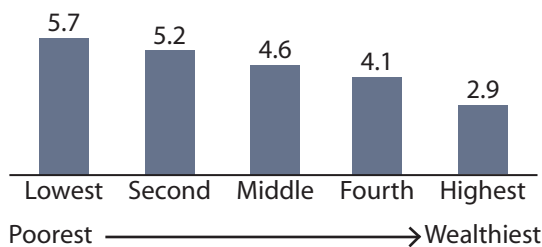


**Total Fertility Rate by District**  
Births per woman for the three-year period before the survey



## Total Fertility Rate by Household Wealth

Births per woman for the three-year period before the survey



\* Wealth of families is calculated through household assets collected from DHS surveys – i.e., type of flooring; source of water; availability of electricity; possession of durable consumer goods. These are combined into a single wealth index. They are then divided into five groups of equal size, or quintiles, based on their relative standing on the household wealth index.

### Age at First Sex, Marriage, and Birth

Malawian women begin sexual activity 1.7 years before Malawian men. The median age at first sexual intercourse for women age 25-49 is 16.8 years, compared to 18.5 years among men age 25-49. Women with more than secondary education initiate sex 3.7 years later than women with no education (19.7 years versus 16.0 years). Nearly two-thirds of women begin sexual activity before age 18, while 1 in 5 has sex before age 15.

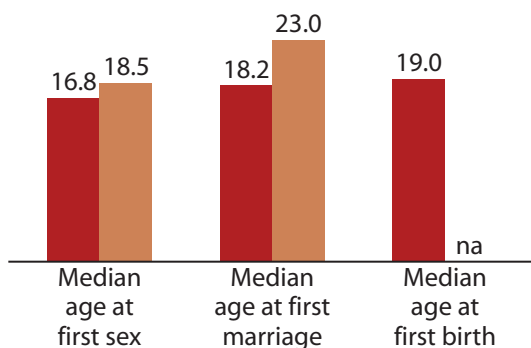
Women get married 1.4 years after sexual initiation at age 18.2. Malawian men marry much later than women at a median age of 23.0 years. Women with no education marry 7.2 years earlier than women with more than secondary education (17.6 years versus 24.8 years). Nearly half (47%) of Malawian women are married by age 18.

Within one year of marriage women are having their first birth. The median age at first birth for women is 19.0 years. Women with more than secondary education have their first birth 6.3 years later than women with primary or no education (24.9 years versus 18.6 years).

### Median Age at First Sex, Marriage, and Birth

Among women and men age 25-49

■ Women ■ Men



### Polygyny

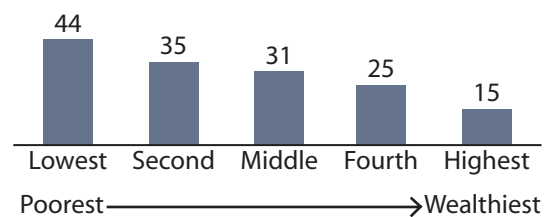
Thirteen percent of Malawian women age 15-49 are in a polygynous union. Polygyny is most common among women with no education (21%). Seven percent of men age 15-49 are in a polygynous union.

### Teenage Childbearing

In Malawi, 29% of adolescent women age 15-19 are already mothers or pregnant with their first child. Teenage fertility is higher in rural areas (31%) than urban areas (21%). Adolescent women in the poorest households are nearly three times as likely as those in the wealthiest households to have begun childbearing (15% versus 44%).

### Teenage Childbearing by Household Wealth

Percent of women age 15-19 who have begun childbearing



# FAMILY PLANNING

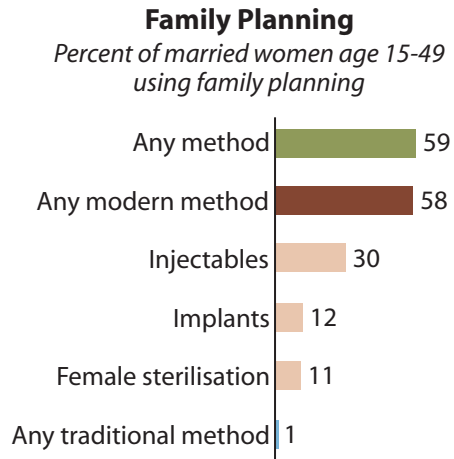
## Current Use of Family Planning

About 6 in 10 married women age 15-49 use a method of family planning—58% use a modern method and 1% use a traditional method. Injectables are the most popular modern method (30%), followed by implants (12%), and female sterilisation (11%).

Among sexually active, unmarried women age 15-49, 43% use a modern method of family planning and 1% use a traditional method. The most popular methods among sexually active, unmarried women are injectables (15%), the male condom (14%), and implants (6%).

