

Malawi Demographic and Health Survey 2004

Preliminary Report

**National Statistical Office
Zomba, Malawi**

**MEASURE DHS
ORC Macro
Calverton, Maryland, USA**

This report summarises the findings of the 2004 Malawi Demographic and Health Survey (MDHS) carried out by the Malawi National Statistical Office (NSO). The MDHS is part of the world-wide MEASURE/Demographic and Health Surveys (DHS) Program, funded by the United States Agency for International Development (USAID). The program is designed to collect data among others on fertility, family planning, and maternal and child health. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID.

The 2004 Malawi Demographic and Health Survey (MDHS) was undertaken by the National Statistical Office (NSO). Most of the funds for the local costs of the survey were provided by multiple donors through the National AIDS Commission. The United States Agency for International Development (USAID) provided additional funds for the technical assistance through ORC Macro. The Department for International Development (DfID) of the British Government, UNICEF, and UNFPA also provided funds for the survey.

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2004**

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FOREWORD

The 2004 Malawi Demographic and Health Survey (MDHS) is the third survey conducted in Malawi under the auspices of the worldwide Demographic and Health Surveys programme. MDHS surveys were also conducted in 1992 and 2000. In 1996 a survey on Knowledge, Attitudes and Practices in Health (MKAPH) was conducted. All of these surveys were designed to provide information on demographic trends and indicators of maternal and child health and HIV/AIDS in Malawi. The three MDHS surveys and the MKAPH survey were implemented by the National Statistical Office.

This report is a preliminary report of the 2004 MDHS results, highlighting its findings. The report is intended to provide policy makers and programme managers with a first glimpse of the survey results. A more comprehensive and detailed report is scheduled for late 2005. Figures in the final report are not expected to differ substantially from those in this report; however, the results presented here should be regarded as provisional and subject to modification.

The NSO wishes to acknowledge the efforts of a number of organisations and individuals who contributed substantially to the success of the survey. First we would like to acknowledge the financial assistance from the United States Agency for International Development; the Department for International Development (U.K.); UNICEF; the Centers for Disease Control and Prevention (CDC); NORAD (Norway), CIDA (Canada), and UNFPA. We would also like to thank ORC Macro/DHR for technical backstopping; staff of the National Statistical Office (NSO); and the staff of the Ministry of Health and Population.

Finally, we are grateful to the survey respondents who generously gave their time to provide the information that forms the basis of this and future reports.

Charles Machinjili
Commissioner for Statistics

1. BACKGROUND

1.1 Introduction

The 2004 Malawi Demographic and Health Survey (MDHS) is a national-level sample survey designed to provide information on various demographic and maternal and child health issues in Malawi. The MDHS was conducted by the National Statistical Office (NSO). ORC Macro of Calverton, Maryland provided technical assistance to the project as part of its international Demographic and Health Surveys (DHS) program. Most of the funds for the local costs of the survey were provided by multiple donors through the National AIDS Commission. The United States Agency for International Development (USAID) provided additional funds for the technical assistance through ORC Macro. The Department for International Development (DfID) of the British Government, UNICEF, and UNFPA also provided funds for the survey.

This report presents the preliminary results for some of the principal topics covered in the survey. A more comprehensive and detailed report is scheduled for publication later in the year. The final figures are not expected to differ substantially from the findings presented in this preliminary report; however, the results presented here should be regarded as provisional and subject to modification. Where appropriate, results are compared to findings from the 1992 MDHS, the 1996 Malawi Knowledge, Attitude and Practice in Health Survey (MKAPHS), and the 2000 MDHS.

1.2 Survey Objectives

The primary objective of the 2004 MDHS was to provide up-to-date information on fertility, childhood mortality, marriage, fertility preferences, awareness and use of family planning methods, infant feeding practices, maternal and child health, maternal mortality, and HIV/AIDS-related knowledge and behaviour. This information is intended to assist policy-makers and programme managers in evaluating and designing programmes and strategies for improving health services, family planning services, and social services in Malawi.

The 2004 MDHS is also intended to provide national-level estimates of HIV prevalence for women age 15-49 and men age 15-54. The prevalence estimates will also be available for large districts. Blood samples taken from these respondents are currently being tested at the Community Health Sciences Unit of the Ministry of Health. The results will be included in the 2004 MDHS final report to be released later in the year.

2. SURVEY IMPLEMENTATION

2.1 Sample Design

The 2004 MDHS was designed to provide estimates of health and demographic indicators at the national level, for urban-rural areas, and for selected large districts. The 2004 MDHS sample points (clusters) were selected from a list of enumeration areas (EAs) defined in the 1998 Malawi Census of Population and Housing. A total of 522 clusters were drawn from the census sample frame: 64 in the urban areas and 458 in the rural areas.

Ten districts were over-sampled in the 2004 MDHS to produce reliable estimates for certain variables at the district level. These districts are: Mulanje, Thyolo, Kasungu, Salima, Machinga, Zomba, Mangochi, Mzimba, Blantyre, and Lilongwe.

NSO staff conducted an exhaustive listing of households in each of the MDHS clusters in August and September 2004. From these lists, a systematic sample of households was drawn for a total of 15,091 households. All women age 15-49 in the selected households were eligible for the individual interview. Every third household in the 2004 MDHS sample was selected for the MDHS male survey. In these households, all men age 15-54 were eligible for individual interview.

In all households, women age 15-49 and children under age five were eligible for height and weight measurements used to determine nutritional status. In households selected for the male survey, all women 15-49 and children under five were eligible for anaemia testing. In the same households, all women age 15-49 and men age 15-54 were eligible for HIV testing.

During data collection, field staff used Global Positioning System (GPS) receivers to establish and record the geographic coordinates of each of the MDHS EAs.

2.2 Questionnaires

Three types of questionnaires were used for the MDHS: the Household Questionnaire, the Women's Questionnaire, and the Men's Questionnaire. The contents of the questionnaires were based on the MEASURE DHS model questionnaire designed for countries with high contraceptive prevalence rate (use of modern methods higher than 20 percent). These model questionnaires were adapted for use in Malawi in collaboration with a wide range of stakeholders. After the MDHS survey instruments were drafted, they were translated into and printed in the local languages, Chichewa and Tumbuka, for pretesting.

The Household Questionnaire was used to list all the usual members and visitors in the selected households. Basic information was collected on the characteristics of each person listed, including age, sex, education, and relationship to the head of the household. Height and weight measurements were taken for all women ages 15 to 49 and all children under age five. Respondents to the Household Questionnaire were asked questions on child labour for each child between the ages of five and fourteen either living in the household or spending the night in the household. In addition, information was collected about the dwelling itself, such as the source of water, type of toilet facilities, materials used to construct the house, ownership of various consumer goods, and use of bed nets. The Household Questionnaire was also used to identify persons eligible for the individual interview: women (age 15-49) and men (age 15-54). One woman age 15-49 in each household was selected for the interview on domestic violence.

The Women's Questionnaire was used to collect information on the following topics:

- Background characteristics (age, education, religion, etc.),
- Reproductive history (to arrive at fertility and childhood mortality rates),
- Knowledge and use of family planning methods,
- Antenatal and delivery care,
- Infant feeding practices including patterns of breastfeeding,
- Vaccinations,
- Episodes of childhood illness and responses to illness, with a focus on treatment of fevers in the last 2 weeks,
- Marriage and sexual activity,
- Fertility preferences,
- Husband's background and the woman's work status,
- Adult mortality, including maternal mortality,
- HIV/AIDS-related knowledge, attitudes, and behaviour,
- Domestic violence.

The Men's Questionnaire is much shorter than the Women's Questionnaire, but covers many of the same topics, excluding the reproductive history and sections dealing with maternal and child health. Men are also asked about their participation in the health care of their family and their attitudes on gender roles.

2.3 Pretest

Twelve permanent NSO staff were recruited as interviewers for the MDHS pretest of questionnaires, which was conducted June-July 2004. The 12 participants were trained in conducting interviews and taking blood samples for anaemia and HIV testing. The training took place at the NSO offices for two weeks. The interviewers were split in three teams that conducted interviews in the Northern Region, Central Region, and Southern Region, respectively. The questionnaires were printed in the local languages, Chichewa and Tumbuka, as well as in English. During the pretest fieldwork, 206 Household Questionnaires, 160 Women's Questionnaires, and 154 Men's Questionnaires were completed. Based on observations in the field and suggestions made by the pretest field teams, revisions were made in some skip patterns, wording, and translations of the questionnaires.

2.4 Training

A total of 180 trainees were recruited by NSO for the main training. Training was held for five weeks at Magomero College, south of Zomba. The first week of training was devoted to the collection of blood samples. Sixty persons were trained, 34 have medical training and 26 have no medical background. These participants were joined in the subsequent weeks by 120 persons.

The second phase of the training focused on interviewing the respondents and taking height and weight measurements. Initially, training consisted of lectures on the underlying rationale of the questionnaires' content and how to complete the questionnaires. Guest lecturers were invited to give talks on specific subjects such as family planning and gender issues, in particular domestic violence. Mock interviews were conducted between participants to allow practice in proper interviewing techniques and the use of local-language questionnaires. Throughout the training, participants were given tests to evaluate their understanding and skills in the survey procedures. Toward the end of the training, the participants spent several days practising interviews in households near the training centre.

2.5 Fieldwork

Fieldwork for the 2004 MDHS was carried out by 22 mobile interviewing teams, each consisting of one supervisor, one field editor, four to five female interviewers, and one male interviewer. Two or three of

the interviewers on each team were trained in taking blood samples, and at least one of these was medically trained. Four senior NSO staff and a staff person from the Ministry of Health supervised and coordinated fieldwork activities. In addition, three health technicians were assigned to supervise the blood collection for anaemia and HIV testing. Fieldwork commenced on 4 October 2004 and was completed on 31 January 2005.

2.6 Data Processing

All questionnaires for the MDHS were returned to NSO central office in Zomba for data processing. The processing operation consisted of office editing, coding of open-ended questions, data entry, double-entry verification, and editing inconsistencies found by computer programs developed for the MDHS. The MDHS data entry and editing programs used CSPro, a computer software package specifically designed for processing survey data such as that produced by DHS surveys. Data processing commenced one month after fieldwork started and was completed in May 2005.

Testing the blood samples for HIV commenced in May 2005. The results of the tests will be published in a separate report.

