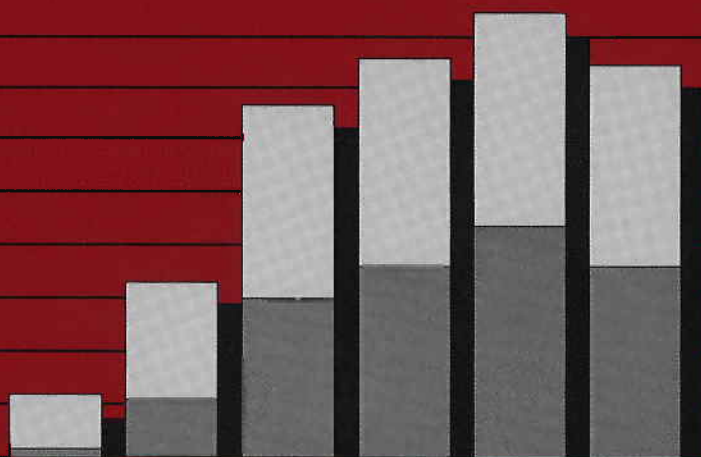


Malawi



Demographic and Health Survey 1992

SUMMARY REPORT

MALAWI DEMOGRAPHIC AND HEALTH SURVEY 1992


SUMMARY REPORT

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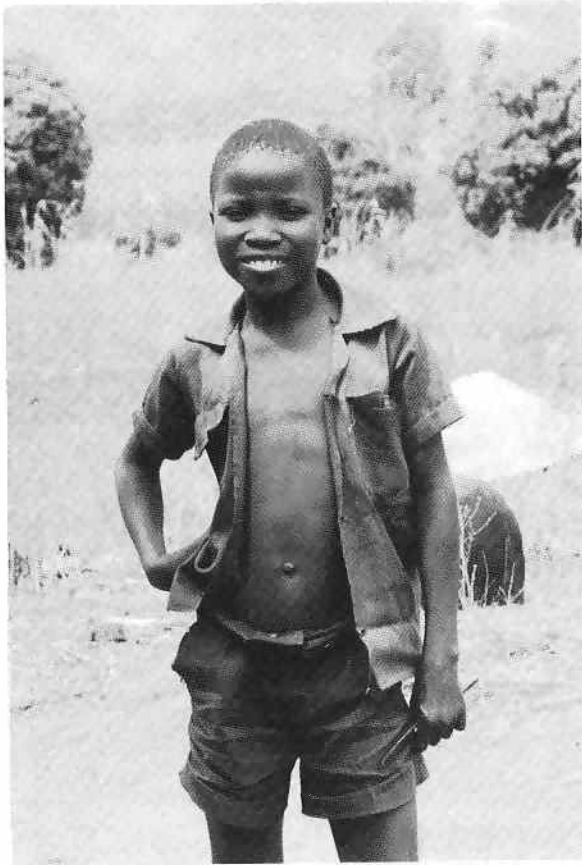
January 1994



Photography:
George T. Bicego
Macro International Inc.

This report summarises the findings of the 1992 Malawi Demographic and Health Survey (MDHS) conducted by the National Statistical Office, Zomba, Malawi. Macro International Inc. provided technical assistance. Funding was provided by the United States Agency for International Development (USAID).

Additional information about the MDHS may be obtained from the National Statistical Office, P.O. Box 333, Zomba, Malawi; Fax (265) 523-130. Additional information about the DHS programme may be obtained by writing to: DHS, Macro International Inc., 11785 Beltsville Drive, Calverton, MD 20705, USA (Telephone (301) 572-0200; Fax (301) 572-0999).



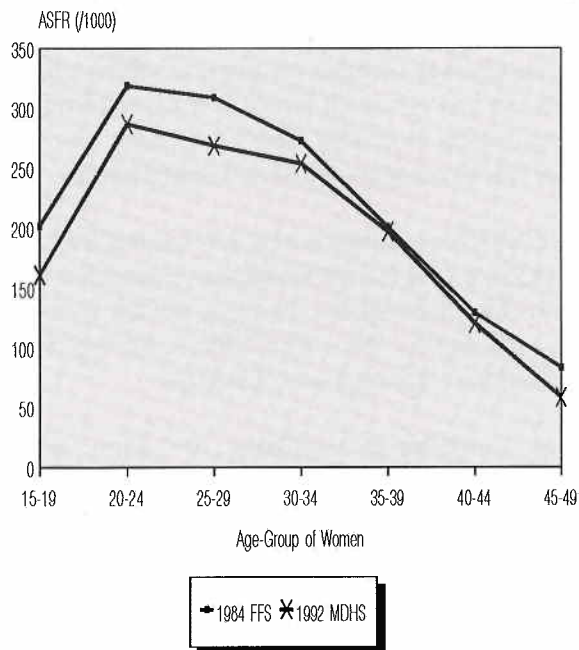
Background

The Malawi Demographic and Health Survey (MDHS) was a nationally representative sample survey of women age 15-49 and men age 20-54. The survey was designed to provide information on levels and trends in fertility, early childhood mortality and morbidity, family planning knowledge and use, and maternal and child health.