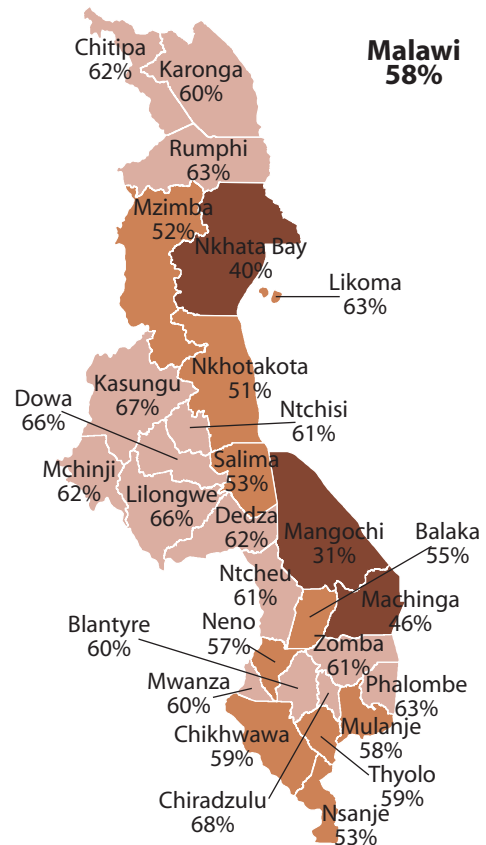
Use of modern methods of family planning varies by district. Modern method use ranges from a low of 31% in Mangochi to a high of 68% in Chiradzulu. Modern contraceptive use increases with wealth; 53% of women from the poorest households use a modern method of family planning, compared to 61% of women from the wealthiest households.

The use of any method of family planning by married women has dramatically increased from 13% in 1992 to 59% in 2015-16. Similarly, modern method use has increased eightfold from 7% to 58% during the same time period.

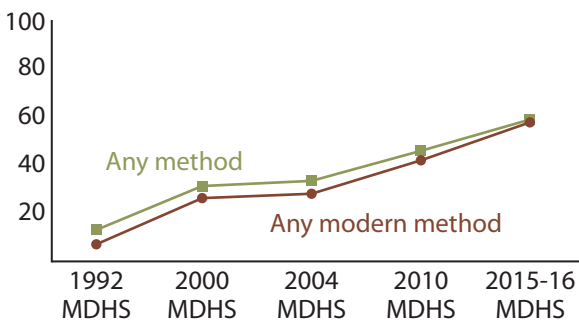


## Current Use of Modern Methods by District

Percent of married women age 15-49 using a modern method of family planning



**Trends in Family Planning Use**  
Percent of married women age 15-49 using family planning



## Demand for Family Planning

More than one-third of married women want to delay childbearing (delay first birth or space another birth) for at least two years. Additionally, 41% of married women do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning among married women in Malawi is 78%.

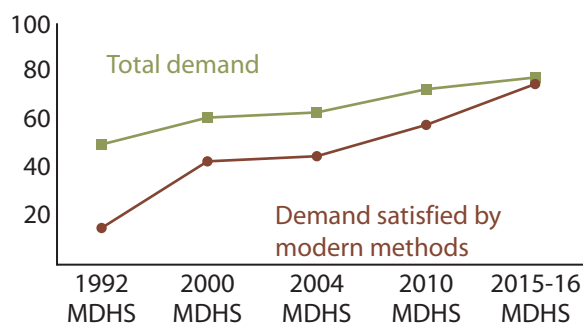
The total demand for family planning includes both met and unmet need. Met need is the contraceptive prevalence rate. In Malawi, 59% of married women use any family planning method – 58% use a modern method and 1% use a traditional method. Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but are not using family planning. Nearly 1 in 5 married women in Malawi have an unmet need for family planning: 11% want to delay childbearing, while 8% want to stop childbearing.

## Demand for Family Planning Satisfied by Modern Methods

Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Three-quarters of the demand for family planning in Malawi is satisfied by modern methods.

Both total demand for family planning and demand satisfied by modern methods have increased since 1992. This indicates that even as more women have a demand for family planning, the gap between total demand and demand satisfied is getting narrower – more women need family planning and are using modern methods.

**Trends in Demand for Family Planning**  
Among married women age 15-49, percent with demand for family planning and demand satisfied by modern methods



## Exposure to Family Planning Messages

The most common media source of family planning messages is the radio. Four in ten women and 64% of men heard a family planning message on the radio in the few months before the survey. Women and men were much less likely to have seen a family planning message on television or in a newspaper/magazine. Overall, 42% of women and 17% of men were not exposed to family planning messages via any media source.

## Informed Choice

Family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. More than three-quarters of women were informed of possible side effects or problems of their method, 73% were informed about what to do if they experience side effects, and 86% were informed of other available family planning methods.



# CHILDHOOD MORTALITY

## Rates and Trends

Infant and under-5 mortality rates for the five-year period before the survey are 42 and 63 deaths per 1,000 live births, respectively. At these mortality levels, 1 in every 16 Malawian children does not survive to their fifth birthday.

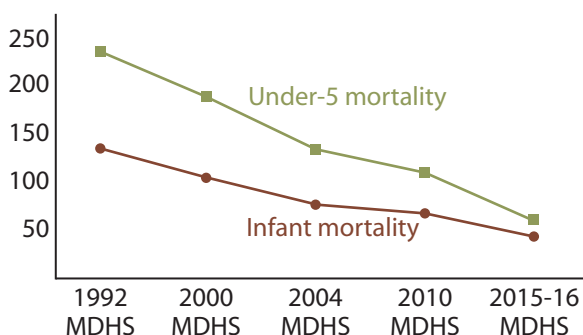
Childhood mortality rates have declined since 1992. Infant mortality has decreased from 135 deaths per 1,000 live births in 1992 to 42 in 2015-16. During the same time period, under-5 mortality has markedly declined fourfold from 234 to 63 deaths per 1,000 live births.