2.7 Sample Results

Table 1 shows response rates for the survey. A total of 15,041 households were selected for the sample, of which 13,965 were occupied and thus eligible for interview. Of the eligible households, 13,664 were successfully interviewed yielding a response rate of 98 percent. The primary reason for non-response was that a responsible member of the household could not be found after repeated attempts.

In the 13,664 interviewed households, 12,229 women were identified as eligible for the individual interview (i.e., age 15-49) and interviews were completed for 11,698 or 96 percent of them. Of the 3,797 men identified as eligible for the male interview (i.e., age 15-54), 3,261 were interviewed, resulting in a response rate of 86 percent. For both women and men, the main reason for non-response in the MDHS was failure to find the individuals despite repeated visits to the household. In general, response rates were higher in rural areas than in urban areas.

Result	Residence		Total
	Urban	Rural	
Household interviews			
Households selected	1,984	13,057	15,041
Households occupied	1,799	12,166	13,965
Households interviewed	1,724	11,940	13,664
Household response rate	95.8	98.1	97.8
Individual interviews: women			
Number of eligible women	1,733	10,496	12,229
Number of eligible women interviewed	1,640	10,058	11,698
Eligible woman response rate	94.6	95.8	95.7
Individual interviews: men			
Number of eligible men	632	3,165	3,797
Number of eligible men interviewed	507	2,754	3,261
Eligible man response rate	80.2	87.0	85.9

3. PRELIMINARY FINDINGS

3.1 Background Characteristics

Table 2 shows the percent distribution of women age 15-49 and men age 15-54 interviewed in the 2004 MDHS by background characteristics. The age distributions of interviewed women and men are as expected, with higher proportions in the younger age groups. Because of the different age ranges for eligibility, women are more likely to be in the younger age groups than men; while 63 percent of women interviewed in the survey were between the ages of 15 and 29, the corresponding proportion for men is 57 percent. Among female respondents, 17 percent have never married, 71 percent are currently married or are living together, and 12 percent are either divorced, separated or widowed. One in three men are single, 64 percent are married or are living together, and 3 percent are divorced, separated or widowed. Eighteen percent of female respondents and 21 percent of male respondents reside in urban households.

Nearly one-half (46 percent) of surveyed women were interviewed in the Southern Region, 41 percent in the Central Region, and 13 percent in the Northern Region. The regional distribution of surveyed men is similar to that of women.

Since the 1992 MDHS, there have been improvements in the proportion of women and men who have received some formal education. In 1992, the proportion of women who had never attended school was 47 percent. In 2000, it had dropped to 27 percent, and in 2004 declined further to 23 percent. For men, the decline was the same proportion, from 21 percent in 1992 to 12 percent in 2004. Differences by sex are noteworthy. While the proportions of men and women who have reached classes 1-4 and 5-8 are similar, men are more likely than women to have reached secondary school. In 2004, while 16 percent of women had attended secondary school, the corresponding proportion for men was 26 percent.

3.2 Child Labour

Working children have less opportunity to attend school and are more susceptible than adults to bad work environments, such as low or no pay, poor working conditions, and physical abuse. In the 2004 MDHS, information was collected on the work activities of children age 5-14. They are asked a series of questions about whether they were doing any kind of work for pay, whether they did unpaid family work on the farm or in a family business, and whether they regularly helped with household chores.

Table 3 shows that 8 percent of children age 5-14 work for persons who are not members of their household. About four in ten of these children work without pay. One in three children work in the family business or on the family farm. Among children who help around the house with household chores, 68 percent of children do these chores for an average of less than 4 hours per day and 2 percent work for 4 or more hours per day. As a summary measure, 37 percent of children work either for the family business or farm, or work for a non-relative (paid or unpaid), or spend 4 or more hours a day doing household chores. Overall, older children and children in rural areas are more likely to be working. Girls are more likely than boys to do domestic work.

3.3 Fertility

All women interviewed in the 2004 MDHS were asked to provide a full account of all their children who were born alive. To encourage complete reporting, each woman was first asked about the number of sons and daughters living with her, the number living elsewhere, and the number who had died. Each woman was then asked for a detailed history of every child, including the month and year in which each child was born, the child's name, sex, survival status and, if dead, the age at death.

Table 2. Background characteristics of respondents

Percent distribution of women and men by background characteristics, Malawi 2004

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15-19	20.4	2,392	2,407	19.9	650	650
20-24	24.5	2,870	2,824	18.0	587	583
25-29	18.4	2,157	2,136	19.4	634	617
30-34	12.6	1,478	1,492	14.9	485	474
35-39	9.5	1,117	1,129	9.0	294	287
40-44	8.0	935	940	8.6	282	293
45-49	6.4	749	770	5.6	182	181
50-54	na	0	0	4.5	148	176
Marital status						
Never married	16.8	1,970	1,902	33.2	1,084	1,039
Married	66.8	7,810	7,831	62.9	2,050	2,078
Living together	4.3	503	554	0.9	29	36
Divorced/separated	8.4	979	991	2.5	81	93
Widowed	3.7	437	420	0.5	17	15
Residence						
Urban	17.8	2,076	1,640	20.5	669	507
Rural	82.2	9,621	10,058	79.5	2,593	2,754
Regions						
Northern	13.3	1,552	1,597	13.0	423	456
Central	40.5	4,734	4,199	42.0	1,370	1,261
Southern	46.3	5,412	5,902	45.0	1,468	1,544
Education						
No education	23.4	2,734	2,823	11.7	383	383
Primary 1-4	25.6	2,998	3,057	24.5	798	830
Primary 5-8	35.5	4,154	4,132	37.4	1,220	1,231
Secondary+	15.5	1,811	1,685	26.3	859	814
District						
Blantyre	7.8	914	703	9.7	316	208
Kasungu	4.2	497	897	4.8	156	313
Machinga	3.7	427	772	3.5	114	198
Mangochi	5.1	599	774	4.6	150	190
Mzimba	6.7	778	953	6.5	212	274
Salima	2.6	303	703	2.4	78	182
Thyolo	5.3	618	820	5.2	169	211
Zomba	5.4	637	806	4.9	159	209
Lilongwe	14.6	1,705	710	16.6	542	228
Mulanje	4.4	512	777	3.5	114	178
Other Districts	40.2	4,708	3,783	38.3	1,250	1,070
Total	100.0	11,698	11,698	100.0	3,261	3,261

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.
na = Not applicable

Table 3 Child labour

Percentage of children age 5-14 years who are currently working, by type of employment and selected background characteristics, Malawi 2004

Background characteristic	Work for non-household member		Domestic work		Currently doing work on family farm or family business	Currently working ¹	Number of children
	Paid	Unpaid	Less than 4 hours per day	4 hours or more per day			
Age							
5-9	2.0	2.3	56.3	0.8	16.0	19.3	9,230
10-14	8.0	3.7	80.0	4.0	50.5	55.9	8,716
Sex							
Male	5.4	2.3	62.0	1.7	35.3	39.0	8,785
Female	4.5	3.6	73.4	3.0	30.3	35.3	9,161
Residence							
Urban	1.7	1.6	71.0	2.2	13.8	17.2	2,564
Rural	5.4	3.2	67.3	2.4	35.9	40.4	15,382
Region							
Northern	3.9	5.5	74.9	3.3	29.4	35.2	2,335
Central	4.7	3.0	65.8	2.3	33.7	37.8	7,722
Southern	5.4	2.3	67.6	2.2	32.8	36.9	7,889
District							
Blantyre	2.7	3.5	65.3	3.0	24.3	30.5	1,285
Kasungu	6.1	4.1	68.4	2.5	45.3	49.1	795
Machinga	8.4	3.5	65.3	2.9	39.0	43.2	663
Mangochi	6.4	1.5	58.2	2.4	29.8	33.8	1,010
Mzimba	4.6	6.7	73.7	3.6	39.2	44.5	1,143
Salima	5.3	2.7	68.2	2.0	33.2	36.9	542
Thyolo	6.5	3.1	69.9	2.2	33.4	37.9	933
Zomba	5.9	0.9	76.7	3.4	41.9	44.9	833
Lilongwe	2.9	1.8	65.6	2.4	30.3	33.2	2,725
Mulanje	5.9	2.3	69.2	0.9	30.6	34.3	690
Other districts	5.0	3.1	68.2	2.1	31.7	36.4	7,328
Total	4.9	3.0	67.8	2.4	32.8	37.1	17,946

¹ Working means doing paid or unpaid work or working on a family farm or family business

Age-specific and total fertility rates for the survey calculated directly from the birth history data are shown in Table 4 by urban-rural residence. The total and age-specific fertility rates are shown for the three-year period before the survey, covering late 2002 to late 2004. The results indicate that if fertility were to remain constant at the current age-specific rates measured in the survey (for the 36 months preceding the survey), a woman in Malawi would have, on average, 6.0 children in her lifetime. The TFRs for urban and rural areas are 4.2 and 6.4 children per woman, respectively.

The 2004 MDHS data indicate that, fertility is high even among women in the younger age groups. The peak of childbearing is age 20-24 (293 children per 1,000 women). A further examination of the patterns of fertility in urban and rural areas indicates that rural fertility is higher than urban fertility for every age group.

Table 4 Current fertility

Age-specific and cumulative fertility rates, the general fertility rate, and the crude birth rate for the three years preceding the survey, by urban-rural residence, Malawi 2004

Age group	Residence		Total
	Urban	Rural	
15-19	109	175	162
20-24	237	308	293
25-29	195	266	254
30-34	159	233	222
35-39	97	174	163
40-44	29	87	80
45-49	22	37	35
TFR	4.2	6.4	6.0
GFR	162	227	215
CBR	37.0	43.4	42.4

Note: Rates for age group 45-49 may be slightly biased due to truncation.

TFR: Total fertility rate for ages 15-49, expressed per woman

GFR: General fertility rate (births divided by the number of women age 15-44), expressed per 1,000 women

CBR: Crude birth rate, expressed per 1,000 population

Fertility continues to decline in Malawi (Table 5). The TFR has declined from 7.6 births per woman twenty years ago to 6.7 in the 1992 MDHS (NSO, 1994) and to 6.3 in the 2000 MDHS (NSO and ORC Macro, 2001). Table 5 and Figure 1 show that while fertility rates are declining in all age groups, most of the decline is due to the reduction in fertility among older women, implying that the beginning of Malawi's transition to lower fertility involved decisions by women to limit their completed family size.

