

The top portion of the cover features a decorative border. It consists of three horizontal bands. The top and bottom bands are light blue and contain a repeating pattern of brown circular motifs, each with a white wavy line and three small white dots. The middle band is a darker blue and contains a repeating pattern of stylized fish in brown and grey.

HIV/AIDS and Other Sexually Transmitted Infections In Malawi

**Findings from the
2000 Malawi Demographic
and Health Survey**

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National Statistical Office
Zomba, Malawi

ORC Macro
Calverton, Maryland, USA

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Additional information about the 2000 Malawi DHS survey may be obtained from the National Statistical Office, PO 333 Zomba, Malawi, (telephone: 265 524-377; e-mail: demography@statistics.gov.mw). Information about the MEASURE DHS+ project and a copy of this report or the final report for the survey may be obtained from ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (Telephone: 301-572-0200; Fax: 301-572-0999; E-mail: reports@macroint.com; Internet: www.measuredhs.com).

Introduction

This report on HIV/AIDS and other sexually transmitted infections in Malawi was prepared for the *XIV International AIDS Conference* in Barcelona, Spain, July 2002. The text is reprinted from chapter 11 of the final report for the 2000 Malawi Demographic and Health Survey (MDHS).¹ The chapter was written by Henry Damisoni and George Bicego.

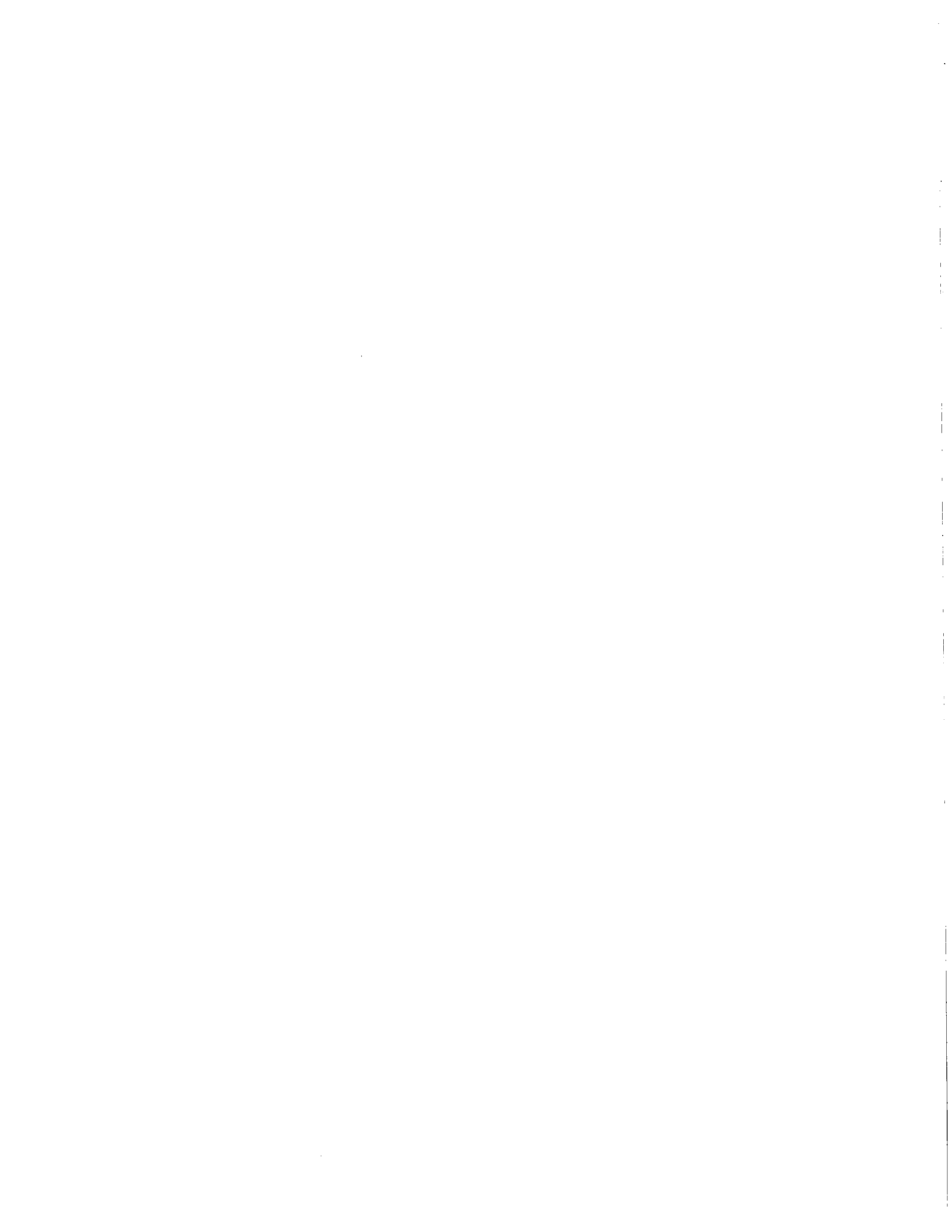
The MDHS 2000 was a nationally representative sample survey carried out by the National Statistical Office (NSO) in collaboration with ORC Macro. Fieldwork for the survey took place from July to November 2000. ORC Macro provided technical assistance through the MEASURE DHS+ project. The survey was funded by the U.S. Agency for International Development (USAID), the Department for International Development (DfID), and the United Nations Children's Fund (UNICEF/Malawi).

The primary objective of the 2000 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 policymakers and programme managers in evaluating and designing programmes and strategies for improving health, family planning, and social services in Malawi.

Three types of questionnaires were used for the MDHS: the Household Questionnaire, the Women's Questionnaire, and the Men's Questionnaire. The questionnaires were based on the model survey instruments developed for the MEASURE DHS+ project. They were adapted for use in Malawi in collaboration with a wide range of stakeholders. After the MDHS survey instruments were prepared, they were translated into and Chichewa and Tumbuka and pretested.

A total of 14,213 households were interviewed during the survey. In these households 13,220 women age 15-49 and 3,092 men age 15-54 were interviewed. The survey was designed to provide estimates of health and demographic indicators at the national level, for urban-rural areas, and for some districts that were designated for over-sampling (including Blantyre, Karonga, Kasungu, Lilongwe, Machinga, Mangochi, Mulanje, Mzimba, Salima, Thyolo, and Zomba).

¹ National Statistical Office [Malawi] and ORC Macro. 2001. *Malawi Demographic and Health Survey 2000*. Zomba, Malawi and Calverton, Maryland, USA: National Statistical Office and ORC Macro.



Acquired immune deficiency syndrome (AIDS) is one of the most serious public health and development challenges to ever visit sub-Saharan Africa. In Malawi, it is estimated that 15 percent of adults age 15-49 are currently infected with the human immunodeficiency virus (HIV), the virus that causes AIDS (NACP, 2001). This would mean that 740,000 men and women will develop or already have developed AIDS. Further, 65,000 children under age 15 are estimated to be HIV infected. About three-quarters of all AIDS cases occur among people in the most economically productive age group, 20-45 years. The deaths of these individuals constitute personal, economic, and social tragedies in the lives of surviving family, friends, and employers.

The principal mode of HIV transmission in Malawi is heterosexual contact. This accounts for 90 percent of HIV infections in the country (UNAIDS, 2000). The duration between HIV infection and onset of AIDS varies but averages 9-10 years, and death typically ensues within 1-2 years of symptom onset.¹ This is followed in importance by perinatal transmission (9 percent of all HIV infections), whereby the mother passes HIV to the child during pregnancy or around the time of birth. It has been estimated that approximately 20 percent of babies born to HIV-positive mothers will be infected around the time of birth. About one-half of children infected perinatally will die before their fifth birthday. It is now understood that the virus may also be passed from mother to infant during breastfeeding.

The children of HIV-infected parents who are not themselves infected are still at a great disadvantage, due to health and social consequences of losing one or both parents to AIDS. It is estimated that between 1990 and 2000, the number of Malawian children under 15 who were living without one or both parents grew from about 740,000 to 1.20 million (Hunter and Williamson, 2000), with most of the increase being the result of sharp rises in the rates of adult mortality (see Chapter 12).