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### Trends in Childhood Mortality

Deaths per 1,000 live births for the five-year period before the survey



## Mortality Rates by Background Characteristics

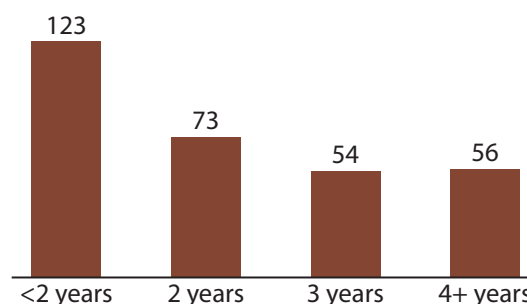
The under-5 mortality rate differs by residence, district, and household wealth for the ten-year period before the survey. Children in rural areas are more likely to die young (77 deaths per 1,000 live births) than children in urban areas (60 deaths per 1,000 live births). Under-5 mortality also varies by district, from 51 deaths per 1,000 live births in Mwanza to 123 deaths per 1,000 live births in Mchinji. Under-5 mortality is higher among children in the poorest households (83 deaths per 1,000 live births) than among children in the wealthiest households (60 deaths per 1,000 live births).

## Birth Intervals

Spacing children at least 36 months apart reduces the risk of infant death. The median birth interval in Malawi is 41.0 months. Infants born less than two years after a previous birth have high under-5 mortality rates. Under-5 mortality is dramatically higher among children born less than two years after a previous birth (123 deaths per 1,000 live births) than among children born three or more years after a previous birth (54 deaths per 1,000 live births). Overall, 12% of children are born less than two years after their siblings.

### Under-5 Mortality by Previous Birth Interval

Deaths per 1,000 live births for the ten-year period before the survey



# MATERNAL HEALTH

## Antenatal Care

Nearly all (95%) of women age 15-49 receive antenatal care (ANC) from a skilled provider (doctor, clinical officer, medical assistant, nurse, and midwife). The timing and quality of ANC are also important. One-quarter of women had their first ANC visit in the first trimester, as recommended. Half of women made four or more ANC visits.

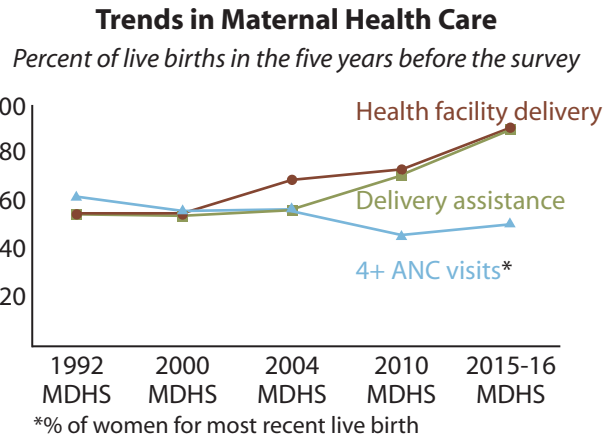
Nine in ten women took iron tablets during pregnancy. Ninety percent of women's most recent births were protected against neonatal tetanus. Among women who received ANC for their most recent birth, 96% had foetal heartbeat checked, 93% had a blood sample taken, 83% had their blood pressure measured, and 32% had a urine sample taken.

## Delivery and Postnatal Care

More than 9 in 10 births occur in a health facility, primarily in public sector facilities. However, 7% of births occur at home. Women with no education and those in the poorest households are more likely to deliver at home. Only 55% of births in 1992 are delivered in a health facility, compared to 91% in 2015-16.

Overall, 90% of births are assisted by a skilled provider, the majority by nurses/midwives. Women in urban areas, those with secondary or higher education, those with a first birth, and those living in the wealthiest households are most likely to receive delivery assistance from a skilled provider. Skilled assistance during delivery has dramatically increased from 55% in 1992 to 90% in 2015-16.

Postnatal care helps prevent complications after childbirth. Forty-two percent of women age 15-49 receive a postnatal check within two days of delivery, while half did not have a postnatal check within 41 days of delivery. Six in ten newborns receive a postnatal check within two days of birth.



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## Maternal Mortality

The 2015-16 MDHS asked women about deaths of their sisters to determine maternal mortality – deaths associated with pregnancy and childbearing. The maternal mortality ratio (MMR) for Malawi is 439 deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the 2015-16 MMR ranges from 348 to 531 deaths per 100,000 live births. Between 4 and 5 women age 15-49 died during pregnancy, childbirth, or within 42 days after childbirth.

# CHILD HEALTH

## Vaccination Coverage

Three-quarters of children age 12-23 months have received all eight basic vaccinations – one dose each of BCG and measles and three doses each of DPT-HepB-Hib and polio vaccine. Rural children are more likely to have received all eight basic vaccinations than urban children (77% versus 70%). Basic vaccination coverage is lowest in Blantyre (63%) and highest in Mwanza (91%). Basic vaccination coverage has slightly declined since 2010 when 81% of children had received all basic vaccinations.