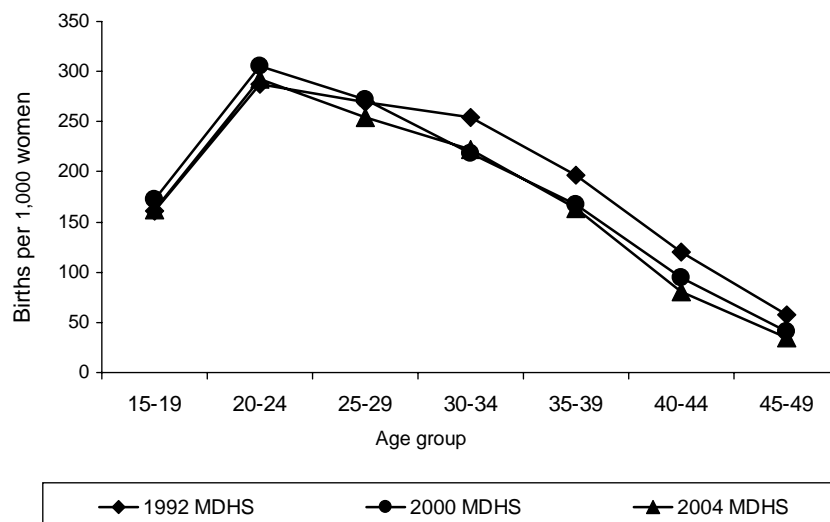
Table 5 Trends in fertility

Age-specific fertility rates (per 1,000 women) and total fertility rates for the three years preceding the survey, Malawi 1984, 1992, 2000, and 2004

Age group	1984	1992	2000	2004
	FFS ¹	MDHS	MDHS	MDHS
15-19	202	161	172	162
20-24	319	287	305	293
25-29	309	269	272	254
30-34	273	254	219	222
35-39	201	197	167	163
40-44	129	120	94	80
45-49	83	58	41	35
Total Fertility Rate	7.6	6.7	6.3	6.0

¹ Family Formation Survey. Based on the four years preceding the survey.

**Figure 1 Trends in Fertility by Age Group
1992 to 2004**



3.4 Family Planning

In the 2004 MDHS, women and men were asked a series of questions about family planning knowledge, ever use, and current use. Respondents were first asked to name all of the methods that they knew. For methods not mentioned spontaneously, the interviewer read a description of the method and asked if the woman had heard of the method. For each method which they recognised, respondents were asked if they had ever used the method. Finally, the respondents were asked if they were currently using a method, and, if so, which method and where the method was last obtained.

Knowledge of Methods

Knowledge of family planning methods among women and men in Malawi has been almost universal since 1992. In 2004, 97 to 99 percent of women and men reported that they had heard of at least one contraceptive method (Table 6). Currently married respondents are slightly more familiar with contraceptive methods than unmarried respondents. With regard to knowledge of specific methods, 90 percent or more of women have heard about injectables, the pill, and condoms. Knowledge of other modern methods of contraception is also widespread (62 percent or higher), except for the female condom (54 to 56 percent) and emergency contraception (26 to 28 percent). Traditional methods are less well known than modern methods.

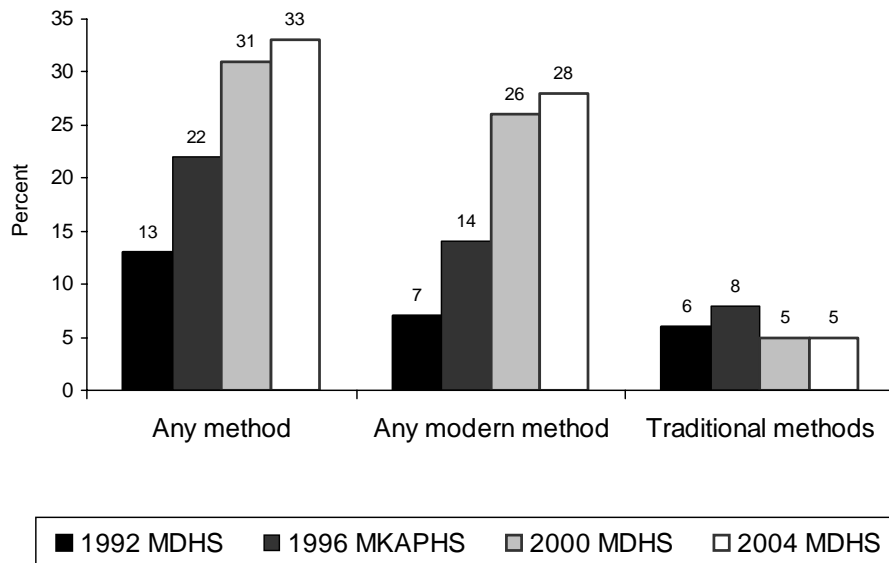
Current Use

Contraceptive prevalence rates are presented in Table 7. Overall, 33 percent of currently married women age 15-49 are using a method of contraception. The majority of these women use modern methods (28 percent). This method mix is similar to that documented in the 2000 MDHS (Figure 2). Contraceptive use, especially use of modern methods, has continued to rise since the early 1990s and is one of the principal causes of the fertility decline. Prevalence of modern contraceptive methods among married women has increased from 7 percent in 1992, to 14 percent in 1996, and to 26 percent in 2000.

Method	All women	Currently married women	All men	Currently married men
Any method	96.7	98.6	97.4	98.8
Any modern method	96.6	98.5	97.4	98.8
Female sterilisation	82.7	87.1	79.3	85.9
Male sterilisation	64.0	68.7	71.5	77.4
Pill	90.1	93.9	82.1	89.5
IUD	67.7	72.6	55.9	63.5
Injectables	93.2	96.9	85.4	92.5
Implants	62.4	67.7	42.2	48.3
Male condom	89.9	92.3	95.8	97.4
Female condom	53.6	55.7	56.4	59.6
Emergency contraception	26.3	28.3	21.6	23.6
Any traditional method	64.2	70.5	58.6	68.5
Periodic abstinence	37.3	40.1	39.8	46.3
Withdrawal	46.9	52.4	45.6	53.9
Folk method	31.1	35.4	14.3	19.4
Mean number of methods known	7.5	10.6	9.4	10.2
Number of women/men	11,698	8,312	3,261	2,079

By far the most popular method among currently married women is injectables (18 percent). The next most used methods are female sterilisation (6 percent), and the pill (2 percent). The rapid increase in use of injectables (from 2 percent in 1992 to 18 percent in 2004) has resulted in a slight drop in the use of the pill and the IUD.

Figure 2 Trends in Contraceptive Use Among Currently Married Women 15-49 1992 to 2004



Differentials in Contraceptive Use

Table 7 presents differentials in contraceptive behaviour among currently married women according to social, regional, and demographic characteristics. Use of contraception is highest among married women age 25-44 (35 percent or higher). Lower levels of contraceptive use among younger women are probably due to their desire to have more children at this period of their reproductive lives. This is apparent from the increasing prevalence of contraceptive use with increasing number of children. A woman's age plays a role in the choice of method; female sterilisation is an important option among women age 35 or older, while injectables are popular among women in their 20s and 30s.

Background characteristic	Modern method								Traditional method				Total	Number of women	
	Any method	Any modern method	Female sterilisation	Pill	IUD	Injectables	Implants	Male condom	Any traditional method	Periodic abstinence	Withdrawal	Folk methods			Not currently using
Age															
15-19	18.9	16.6	0.0	1.3	0.0	11.8	0.1	3.4	2.3	0.0	1.4	1.0	81.1	100.0	788
20-24	29.2	25.4	0.1	1.5	0.1	20.2	0.4	3.0	3.7	0.5	2.2	1.1	70.8	100.0	2,283
25-29	35.3	30.8	1.3	2.7	0.1	24.3	0.7	1.6	4.6	0.7	2.6	1.2	64.7	100.0	1,814
30-34	35.5	31.6	7.0	2.7	0.1	20.1	0.9	0.7	3.9	0.5	2.0	1.4	64.5	100.0	1,225
35-39	36.7	31.8	14.0	2.3	0.2	14.5	0.2	0.6	4.8	0.4	2.2	2.3	63.3	100.0	903
40-44	39.5	33.3	19.1	1.1	0.1	12.1	0.4	0.6	6.2	0.2	2.3	3.6	60.5	100.0	754
45-49	33.0	26.7	19.1	1.1	0.2	5.7	0.0	0.2	6.3	0.6	1.4	4.3	67.0	100.0	545
Residence															
Urban	37.2	34.7	6.4	3.2	0.2	22.5	1.4	1.1	2.5	0.6	0.9	1.0	62.8	100.0	1,337
Rural	31.6	26.9	5.7	1.7	0.1	17.1	0.3	1.9	4.7	0.4	2.4	1.9	68.4	100.0	6,975
Region															
Northern	41.2	28.7	6.6	3.7	0.1	11.0	0.6	6.7	12.5	0.5	10.3	1.7	58.8	100.0	1,087
Central	33.2	29.8	6.8	1.9	0.1	19.0	0.6	1.4	3.3	0.4	1.6	1.3	66.8	100.0	3,346
Southern	29.4	26.5	4.8	1.6	0.1	19.0	0.3	0.7	2.9	0.5	0.4	2.0	70.6	100.0	3,880
Education															
No education	27.0	23.1	6.9	0.9	0.0	14.6	0.1	0.5	3.9	0.6	1.1	2.2	73.0	100.0	2,229
Primary 1-4	29.4	25.5	5.2	2.0	0.0	17.3	0.1	0.8	3.9	0.4	2.0	1.4	70.6	100.0	2,291
Primary 5-8	35.4	30.0	5.8	2.0	0.1	19.0	0.5	2.6	5.4	0.3	3.2	1.9	64.6	100.0	2,850
Secondary +	44.2	41.0	5.1	4.4	0.4	24.5	2.0	4.6	3.2	0.8	1.6	0.7	55.8	100.0	940
Number of living children															
0	1.9	1.8	0.1	0.1	0.1	0.4	0.0	1.1	0.1	0.1	0.0	0.0	98.1	100.0	773
1-2	29.5	26.2	1.0	2.2	0.1	19.8	0.4	2.8	3.3	0.4	2.0	0.9	70.5	100.0	3,327
3-4	37.8	33.0	5.7	2.5	0.1	22.2	0.9	1.6	4.9	0.5	2.8	1.6	62.2	100.0	2,319
5+	43.7	36.5	17.0	1.8	0.1	16.8	0.2	0.4	7.1	0.6	2.6	4.0	56.3	100.0	1,893
District															
Blantyre	36.5	33.7	6.2	2.1	0.2	23.6	0.4	1.2	2.8	0.9	0.2	1.7	63.5	100.0	643
Kasungu	38.4	27.3	5.9	3.0	0.0	16.0	0.8	1.6	11.0	0.7	8.2	2.1	61.6	100.0	385
Machinga	28.0	23.8	3.7	0.3	0.4	17.8	0.0	1.5	4.2	0.1	0.2	3.9	72.0	100.0	317
Mangochi	20.5	17.1	2.0	2.3	0.2	11.1	0.8	0.6	3.4	0.7	0.9	1.7	79.5	100.0	437
Mzimba	39.3	27.8	6.5	2.9	0.3	10.7	0.7	6.7	11.4	0.6	10.4	0.4	60.7	100.0	570
Salima	20.7	19.6	4.2	0.9	0.4	12.4	0.6	1.1	1.2	0.3	0.4	0.5	79.3	100.0	230
Thyolo	30.5	28.2	6.1	1.3	0.0	19.7	0.0	1.1	2.3	0.6	0.0	1.7	69.5	100.0	433
Zomba	32.0	28.2	3.6	1.4	0.0	22.2	0.3	0.8	3.7	0.3	1.2	2.2	68.0	100.0	436
Lilongwe	36.3	34.3	7.3	2.4	0.0	22.1	1.1	1.4	2.0	0.3	0.6	1.1	63.7	100.0	1,175
Mulanje	28.5	24.6	7.2	0.9	0.0	15.4	0.6	0.5	3.9	0.4	0.6	2.9	71.5	100.0	359
Other districts	32.1	27.9	6.1	2.0	0.1	17.7	0.3	1.7	4.2	0.4	2.0	1.8	67.9	100.0	3,326
Total	32.5	28.1	5.8	2.0	0.1	18.0	0.5	1.8	4.3	0.5	2.1	1.7	67.5	100.0	8,312