The future course of Malawi's AIDS epidemic depends on a number of important variables, including the level of public awareness about HIV/AIDS, the level and pattern of risk-related behaviours, access to high-quality services for sexually transmitted infections (STIs), and provision of HIV-testing and counseling. The impact of AIDS is now affecting all sectors of Malawian society, and the nation's response needs to be matched with multisectoral strategies and interventions. The National AIDS Control Programme (NACP) is on the leading edge of efforts to bring down barriers to effective HIV/AIDS programmes and has identified the key challenges and opportunities to galvanise an effective national effort in "Malawi's National Response to HIV/AIDS for 2000-2004: Combating HIV/AIDS with Renewed Hope and Vigour in the New Millennium" (NACP, 2001).

The data obtained from the 2000 MDHS survey provide a good opportunity to assess levels and trends in some of these factors. This chapter first presents findings about current levels of general and more specific knowledge on AIDS-related issues. Since knowledge of one's own HIV

¹ These estimates of survival times assume no use of antiretroviral therapies.

status is considered an important step leading to a constructive attitude and behaviour change, information on the respondents' experience with HIV-testing is provided. Next, findings are presented on knowledge of and experience with other sexually transmitted infections, which may be important cofactors in HIV transmission. The chapter concludes by providing information on patterns of sexual activity and condom use. The principle objective of this chapter is to establish the prevalence of relevant knowledge, perceptions, and behaviours at the national level and within geographic and socioeconomic subgroups of the population. In this way, AIDS control programmes can target those groups of individuals most in need of information and services and most vulnerable to the risk of HIV infection.

1.1 KNOWLEDGE OF WAYS TO PREVENT HIV/AIDS

Table 1.1 shows that general awareness of AIDS is nearly universal in Malawi, with 99 percent of women and almost 100 percent of men reporting that they had "heard of AIDS." Fewer, but still a large proportion of, women and men report that they think that there is "a way to avoid getting AIDS" (93 percent of women and 98 percent of men). Women and men living in rural areas and in the Northern Region are more likely to report that AIDS cannot be avoided than urban respondents and those living in the Central and Southern regions. Education is also strongly related to poor understanding of HIV/AIDS prevention. For example, less than 1 percent of women who ever attended secondary school reported that AIDS cannot be avoided, compared with 11 percent of women who have not attended school.²

If respondents reported that AIDS could be avoided, they were asked to report how "a person could avoid getting the AIDS virus." Two types of questions were asked about ways to avoid getting HIV/AIDS. First, an open-ended question was asked, and respondents were allowed to give all the ways to avoid HIV/AIDS that they knew of without prompting. Next, women and men were asked specific questions on whether condom use and (in a separate question) limiting their sexual activity to just one partner can reduce their chances of getting AIDS.

Table 1.2 provides results on AIDS prevention knowledge. The denominator or base for these estimates is all men and women (including those who reported that they did not know about HIV/AIDS at all, that they did not know whether it could be avoided, or that they thought it could not be avoided). The most frequently reported means to prevent HIV/AIDS was avoiding sex altogether, for both women (67 percent) and men (77 percent). Condom use was reported by 55 percent of women and 71 percent of men. Limiting the number of sexual partners was cited by 27 percent of women and 20 percent of men. Although HIV is rarely transmitted by sharing razor blades, 34 percent of women and 27 percent of men cited avoidance of this practise. All other means were reported much less frequently, but more than 10 percent of both women and men reported avoidance of injections as a means to prevent HIV/AIDS. The pattern of these reports indicates that the relative importance of different ways to prevent HIV infection in the population and the predominant role of unprotected sex with casual partners in the spread of HIV need to be better understood and accepted.

² This includes the small percentage who report that they do not know of AIDS.

Table 1.1 Knowledge of AIDS

Percentage of women and men who have heard of AIDS, and percentage who believe there is a way to avoid getting AIDS, by background characteristics, Malawi 2000

Background characteristic	Women			Men		
	Has heard of HIV/AIDS	Believes there is a way to avoid getting AIDS	Number	Has heard of HIV/AIDS	Believes there is a way to avoid getting AIDS	Number
Age						
15-19	98.3	91.5	2,867	99.1	96.4	660
20-24	99.0	94.5	2,957	99.7	98.0	598
25-29	99.3	93.8	2,401	99.7	98.0	539
30-39	99.3	93.6	2,990	100.0	98.8	670
40-49 (men, 40-54)	98.6	91.9	2,004	99.8	97.1	624
Current marital status						
Married or living together	99.1	93.3	9,452	99.9	98.5	1,906
Divorced, separated, widowed	98.8	93.1	1,525	98.5	93.6	113
Never married						
Ever had sex	99.0	95.3	868	99.7	98.5	767
Never had sex	97.4	90.6	1,375	98.3	91.8	306
Residence						
Urban	99.8	99.0	2,106	99.9	98.0	564
Rural	98.7	92.0	11,114	99.6	97.6	2,528
Region						
Northern	99.4	90.4	1,453	99.2	95.2	351
Central	98.9	91.9	5,321	99.8	98.1	1,296
Southern	98.8	94.7	6,446	99.6	97.9	1,446
Education						
No education	97.8	88.8	3,574	99.2	94.9	322
Primary 1-4	98.7	91.7	4,025	99.2	97.2	898
Primary 5-8	99.8	96.0	4,152	99.9	98.0	1,243
Secondary+	99.8	99.5	1,468	100.0	99.2	629
Total	98.9	93.1	13,220	99.7	97.7	3,092

AIDS prevention programmes focus their messages and efforts on three important aspects of behaviour: use of condoms, limiting the number of sexual partners/staying faithful to one partner, and delaying sexual debut in young persons (i.e., abstinence). In the first three columns of Table 1.3, the percent distributions of men and women who reported 0, 1, or 2 to 3 of these ways to avoid AIDS are shown. Eighty-five percent of women and 92 percent of men knew of 2 or 3 ways to avoid getting HIV/AIDS. Women were nearly twice as likely as men to report 0 or just 1 of the key AIDS prevention methods (15 percent for women, 8 percent for men). Other characteristics related to knowledge of ways to prevent HIV infection include age, sexual activity, education, and residential characteristics. The link between educational level of the respondent and AIDS prevention knowledge is a strong one. Only 5 percent of women with secondary education knew fewer than two ways of AIDS prevention, compared with 21 percent of women with no schooling. Significantly, young respondents (age 15-19) and those reporting that they never had sex knew fewer AIDS prevention methods than older, sexually experienced men and women.

Table 1.2.1 Knowledge of ways to avoid HIV/AIDS: women

Percentage of all women 15-49 who know of specific ways to avoid HIV/AIDS, by background characteristics, Malawi 2000