According to the 2015-16 MDHS, half of children age 12-23 months have received all age appropriate vaccinations – one dose each of BCG and measles, two doses of rotavirus, three doses each of DPT-HepB-Hib and pneumococcal, and four doses of polio. Age appropriate vaccination coverage is 58% in urban areas and 50% in rural areas. By district, age appropriate vaccination coverage ranges from 32% in Mangochi to 81% in Mwanza. Children from the wealthiest households and whose mothers have more than secondary education are most likely to have received all age appropriate vaccinations.

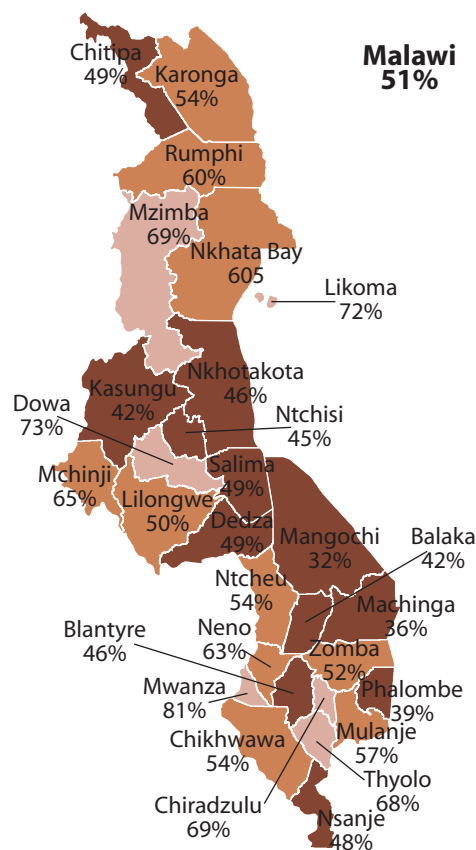
Children age 24-35 months should also receive all age appropriate vaccinations mentioned above plus one more measles vaccination. Only 1 in 10 children age 24-35 months have received all age appropriate vaccinations. Age appropriate vaccination coverage for children age 24-35 months ranges from 1% in Karonga to 32% in Mwanza.



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## Age Appropriate Vaccination Coverage by District

Percent of children age 12-23 months who received all age appropriate vaccines



## Childhood Illnesses

In the two weeks before the survey, 5% of children under five were ill with cough and rapid breathing, symptoms of acute respiratory infection (ARI). Of these children, 78% sought treatment or advice.

More than 1 in 5 children under five had diarrhoea in the two weeks before the survey. Diarrhoea was most common among children age 6-11 months (41%). Two-thirds of children under five with diarrhoea sought treatment or advice. Children with diarrhoea should drink more fluids, particularly through oral rehydration therapy (ORT). While 78% of children under five with diarrhoea received ORT, 13% received no treatment.

# FEEDING PRACTICES AND SUPPLEMENTATION

## Breastfeeding and the Introduction of Complementary Foods

Breastfeeding is very common in Malawi with 98% of children ever breastfed. Three-quarters of children are breastfed within the first hour of life. Only 3% of children who were ever breastfed received a prelacteal feed, though this is not recommended.

WHO recommends that children receive nothing but breastmilk (exclusive breastfeeding) for the first six months of life. Six in ten children under six months are exclusively breastfed. Children age 0-35 months breastfeed until a median of 23.0 months and are exclusively breastfed for 3.2 months.

Complementary foods should be introduced when a child is six months old to reduce the risk of malnutrition. In Malawi, 79% of children age 6-8 months are breastfed and receive complementary foods.

## Use of Iodised Salt

Iodine is an important micronutrient for physical and mental development. Fortification of salt with iodine is the most common method of preventing iodine deficiency. Nine in ten households in Malawi have iodised salt.

## Vitamin A and Iron Supplementation

Micronutrients are essential vitamins and minerals required for good health. Vitamin A, which prevents blindness and infection, is particularly important for children. In the 24 hours before the survey, 79% of children age 6-23 months ate foods rich in vitamin A. Nearly two-thirds of children age 6-59 months received a vitamin A supplement in the six months prior to the survey.

Iron is essential for cognitive development in children and low iron intake can contribute to anemia. Two in five children ate iron-rich foods the day before the survey, while 12% received an iron supplement in the week before the survey. Pregnant women should take iron tablets for at least 90 days during pregnancy to prevent anemia and other complications. One-third of women took iron tablets for at least 90 days during their last pregnancy.



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# NUTRITIONAL STATUS

## Children's Nutritional Status

The 2015-16 MDHS measures children's nutritional status by comparing height and weight measurements against an international reference standard. Nearly 4 in 10 (37%) of children under five in Malawi are stunted, or too short for their age. Stunting is an indication of chronic undernutrition. Stunting is more common in Neno and Mangochi (45%) and less common in Likoma (25%). Children from the poorest households and whose mothers have no education are more likely to be stunted.

Wasting (too thin for height), which is a sign of acute malnutrition, is far less common (3%). In addition, 12% of children are underweight, or too thin for their age. The nutritional status of Malawian children has improved since 1992. In 1992, more than half of children under five were stunted compared to 37% in 2015-16.