The MDHS was conducted by the National Statistical Office with technical assistance provided by Macro International Inc. Funding for the survey was provided by the United States Agency for International Development (USAID).

From September to November 1992 more than 5000 households were visited. Interviews were conducted with 4849 women and 1151 men. For the 4512 children born in the five years preceding the survey, detailed questions were asked about their vaccination status, breastfeeding, food supplementation, and recent illness. Heights and weights of these children and their mothers were also measured.

Figure 1
Age-Specific Fertility Rates
1984 FFS and 1992 MDHS

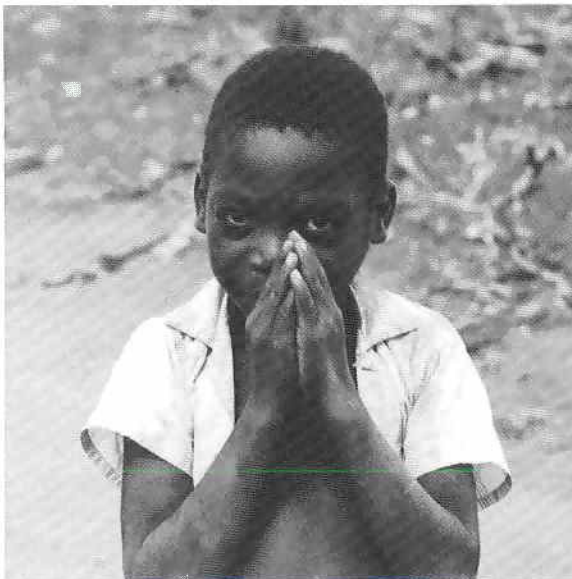


Fertility

Levels and Trends

- Fertility in Malawi has been declining slowly over the last decade. At current levels, a woman will give birth to an average of 6.7 children during her lifetime.
- In rural areas, the total fertility rate is 6.9 children per woman compared to 5.5 children in urban areas. Fertility is higher in the Central Region (7.4 children per woman) than in the Northern Region (6.7) or Southern Region (6.2).

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- A woman's fertility is highly correlated with her level of educational attainment. Women who have attended secondary school will have 4.4 children on average compared to 7.2 children for women who have never attended school.

- The average age at which a woman first gives birth has risen slightly over the last decade from 18.3 to 18.9 years. Still, over one third of women age 15-19 years have either already given birth to at least one child or are currently pregnant.

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Marriage

- Marriage is nearly universal in Malawi. By the time women reach their early 30s and men reach their early 40s, 99 percent have been married at least once.
- Twenty-one percent of married women report that their husband has at least one other wife. Nine percent of married men report having two or more wives.
- The median age at first marriage has risen slightly over the last 15 years to about 18 years of age for women and 24 years for men.

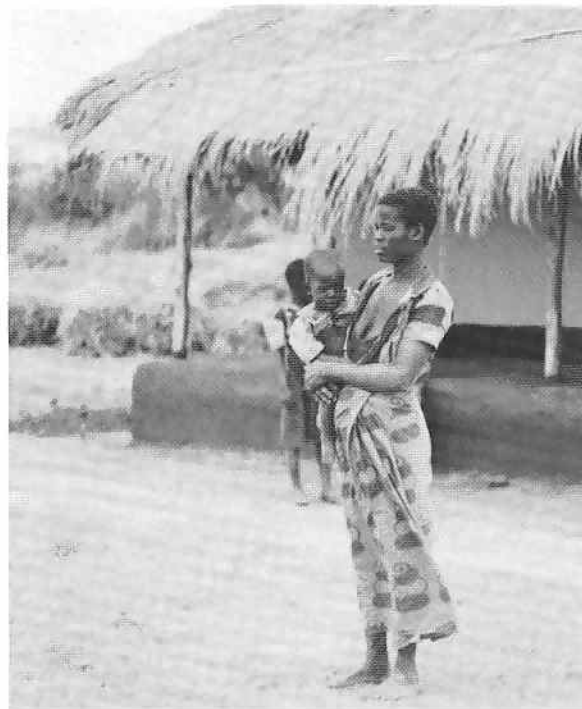
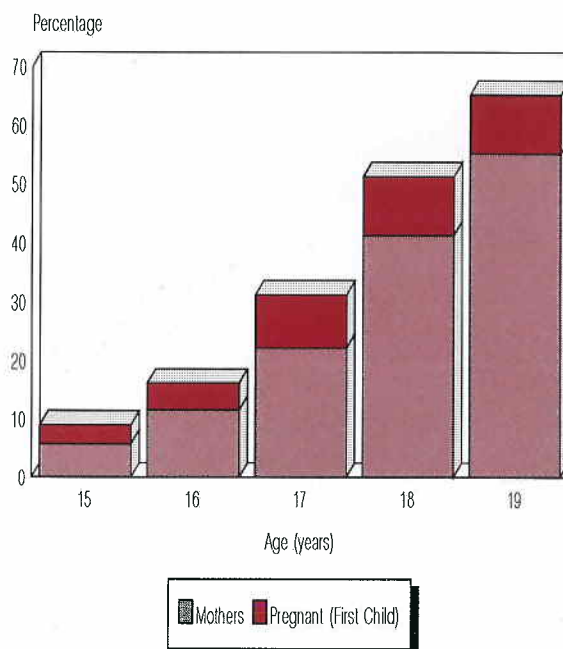