Background characteristic	Abstain from sexual relations	Use condoms	Limit number of sexual partners	Avoid sex with partners who have multiple partners	Avoid sex with prostitutes	Avoid trans-fusions	Avoid injections	Avoid sharing razors/blades	Avoid kissing	Avoid mosquito bites	Seek protection from trad. healer	Other	Number of women ¹
Age													
15-19	64.7	55.1	21.1	2.8	4.1	3.3	11.7	36.1	0.9	0.3	1.0	1.7	2,867
20-24	66.4	59.9	28.4	2.8	4.3	3.3	9.2	32.9	0.5	0.5	0.5	2.0	2,957
25-29	67.2	55.2	29.6	1.9	5.3	3.2	10.6	35.1	0.4	0.4	0.9	1.9	2,401
30-39	69.6	52.4	29.5	2.3	3.9	2.8	11.6	33.2	0.3	0.1	1.1	1.7	2,990
40-49	68.0	48.3	29.5	2.5	3.4	3.2	9.8	30.4	0.4	0.1	1.1	1.6	2,004
Current marital status													
Married or living together	66.3	53.3	29.7	2.3	4.3	2.9	10.7	32.6	0.5	0.2	0.8	1.9	9,452
Divorced, separated, widowed	69.0	60.2	25.9	3.1	4.0	2.4	8.3	31.4	0.3	0.1	1.0	1.2	1,525
Never married													
Ever had sex	70.7	70.8	20.7	3.2	4.4	4.7	10.2	36.6	0.9	0.5	1.6	1.8	868
Never had sex	68.7	46.9	18.0	2.1	3.9	4.3	12.7	41.9	1.0	0.7	1.0	1.9	1,375
Residence													
Urban	76.1	65.9	33.8	2.3	2.9	3.9	11.3	34.6	0.5	0.7	0.9	0.6	2,106
Rural	65.4	52.4	26.2	2.5	4.5	3.0	10.5	33.5	0.5	0.2	0.9	2.0	11,114
Region													
Northern	61.7	39.9	24.2	3.1	2.6	2.4	11.1	26.6	0.7	1.1	1.8	1.0	1,453
Central	61.6	46.4	30.3	2.5	5.1	2.8	11.5	31.4	0.3	0.2	0.4	2.2	5,321
Southern	72.9	64.7	25.8	2.3	3.9	3.6	9.8	37.1	0.7	0.1	1.1	1.7	6,446
Education													
No education	62.9	45.2	27.9	2.5	4.2	2.5	7.6	29.2	0.4	0.2	0.6	1.4	3,574
Primary 1-4	63.7	53.7	28.5	2.3	4.2	2.4	8.1	31.7	0.4	0.1	0.8	2.1	4,025
Primary 5-8	70.5	58.7	25.2	2.2	4.2	3.1	13.6	36.3	0.4	0.3	1.3	2.0	4,152
Secondary+	77.0	68.1	30.0	3.4	4.5	6.8	16.4	42.4	1.5	0.9	1.2	1.2	1,468
Total	67.1	54.6	27.4	2.5	4.2	3.1	10.6	33.7	0.5	0.3	0.9	1.8	13,220

¹ Includes women who do not know AIDS and those who believe there is no way to avoid HIV/AIDS.

On the right side of Table 1.3 are the MDHS results when prompting is used to ascertain whether women and men know about condom use and about limiting the number of sexual partners as ways to avoid HIV infection. When women are prompted, their reported knowledge of condom use for HIV/AIDS protection rises from 55 percent (unprompted) to 77 percent. In the same way, men's knowledge rises from 71 to 86 percent. Without prompting, 27 percent of women and 20 percent of men reported limiting the number of sexual partners as a way to avoid HIV/AIDS. When prompted, the percentages rise to 82 and 84 percent, respectively.

The methodology used in the 2000 MDHS survey to estimate knowledge about AIDS prevention is relatively new. As such, comparisons with the 1996 MKAPH are difficult.³ However, some comparisons are useful. Unprompted knowledge of condom use rose rapidly between 1996 and 2000, from 23 to 55 percent in women and from 47 to 71 percent in men. In 1996, 17 percent of women and 37 percent of men cited sexual abstinence as a ways to prevent HIV/AIDS, compared

³ Comparison with the AIDS prevention knowledge data from the 1992 MDHS is not feasible.

with 67 percent (women) and 77 percent (men) in 2000. It may be that this sharp rise relates more to increased acceptance of sexual abstinence and condom use as feasible or socially practical behaviours than a change in “knowledge” per se. This underscores the difficulty in the collection and interpretation of data on AIDS prevention knowledge. In this case, complex and changing psychosocial contextual factors are embedded in this indicator called “knowledge”.

Table 1.2.2 Knowledge of ways to avoid HIV/AIDS: men

Percentage of all men 15-54 who know of specific ways to avoid HIV/AIDS, by background characteristics, Malawi 2000

Background characteristic	Abstain from sexual relations	Use condoms	Limit number of sexual partners	Avoid sex with partners who have multiple partners	Avoid sex with prostitutes	Avoid trans-fusions	Avoid injections	Avoid sharing razors/blades	Avoid kissing	Avoid mosquito bites	Seek protection from trad. healer	Other	Number of men ¹
Age													
15-19	69.3	73.0	11.3	1.2	7.5	5.1	10.7	33.3	1.0	0.5	0.7	2.6	660
20-24	73.9	80.2	17.6	1.5	6.4	4.9	10.9	28.4	1.7	0.2	0.6	3.0	598
25-29	80.9	69.5	21.9	1.7	9.4	4.1	10.5	26.8	1.0	0.5	1.1	1.4	539
30-39	82.2	72.4	25.6	1.1	5.5	3.2	11.8	24.2	1.8	0.5	0.2	1.4	670
40-54	80.7	61.7	25.8	1.1	7.2	2.2	10.6	21.8	0.9	0.2	1.1	2.8	624
Current marital status													
Married or living together	80.1	68.6	25.3	1.3	7.2	3.0	10.8	24.1	1.2	0.4	0.8	2.1	1,906
Divorced, separated, widowed	79.2	75.7	16.0	1.0	7.1	3.2	9.7	25.6	2.5	0.0	0.0	4.3	113
Never married													
Ever had sex	71.6	82.3	12.6	1.1	6.3	5.3	12.3	32.4	0.9	0.4	0.9	2.3	767
Never had sex	73.6	59.7	10.9	1.8	8.9	6.0	8.7	31.2	2.5	0.5	0.0	2.6	306
Residence													
Urban	84.5	77.5	20.8	2.5	12.6	6.2	14.7	33.5	1.9	0.5	0.3	3.8	564
Rural	75.7	70.0	20.3	1.0	5.9	3.4	10.1	25.5	1.2	0.4	0.8	1.9	2,528
Region													
Northern	55.0	66.0	29.8	2.8	17.0	2.6	9.1	24.5	1.4	0.0	0.1	2.9	351
Central	80.2	66.9	19.1	0.7	4.7	5.5	11.2	26.0	0.9	0.1	0.6	1.1	1,296
Southern	80.2	76.7	19.3	1.5	6.9	2.8	11.1	28.4	1.6	0.8	1.0	3.1	1,446
Education													
No education	78.1	61.2	25.1	0.3	3.2	1.6	4.7	18.2	0.4	0.3	0.3	1.4	322
Primary 1-4	75.1	68.8	21.0	0.6	2.9	1.5	5.5	18.6	0.6	0.4	0.6	1.5	898
Primary 5-8	73.0	72.6	19.4	1.3	8.6	4.1	12.7	29.8	1.0	0.3	0.6	2.1	1,243
Secondary+	88.6	77.9	19.2	2.8	12.2	8.1	18.4	37.7	3.4	0.7	1.3	4.1	629
Total	77.3	71.4	20.4	1.3	7.1	3.9	10.9	26.9	1.3	0.4	0.7	2.3	3,092

¹ Includes men who do not know AIDS and those who believe there is no way to avoid HIV/AIDS.

Table 1.3.1 Knowledge of programmatically important ways to avoid HIV/AIDS: women

Percent distribution of women by knowledge of programmatically important ways to avoid HIV/AIDS, and percentage of women who know of two specific ways to avoid HIV/AIDS, according to background characteristics, Malawi 2000

Background characteristic	Knowledge of programmatically important ways to avoid HIV/AIDS			Total	Specific ways to avoid HIV/AIDS		Number
	None ¹	One way	Two or three ways		Use condoms	Limit number of sexual partners ²	
Age							
15-19	9.1	9.5	81.4	100.0	75.7	77.0	2,867
20-24	5.6	7.3	87.1	100.0	81.0	82.2	2,957
25-29	6.5	6.6	86.9	100.0	76.7	85.1	2,401
30-39	6.5	6.3	87.2	100.0	76.5	84.1	2,990
40-49	8.4	8.4	83.3	100.0	71.3	80.7	2,004
Marital status							
Married or living together	6.9	7.4	85.7	100.0	76.2	83.1	9,452
Divorced, separated, widowed	7.1	7.3	85.6	100.0	78.8	80.6	1,525
Never married	4.7	7.2	88.1	100.0	86.9	79.5	868
Never had sex	10.4	9.4	80.2	100.0	69.9	75.3	1,375
Residence							
Urban	1.2	5.7	93.0	100.0	85.1	88.3	2,106
Rural	8.3	7.9	83.8	100.0	74.9	80.6	11,114
Region							
Northern	9.7	7.5	82.8	100.0	63.6	86.2	1,453
Central	8.5	9.9	81.6	100.0	71.6	78.9	5,321
Southern	5.4	5.7	88.8	100.0	83.6	83.2	6,446
Education							
No education	11.6	9.7	78.7	100.0	68.7	77.6	3,574
Primary 1-4	8.7	7.9	83.5	100.0	75.2	79.6	4,025
Primary 5-8	4.2	6.6	89.2	100.0	81.1	84.9	4,152
Secondary+	0.6	4.3	95.1	100.0	86.6	89.3	1,468
Total	7.2	7.6	85.3	100.0	76.6	81.8	13,220

Note: Programmatically important ways are abstaining from sex, using condoms, and limiting the number of sexual partners. Abstinence from sex is measured from a spontaneous response only, and using condoms and limiting the number of sexual partners is measured from spontaneous and probed responses.