## Women's Nutritional Status

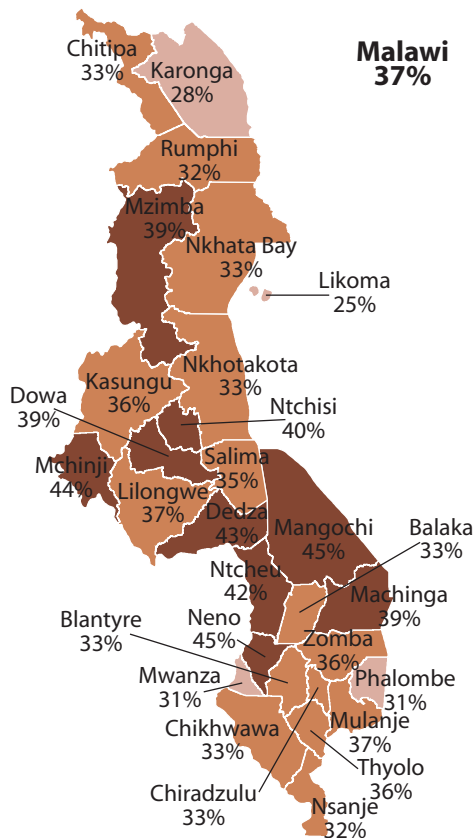
The 2015-16 MDHS also took weight and height measurements of women age 15-49. Only 7% of women are thin (BMI < 18.5). Comparatively, 21% of women are overweight or obese (BMI ≥ 25.0). Women in urban households are more than twice as likely to be overweight or obese than rural women (36% vs. 17%). Overweight and obesity is higher among women with more than secondary education (41%) and those in the wealthiest households (36%). Since 1992, overweight or obesity has increased from 9% to 21% in 2015-16.

## Anaemia

The 2015-16 MDHS tested children age 6-59 months and women age 15-49 for anaemia. Overall, 63% of children age 6-59 months are anaemic. Anaemia is more common in children from the poorest households and those whose mothers have no education (both 68%). Anaemia in children has decreased since 2004, when 73% of children were anaemic.

One-third of women age 15-49 in Malawi are anaemic. Nearly half of pregnant women are anaemic, while 29% of breastfeeding women and 33% of women who are neither pregnant nor breastfeeding are anaemic. Since 2004, anaemia among women has decreased from 44% to 33% in 2015-16.

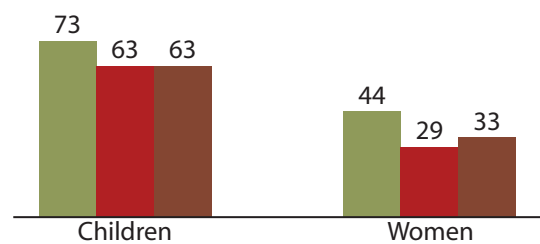
**Stunting by District**  
Percent of children under five who are stunted



## Trends in Anaemia among Children and Women

Percent of children age 6-59 months and women age 15-49 with anaemia

■ 2004 MDHS ■ 2010 MDHS ■ 2015-16 MDHS



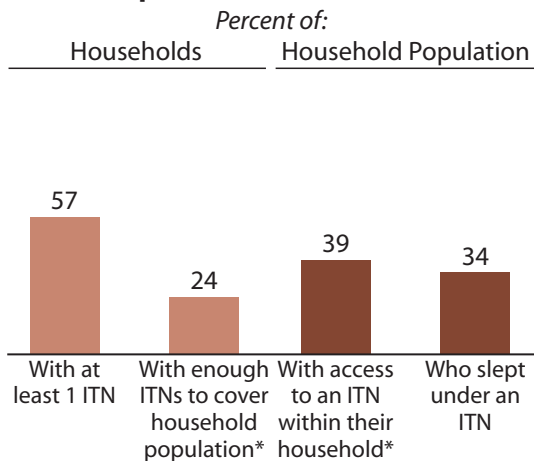
# MALARIA

## Mosquito Nets

Among all households in Malawi, 57% own at least one insecticide-treated net (ITN). However, only 24% have enough ITNs to cover each household member, assuming one ITN is used by two people. Among the household population, 39% have access to an ITN and 34% slept under an ITN the night before the survey.

Children and pregnant women are most vulnerable to malaria. More than 40% of children under five and pregnant women slept under an ITN the night before the survey. Use of ITNs has increased since 2010. ITN use among children under five has increased from 39% in 2010 to 43% in 2015-16, while use among pregnant women has increased from 35% to 44% in the same time period.

### Ownership of, Access to, and Use of ITNs



\*Assuming one ITN covers 2 people



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## Indoor Residual Spraying (IRS)

Only 5% of households received indoor residual spraying (IRS) in the year before the survey. IRS coverage is highest in Karonga (34%), Mchinji (28%), and Salima (20%).

## Intermittent Preventive Treatment of Pregnant Women (IPTp)

Malaria during pregnancy contributes to low birth weight, infant mortality, and other complications. To prevent malaria, pregnant women should receive IPTp (SP/Fansidar during ANC visits). Nearly two-thirds of pregnant women took 2+ doses of IPTp, while only 30% of pregnant women took 3+ doses. Women receiving IPTp has increased since 2004.