Note: If more than one method is used, only the most effective method is considered in this tabulation.

Urban women are more likely than rural women to use family planning methods (37 percent compared with 32 percent). Differentials in contraceptive use across Malawi's regions have remained the same since 2000; highest in the Northern Region (41 percent), followed by the Central (33 percent) and Southern regions (29 percent). Choice of contraceptive method varies by region; traditional methods are more popular among women in the Northern Region (13 percent) than among women in the other regions (3 percent).

Contraceptive use increases with level of education. While 27 percent of married women with no formal education are currently using a method, the proportion increases to 44 percent for women with at least some secondary education.

As expected, use of family planning has a strong positive relationship with family size; While 2 percent of married women with no children are currently using a modern method, contraceptive use increases steadily with the number of living children, reaching 44 percent among women with five or more children. Seventeen percent of women with five or more children are sterilised.

Differences also exist by district. Prevalence rates are 36 percent or higher in Lilongwe, Blantyre, Kasungu, and Mzimba, while the rate in Mangochi and Salima is only 21 percent.

Sources of Family Planning Methods

In the 2004 MDHS, users of modern methods were asked about the source from which they obtained their current method. Table 8 shows that two in three women who use modern methods obtain their method from public (government) facilities (67 percent), while 30 percent are supplied through private sources, including 4 percent through private medical sources, 13 percent from mission facilities, and 13 percent from Banja la Mtsogolo (BLM). These findings are similar to those from past DHS surveys. However, the proportion of women who obtain their contraceptive methods from a public facility has gradually declined from 70 percent in 1992 to 67 percent in 2004.

Table 8 Source of supply for modern contraception methods

Percent distribution of current users of modern contraception methods by most recent source of supply, according to specific methods, Malawi 2004.

Source of methods	Modern method					Total
	Female sterilisation	Pill	Injectables	Implants	Male condom	
Public sector	39.4	73.3	77.9	(66.6)	45.4	66.6
Government hospital	34.6	14.7	15.9	(58.7)	8.8	20.0
Government health center	4.6	45.0	55.1	(7.9)	21.1	40.0
Family planning clinic	0.1	0.0	0.9	(0.0)	0.0	0.6
Mobile clinic	0.0	2.7	4.8	(0.0)	6.8	3.7
Field worker	0.0	10.5	0.9	(0.0)	7.9	2.0
Other public	0.0	0.3	0.4	(0.0)	0.8	0.3
Private medical	0.9	5.4	5.4	(0.0)	3.2	4.2
Private hospital/clinic	0.9	1.1	4.6	(0.0)	0.5	3.2
Pharmacy	0.0	0.0	0.0	(0.0)	0.3	0.0
Private doctor	0.0	0.4	0.2	(0.0)	0.0	0.1
Mobile clinic	0.0	1.5	0.1	(0.0)	0.0	0.2
Field worker	0.0	2.4	0.5	(0.0)	2.4	0.7
Mission facilities	17.4	11.6	11.1	(33.4)	8.6	12.6
Hospital	16.0	6.2	5.1	(26.0)	2.3	7.6
Health center	1.4	4.7	5.3	(7.4)	5.0	4.4
Clinic	0.0	0.8	0.7	(0.0)	1.3	0.6
Banja la Mtsogolo (BLM)	42.3	8.7	5.3	(0.0)	1.4	13.2
Other sources	0.0	1.0	0.2	(0.0)	41.4	3.4
Shop	0.0	1.0	0.0	(0.0)	38.9	3.1
Friends/relatives	0.0	0.0	0.1	(0.0)	1.5	0.2
Other	0.0	0.0	0.0	(0.0)	1.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	561	175	1,625	43	203	2,619

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

¹ Total includes 2 women who report having a husband/partner who is using male sterilisation and 11 women who use IUD.

3.5 Fertility Preferences

In the 2004 MDHS, reproductive preferences were measured by the extent to which women want to have the next birth, and when they want to have it. Table 9 shows that 35 percent of currently married women in Malawi say they want no more children, 6 percent are sterilised, and 1 percent say that they are unable to bear children. There has been a substantial shift in the desire to limit childbearing among married women; the percentage of women who say they would like to have no more children increased from 23 percent in 1992 to 38 percent in 2000, then declined to 35 percent in 2004.

More than half of married women expressed a desire to have a child at some time in the future (54 percent). This proportion has declined from 58 percent in 1992. This decline is largely due to the decline in the desire to have a child soon (19 percent in 1992 to 14 percent in 2004).

Fertility preferences are associated with the number of children a women has. In general, the desire to have a child within two years declines with increasing number of children, while the desire to stop childbearing increases with increasing number of children. At the two extremes, 76 percent of childless women want to have a child soon and 67 percent of women with six or more children want no more children (19 percent are sterilised).

Table 9 Reproductive preferences by number of living children								
Percent distribution of currently married women by desire for children, according to number of living children, Malawi 2004								
Desire for children	Number of living children ¹							Total
	0	1	2	3	4	5	6+	
Have another soon ²	76.3	21.1	12.8	10.3	6.6	3.3	1.4	14.0
Have another later ³	7.9	62.4	55.2	44.0	27.8	16.1	8.2	38.2
Have another, undecided when	3.9	2.9	1.5	1.2	1.7	0.7	0.2	1.6
Undecided	2.1	4.0	4.3	5.0	4.4	3.3	1.8	3.8
Want no more	5.0	8.5	23.0	34.7	50.3	63.6	67.3	35.0
Sterilised ⁴	0.1	0.2	1.6	3.8	7.4	11.3	19.2	5.9
Declared infecund	4.5	0.6	1.3	0.9	1.8	1.5	1.6	1.4
Missing	0.2	0.2	0.1	0.1	0.0	0.1	0.3	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	438	1,657	1,726	1,440	1,033	810	1,209	8,312

¹ Includes current pregnancy
² Wants next birth within 2 years
³ Wants to delay next birth for 2 or more years
⁴ Includes both male and female sterilisation

3.6 Childhood Mortality

One of the objectives of the 2004 MDHS was to measure levels and trends in mortality among children. Infant and child mortality rates are basic indicators of a country's socio-economic situation and quality of life. Childhood mortality rates are estimated using information recorded in the birth history section of the Women's Questionnaire. The section begins with questions about the total number of sons and daughters who live with the mother, the number who live elsewhere, and the number who have died. For each of these births, information was collected on sex, month and year of birth, survivorship status and current age, or, if the child had died, age at death.

The mortality rates presented in this report are defined as followed:

- Neonatal mortality: the probability of death in the first month,
- Postneonatal mortality: the difference between infant mortality and neonatal mortality,
- Infant mortality: the probability of death before the first birthday,
- Child mortality: the probability of death between the first and fifth birthdays,
- Under-five mortality: the probability of death before the fifth birthday.

The rates shown in Table 10 were calculated for three five-year periods before the survey. For the most recent five-year period, corresponding roughly to 2000-2004, the infant mortality rate was 76 deaths per 1,000 live births, and child mortality was 61 per 1,000, resulting in an under-five mortality rate of 133 deaths per 1,000 live births. The figures show that there has been a substantial decline in childhood mortality in the most recent past. This is true for all measures, but most importantly during the first month of life. About 30 percent of infant deaths occur during the first month of life, a sharp decline from the preceding five-year period (49 deaths per 1,000 live births).

Years preceding the survey	Approximate calendar years	Neonatal mortality (NN)	Postneonatal mortality (PNN)	Infant mortality (${}_1q_0$)	Child mortality (${}_4q_1$)	Under-five mortality (${}_5q_0$)
0-4	2000-2004	27	49	76	61	133
5-9	1995-1999	49	64	112	84	187
10-14	1990-1994	42	62	104	96	190

Figure 3 shows infant and under-five mortality rates for the three five-year periods preceding the 1992 MDHS, the 2000 MDHS, and the 2004 MDHS. During the 1980s there was virtually no change in childhood mortality. During the 1990s, however, a gradual decrease in infant and under-five mortality is observed, which appears to have accelerated in the most recent five-year period. The recent decline in childhood mortality has also been observed in neighbouring countries.

3.7 Maternal Health

In the 2004 MDHS, mothers were asked questions on antenatal care, tetanus toxoid vaccinations during pregnancy, and assistance received at delivery for each child born since January 2000. Information on whether these mothers received proper care during pregnancy and childbirth is important to gauge the health of the mother and her baby.