¹ Those who have not heard of AIDS or who do not know of any programmatically important ways to avoid HIV/AIDS.

² Refers to limiting number of sexual partners, and limiting sex to one partner/staying faithful to one partner.

Table 1.3.2 Knowledge of programmatically important ways to avoid HIV/AIDS: men

Percent distribution of men by knowledge of programmatically important ways to avoid HIV/AIDS, and percentage of men who know of two specific ways to avoid HIV/AIDS, according to background characteristics, Malawi 2000

Background characteristic	Knowledge of programmatically important ways to avoid HIV/AIDS			Total	Specific ways to avoid HIV/AIDS		Number
	None ¹	One way	Two or three ways		Use condoms	Limit number of sexual partners ²	
Age							
15-19	4.0	8.7	87.3	100.0	86.9	77.7	660
20-24	2.1	4.6	93.3	100.0	91.2	88.0	598
25-29	2.0	6.6	91.5	100.0	85.9	82.7	539
30-39	1.2	4.1	94.7	100.0	87.5	85.0	670
40-54	2.9	5.5	91.6	100.0	80.1	84.9	624
Marital status							
Married or living together	1.5	5.2	93.3	100.0	85.1	85.7	1,906
Divorced, separated, widowed	6.4	5.8	87.7	100.0	87.0	78.8	113
Never married							
Ever had sex	1.8	6.1	92.1	100.0	92.7	83.5	767
Never had sex	8.6	9.4	82.0	100.0	77.3	72.5	306
Residence							
Urban	2.1	2.9	95.0	100.0	89.0	83.4	564
Rural	2.5	6.6	90.9	100.0	85.7	83.6	2,528
Region							
Northern	5.0	9.6	85.4	100.0	78.9	85.4	351
Central	2.0	7.2	90.8	100.0	84.4	80.1	1,296
Southern	2.2	3.9	94.0	100.0	89.8	86.3	1,446
Education							
No education	5.1	7.3	87.6	100.0	81.2	78.5	322
Primary 1-4	2.9	7.7	89.4	100.0	84.9	80.9	898
Primary 5-8	2.2	5.3	92.5	100.0	86.8	84.7	1,243
Secondary+	0.8	3.8	95.4	100.0	89.9	87.9	629
Total	2.4	5.9	91.7	100.0	86.3	83.6	3,092

Note: Programmatically important ways are abstaining from sex, using condoms, and limiting the number of sexual partners. Abstinence from sex is measured from a spontaneous response only, and using condoms and limiting the number of sexual partners is measured from spontaneous and probed responses.

¹ Those who have not heard of AIDS or who do not know of any programmatically important ways to avoid HIV/AIDS.

² Refers to limiting number of sexual partners, and limiting sex to one partner/staying faithful to one partner.

1.2 KNOWLEDGE OF OTHER AIDS-RELATED ISSUES

Table 1.4 shows the distribution of women and men by their responses to questions intended to evaluate important aspects of a person's knowledge of HIV/AIDS. When asked whether a "healthy-looking person can have the AIDS virus," 84 percent of women and 92 percent of men correctly responded "yes." This represents an increase in knowledge from the 1996 MKAPH when 74 percent of women and 86 percent of men responded correctly to the same question. Women and men least likely to respond correctly to this question tended to be young, sexually inexperienced, rural, and less educated.

Table 1.4 Knowledge of HIV/AIDS-related issues

Percentage of women and men by responses to questions on various HIV/AIDS-related issues, according to background characteristics, Malawi 2000

Background characteristic	Women						Men					
	Percentage who say that a healthy-looking person can have the AIDS virus	Percentage who say that HIV/AIDS can be transmitted from mother to child			Percentage who say they know someone personally who has AIDS or died of AIDS	Number of women	Percentage who say that a healthy-looking person can have the AIDS virus	Percentage who say that HIV/AIDS can be transmitted from mother to child			Percentage who say they know someone personally who has AIDS or died of AIDS	Number of men
		During pregnancy	During delivery	By breast-feeding				During pregnancy	During delivery	By breast-feeding		
Age												
15-19	81.5	55.2	50.5	53.2	67.6	2,867	86.8	59.2	51.4	51.5	71.3	660
20-24	85.5	68.3	64.4	67.4	71.2	2,957	90.6	71.0	62.5	61.8	84.2	598
25-29	86.3	68.2	65.5	67.2	75.2	2,401	95.0	76.8	66.4	67.2	83.3	539
30-39	85.9	69.7	67.7	69.1	74.5	2,990	93.9	73.3	66.8	66.4	82.2	670
40-49 (men, 40-54)	81.8	67.2	64.4	68.0	73.3	2,004	92.6	72.9	61.5	64.4	87.2	624
Marital status												
Married or living together	84.5	68.2	64.9	67.5	74.0	9,452	93.5	73.8	65.2	65.7	84.5	1,906
Divorced, separated, widowed	85.4	66.6	66.1	68.0	69.4	1,525	94.3	63.7	50.5	56.2	79.6	113
Never married	87.3	61.6	58.7	59.2	70.3	868	91.1	70.6	61.8	62.5	80.8	767
Ever had sex	79.6	48.9	43.1	45.9	64.5	1,375	81.1	51.0	42.2	40.5	64.5	306
Residence												
Urban	95.1	77.1	74.2	74.0	78.0	2,106	96.2	78.8	70.6	59.0	82.0	564
Rural	82.3	63.4	60.1	63.0	71.1	11,114	90.7	68.5	59.5	62.8	81.3	2,528
Region												
Northern	82.8	71.9	68.6	68.2	86.6	1,453	83.2	68.8	62.4	64.0	85.6	351
Central	80.5	61.3	56.3	61.1	77.2	5,321	91.9	71.3	62.0	64.7	85.8	1,296
Southern	87.8	67.7	65.9	67.0	64.9	6,446	93.6	69.9	61.0	59.3	76.6	1,446
Education												
No education	77.3	58.8	56.6	60.1	64.9	3,574	86.6	60.5	55.1	61.2	75.5	322
Primary 1-4	81.5	61.6	58.2	63.2	72.2	4,025	89.8	65.6	56.5	63.4	80.7	898
Primary 5-8	88.4	70.8	66.1	67.8	75.9	4,152	92.2	71.3	60.6	62.9	82.8	1,243
Secondary+	97.5	78.7	76.8	71.9	79.9	1,468	95.9	80.3	73.8	59.0	83.0	629
Total	84.3	65.6	62.3	64.8	72.2	13,220	91.7	70.4	61.5	62.1	81.5	3,092

The 2000 MDHS survey asked respondents whether they thought the AIDS virus can be transmitted from a mother to her child during pregnancy, and (in separate questions) during delivery and during breastfeeding. The results indicate that about two-thirds of both women and men responded "yes," that they understood each of these three modes of mother-to-child transmission. Again, young, sexually inexperienced, rural, and less educated men and women were least likely to be informed about this important AIDS-related issue.