## Management of Malaria in Children

In the two weeks before the survey, 29% of children under five had fever, the primary symptom of malaria. Two-thirds of children with fever sought advice or treatment, while half had blood taken from a finger or heel stick for testing.

Artemisinin combination therapy (ACT) is the recommended drug for treating malaria in children in Malawi. Among children under five with fever in the two weeks before the survey who received an antimalarial, 92% received Larium (LA), the recommended ACT in Malawi.

# HIV KNOWLEDGE, ATTITUDES, AND BEHAVIOUR

## Knowledge of HIV Prevention Methods

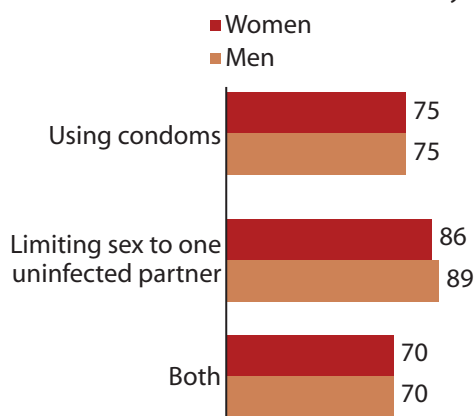
Seven in ten women and men know that the risk of getting HIV can be reduced by using condoms and limiting sex to one monogamous, uninfected partner. Knowledge of HIV prevention methods is highest among women and men from the wealthiest households and those with more than secondary education.

## Knowledge of Prevention of Mother-to-Child Transmission (PMTCT)

Women are slightly more likely than men to have knowledge of PMTCT. Seven in ten women and 6 in 10 men know that HIV can be transmitted during pregnancy, delivery, and by breastfeeding. About 8 in 10 women and men know that HIV transmission can be reduced by the mother taking special medication.

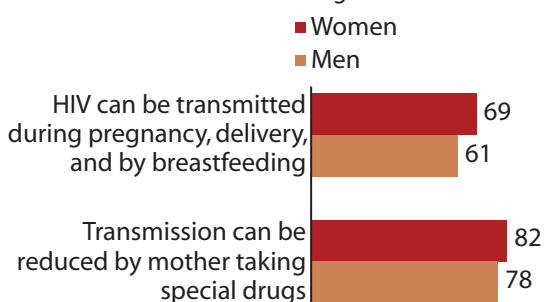
### Knowledge of HIV Prevention Methods

Percent of women and men age 15-49 who know that the risk of HIV transmission can be reduced by:



### Knowledge of PMTCT

Percent of women and men age 15-49 who know that:



## Multiple Sexual Partners

Having multiple sexual partners increases the risk of contracting HIV and other sexually transmitted infections (STIs). A small percentage of women (1%) and 13% of men had two or more sexual partners in the past 12 months. Among women and men who had two or more partners in the past year, 27% of women and 30% of men reported using a condom at last sexual intercourse. Men in Malawi have two more sexual partners in their lifetime than women (4.5 versus 2.1).

## Male Circumcision

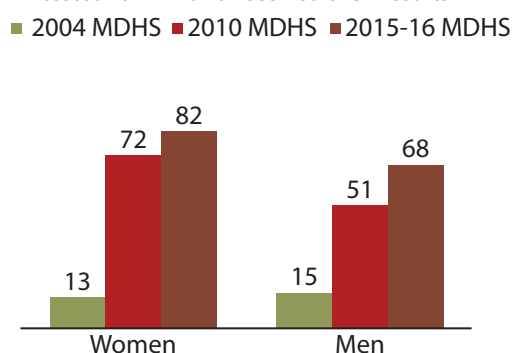
Twenty-eight percent of men in Malawi are circumcised. Male circumcision ranges from 2% in Ntchisi to 91% in Machinga. Men from urban areas are more likely to be circumcised than rural men (36% versus 26%).

## HIV Testing

Nearly all women and men know where to get an HIV test. More than 80% of women and 68% of men have ever been tested for HIV and received the results. However, 17% of women and 31% of men have never been tested for HIV. Within the past 12 months, 44% of women and 42% of men have been tested and received the results. HIV testing has increased since 2004 when only 13% of women and 15% of men were ever tested for HIV and received the results. Eight in ten pregnant women with a live birth in the last two years received HIV testing and counselling and received the results.

### Trends in HIV Testing

Percent of women and men age 15-49 who were ever tested for HIV and received their results



# HIV PREVALENCE

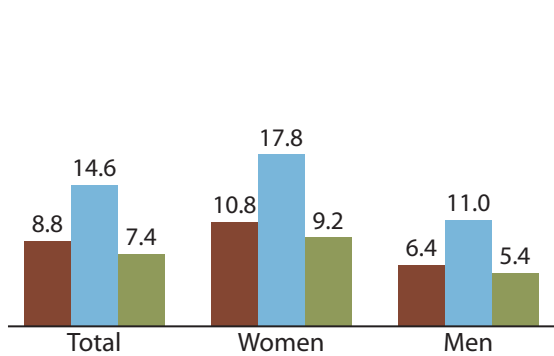
## HIV Prevalence

HIV prevalence data were obtained from blood samples voluntarily provided by women and men interviewed in the 2015-16 MDHS. Of the 8,497 women and 7,542 men age 15-49 eligible for testing, 93% of women and 87% of men provided specimens for HIV testing.