Figure 2
Percentage of Adolescents (age 15-19)
Who Have Begun Childbearing by Age



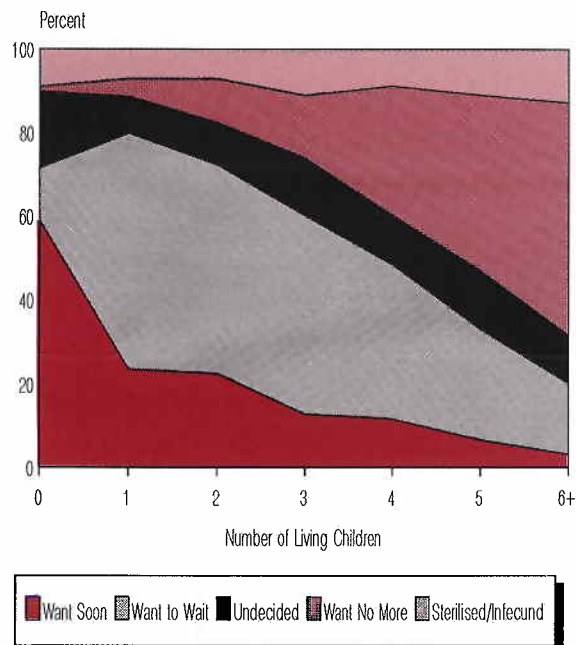


Fertility Preferences

- Although 58 percent of currently married women would like to have another child, only 19 percent want one within the next two years. Thirty-seven percent would prefer to wait two or more years. Nearly one quarter of married women want no more children than they already have. Thus, a majority of married women (61 percent) want either to delay their next birth or end childbearing altogether.

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Figure 3
Fertility Preferences among Currently Married Women by Number of Living Children



- Women and men reported an average ideal family size of 5.1 and 5.2 children, respectively. The rate of wanted fertility, based on women's reports of whether recent births were planned, is 5.7 children, one child less than the actual fertility rate of 6.7.

Family Planning

Knowledge of Contraception

- General knowledge of contraception is high among all age groups and socioeconomic strata of women and men. Ninety-seven percent of married men and 95 percent of married women could cite at least one method of family planning. Most women and men also know of a source to obtain a contraceptive method, although this varies by the type of method. The pill is the most commonly cited method known by women; men are most familiar with condoms.

Use of Contraception

- Despite widespread knowledge of family planning, current use of contraception remains quite low. Only 7 percent of currently married women were using a modern method and another 6 percent were using a traditional method of family planning at the time of the survey. This does, however, represent an increase in the contraceptive prevalence rate (modern methods) from about 1 percent estimated from data collected in the 1984 Family Formation Survey.

Only 7 percent of currently married women were using a modern method and another 6 percent were using a traditional method of family planning at the time of the survey.

Figure 4
Percentage of Currently Married Women Who Know Specific Contraceptive Methods

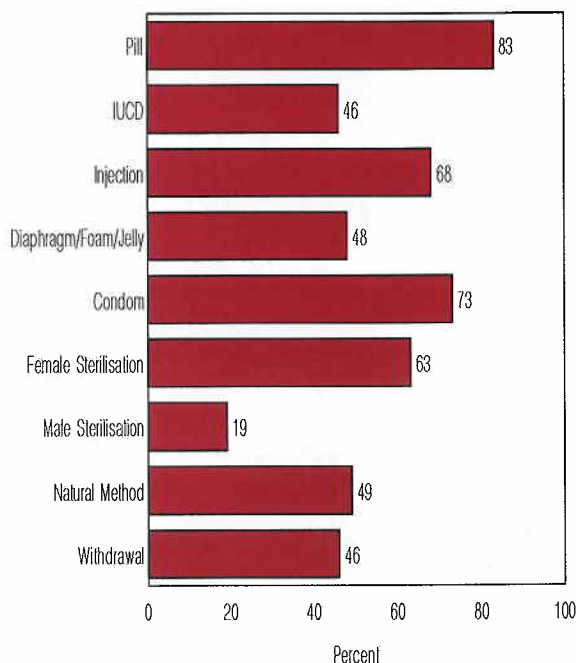


Figure 5
Percentage of Currently Married Women and Men Using a Contraceptive Method