Antenatal Care

Regular checkups from a medically trained provider throughout a pregnancy reduces the risk to the mother and child during pregnancy and at delivery. Table 11 shows that 93 percent of last births in the five years preceding the survey received some antenatal care from a health professional. While differentials in antenatal care are small, older women, rural women, women in the Central Region, women with higher parities, and women with no education are slightly less likely to have had antenatal care for their last birth.

Tetanus Toxoid Coverage and Iron Supplement

Tetanus toxoid injections are given during pregnancy in order to prevent neonatal tetanus, a cause of early infant death that often results from failure to observe hygienic procedures during childbirth. During

pregnancy, mothers are also given iron supplements because maternal anaemia is a frequent cause of both maternal and neonatal mortality.

Figure 3 Trends in Infant and Under-five Mortality 1992 to 2004

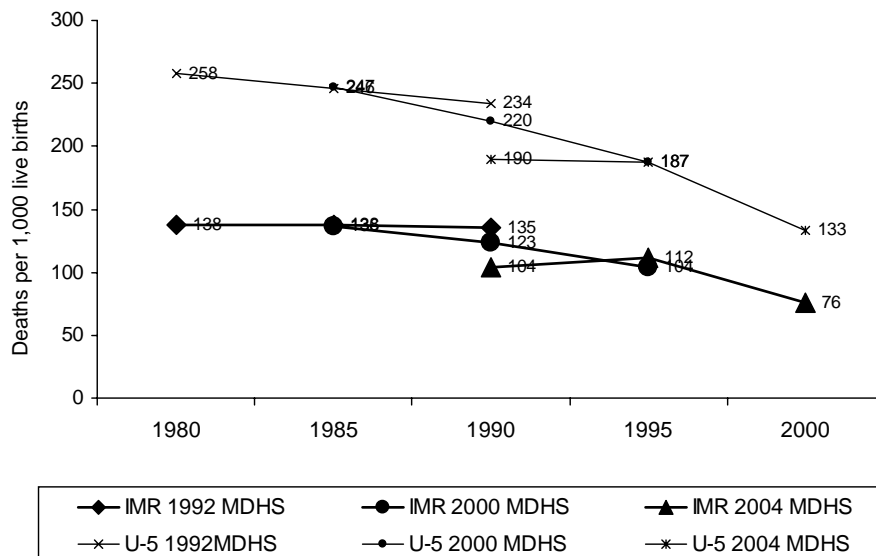


Table 11 shows that 85 percent of mothers whose last birth was in the five years preceding the survey received at least one tetanus toxoid injection and 79 percent were given iron supplementation during pregnancy. Coverage of tetanus toxoid injections is similar to that recorded in the 1992 and 2000 MDHS surveys. Coverage of tetanus toxoid and iron supplementation varies little by mother's background characteristics.

Assistance at Delivery

The availability of medical assistance at delivery helps to lower the risk of adverse pregnancy outcomes, including lowered rates of maternal morbidity, maternal mortality, and perinatal mortality. The proportion of recent births that were assisted by a doctor or nurse/midwife at delivery is 57 percent. This is the same level observed in the 1992 MDHS (55 percent) and the 2000 MDHS (56 percent). Fifty-six percent of births take place in a health facility. Births to younger mothers, mothers in urban areas, mothers with first births, mothers in the Northern Region, and better-educated mothers are more likely to be assisted by a health professional and to take place in a health facility.

3.8 Child Nutritional Status

Nutritional status is an important health indicator as it allows evaluation of the susceptibility of the population to disease, impaired mental development, and early death. In the 2004 MDHS, the height and weight of children under age five were measured in order to estimate their nutritional status. Three standard indicators of growth are used in this report. A child is considered stunted if he is too short for his age. Stunting indicates chronic undernutrition, typically due to poor nutrition over an extended period. A child is considered wasted if he is too thin, i.e., weighs too little for his height. Wasting is an indicator of acute or recent nutritional deficits and is closely tied to mortality risk. Finally, a child is considered underweight if he weighs too little for his age. A child can be underweight for his age because he is stunted, wasted, or both. To allow standardised measurements over time and in different settings,

height and weight data are routinely compared to a reference population. The World Health Organisation (WHO) recommends using the child population data maintained by the NCHS (U.S. National Center for Health Statistics) as the reference.

Table 11 Maternal care indicators by background characteristics

Percentage of women who had a live birth in the five years preceding the survey who received specific maternal health services during pregnancy for the most recent birth, and among all live births in the five years before the survey, percentage delivered by a health professional and percentage delivered in a health facility, by background characteristics, Malawi 2004

Background characteristic	Percentage with antenatal care from health professional ¹	Percentage given at least one tetanus toxoid injection	Percentage given iron tablets syrup during pregnancy	Number of women	Percentage delivered by a health professional	Percentage delivered in a health facility	Number of births
Mother's age at birth							
<20	93.4	87.5	80.5	1,293	56.8	55.3	2,205
20-34	93.4	85.1	79.5	4,979	58.0	56.4	7,321
35+	91.8	81.6	77.3	1,000	51.8	51.2	1,246
Birth order							
1	94.3	88.6	82.4	1,518	63.2	61.8	2,530
2-3	93.9	87.1	80.7	2,659	57.7	56.1	3,945
4-5	92.8	82.4	77.0	1,622	54.7	53.4	2,308
6+	90.9	80.6	76.4	1,473	50.7	49.4	1,989
Residence							
Urban	97.9	90.2	83.4	1,041	83.8	82.8	1,425
Rural	92.4	84.2	78.7	6,231	53.0	51.5	9,347
Region							
Northern	95.8	85.6	91.2	924	66.7	66.4	1,345
Central	91.4	84.7	75.9	2,959	52.0	50.5	4,494
Southern	94.0	85.2	79.2	3,389	59.0	57.3	4,933
Education							
No education	88.2	81.2	72.2	1,885	42.8	40.7	2,903
Primary 1-4	92.1	84.9	78.3	2,021	51.6	50.7	3,102
Primary 5-8	96.1	86.1	83.5	2,485	64.8	64.0	3,637
Secondary +	97.9	90.6	85.6	880	83.3	80.3	1,127
Total	93.2	85.0	79.4	7,271	57.0	55.6	10,771

Note: Total includes 3 women with missing information on education.
¹ Doctor, nurse, midwife, or auxiliary midwife

The status of a child with regard to stunting, wasting, and underweight is determined by how many statistical units, standard deviations, the child's measurements are below the mean of the NCHS reference population. If a child is between 2 and 3 standard deviations below the mean, the child is considered moderately malnourished (stunted, wasted, or underweight); if the child is 3 or more standard deviations below the mean, the child is considered severely malnourished.

Table 12 shows that 48 percent of children under five years of age in Malawi are stunted, or too short for their age, and 22 percent are severely stunted. Five percent of children are wasted or too thin, and 22 percent are underweight. Children's nutritional status in 2004 is virtually identical to the status in 1992 and 2000, indicating that there has been no improvement in the nutritional status of children under age five since 1992.

In general, there are no differences in nutritional status between boys and girls. However, older children, children who live in rural areas, and children in the Central Region are more likely than other children to be stunted. Variations in weight-for-height (wasting) across subgroups of children is less notable.

<u>Table 12 Nutritional status of children</u>							
Percentage of children under five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age, weight-for-height, and weight-for-age, by background characteristics, Malawi 2004							
Background characteristic	Height-for-age		Weight-for-height		Weight-for-age		Number of children
	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage below -3 SD	Percentage below -2 SD ¹	Percentage below -3 SD	Percentage below -2 SD ¹	
Age in months							
<6	1.9	11.6	0.9	4.0	0.5	2.1	758
6-9	7.2	28.6	3.2	6.9	3.1	18.2	657
10-11	15.4	40.3	2.0	10.7	7.1	32.4	299
12-23	30.3	60.7	1.8	6.8	7.4	28.8	1,886
24-35	24.2	47.7	1.9	5.3	5.4	25.1	1,588
36-47	24.8	52.9	1.1	3.1	3.9	20.3	1,645
48-59	25.0	53.5	1.3	4.1	3.1	21.8	1,689
Sex							
Male	23.8	50.0	1.9	5.5	4.5	22.4	4,221
Female	20.7	45.6	1.4	4.8	4.5	21.6	4,299
Residence							
Urban	15.8	37.8	1.6	5.9	3.2	16.8	1,071
Rural	23.1	49.2	1.6	5.1	4.7	22.8	7,449
Region							
Northern	19.0	42.4	1.2	5.9	4.3	17.7	1,210
Central	24.8	52.7	0.9	3.6	4.2	22.5	3,330
Southern	21.1	45.3	2.4	6.3	4.9	23.0	3,980
Mother's education²							
No education	25.6	52.3	2.1	5.8	6.6	26.1	2,132
Primary 1-4	25.2	52.2	1.8	5.3	4.2	24.4	2,276
Primary 5-8	18.6	43.8	1.4	4.8	4.1	19.2	2,718
Secondary +	13.0	33.1	1.2	4.8	2.1	12.9	841
Mother's age²							
15-19	16.9	42.8	2.6	7.4	4.0	21.8	553
20-24	21.8	47.3	1.6	5.0	4.9	21.0	2,660
25-29	20.5	46.8	1.6	5.2	3.4	20.7	2,297
30-34	25.0	51.4	1.5	5.6	5.7	25.5	1,420
35-49	24.8	48.5	1.3	4.2	4.7	22.8	1,590
Total	22.2	47.8	1.6	5.2	4.5	22.0	8,520

Note: Table is based on children who stayed in the household the night before the interview. Each of the indices is expressed in standard deviation units (SD) from the median of the NCHS/CDC/WHO International Reference Population. The percentage of children who are more than three or more than two standard deviations below the median of the International Reference Population (-3 SD and -2 SD) are shown by background characteristics. Table is based on children who have a valid date of birth (month and year) and valid height and weight measurements. Total includes 3 women with missing information on education.

¹Includes children who are below -3 SD

²For women who were not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers were not listed in the household schedule

3.9 Vaccination of Children

In the 2004 MDHS, data on childhood immunisations were collected for all surviving children born since January 2000. For each child, mothers were asked whether they had the health card for the child and, if so, to show the card to the interviewer. When the mother was able to show the health card, the dates of vaccinations were transcribed from the card to the questionnaire. If the card was not available (or a vaccination was not recorded), mothers were asked questions to determine whether the child had received each vaccine.