The survey also asked the question, "Do you *personally* know someone who has the AIDS virus or who has died from AIDS?" The same question was asked in the 1996 MKAPH, allowing assessment of changes in the personal impact of the epidemic. In 1996, 71 percent of women and 68 percent of men responded that they knew someone with the AIDS virus or who died from AIDS; these figures increased to 72 percent and 82 percent in the 2000 MDHS survey.

1.3 STIGMA ASSOCIATED WITH AIDS AND ACCEPTABILITY OF AIDS-RELATED MESSAGES IN THE MEDIA

In the 2000 MDHS survey, currently married women and men who had heard of AIDS were asked whether they had ever discussed AIDS prevention with their spouse/partner. Table 1.5 shows that 72 percent of women and 86 percent of men reported that they had had this discussion. Higher level of education is associated with greater communication between spouses about AIDS prevention.

Table 1.5 Discussion of HIV/AIDS with spouse/partner

Percent distribution of women and men who are currently married or living with a partner by whether they ever discussed the prevention of HIV/AIDS with their spouse/partner, according to background characteristics, Malawi 2000

Background characteristic	Women					Men				
	Yes	No	Has not heard of AIDS	Total	Number	Yes	No	Has not heard of AIDS	Total	Number
Age										
15-19	65.5	33.3	1.3	100.0	934	61.6	38.4	0.0	100.0	23
20-24	73.1	25.6	1.2	100.0	2,324	88.0	11.9	0.0	100.0	236
25-29	75.4	23.8	0.7	100.0	2,102	85.5	14.1	0.1	100.0	441
30-39	73.1	26.1	0.7	100.0	2,505	87.0	12.8	0.2	100.0	622
40-49 (men, 40-54)	69.4	29.4	1.2	100.0	1,587	84.8	15.0	0.2	100.0	584
Residence										
Urban	80.5	19.1	0.4	100.0	1,362	85.6	14.2	0.1	100.0	307
Rural	70.9	28.0	1.1	100.0	8,089	85.8	13.9	0.2	100.0	1,599
Region										
Northern	74.3	25.2	0.6	100.0	1,075	93.9	5.8	0.3	100.0	217
Central	72.6	26.4	1.0	100.0	3,919	87.3	12.4	0.3	100.0	775
Southern	71.5	27.4	1.1	100.0	4,458	82.5	17.3	0.0	100.0	914
Education										
No education	61.9	36.0	2.0	100.0	2,975	74.2	25.2	0.4	100.0	265
Primary 1-4	70.4	28.8	0.9	100.0	2,980	82.7	16.8	0.2	100.0	565
Primary 5-8	80.8	19.0	0.2	100.0	2,784	90.3	9.6	0.1	100.0	737
Secondary+	90.0	9.9	0.2	100.0	713	90.0	10.0	0.0	100.0	338
Total	72.3	26.8	1.0	100.0	9,452	85.8	14.0	0.2	100.0	1,906

Table 1.6 provides responses to questions that are intended to evaluate the level of stigma attached to AIDS, to persons living with HIV and AIDS (PLWHAs), and condoms. First, respondents were asked, "If a person learns that he or she is infected with the AIDS virus, should the person be allowed to keep this fact private or should this information be available to the community?" Just 26 percent of women and 17 percent of men thought that HIV-positive individuals should be allowed to keep their HIV status private. Fear of public disclosure has been implicated as an important barrier to HIV-testing and programmes aimed at assisting PLWHAs and their families.

Programmes designed to assist in the support and care of AIDS-affected persons are hindered by fear of association with HIV and AIDS. The 2000 MDHS survey asked, "If a relative of yours became sick with AIDS would you be willing to care for her or him in your own household?" The majority of both women (94 percent) and men (96 percent) responded that they would be willing to take care of a relative who had AIDS.

Table 1.6.1 Social aspects of HIV/AIDS prevention and mitigation: women

Among women who have heard of AIDS, the percentage who gave specific responses to questions on various social aspects of HIV/AIDS prevention and mitigation, by background characteristics, Malawi 2000

Background characteristic	Believes the HIV positive status of community member should be considered confidential	Willing to care for relatives with AIDS at home	Believes an HIV positive coworker should be allowed to keep working	Believes children age 12-14 years should be taught to use condoms to avoid AIDS	Believes condoms are safe	Believes couples should have HIV test before marriage	Number of women
Age							
15-19	25.5	91.5	47.4	54.7	76.5	89.2	2,817
20-24	25.8	93.2	50.8	60.1	80.3	92.5	2,928
25-29	24.4	94.1	51.2	56.6	77.5	91.8	2,385
30-39	26.1	95.4	47.6	53.4	74.4	92.4	2,969
40-49	27.4	94.2	45.7	48.6	69.2	89.0	1,977
Current marital status							
Married or living together	25.5	93.5	47.6	55.1	75.7	91.2	9,370
Divorced, separated, widowed	28.6	96.0	50.2	58.5	78.9	92.0	1,507
Never married							
Ever had sex	25.2	95.4	55.5	63.3	86.1	93.3	859
Never had sex	25.1	90.9	49.7	45.6	67.9	88.2	1,340
Residence							
Urban	34.2	97.5	65.8	60.5	77.0	94.2	2,101
Rural	24.2	92.9	45.4	54.0	75.8	90.5	10,974
Region							
Northern	30.0	94.4	38.7	42.5	47.2	92.0	1,444
Central	18.5	91.7	42.5	50.5	73.1	88.8	5,265
Southern	30.9	95.1	56.0	61.6	84.9	92.8	6,367
Education							
No education	27.1	90.4	44.1	51.5	73.4	86.8	3,496
Primary 1-4	25.0	92.0	41.9	53.4	76.2	89.9	3,971
Primary 5-8	25.4	96.1	51.0	56.3	76.8	94.3	4,143
Secondary+	26.0	98.8	71.2	64.5	79.0	95.8	1,466
Total	25.8	93.6	48.7	55.1	76.0	91.1	13,076

Table 1.6.2 Social aspects of HIV/AIDS prevention and mitigation: men

Among men who have heard of AIDS, the percentage who gave specific responses to questions on various social aspects of HIV/AIDS prevention and mitigation, by background characteristics, Malawi 2000

Background characteristic	Believes the HIV pos. status of community member should be considered confidential	Willing to care for relatives with AIDS at home	Believes an HIV pos. coworker should be allowed to keep working	Believes children age 12-14 years should be taught to use condoms to avoid AIDS	Believes condoms are safe	Believes couples should have HIV test before marriage	Number of men
Age							
15-19	20.5	92.6	46.2	58.0	85.8	91.2	654
20-24	16.4	95.7	53.5	68.7	85.7	95.2	597
25-29	15.4	97.6	60.2	70.8	84.1	93.6	538
30-39	13.4	97.2	55.8	66.3	82.3	94.2	670
40-54	17.5	96.7	51.2	61.6	79.9	94.3	623
Current marital status							
Married or living together	15.4	96.7	53.2	66.1	82.5	95.1	1,905
Divorced, separated, widowed	20.9	99.0	49.4	75.5	88.4	92.9	111
Never married							
Ever had sex	18.1	96.1	56.2	65.1	87.9	93.1	765
Never had sex	19.4	89.2	46.3	52.1	77.2	86.5	300
Residence							
Urban	19.5	96.4	71.4	63.3	79.7	91.5	564
Rural	16.0	95.8	49.0	65.2	84.4	94.2	2,517
Region							
Northern	19.7	93.9	37.6	56.2	70.8	95.4	348
Central	12.6	95.7	49.9	67.2	82.1	94.5	1,293
Southern	19.6	96.5	59.8	64.8	87.8	92.4	1,440
Education							
No education	16.7	92.8	41.1	65.5	81.8	92.2	319
Primary 1-4	19.0	94.0	44.0	64.3	86.3	92.9	891
Primary 5-8	16.1	96.9	53.3	64.9	84.2	95.3	1,242
Secondary+	14.4	98.2	71.8	65.0	79.1	92.2	629
Total	16.7	95.9	53.1	64.8	83.5	93.7	3,081

Discrimination in the workplace against those infected with HIV is a human rights abuse and has the potential to further weaken the Malawian workforce. The survey asked respondents, "Should persons with the AIDS virus who work with other persons such as in a shop, office, or on a farm be allowed to continue their work or not?" The results indicate that 49 percent of women and 53 percent of men think that HIV-positive individuals should keep their right to work. Of course, this means that about one-half of adults harbour some level of stigma against HIV-infected persons. This attitude is more prevalent among less educated respondents (Figure 1.1) and those living in rural areas.