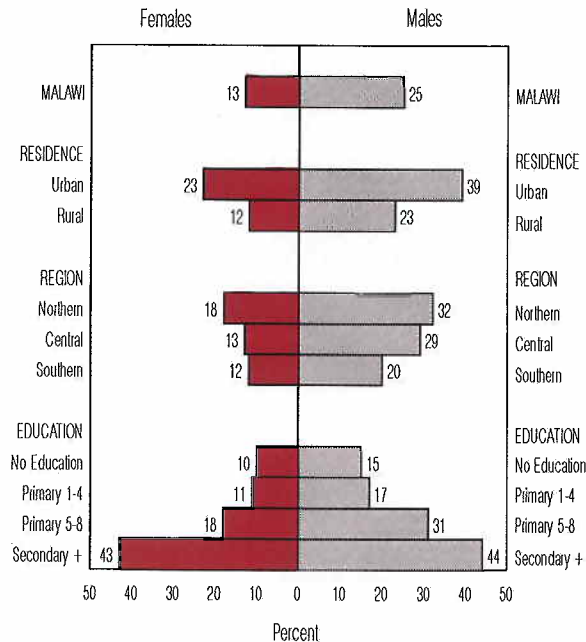
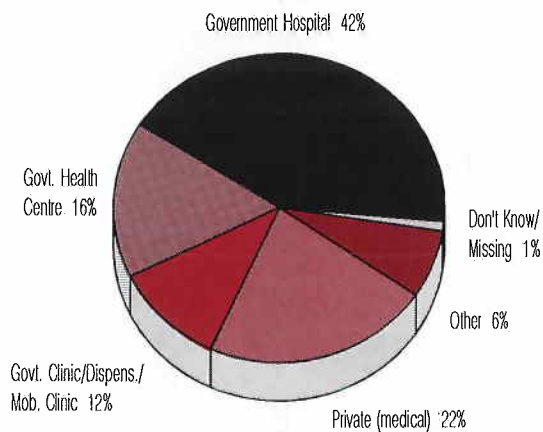


Figure 6
Distribution of Current Female Users of Modern Contraception by Source of Supply



- The modern methods most commonly used by women are the pill (2.2 percent), female sterilisation (1.7 percent), condoms (1.6 percent), and injections (1.5 percent). Men reported higher rates of contraceptive use (13 percent use of modern methods) than women. However, when comparing method-specific use rates, nearly all of the difference in use between men and women is explained by much higher condom use among men.
- Use of modern contraception is much more common among women and men living in urban areas and among those with higher educational levels.
- The government is by far the most important provider of family planning services, supplying over two thirds of women and over half of men who use modern methods.

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Unmet Need for Family Planning

About one half of currently married women have a need, i.e., demand, for family planning. However, 74 percent of this demand is not being satisfied by current use of contraception. This means that over one third of all married women have an unmet need for family planning.

One third of all married women have an unmet need for family planning.

Exposure to Family Planning Messages on Radio

Almost one half of men and one quarter of women reported having heard a family planning message on the radio during the month preceding the survey. Men and women living in urban areas and those with higher educational levels are much more likely to have heard these messages than rural residents and those with little or no education.

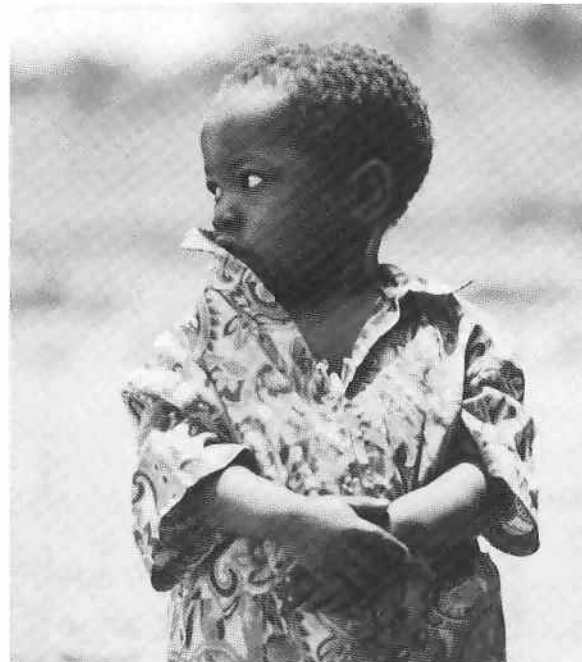
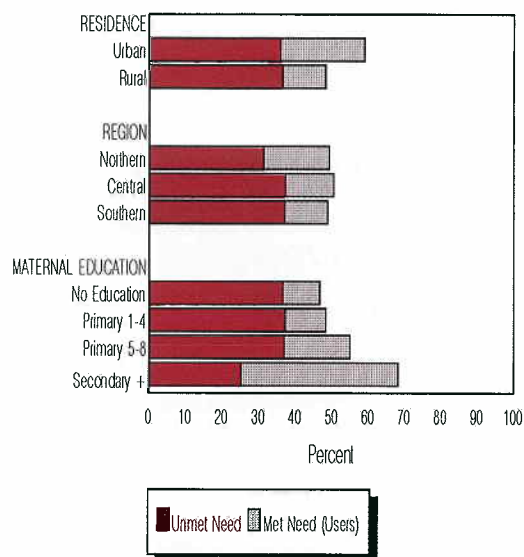


Figure 7
Percentage of Women with Unmet Need and Met Need for Family Planning Services by Background Characteristics



Note: Unmet need plus met need equals total demand (need) for contraception.