Vaccination coverage rates are provided in Table 13 by background characteristics, and are based on information from both vaccination records and mothers' reports. The results are presented for children age 12-23 months, thereby including only those children who have reached the age by which the full series of recommended vaccinations should have been received¹. Health cards were seen by interviewers for 74 percent of children age 12-23 months. The proportion of children with health cards seen has declined from 1992 and 2000 when the proportions were 86 and 81 percent, respectively.

The 2004 MDHS data show that 64 percent of children age 12-23 months have received the full series of recommended vaccinations, a decrease from 1992 and 2000 levels (82 and 70 percent, respectively). This is true for all types of vaccines. For example, BCG coverage has decreased from 97 percent in 1992, to 92 percent in 2000, to 91 percent in 2004.

First births, births in urban areas, births to women who live in the Northern Region, and births to women who have attended secondary or higher education are more likely than births to other women to have received full immunisation. There are notable differences in immunisation coverage across districts, ranging from 51 to 53 percent in Salima, Lilongwe and Kasungu to 84 percent in Blantyre.

¹ The World Health Organisation guidelines for childhood immunisations call for all children to receive: a BCG vaccination against tuberculosis; three doses of the DPT vaccine to prevent diphtheria, pertussis and tetanus; three doses of polio vaccine (not considering polio given at birth); and a measles vaccination.

Table 13 Vaccinations by background characteristics

Percentage of children age 12-23 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), and percentage with a vaccination card seen, by background characteristics, Malawi 2004

Background characteristic	BCG	DPT			Polio ¹				Measles	All ²	No vaccinations	Percentage with a vaccination card	Number of children
		1	2	3	0	1	2	3					
Sex													
Male	90.7	94.5	90.9	81.5	36.2	94.2	89.1	77.7	78.8	65.7	4.3	75.4	1,100
Female	92.1	95.5	90.4	81.6	38.0	95.6	90.4	77.7	78.6	63.1	2.7	73.2	1,094
Birth order													
1	94.8	97.6	94.8	86.7	41.4	96.7	92.1	84.1	84.0	72.2	1.8	75.3	473
2-3	91.7	94.7	91.8	83.1	37.4	95.2	90.4	77.3	78.1	64.1	3.7	75.4	811
4-5	92.0	96.4	89.1	79.0	35.6	95.7	89.7	76.0	78.7	62.8	2.3	76.0	489
6+	86.5	91.0	85.2	75.7	33.5	91.5	85.8	73.1	73.8	58.3	6.6	69.2	421
Residence													
Urban	97.2	98.5	95.1	89.8	56.5	99.3	94.0	81.7	86.8	70.7	0.7	73.7	274
Rural	90.6	94.5	90.0	80.3	34.4	94.3	89.1	77.1	77.6	63.5	3.9	74.4	1,920
Region													
Northern	93.9	97.2	95.0	89.7	59.6	97.3	95.0	82.4	84.9	72.5	1.5	78.8	250
Central	88.2	91.4	86.0	75.4	35.5	91.5	85.5	70.7	72.5	56.8	6.1	68.6	921
Southern	93.7	97.6	93.7	85.1	33.1	97.5	92.3	82.7	82.8	69.3	1.7	78.4	1,023
Education													
No education	89.3	93.7	86.3	74.9	29.4	92.9	85.7	68.7	72.1	54.8	4.6	70.5	586
Primary 1-4	88.0	92.3	87.5	76.4	29.9	93.0	87.9	76.1	75.7	61.2	5.1	72.2	643
Primary 5-8	93.9	97.2	94.4	87.3	44.3	97.1	92.4	82.7	81.7	68.5	2.0	77.0	729
Secondary +	98.4	98.5	98.3	94.1	53.9	98.6	96.7	88.6	93.9	84.3	1.4	81.2	236
District													
Blantyre	95.9	100.0	99.1	95.7	55.8	100.0	97.6	92.9	93.0	83.7	0.0	78.6	147
Kasungu	84.6	89.4	81.8	75.4	36.3	89.6	81.2	72.7	64.6	53.4	9.0	74.6	116
Machinga	87.3	94.7	91.1	81.4	25.3	95.2	89.5	80.0	72.7	61.1	3.9	83.3	97
Mangochi	92.5	93.3	87.6	82.5	33.8	92.8	88.1	73.8	76.9	59.5	4.3	68.6	138
Mzimba	94.3	98.3	96.1	92.1	63.8	98.3	96.1	84.3	82.8	72.3	1.7	81.1	129
Salima	94.1	95.6	86.0	71.3	37.9	94.6	84.6	67.4	77.2	51.1	1.5	60.3	69
Thyolo	97.9	99.0	96.8	88.4	22.2	98.9	96.8	87.2	87.0	74.8	0.0	74.7	116
Zomba	93.4	98.3	97.7	91.3	30.9	98.3	93.6	88.1	84.7	72.9	1.7	81.0	108
Lilongwe	85.8	87.2	80.4	69.0	32.5	88.6	82.5	65.3	70.7	52.5	10.0	59.0	292
Mulanje	94.4	98.5	95.0	83.9	24.7	97.8	90.4	83.2	81.2	68.5	1.5	85.9	81
Other districts	91.7	95.9	91.6	80.9	37.4	95.5	90.2	77.0	79.2	64.9	2.4	76.7	901
Total	91.4	95.0	90.6	81.5	37.1	94.9	89.7	77.7	78.7	64.4	3.5	74.3	2,194

¹Polio 0 is the polio vaccination given at birth.

²BCC, measles and three doses each of DPT and polio vaccine (excluding polio vaccine given at birth)

3.10 Childhood Illnesses

The prevalence of acute respiratory infection (ARI) in the 2004 MDHS was estimated by asking mothers whether their children under age five had been ill with cough accompanied by short, rapid breathing in the two weeks preceding the survey. These symptoms are compatible with pneumonia. Mothers were also asked if their children had fever or diarrhoea in the same time period. It should be kept in mind that morbidity data collected in the MDHS are based on mothers' reports and are not validated by medical examination.

Table 14 shows that treatment was sought for 18 percent of children under five years who were reported by their mothers to have had symptoms of ARI and/or fever. Children under 6 months, those living in urban areas, those living in the Southern Region, and children whose mothers have some secondary education are more likely to be treated for ARI and fever than other children.

Background characteristic	Children with symptoms of ARI or with fever		Children with diarrhoea			
	Percentage for whom treatment was sought from a health facility/provider ¹	Number with ARI/ fever	Percentage for whom treatment was sought from a health facility/provider ¹	Percentage given solution from ORS packet	Percentage given any ORT ²	Number with diarrhoea
Age in months						
<6	20.7	431	20.9	35.8	51.8	102
6-11	18.9	732	37.6	62.1	70.6	490
12-23	19.3	1,227	36.9	67.3	74.7	853
24-35	14.3	817	27.2	58.2	69.6	375
36-47	18.5	630	31.7	55.1	62.1	206
48-59	16.4	522	26.2	55.3	66.9	150
Sex						
Male	18.7	2,197	34.5	63.2	72.7	1,134
Female	17.2	2,163	32.2	58.9	67.2	1,043
Residence						
Urban	21.9	466	37.8	67.0	79.2	234
Rural	17.5	3,894	32.8	60.4	69.0	1,943
Region						
Northern	16.5	459	22.8	48.5	59.9	153
Central	16.2	1,925	28.6	57.8	67.0	1,083
Southern	20.0	1,976	40.6	67.0	75.3	942
Mother's education						
No education	15.1	1,136	26.2	59.1	68.4	554
Primary 1-4	16.1	1,358	33.8	58.9	65.6	724
Primary 5-8	20.4	1,457	34.3	63.0	73.2	683
Secondary +	23.4	407	47.3	68.2	79.5	216
Total	18.0	4,360	33.4	61.1	70.1	2,177

¹Excludes pharmacy, shop, and traditional practitioner
²Includes ORS, recommended home fluid, or increased fluids

Treatment for diarrhoea was sought from a health facility or health provider for 33 percent of children with diarrhoea. Six in ten children with diarrhoea were treated with solution prepared from prepackaged oral rehydration salts (ORS) and 70 percent were given some form of oral rehydration therapy (ORT). ORT includes ORS, recommended homemade fluids, and increased fluids. Since 2000, there has been an increase in the proportion of children with diarrhoea who were treated with ORT (62 percent in 2000 compared with 70 percent in 2004).

3.11 Breastfeeding

UNICEF and WHO recommend that children be exclusively breastfed for the first 6 months of life. During this time, the child should receive no other liquids or food. The timing of the introduction of complementary foods to the breastfeeding child has important health implications for both the child and mother. Table 15 shows data on the breastfeeding status of young children from birth to 3 years of age. Overall, 53 percent of children younger than 6 months are exclusively breastfed. Three in four children less than 2 months are exclusively breastfed. In Malawi, complementary feeding is introduced at an early age. Among children under 2 months, 11 percent are given water and 8 percent have received complementary foods.

Use of a bottle and a nipple is limited. At any age, except 10-11 months, 6 percent or less of children are given a bottle with a nipple.

Table 15 Breastfeeding status by age

Percent distribution of youngest children under three years living with the mother by breastfeeding status and percentage of children under three years using a bottle with a nipple, according to age in months, Malawi 2004

Age in months	Breastfeeding and consuming:						Total	Number of children	Percentage using a bottle with a nipple ¹	Number of children
	Not breastfeeding	Exclusively breastfed	Plain water only	Water-based liquids/juice	Other milk	Complementary food				
<2	1.6	74.2	11.2	3.9	1.4	7.8	100.0	316	1.6	326
2-3	0.0	59.0	16.2	4.9	3.3	16.6	100.0	415	2.9	419
4-5	0.5	26.9	23.7	5.7	1.7	41.4	100.0	361	3.4	363
6-7	1.2	3.8	19.0	3.6	0.9	71.5	100.0	416	6.3	420
8-9	1.5	0.9	8.6	0.8	0.0	88.2	100.0	400	4.9	402
10-11	1.2	1.0	3.9	1.7	0.6	91.7	100.0	364	8.2	366
12-15	2.3	0.3	0.9	0.7	0.0	95.8	100.0	783	4.6	795
16-19	7.9	0.3	1.8	0.2	0.0	89.7	100.0	709	5.3	740
20-23	19.7	0.0	1.3	0.0	0.2	78.8	100.0	615	5.0	660
24-27	66.6	0.0	0.3	0.0	0.0	33.1	100.0	465	2.5	584
28-31	82.4	0.1	0.0	0.0	0.0	17.5	100.0	437	3.4	597
32-35	87.4	0.1	0.6	0.0	0.0	11.9	100.0	358	2.2	562
<6	0.6	52.8	17.2	4.9	2.2	22.2	100.0	1,092	2.7	1,109
6-9	1.4	2.4	13.9	2.2	0.5	79.7	100.0	815	5.6	822

Note: Breastfeeding status refers to a "24-hour" period (yesterday and last night). Children classified as breastfeeding and consuming plain water only consume no supplements. The categories of not breastfeeding, exclusively breastfed, breastfeeding and consuming plain water, water-based liquids/juice, other milk, and complementary foods (solids and semi-solids) are hierarchical and mutually exclusive, and their percentages add to 100 percent. Thus children who receive breast milk and water-based liquids and who do not receive complementary foods are classified in the water-based liquid category even though they may also get plain water. Any children who get complementary food are classified in that category as long as they are breastfeeding as well.