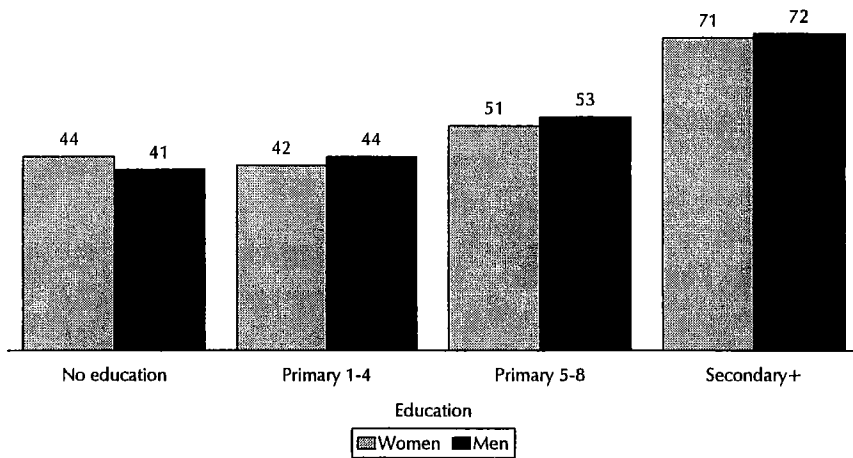
It is proposed that, as a public health intervention, children should be introduced to AIDS prevention messages *before* they reach an age at which sexual activity typically begins. The 2000 MDHS survey asked men and women whether they thought "children age 12-14 years should be

taught about using a condom to avoid AIDS.” The results are mixed, with men more likely to accept the idea (65 percent) than women (55 percent). For women, higher educational level and residence in urban areas and in the Southern Region are associated with a more positive attitude toward early introduction of the notion of condom use to avoid AIDS. For men, differentials are minimal.

The MDHS survey asked women and men whether they thought “condoms are safe to use.” The findings indicate that 76 percent of women and 84 percent of men think that condoms are safe, but certain population subgroups are more likely to believe that condoms are not safe to use (i.e., respondent who answered “no” or “depends” to the question). For example, less than one-half of women in the Northern Region believe condoms are safe. Young women who have not yet started sexual activity are also less likely to believe condoms are safe. This belief may well represent a barrier to condom use when these young women do start to have sex. The prevailing fears about condom safety need to be better understood.

Given the growing awareness about HIV/AIDS and the potential for devastating impacts on families, it has been proposed that individuals planning to be married should be tested for HIV. The survey asked “Do you think that men and women who intend to marry should be tested for the AIDS virus before marriage?” The results indicate that the majority of women (91 percent) and men (94 percent) agree with the idea of premarital HIV-testing.

Figure 1.1 Percentage of Women and Men Who Think That an HIV-positive Individual Who Works with Others in a Shop, Office, or Farm Should Be Allowed to Continue Working, by Level of Education



MDHS 2000

All men and women who knew of AIDS were asked to report whether they thought it was acceptable for AIDS-related messages to be broadcast on television and radio and to be published in newspapers. Table 1.7 shows that more than 90 percent of men reported that it is acceptable for AIDS to be discussed in each of these three media. Women were slightly less likely than men to accept AIDS-related messages in the media.

Table 1.7 Discussion of HIV/AIDS in the media

Among women and men who have heard of AIDS, the percentage who think that discussion of AIDS in the media is acceptable, by media type and background characteristics, Malawi 2000

Background characteristic	Women				Men			
	Radio	TV	Newspaper	Number of women	Radio	TV	Newspaper	Number of men
Age								
15-19	93.1	89.3	91.0	2,817	95.9	91.0	94.8	654
20-24	95.5	90.7	93.4	2,928	96.0	94.1	96.3	597
25-29	94.3	87.9	91.7	2,385	97.9	96.7	98.7	538
30-39	95.2	90.2	93.0	2,969	97.8	93.7	97.0	670
40-49 (men, 40-54)	90.7	85.1	88.4	1,977	97.1	91.4	95.9	623
Current marital status								
Married or living together	94.1	88.6	91.6	9,370	97.3	93.8	97.0	1,905
Divorced, separated, widowed	93.9	89.4	92.4	1,507	99.7	93.7	98.0	111
Never married								
Ever had sex	95.9	92.2	95.2	859	96.3	94.0	96.1	765
Never had sex	92.1	88.4	89.9	1,340	95.1	87.9	93.8	300
Residence								
Urban	96.6	93.4	96.0	2,101	98.4	96.8	98.9	564
Rural	93.5	88.1	90.9	10,974	96.6	92.5	95.9	2,517
Region								
Northern	94.7	86.8	91.0	1,444	95.2	93.1	96.4	348
Central	91.8	86.3	89.8	5,265	96.5	93.5	95.8	1,293
Southern	95.6	91.5	93.5	6,367	97.8	93.1	97.1	1,440
Education								
No education	90.2	84.7	87.3	3,496	94.3	86.5	89.2	319
Primary 1-4	92.7	86.4	89.7	3,971	96.9	93.4	96.3	891
Primary 5-8	96.5	92.0	95.0	4,143	97.1	93.5	97.5	1,242
Secondary+	99.3	97.2	99.0	1,466	97.9	95.8	98.3	629
Total	94.0	88.9	91.8	13,076	96.9	93.2	96.5	3,081

1.4 TESTING FOR HIV

MDHS respondents were asked whether they had ever been tested for HIV or the AIDS virus. If they said that they had not, respondents were then asked whether they would like to be tested. If they said they would like to be tested, respondents were asked whether they knew of a specific place where they could go to get the test for the AIDS virus. It should be understood that responses to these questions do not necessarily represent experiences with voluntary counseling and testing (VCT) services. Further, we do not know from the survey data whether respondents received the results of the tests that were reported to have occurred. Last, the data on desire to be tested do not necessarily reflect a person's likelihood of actually pursuing HIV-testing options. Table 1.8 shows that 9 percent of women and 15 percent of men reported that they had already been tested for HIV, with urban men and women, those with more education, and those in peak reproductive years (age 20-39) experiencing the highest levels of HIV-testing.

The overall desire or demand to be tested includes both those who responded that they have not yet been tested but would like to be tested (i.e., unmet demand) and those who have already been tested (i.e., met demand). In this approach, columns 1 and 2 of Table 1.8 can be added together to get a rough estimate of the total demand for HIV-testing. For instance, 81 percent of women and 87 percent of men have a need or demand to be tested (see Figure 1.2). Just 9 percent of women had already had the test, meaning that 10 percent of demand has been satisfied. The corresponding figure for men is better, 17 percent. The same approach can be used across background characteristics of the population. For example, 5 percent of HIV-testing demand is satisfied among women who have never been to school, compared with 23 percent among women with more than a secondary school education. Among men living in urban areas of Malawi, 26 percent of demand for testing is being met, compared with just 16 percent among men in rural areas.

Among respondents who reported that they had been tested for the AIDS virus, 58 percent of women and 49 percent of men said that they were tested at a public facility such as a government-run hospital or clinic. Thirty percent of women and 38 percent of men report that they were tested at a private facility. Eight percent of women and 10 percent of men said that they were tested for HIV at Macro, an organization providing voluntary HIV counseling and testing services at sites located only in Blantyre and Lilongwe (as of the survey date). The remainder reported that they were tested at other places, including BLM (Banja La Mtsogolo) centres.

Of respondents who reported not having been tested, 67 percent of women and 76 percent of men said that they knew of a place where they could be tested if they so desired. Knowledge of a testing site is lower among women and men who live in rural areas, among those who have not started sexual activity, and especially among those who have had less formal schooling, compared with other women and men.