Figure 8
Current Levels of Under-five Mortality in Selected East and Southern African Countries

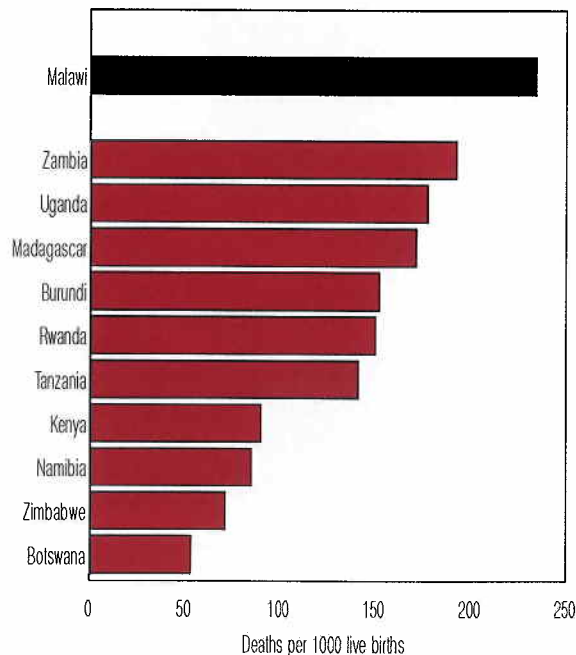
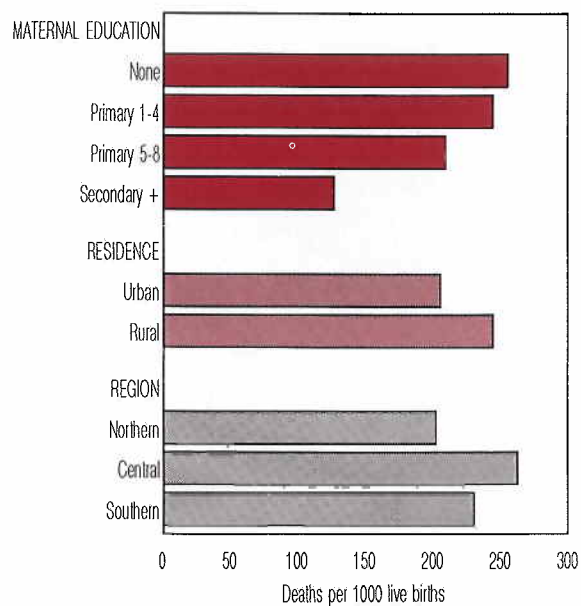


Figure 9
Under-five Mortality by Selected Background Characteristics



Maternal and Child Health

Infant and Child Mortality

- Early childhood mortality remains high in Malawi; the under-five mortality rate currently stands at 234 deaths per 1000 live births. The infant mortality rate was estimated at 134 per 1000 live births. This means that nearly one in seven children dies before his first birthday, and nearly one in four children does not reach his fifth birthday.

Early childhood mortality remains high in Malawi...nearly one in four children does not reach his fifth birthday.

- The probability of child death is linked to several factors; most strikingly, low levels of maternal education and short intervals between births. Children of uneducated women are twice as likely to die in the first five years of life as children of women with a secondary education. Similarly, the probability of under-five mortality for children with a previous birth interval of less than 2 years is two times greater than for children with a birth interval of 4 or more years.
- Children living in rural areas have a higher rate of under-five mortality than urban children and children in the Central Region have higher mortality than their counterparts in the Northern and Southern regions.

Maternal Mortality

- It is estimated that for every 100,000 live births, 620 women die due to causes related to pregnancy and childbearing.

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Nutritional Status

- The MDHS results show that nearly one half of children under age five are too short for their age (stunted), which reflects chronic under-nutrition. One half of these children are severely stunted. By age three, two thirds of children are stunted.
- Five percent of children under age five are too thin for their height (wasted), which reflects recent, acute nutritional deficit. Wasting, especially severe wasting, is more common in the Southern Region than in the Central or Northern regions.
- As with childhood mortality, chronic and acute undernutrition is much more common in rural areas and among children whose mothers had little or no education.

Nearly one half of children under age five are too short for their age (stunted), which reflects chronic undernutrition.