¹Based on all children under three years

3.12 Anaemia

The level of haemoglobin concentration in the blood is used as an indicator to estimate the prevalence of anaemia in a population. In the 2004 MDHS, haemoglobin levels of women age 15-49 and children 6-59 months were measured using the HemoCue method. Levels of anaemia can be classified as severe, moderate, and mild based on the haemoglobin concentration in the blood and according to criteria developed by the World Health Organisation. Severe anaemia is diagnosed when the haemoglobin concentration is less than 7.0 grams per decilitre (g/dl); moderate anaemia when the haemoglobin concentration is 7.0-9.9 g/dl, and mild anaemia when the haemoglobin concentration is 10.0-11.9 g/dl (10.0-10.9 for pregnant women).

Table 16 presents the anaemia rates for children under five years of age and for women. In Malawi, anaemia affects 68 percent of children, 24 percent have mild anaemia, 39 percent have moderate anaemia, and 5 percent have severe anaemia. Prevalence of any anaemia varies by residence; it is more common among children in rural areas and in the Southern Region. Prevalence of anaemia among children varies by mother's education. While 71 percent of children whose mother had no education are anaemic, the corresponding proportion for children of mothers with secondary or higher education is 60 percent. (Most of the children with missing information on mother's education do not live with their mother.)

Table 16 Anaemia among children and women

Percentage of children age 6-59 months and women age 15-49 years classified as having iron-deficiency anaemia, by background characteristics, Malawi 2004

Background characteristic	Percentage with anaemia				Number
	Any anaemia	Mild anaemia	Moderate anaemia	Severe anaemia	
CHILDREN					
Residence					
Urban	60.9	22.2	36.9	1.8	231
Rural	69.0	24.4	39.6	5.0	1,942
Region					
Northern	68.2	28.3	36.7	3.2	309
Central	63.3	22.4	36.0	4.9	824
Southern	71.9	24.3	42.7	4.8	1,040
Mother's education					
No education	70.5	22.1	42.6	5.8	579
Primary 1-4	70.3	26.9	39.6	3.8	557
Primary 5-8	68.6	22.6	40.7	5.3	683
Secondary +	59.9	23.2	32.2	4.4	197
Missing	60.0	29.8	29.4	0.8	158
Total	68.1	24.2	39.3	4.6	2,173
WOMEN					
Residence					
Urban	39.6	25.1	13.0	1.5	399
Rural	45.8	33.5	10.5	1.8	2,480
Region					
Northern	46.9	35.4	9.9	1.6	458
Central	41.9	30.6	9.6	1.7	1,035
Southern	46.6	32.6	12.1	1.9	1,386
Education					
No education	47.9	34.3	10.7	2.9	705
Primary 1-4	48.2	34.2	12.4	1.7	740
Primary 5-8	42.0	30.7	9.9	1.4	1,032
Secondary +	41.4	29.5	10.6	1.2	402
Total	45.0	32.3	10.8	1.8	2,879

Note: Table is based on children and women who stayed in the household the night before the interview. Prevalence is adjusted for altitude (for children and women) and smoking (for women) using CDC formulas (CDC, 1998). Women and children with <7.0 g/dl of hemoglobin have severe anaemia, women and children with 7.0-9.9 g/dl have moderate anaemia, and non-pregnant women with 10.0-11.9 g/dl and children and pregnant women with 10.0-10.9 g/dl have mild anaemia.

Overall, 45 percent of women in Malawi are anaemic; 32 percent have mild anaemia, 11 percent have moderate anaemia, and 2 percent are severely anaemic. Rural women and less educated women are more likely to be anaemic than other women.

3.13 HIV/AIDS

Condom Use

The principal goal of the Malawi National AIDS Control Programme (NACP) is to limit the spread of HIV, the virus that causes AIDS. The 2004 MDHS collected information from men and women on their knowledge, attitude and behaviour regarding HIV/AIDS-related issues. In this report, the findings are focused on one area of programmatic and social concern: use of condoms with different partner types.

Table 17.1 Use of condoms by type of partner: women						
Among women reporting sexual activity in the past 12 months, percentage who say they used a condom the last time they had sex with their spouse or cohabiting partner, with a non-cohabiting partner, and with any partner, by background characteristics, Malawi 2004						
Background characteristic	Spouse or cohabiting partner		Non-cohabiting partner		Any partner	
	Percent	Number	Percent	Number	Percent	Number
Age						
15-19	4.1	804	34.9	302	12.4	1,095
20-24	4.5	2,314	35.4	199	6.9	2,499
25-29	3.4	1,839	26.6	106	4.5	1,940
30-39	1.9	2,138	17.3	112	2.6	2,241
40-49	1.2	1,271	(9.7)	44	1.4	1,312
Marital status						
Never married	*	4	37.5	430	37.6	434
Married or living together	3.0	7,968	22.6	74	3.1	8,004
Divorced/separated/widowed	3.4	393	19.2	258	9.7	649
Residence						
Urban	3.8	1,327	43.7	211	9.2	1,534
Rural	2.9	7,039	24.5	551	4.4	7,553
Region						
Northern	7.0	999	43.1	75	9.4	1,068
Central	2.7	3,419	37.9	231	4.8	3,635
Southern	2.4	3,947	23.6	456	4.5	4,383
Education						
No education	1.5	2,249	9.6	100	1.7	2,338
Primary 1-4	1.8	2,327	18.4	153	2.8	2,467
Primary 5-8	4.3	2,832	30.0	274	6.5	3,092
Secondary +	6.0	957	45.8	234	13.7	1,189
Total	3.0	8,366	29.8	762	5.2	9,087

Note: Figures in parentheses are based on 25-49 cases. An asterisk identifies that an estimate is based on fewer than 25 cases. Total includes one woman with missing information on education.

Tables 17.1 and 17.2 show the percentage of women and men who reported that they used a condom during their last sexual intercourse with a spouse or cohabiting partner, with a non-cohabiting partner, and with the last partner of any type, according to background characteristics. In general, the collection of sensitive data such as sexual behaviour is difficult. Furthermore, behaviours that are socially unsanctioned, i.e., extramarital and premarital sex, tend to be underreported. It is not feasible to determine the extent to which the reported levels and patterns of sexual activity across partner types (on

which the condom use findings are based) provide a representative picture of the actual levels and patterns occurring in the population.

Table 17.2 Use of condoms by type of partner: men

Among men reporting sexual activity in the past 12 months, percentage who say they used a condom the last time they had sex with their spouse or cohabiting partner, with a non-cohabiting partner, and with any partner, by background characteristics, Malawi 2004

Background characteristic	Spouse or cohabiting partner		Non-cohabiting partner		Any partner	
	Percent	Number	Percent	Number	Percent	Number
Age						
15-19	*	13	35.6	210	34.4	223
20-24	11.1	259	58.8	195	30.1	435
25-29	7.3	479	55.5	115	15.4	564
30-39	8.6	698	37.6	83	9.8	7390
40-49	2.3	436	*	19	2.3	442
50-59	3.4	139	*	8	4.8	142
Marital status						
Never married	*	8	47.8	444	48.0	451
Married or living together	6.6	2,003	45.2	141	7.2	2,035
Divorced/separated/widowed	*	14	(38.8)	45	34.2	59
Residence						
Urban	9.4	347	56.3	168	23.0	494
Rural	6.4	1,678	43.0	463	13.2	2,051
Region						
Northern	13.5	229	55.7	76	22.2	291
Central	6.0	871	49.7	235	13.5	1,055
Southern	6.1	924	42.0	319	14.7	1,198
Education						
No education	4.4	315	(20.5)	45	6.2	350
Primary 1-4	4.8	524	38.0	146	11.0	646
Primary 5-8	6.9	750	40.7	218	13.5	927
Secondary +	11.5	434	63.2	221	26.9	620
Total	6.9	2,025	46.6	630	15.1	2,545

Note: Figures in parentheses are based on 25-49 cases. An asterisk identifies that an estimate is based on fewer than 25 cases. Total includes two men with missing information on education.

The 2004 MDHS data indicate that only 5 percent of women and 15 percent of men who had sex in the past year reported the use of a condom during their last sexual intercourse with any partner. Men and women are more likely to use condoms during sexual encounters with non-cohabiting partners than with spouses/cohabiting partners (30 percent compared with 3 percent among women and 47 percent compared with 7 percent among men).

Younger and never-married respondents, those living in urban areas, and respondents in the Northern Region report higher condom use than other respondents. For women and men, condom use increases with education. For example, while 2 percent of women with no education used a condom at last sex with any partner, the corresponding proportion for women with secondary or higher education is 14 percent. The proportions for men are 6 and 27 percent, respectively.

Testing for HIV

In the 2004 MDHS, respondents were asked if they had ever been tested for HIV. Those who were tested were asked if they received the results. Tables 18.1 and 18.2 present the findings.

Eight percent of women and 16 percent of men reported that they has been tested for HIV. Women age 20-39 are the most likely to have had the test. The test is more common among never-married women who are sexually active, women living in urban areas, and women who have upper primary or higher education, than other women (Table 18.1). Among men, those age 25-29 are most likely to have had an HIV test (23 percent). As with women, men who are divorced or widowed are the most likely to have taken the test, followed by married men and men who have never married but have had sex.