Overall, 8.8% of Malawians age 15-49 are HIV positive. By district, HIV prevalence is lowest in Salima (3.0%) and highest in Mulanje (20.6%). HIV prevalence is higher among women (10.8%) than among men (6.4%). HIV prevalence is higher among women and men living in urban areas. Among women, HIV prevalence is lowest at age 15-19 (3.3%) and highest at age 40-44 (19.8%). Among men, HIV prevalence is lowest at age 15-19 (1.0%) and highest at age 45-49 (19.2%).

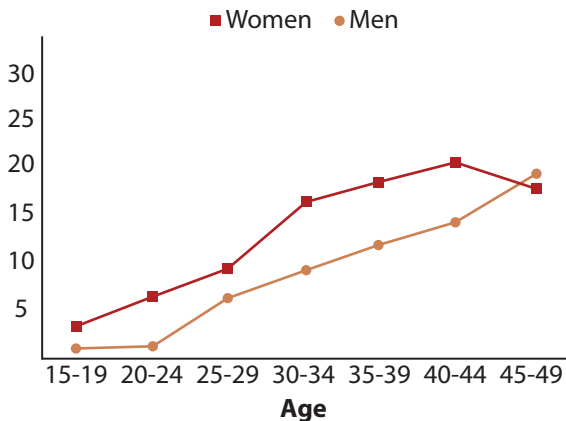
### HIV Prevalence by Residence

Percent of women and men age 15-49 who are HIV positive



### HIV Prevalence by Age

Percent of women and men age 15-49 who are HIV positive

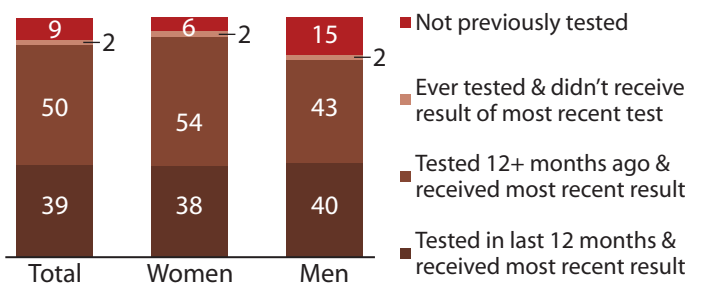


## HIV Testing among HIV Positive Adults

Four in ten HIV positive adults have been tested for HIV in the last 12 months and received their most recent result, while half have been tested more than one year ago and received the result. Overall, 1 in 10 HIV positive adults have never been tested for HIV. HIV positive men are more likely to have never been tested compared to HIV positive women (15% versus 6%).

### HIV Testing among HIV Positive Adults

Percent distribution of HIV positive women and men age 15-49 by HIV testing status prior to the survey



## HIV Prevalence among Youth

Overall, 3.0% of Malawian youth age 15-24 are HIV positive. HIV prevalence is higher among young women (4.9%) than among young men (1.0%). HIV prevalence among youth increases with age. Among young women, HIV prevalence is lowest at age 15-17 (3.0%) and highest at age 23-24 (9.6%). HIV prevalence is lowest among both young women and young men in Northern region (2.4% and 0.3%, respectively) and highest in Southern region (6.3% and 1.6%, respectively).



# WOMEN'S EMPOWERMENT

## Employment

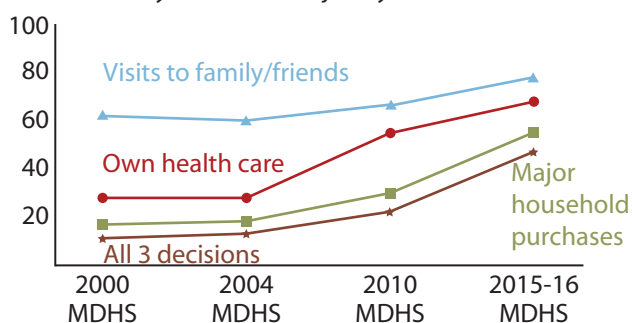
More than 70% of married women were employed at any time in the past 12 months compared to 98% of married men. Working women are more likely to not be paid for their work (59%), while working men are more likely to be paid in cash (61%). Only 30% of working women are paid in cash. Nearly half of married women who are employed and earned cash made joint decisions with their husband on how to spend their earnings. Overall, 70% of women reported earning less than their husband.

## Participation in Household Decisions

The 2015-16 MDHS asked married women about their participation in three types of household decisions: her own health care, making major household purchases, and visits to family or relatives. Married women in Malawi are most likely to have sole or joint decision-making power about visiting family or relatives (78%) and their own health care (68%) and less likely to make decisions about major household purchases (55%). Overall, 47% of married women participate in all three decisions. Since 2000, married women's participation in decision-making has steadily improved.

### Trends in Women's Participation in Decision-making

Percent of married women age 15-49 who make specific decisions by themselves or jointly with their husband



## Attitudes toward Wife Beating

Sixteen percent of women and 13% of men agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Both women and men are most likely to agree that wife beating is justified if the wife neglects the children (9% and 6%, respectively).