Figure 10
Percentage of Children Stunted by Age of Child and Degree of Stunting

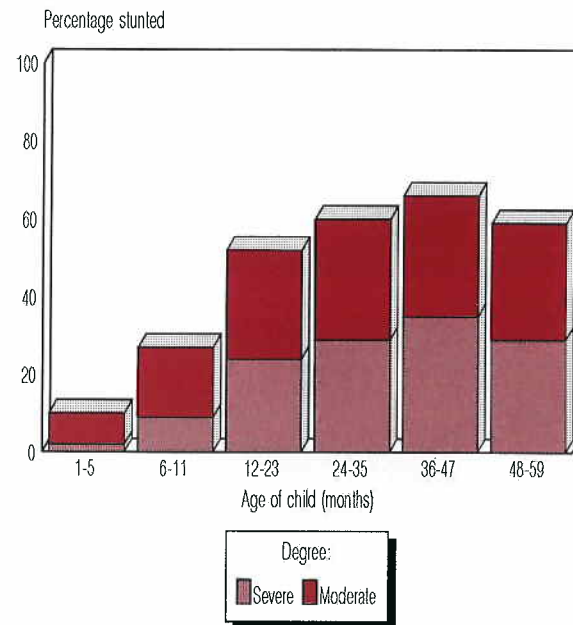
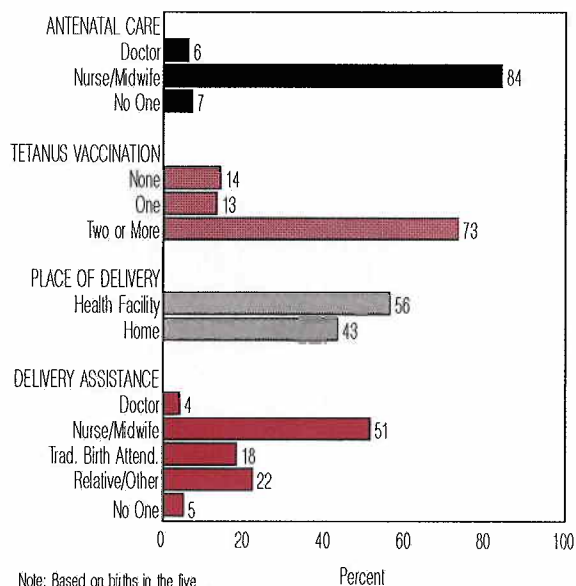


Figure 11
Percent Distribution of Births by Use of Selected Maternal Health Services



Breastfeeding

- The duration of breastfeeding is relatively long in Malawi (median length; 21 months), but supplemental liquids and foods are introduced at an early age. Exclusive breastfeeding is uncommon; only 5 percent of children under 2 months are fed only breast milk. By age 2-3 months, 76 percent of children are already receiving food supplements.

Antenatal Care and Assistance at Delivery

- Use of basic, preventive maternal and child health services is generally high. For ninety percent of recent births, mothers had received antenatal care from a trained medical person, most commonly a nurse or trained midwife. For 86 percent of births, mothers had received at least one dose of tetanus toxoid during pregnancy.
- Fifty percent of recent births were attended by a nurse or trained midwife, 4 percent by a doctor, 18 percent by a traditional birth attendant, and 21 percent by a relative or friend. Five percent of births were unattended. Fifty-six percent of recent births occurred in a health facility.

The duration of breastfeeding is relatively long in Malawi (median length; 21 months), but supplemental liquids and foods are introduced at an early age.

Immunisation

- Child vaccination coverage is high; 82 percent of children age 12-23 months had received the full complement of recommended vaccines, 67 percent by exact age 12 months. BCG coverage and first dose coverage for DPT and polio vaccine were 97 percent. However, 9 percent of children age 12-23 months who received the first doses of DPT and polio vaccine failed to eventually receive the recommended third doses. Measles coverage among children age 12-23 months was 86 percent.



Treatment of Childhood Diseases

- The MDHS found that children in the age group 6-23 months are most vulnerable to fever and acute respiratory infection (ARI), and especially diarrhoea. Over half of the children in this age group were reported to have had a fever, about 40 percent had a bout with diarrhoea, and 20 percent had symptoms indicating ARI in the two-week period before the survey. Yet less than half of recently sick children had been taken to a health facility for treatment.
- Sixty-three percent of children with diarrhoea were given some form of oral rehydration therapy, using either prepackaged rehydration salts or a home-based preparation. However, one quarter of children with diarrhoea received less fluids than normal during the illness, and for 17 percent of children still being breastfed, breast-feeding of the sick child was reduced.

Child vaccination coverage is high; 82 percent of children age 12-23 months had received the full complement of recommended vaccines, 67 percent by exact age 12 months.