Background characteristic	Ever tested				Total	Percentage tested and received results in past 12 months	Number of women
	Received results	No results	Never tested	DK/Missing			
Age							
15-19	5.1	0.8	89.9	4.2	100.0	3.7	2,392
20-24	8.7	1.0	77.9	12.4	100.0	4.6	2,870
25-29	7.1	0.9	79.9	12.1	100.0	3.3	2,157
30-39	7.6	0.9	82.0	9.5	100.0	3.5	2,595
40-49	5.8	0.9	88.2	5.1	100.0	2.3	1,684
15-24	7.1	0.9	83.4	8.7	100.0	4.2	5,262
Marital status							
Never married	7.3	0.5	89.8	2.3	100.0	5.0	1,970
Ever had sex	14.4	0.8	81.1	3.7	100.0	9.1	671
Never had sex	3.7	0.3	94.4	1.6	100.0	2.8	1,299
Married/Living together	6.7	1.0	81.8	10.5	100.0	3.1	8,312
Divorced/Separated/Widowed	8.5	1.0	81.8	8.8	100.0	4.4	1,416
Residence							
Urban	13.7	0.9	74.2	11.2	100.0	5.8	2,076
Rural	5.6	0.9	85.1	8.5	100.0	3.1	9,621
Region							
Northern	6.7	1.1	83.5	8.7	100.0	3.8	1,552
Central	5.3	0.8	84.3	9.6	100.0	2.5	4,734
Southern	8.7	0.9	82.0	8.5	100.0	4.5	5,412
Education							
No education	4.3	1.0	85.7	9.0	100.0	2.1	2,640
Primary 1-4	5.5	0.9	84.7	8.9	100.0	3.0	7,247
Primary 5-8	16.1	0.9	73.6	9.4	100.0	8.1	1,728
Secondary +	38.6	0.0	58.2	3.2	100.0	13.6	83
Total	7.0	0.9	83.1	8.9	100.0	3.6	11,698

Nine in ten women and men who were tested for HIV received the test results. There are differences in the percentage of respondents who received their HIV status. Women who are either married or formerly married (divorced, widowed or separated) are more likely than unmarried women to get their test results. Women who live in urban areas and women in the Southern Region are also more likely to get the test results. The likelihood of a woman receiving her HIV test result increases with level of education. The percentage of men who received the HIV test results does not vary as much as that of women (Table 18.2).

Table 18.2 Men who had an HIV test and received test results

Percent distribution of men by HIV testing status, and among those who were tested for HIV, percentage who received test results in the past 12 months, by background characteristics, Malawi 2004

Background characteristics	Ever tested				Total	Percentage tested and received results in past 12 months	Number of men
	Received results	No results	Never tested	DK/Missing			
Age							
15-19	6.1	0.8	91.5	1.6	100.0	4.1	650
20-24	18.0	1.1	80.9	0.0	100.0	10.1	587
25-29	21.6	1.5	76.5	0.4	100.0	10.3	634
30-39	15.5	1.5	82.8	0.2	100.0	7.6	779
40-49	14.5	2.9	82.5	0.0	100.0	6.2	464
50-54	10.1	1.2	88.4	0.3	100.0	4.1	148
15-24	11.7	0.9	86.5	0.8	100.0	7.0	1,237
Marital status							
Never married	12.9	0.7	85.4	1.0	100.0	7.9	1,084
Ever had sex	17.8	0.8	81.3	0.1	100.0	11.6	686
Never had sex	4.4	0.5	92.5	2.5	100.0	1.6	399
Married/Living together	15.7	1.9	82.2	0.3	100.0	7.3	2,079
Divorced/Separated/Widowed	19.9	0.5	79.6	0.0	100.0	7.3	98
Residence							
Urban	24.9	1.5	73.3	0.3	100.0	13.5	669
Rural	12.3	1.5	85.7	0.5	100.0	6.0	2,593
Region							
Northern	18.4	1.1	79.9	0.6	100.0	10.1	423
Central	13.9	1.8	83.6	0.7	100.0	6.3	1,370
Southern	14.8	1.2	83.8	0.2	100.0	7.9	1,468
Education							
No education	9.6	0.3	89.3	0.8	100.0	5.1	383
Primary 1-4	10.1	1.8	86.6	1.6	100.0	3.9	798
Primary 5-8	12.0	1.4	86.5	0.0	100.0	6.3	1,220
Secondary+	25.9	1.7	72.4	0.0	100.0	13.7	859
Total	14.9	1.5	83.2	0.5	100.0	7.5	3,261

3.14 Mosquito Nets

In a country where malaria is a major killer, especially among children, it is important to protect children from the disease through the use of mosquito nets. Information on the possession and use of mosquito nets was collected from all households in the 2004 MDHS.

Table 19 shows that overall, 42 percent of households in Malawi have at least one mosquito net. Households in urban areas, in the Northern region, and in Machinga and Salima districts are more likely to have a mosquito net than other households. Households in Machinga, Mangochi, and Salima have an average of one mosquito net, while the national average is 0.7 mosquito net per household.

More than 70 percent of children under age five are not protected from mosquitoes. The corresponding proportions for women age 15-49 and men age 15-54 are 20 percent and 18 percent, respectively. Children and adults in urban households are more than twice as likely as those in rural areas to be protected from mosquitoes. Coverage of mosquito nets for children and adults is highest in Machinga District. Mosquito nets are the least available among households in the Central Region and in Kasungu District.

Table 19 Mosquito net coverage

Percentage of households with mosquito nets, the mean number of mosquito nets per household, and the percentage of children under age five, women 15-49, and men 15-54 who slept under a mosquito net the previous night, by background characteristics, Malawi 2004

Background characteristic	Households			Children under five ²		Women 15-49 ²		Men 15-54 ²	
	Percentage of HH with at least one mosquito net	Mean number of mosquito nets per household ¹	Number of households	Percentage of children who slept under mosquito net last night ³	Number of children	Percentage of women who slept under mosquito net last night ³	Number of women	Percentage of men who slept under mosquito net last night ³	Number of men
Residence									
Urban	55.8	1.1	2,262	52.9	1,956	36.2	2,237	28.8	2,672
Rural	39.1	0.6	11,402	21.8	10,510	16.9	10,116	14.9	9,829
Region									
Northern	46.8	0.9	1,584	32.4	1,580	22.9	1,640	17.9	1,602
Central	38.5	0.6	5,589	23.1	5,077	16.9	5,003	15.4	5,375
Southern	43.6	0.7	6,491	28.3	5,811	22.7	5,710	20.3	5,524
Education									
No education	u	u	u	u	u	10.1	114	10.1	66
Primary 1-4	u	u	u	u	u	13.8	3,120	11.6	2,781
Primary 5-8	u	u	u	u	u	20.7	4,327	14.9	4,859
Secondary +	u	u	u	u	u	44.5	1,933	29.6	3,311
District									
Blantyre	41.4	0.7	1,111	29.8	874	22.4	967	17.3	1,167
Kasungu	32.8	0.5	544	13.1	537	9.1	519	7.4	599
Machinga	63.8	1.0	539	33.0	562	32.0	453	25.8	425
Mangochi	56.6	1.0	727	41.7	802	35.3	639	31.3	586
Mzimba	37.7	0.7	795	29.7	808	22.0	822	17.6	801
Salima	62.2	1.0	392	39.1	409	34.3	322	32.8	309
Thyolo	31.8	0.5	734	13.0	614	11.6	650	13.5	587
Zomba	50.3	0.9	760	38.5	707	29.6	679	27.1	615
Lilongwe	42.9	0.7	2,127	30.5	1,787	22.8	1,809	20.2	2,108
Mulanje	29.7	0.5	611	20.1	468	13.9	541	16.6	434
Other districts	39.0	0.7	5,325	22.1	4,898	16.7	4,953	14.6	4,869
Total	41.9	0.7	13,664	26.7	12,467	20.4	12,353	17.9	12,501

¹ Mean number of mosquito nets per households includes all households, including those without any mosquito nets.

² Includes only de facto men, women, and children, based on household data.

³ Percent of men, women, and children who slept under mosquito nets includes those in households without mosquito nets.

u= Unknown (not available)

3.15 Physical Violence

One of the objectives of the 2004 MDHS is to present measures of women's experience of different types of violence. The indicators presented include the prevalence, severity, and frequency of violence. Only one woman of reproductive age per household was selected to be interviewed on the domestic violence module. The interview required absolute privacy; no other adult or child capable of understanding the questions was to be present. If privacy is compromised during the interview, the interviewer was instructed to immediately stop, and if necessary, change the subject. She does not resume the interview until privacy is secured.

Table 20 shows that 12 percent of women have experienced physical violence since age 15 and 3 percent have experienced physical violence in the past 12 months. The experience of physical violence varies by background characteristics. Young women, women who have never married, and women with higher education, are more likely than other women to have experienced physical violence since age 15. Among women who work, those who are paid in-kind are more likely than other women to have experienced physical violence.

Compared with other groups of women, the experience of physical violence by young women and never-married women is more marked in the 12 months preceding the survey. For example, while 9 percent of women age 15-19 experienced physical violence in the 12 months before the survey, the corresponding proportion for older women is 2 percent or less. Similarly, 11 percent of never-married women experienced physical violence in the 12 months before the survey compared with 2 percent or less of married or formerly married women.

Table 20 Experience of physical violence since age 15

Percentage of women who have experienced physical violence since age 15 and the percentage who experienced physical violence in the past 12 months, by background characteristics, Malawi 2004

Background characteristic	Percentage who experienced physical violence		
	Since age 15	In the past 12 months	Number of women
Age			
15-19	20.2	9.0	1,580
20-29	11.6	1.7	4,503
30-39	8.9	1.4	2,264
40-49	6.9	0.4	1,352
Marital status			
Never married	23.1	11.1	1,125
Married or living together	10.1	1.6	7,396
Divorced/separated/widowed	11.1	1.4	1,178
Residence			
Urban	15.2	1.5	1,605
Rural	11.0	2.9	8,093
Region			
Northern	10.0	3.9	1,150
Central	12.1	2.4	3,942
Southern	11.9	2.5	4,606
Education			
No education	6.2	0.9	2,467
Primary 1-4	11.7	2.3	2,638
Primary 5-8	13.3	3.9	3,308
Secondary +	18.4	3.4	1,283
Employment			
Employed, receives cash	12.1	2.7	1,750
Employed, receives in-kind	20.1	4.0	162
Employed, unpaid	10.4	2.2	3,866
Not employed	12.5	3.0	3,921
Total	11.7	2.6	9,699

Note: Total includes one woman with missing information on education.

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