# DOMESTIC VIOLENCE

## Experience of Physical Violence

One-third of women have ever experienced physical violence since age 15. In the past year, 16% of women have experienced physical violence. The most common perpetrator of physical violence among ever-married women is a current husband/partner (53%). Among never married women, the most common perpetrator of physical violence is a sister/brother (24%).

## Experience of Sexual Violence

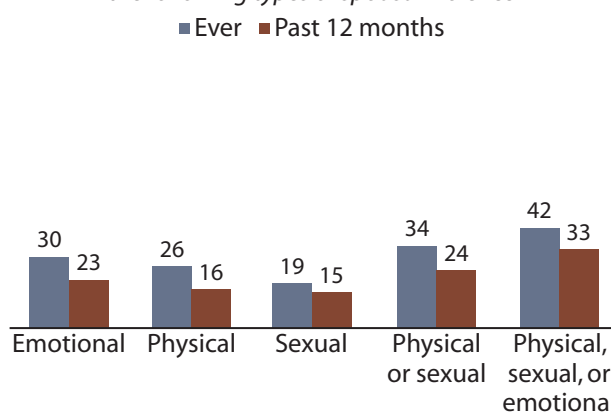
One in five women have ever experienced sexual violence; 14% have experienced sexual violence in the past year. Divorced/separated/widowed women are most at risk (31%) compared to never married women (10%).

## Spousal Violence

More than 4 in 10 ever-married women have experienced spousal violence, whether physical or sexual or emotional. One-third of ever-married women report having experienced spousal violence within the past year. Spousal violence is highest among ever-married women who are divorced/separated/widowed (57%) and those from the Northern and Central regions (both 47%).

### Spousal Violence

Percent of ever-married women who have experienced the following types of spousal violence



# INDICATORS

## Fertility

Total fertility rate (number of children per woman)

Median age at first marriage for women age 25-49 (years)

Women age 15-19 who are mothers or currently pregnant (%)

## Family Planning (among married women age 15-49)

Current use of any method of family planning (%)

Current use of a modern method of family planning (%)

Unmet need for family planning<sup>1</sup> (%)

Demand satisfied by modern methods (%)

## Maternal Health (among women age 15-49)

Births delivered in a health facility (%)

Births assisted by a skilled provider<sup>2</sup> (%)

## Child Health (among children age 12-23 months)

Children who have received all basic vaccinations<sup>3</sup> (%)

Children who have received all age appropriate vaccinations<sup>4</sup> (%)

## Nutrition

Children under five who are stunted (moderate or severe) (%)

Women age 15-49 who are overweight or obese (%)

## Childhood Mortality (deaths per 1,000 live births)<sup>5</sup>

Infant mortality

Under-five mortality

## Malaria

Households with at least one insecticide-treated net (ITN) (%)

Children under five who slept under an ITN the night before the survey (%)

Pregnant women age 15-49 who slept under an ITN the night before the survey (%)

## HIV/AIDS

Women age 15-49 who have been tested for HIV and received the results in the past year (%)

Men age 15-49 who have been tested for HIV and received the results in the past year (%)

Total HIV prevalence among both women and men age 15-49 (%)

HIV prevalence among women age 15-49 (%)

HIV prevalence among men age 15-49 (%)

## Domestic Violence (among women age 15-49)

Women who have ever experienced physical violence since age 15 (%)

Women who have ever experienced sexual violence (%)

<sup>1</sup>Currently married women who do not want any more children or want to wait at least two years before their next birth but are not currently using a method of family planning. <sup>2</sup>Skilled provider includes doctor, clinical officer, medical assistant, nurse, and midwife. <sup>3</sup>Basic vaccinations include BCG, measles, three doses each of DPT-HepB-HiB and polio vaccine (excluding polio vaccine given at birth). <sup>4</sup>Age appropriate vaccinations include BCG, measles, two doses of rotavirus, three doses each of DPT-HepB-HiB and

	Residence		Region			
	Malawi	Urban	Rural	Northern	Central	Southern
	4.4	3.0	4.7	4.2	4.4	4.6
	18.2	19.7	18.0	18.2	18.6	17.8
	29	21	31	32	25	32
	59	63	59	56	64	56
	58	61	58	54	63	54
	19	16	19	23	16	20
	75	78	74	69	79	72
	91	96	91	92	91	92
	90	95	89	91	89	90
	76	70	77	79	77	74
	51	58	50	63	52	48
	37	25	39	35	38	37
	21	36	17	24	20	20
	42	44	47	37	50	46
	63	60	77	57	81	73
	57	63	56	58	58	56
	43	52	41	44	42	43
	44	50	43	43	43	45
	44	49	43	50	42	44
	42	44	42	46	42	41
	8.8	14.6	7.4	5.1	5.6	12.8
	10.8	17.8	9.2	5.6	6.7	15.7
	6.4	11.0	5.4	4.6	4.4	9.2
	34	38	33	40	33	34
	21	17	21	21	25	17

pneumococcal, and four doses of polio vaccine. <sup>5</sup>Figures are for the ten-year period before the survey except for the national rate, in italics, which represents the five-year period before the survey.