Figure 12
Percentage of Children 12-23 Months Who Are Fully Vaccinated

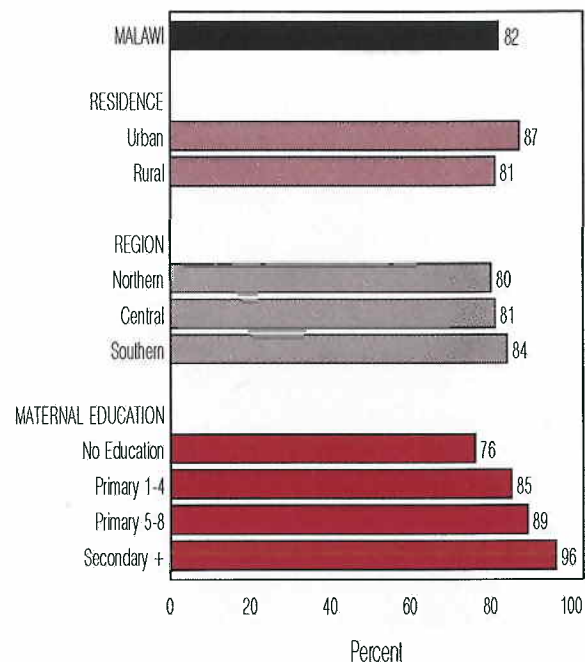
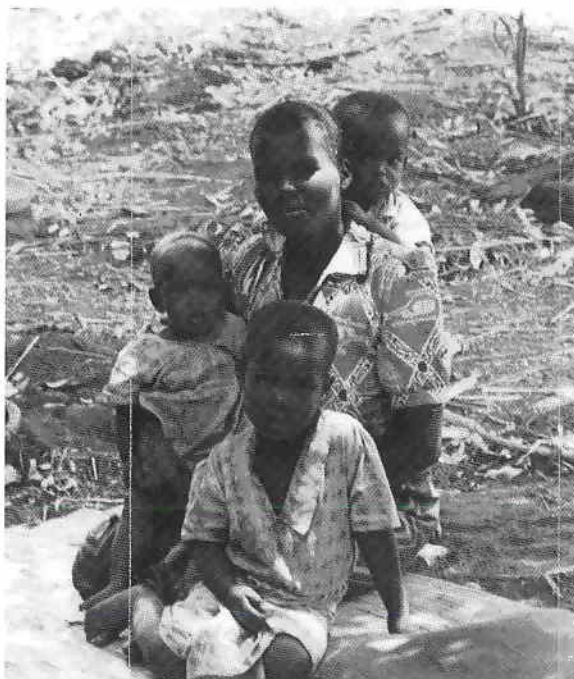
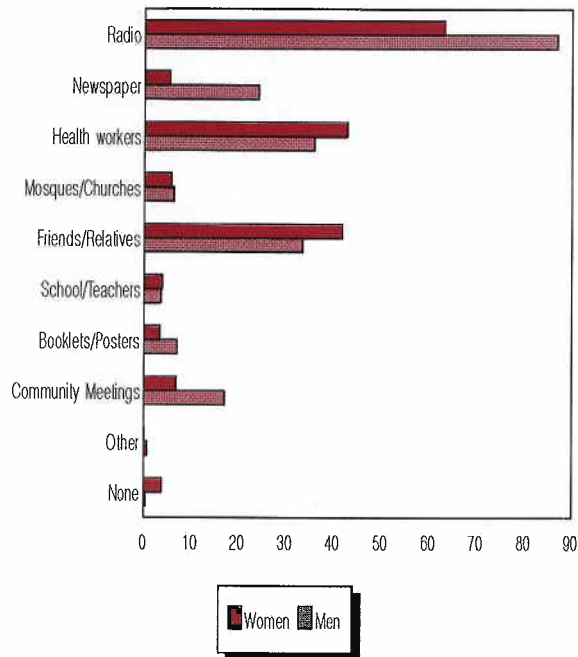


Figure 13
Sources of Information about AIDS



AIDS Knowledge and Attitudes

- General knowledge of AIDS is nearly universal in Malawi; 98 percent of men and 95 percent of women said they had heard of it. Further, the vast majority of men and women know that the disease is transmitted through sexual intercourse.
- Men tended to know more different ways of disease transmission than women, and were more likely to mention condom use as a means to prevent spread of AIDS.
- Women, especially those living in rural areas, are more likely to hold misconceptions about modes of disease transmission. Thirty percent of rural women believe that AIDS can not be prevented.
- The most frequently mentioned source of information about AIDS was the radio. Men were more likely than women to report the radio, newspaper or community meetings as a source of information, whereas women were more likely to have received information through health workers, friends, or relatives.

Women, especially those living in rural areas, are more likely to hold misconceptions about modes of disease transmission. Thirty percent of rural women believe that AIDS can not be prevented.

Conclusions

The MDHS data show a slow decline in fertility over the decade preceding the survey. Yet fertility remains high; at current levels, a woman will bear 6.7 children in her lifetime. The decline is, at least in part, due to modest increases in contraceptive use. At present, 13 percent of currently married women use a method of family planning; 7 percent use modern methods. This is an improvement from 1 percent modern use documented in the 1984 Family Formation Survey.

About half of currently married women are in need of family planning services yet only one-quarter of that need is now being satisfied. Thirty-six percent of married women are not using family planning although they do not want any more children or they want to space their next birth. Fertility could be substantially reduced and family health enhanced by greater availability of family planning services to women in need. The data also show that high fertility among adolescents (age 15-19) needs special attention.

Malawi has made significant progress in the delivery of key child survival interventions. Use of antenatal care and tetanus toxoid is high, more than half of all births are delivered under the supervision of trained medical personnel, and child vaccination services have expanded to now high levels of coverage.