Table 1.8.1 Testing for HIV: women

Percent distribution of women by whether tested for HIV and, if not, by desire to be tested; percent distribution of women who have been tested by source of testing, and percentage of women who have not been tested who know a source for the test, according to background characteristics, Malawi 2000

Background characteristic	Not tested			Among those tested, source of testing							Not tested			
	Percent tested for HIV	Percent who want to be tested for HIV	Percent who don't know if they want to be tested	Don't know if they want to be tested ¹	Total	Number	Private facility			Total	Number	Knows source for a test		
							Public facility	Macro ³	Other					
Age														
15-19	6.4	74.1	17.0	2.6	100.0	2,867	53.8	33.2	2.0	10.8	0.2	183	65.8	2,684
20-24	11.8	73.1	12.9	2.1	100.0	2,957	59.3	27.4	2.6	10.6	0.2	349	71.7	2,608
25-29	10.6	73.4	13.6	2.5	100.0	2,401	59.0	28.1	4.3	7.6	1.0	254	69.5	2,147
30-39	7.8	73.3	17.1	1.8	100.0	2,990	58.3	33.3	1.5	5.7	1.2	232	68.1	2,758
40-49	5.2	67.7	24.1	3.0	100.0	2,004	55.2	35.1	2.8	5.0	1.9	104	59.5	1,901
Current marital status														
Married or living together	9.0	72.4	16.4	2.3	100.0	9,452	57.7	32.9	2.7	6.2	0.5	849	67.0	8,603
Divorced, separated, widowed	9.4	71.4	17.0	2.2	100.0	1,525	65.0	21.4	2.0	8.9	2.6	144	67.6	1,381
Never married	8.8	75.7	13.4	2.0	100.0	868	48.7	21.2	2.7	26.6	0.8	77	74.0	792
Ever had sex	3.8	73.6	19.0	3.5	100.0	1,375	51.4	28.1	3.8	16.7	0.0	53	64.4	1,322
Residence														
Urban	16.9	67.0	14.4	1.7	100.0	2,106	52.7	24.4	2.5	19.9	0.5	356	80.4	1,750
Rural	6.9	73.7	16.9	2.5	100.0	11,114	60.1	33.2	2.7	3.1	0.9	766	65.0	10,348
Region														
Northern	8.7	76.2	13.0	2.1	100.0	1,453	71.5	25.5	2.1	0.3	0.7	126	70.6	1,327
Central	7.3	72.0	18.7	2.1	100.0	5,321	55.9	30.4	3.5	9.5	0.6	389	66.6	4,932
Southern	9.4	72.3	15.6	2.7	100.0	6,446	56.1	31.5	2.2	9.4	0.9	607	67.1	5,839
Education														
No education	4.0	69.6	22.4	4.1	100.0	3,574	58.4	38.7	0.0	1.0	1.8	143	54.0	3,431
Primary 1-4	7.1	71.8	18.6	2.5	100.0	4,025	56.9	36.7	3.4	2.3	0.8	285	62.0	3,740
Primary 5-8	9.5	77.8	11.6	1.1	100.0	4,152	63.5	27.6	2.3	6.3	0.4	394	77.1	3,759
Secondary+	20.5	67.3	10.8	1.5	100.0	1,468	50.7	24.3	3.7	20.6	0.7	300	91.8	1,168
Total	8.5	72.6	16.5	2.4	100.0	13,220	57.8	30.4	2.7	8.4	0.8	1,122	67.3	12,098

¹ Includes those who have never heard of AIDS

² Banja La Mitsogolo, family planning clinic

³ Voluntary counselling and HIV testing centres.

Table 1.8.2. Testing for HIV: men

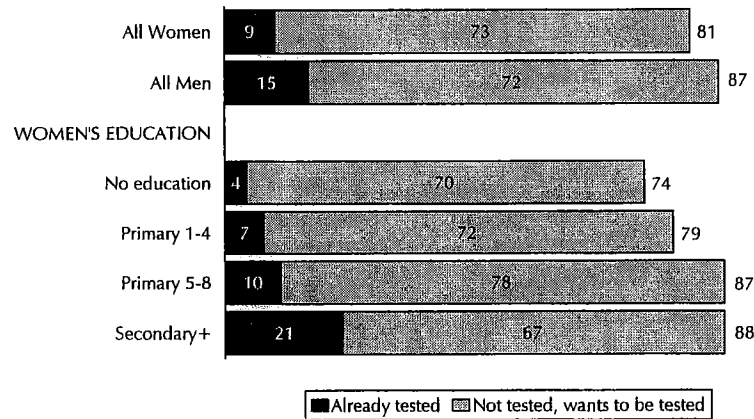
Percent distribution of men by whether tested for HIV and, if not, by desire to be tested; percent distribution of men who have been tested by source of testing, and percentage of men who have not been tested who know a source for the test, according to background characteristics, Malawi 2000

Background characteristic	Not tested				Among those tested, source of testing						Not tested							
	Percent tested for HIV	Percent tested for HIV	Percent who want to be tested for HIV	Percent who don't want to be tested for HIV	Don't know if they want to be tested ¹	Total	Number	Public facility			Total	Number	Knows source for a test					
								Private facility	BLM ²	Macro ³				Other				
Age																		
15-19	6.6	79.8	11.5	2.1	100.0	660	45.7	42.7	1.3	9.6	0.7	100.0	43	71.9	617			
20-24	17.8	73.8	7.8	0.6	100.0	598	41.6	36.3	9.3	12.3	0.4	100.0	106	81.6	492			
25-29	23.7	65.2	10.3	0.9	100.0	539	49.7	36.2	1.2	12.8	0.0	100.0	128	78.7	412			
30-39	18.0	70.0	11.3	0.7	100.0	670	49.6	42.3	1.6	6.6	0.0	100.0	120	77.9	550			
40-54	11.6	71.3	15.5	1.6	100.0	624	59.8	32.7	1.5	5.5	0.4	100.0	72	72.2	552			
Current marital status																		
Married or living together	17.8	69.7	11.7	0.8	100.0	1,906	53.2	36.4	2.2	8.1	0.1	100.0	339	76.0	1,568			
Divorced, separated, widowed	15.6	73.0	8.6	2.8	100.0	113	46.3	53.7	0.0	0.0	0.0	100.0	18	70.0	95			
Never married	12.6	76.9	9.5	0.9	100.0	767	37.8	37.3	6.3	18.0	0.6	100.0	97	81.3	670			
Ever had sex	5.7	75.9	14.7	3.8	100.0	306	33.9	52.6	8.3	4.2	0.9	100.0	17	66.2	288			
Never had sex																		
Residence																		
Urban	21.9	62.6	14.5	0.9	100.0	564	49.3	25.6	2.2	22.3	0.6	100.0	124	91.2	440			
Rural	13.7	74.4	10.6	1.3	100.0	2,528	48.9	42.2	3.6	5.2	0.1	100.0	346	73.1	2,181			
Region																		
Northern	20.5	66.4	11.8	1.4	100.0	351	62.1	32.5	2.1	3.0	0.4	100.0	72	72.9	279			
Central	14.1	74.1	11.3	0.5	100.0	1,296	48.2	35.8	5.2	10.7	0.0	100.0	183	73.3	1,113			
Southern	14.9	72.0	11.2	1.9	100.0	1,446	45.4	41.4	1.9	11.0	0.4	100.0	216	79.3	1,230			
Education																		
No education	5.5	79.0	13.5	1.9	100.0	322	77.8	16.4	0.0	5.7	0.0	100.0	18	61.6	304			
Primary 1-4	11.4	75.6	11.0	2.0	100.0	898	42.9	47.7	6.4	3.0	0.0	100.0	102	67.6	796			
Primary 5-8	15.1	74.4	9.7	0.8	100.0	1,243	50.5	40.3	2.8	6.3	0.0	100.0	187	78.6	1,056			
Secondary+	25.9	59.5	14.0	0.6	100.0	629	48.0	31.2	2.0	18.1	0.6	100.0	163	94.5	466			
Total	15.2	72.2	11.3	1.2	100.0	3,092	49.0	37.9	3.2	9.7	0.2	100.0	470	76.1	2,622			

¹ Includes those who have never heard of AIDS

² Banja La Mitsogolo, family planning clinic

Figure 1.2 Percentage of Respondents with a Need (Met and Unmet) for HIV-Testing Services, by Sex and (among Women) by Level of Education



MDHS 2000

1.5 REPORTS ON RECENT SEXUALLY TRANSMITTED INFECTIONS

The 2000 MDHS survey asked respondents whether they had had a sexually transmitted infection (other than HIV/AIDS) in the last 12 months. They were also asked whether they had experienced a genital sore or ulcer and whether they had any genital discharge in the past 12 months. These symptoms have been shown useful in identifying STIs in men; they are less easily interpreted in women since women are likely to experience more non-STI conditions of the reproductive tract that produce a discharge. Further, STIs in women may often not produce symptoms that can be easily recognised. Last, reporting of STIs and recognised STI symptoms is subject to a downward bias (i.e., underreporting) due to the social stigma attached to STIs.