Despite these encouraging findings, there remain notable pockets of under-served children with poor health and survival. Nearly 50 percent of surviving children under five years of age show signs of chronic undernutrition. The MDHS data show only modest reductions in childhood mortality over the last decade; at current rates

nearly 1 in 4 children born today will not live to see their fifth birthday. More than half of sick children had not been taken to a health facility for treatment; 1 in 7 received no treatment at all. Possible routes to further gains in child survival include improved quality and coverage of health care, better feeding and food distribution practices and improved maternal health. Also, the data indicate that improved spacing of children through wider use of family planning could reduce rates of childhood mortality.

The high rates of maternal mortality documented by the MDHS underscore the need for improvement in the area of reproductive health services.

One factor shown repeatedly to improve health outcome for women and children was maternal education. Women with more education have fewer children and take better advantage of available maternal and child health services. Thus, the prospects for good health of women, children and the family in general are enhanced when mothers have experienced formal education.

Data on knowledge of AIDS among adult men and women show that general awareness of the disease is very common, but that the quality of that knowledge needs to be improved, especially among women living in rural areas.

The MDHS will continue to provide a rich source of information on issues relevant to ongoing health and population programmes in Malawi.

Fact Sheet

1987 Population and Housing Census Data National Statistical Office

Total population (millions)	8.0
Urban population (percent)	11
Annual natural increase (percent) ¹	3.2
Population doubling time (years)	21.7
Crude birth rate (per 1,000 population)	41.2
Crude death rate (per 1,000 population)	14.1
Life expectancy at birth male (years)	41.4
Life expectancy at birth female (years)	44.6

Malawi Demographic and Health Survey 1992

Sample Population

Households	5,323
Women age 15-49	4,849
Men age 20-54	1,151

Background Characteristics of Women Interviewed

Percent urban	12.3
Percent with no education	47.2
Percent attended secondary school or higher	4.4

Marriage and Other Fertility Determinants

Percent of women 15-49 currently married	72.0
Percent of women 15-49 ever married	84.3
Median age at first marriage among women age 20-49	17.7
Median duration of breastfeeding (in months) ²	21.2
Median duration of postpartum amenorrhoea (in months) ²	11.9

Fertility

Total fertility rate ³	6.7
Mean number of children ever born to women age 45-49	7.3

Desire for Children

Percent of currently married women who:	
Want no more children	23.3
Want to delay their next birth at least 2 years	37.3
Mean ideal number of children among women 15-49 ⁴	5.1
Percent of women giving a non-numeric response to ideal family size	
	13.4
Percent of births in the last 5 years which were:	
Unwanted	14.0
Mistimed	26.6

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	94.6
Knowing a modern method	91.8
Knowing a modern method and knowing a source for the method	83.3
Had ever used any method	40.6
Currently using any method	13.0

Percent of currently married women currently using:

Pill	2.2
IUCD	0.3
Injection	1.5
Diaphragm, foam, jelly	0.1
Condom	1.6
Female sterilisation	1.7
Male sterilisation	0.0
Natural family planning	2.2
Withdrawal	1.5
Other traditional	2.0

Mortality and Health

Infant mortality rate ⁵	134
Under-five mortality rate ⁵	234
Percent of births ⁶ whose mothers:	
Received antenatal care	90.2
Received 2 or more tetanus toxoid injections	72.6
Percent of births ⁶ whose mothers were assisted at delivery by:	
Doctor	4.4
Trained nurse/Midwife/Clinical officer	50.7
Traditional birth attendant	17.7
Percent of children 0-1 month who are breastfeeding	99.1
Percent of children 4-5 months who are breastfeeding	98.9
Percent of children 10-11 months who are breastfeeding	98.7
Percent of children 12-23 months who received: ⁷	
BCG	97.0
DPT (three doses)	88.6
Polio (three doses)	88.1
Measles	85.8
All vaccinations	81.8

Percent of children under 5 years⁸ who:

Had diarrhoea in the 2 weeks preceding the survey	21.9
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	14.6
Had a fever in the 2 weeks preceding the survey	40.5
Are chronically undernourished (stunted) ⁹	48.7
Are acutely undernourished (wasted) ⁹	5.4

¹ Based on growth between 1977 and 1987 censuses

² Current status estimate based on births during the 36 months preceding the survey

³ Based on births to women 15-49 years during the period 0-2 years preceding the survey

⁴ Excludes women who gave a non-numeric response to ideal family size

⁵ Rates are for the period 0-4 years preceding the survey (expressed per 1000 live births)

⁶ Figure includes births in the period 1-59 months preceding the survey

⁷ Based on information from vaccination cards and mothers' reports

⁸ Figures include children born in the period 1-59 months preceding the survey

⁹ Stunting assessed by height-for-age, wasting assessed by weight-for-height; the percent undernourished are those below -2 SD from the median of the international reference population, as defined by the U.S. National Centre for Health Statistics, and recommended by the World Health Organisation