Table 1.9 shows that about 1 percent of women and 2 percent of men reported an STI in the past 12 months, which suggests underreporting of STIs especially among women. However, when asked whether they had experienced a genital discharge in the last 12 months, 5 percent of women and 4 percent of men reported that they had. Further, 8 percent of women and 4 percent of men reported a genital sore or ulcer. The finding of 8 percent of women reporting a genital sore or ulcer is significant in the context of evidence that sores or ulcers (whether resulting from an STI or not) may facilitate transmission of HIV, especially if left untreated.

When all reports of ulcers and sores, discharge, and STIs are combined into one index, the MDHS survey findings indicate that 11 percent of women and 8 percent of men had some type of STI in the last 12 months. Among men, a clear age pattern to STI reports exists, with young men at much higher risk than older men. Among women, the reverse appears to be true but the pattern is not pronounced. STIs are more prevalent in urban areas among men but in rural areas among women. No clear pattern of STI reports is found across education categories, although reports of

Table 1.9.1 Self-reporting of sexually transmitted infections and STI symptoms: women

Among women who ever had sex, the percentage self-reporting an STI (other than HIV/AIDS) and/or associated symptoms in the 12 months preceding the survey, by background characteristics, Malawi 2000

Background characteristic	Percentage with an STI	Percentage with genital discharge	Percentage with genital sore or ulcer	Percentage with STI, or discharge or genital sore/ulcer	Number
Age					
15-19	0.9	3.9	5.2	8.4	1,643
20-24	1.2	4.0	7.8	10.4	2,830
25-29	1.1	4.9	8.8	11.6	2,383
30-39	1.6	6.2	9.9	13.2	2,988
40-49	1.3	4.5	7.2	9.9	2,001
Current marital status					
Married or living together	1.2	4.9	8.2	11.3	9,452
Divorced, separated, widowed	1.4	5.2	8.9	11.5	1,525
Never married	1.1	3.3	4.7	6.8	868
Residence					
Urban	1.2	2.7	6.7	8.1	1,834
Rural	1.3	5.2	8.3	11.5	10,011
Region					
Northern	1.7	3.4	2.5	5.6	1,284
Central	1.5	5.3	8.1	11.6	4,706
Southern	1.0	4.7	9.2	11.6	5,855
Education					
No education	1.2	3.9	7.2	9.3	3,505
Primary 1-4	1.3	6.0	10.2	13.7	3,616
Primary 5-8	1.3	4.7	7.5	10.7	3,535
Secondary+	1.2	4.2	5.7	8.2	1,189
Alcohol consumption (last 3 mos.)¹					
Has not been drunk	1.2	4.8	8.1	11.0	11,604
Has been drunk	2.8	5.7	6.8	10.8	223
Total	1.3	4.8	8.0	11.0	11,845

¹ Total includes 18 women with missing values for alcohol consumption.

an STI among men increases markedly with increasing educational level, which may reflect better recognition and diagnosis among men with greater access to and use of health services. Among both men and women, lower levels of STIs were reported in the Northern Region than in the Central and Southern regions.

Some questions on STIs were asked in the 1996 MKAPH, but most are not comparable to the questions used in the 2000 MDHS survey.⁴ One indicator that is reasonably comparable is the self-reports by men of urethral discharge. In the 1996 MKAPH, 5 percent of men reported a

⁴ The 2000 MDHS questions on HIV and AIDS are based on improvements recommended in the Joint United Nations Programme on HIV/AIDS guidelines for Monitoring and Evaluation of HIV/AIDS Programmes (UNAIDS, 2000).

Table 1.9.2 Self-reporting of sexually transmitted infections and STI symptoms: men

Among men who ever had sex, the percentage self-reporting an STI (other than HIV/AIDS) and/or associated symptoms in the 12 months preceding the survey, by background characteristics, Malawi 2000

Background characteristic	Percentage with an STI	Percentage with genital discharge	Percentage with genital sore or ulcer	Percentage with STI, or discharge or genital sore/ulcer	Number
Age					
15-19	1.7	7.5	6.1	13.3	404
20-24	2.1	5.3	4.8	9.5	558
25-29	3.5	4.4	3.7	8.9	534
30-39	2.8	3.5	5.4	8.5	668
40-54	0.9	0.7	2.6	3.7	623
Current marital status					
Married or living together	1.9	2.5	4.0	6.6	1,906
Divorced, separated, widowed	8.0	7.6	8.7	18.3	113
Never married	2.1	7.1	4.9	11.3	767
Residence					
Urban	7.1	6.2	5.5	12.2	494
Rural	1.2	3.5	4.2	7.6	2,292
Region					
Northern	2.2	3.9	2.7	6.7	301
Central	0.7	3.7	4.0	7.5	1,147
Southern	3.5	4.3	5.2	9.5	1,339
Education					
No education	0.9	3.0	3.5	6.3	314
Primary 1-4	1.2	4.8	5.2	9.4	798
Primary 5-8	2.3	3.6	4.8	8.8	1,100
Secondary+	4.1	4.2	3.2	7.4	574
Alcohol consumption (last 3 months)					
Has not been drunk	2.0	3.9	4.3	8.4	2,158
Has been drunk	3.1	4.3	4.9	8.5	627
	2.2	4.0	4.4	8.4	2,786
Total					

discharge, compared with 4 percent in the 2000 MDHS survey. This difference is small and should not be overinterpreted, because it falls within the bounds of statistical (sampling) error.

In the 2000 MDHS survey, women and men were asked to report on their alcohol drinking habits and whether and how often they became “drunk” in the last three months. It is thought that drinking, especially excessive drinking, increases the likelihood of risky sexual behaviour that could lead to STIs. The findings indicate that the relationship between reported recent drinking behaviour and reports of recent STIs is not a strong one. For both women and men, respondents were indeed more likely to have reported an STI in the last 12 months if they reported having been “drunk”, but the difference is small. The reports of STI symptoms, discharge, or sore or ulcer, also do not differ much between categories of drinking behaviour.

1.6 TREATMENT-SEEKING AND OTHER BEHAVIOURS IN RESPONSE TO STIS

If respondents reported an STI or an STI symptom (i.e., discharge or sore or ulcer) in the past 12 months, they were asked questions on their actions in response to the illness or symptom. Table 1.10 presents information on the 1,298 women and 234 men who reported an STI or STI symptom in the last 12 months. Men and women were equally likely to have reported that they sought some type of treatment or advice (women, 61 percent; men, 60 percent). A small male-female difference does emerge, however, when looking specifically at whether a health facility was attended (men, 28 percent; women, 22 percent). The low use of health facilities to seek treatment of reported STIs and STI symptoms among both men and women suggests either overreporting of STIs (not likely) or that large numbers of persons are not receiving adequate treatment for their STIs. The pattern of reports indicates lower levels of access and use of STI treatment services especially in Malawi's rural, less educated population.

Table 1.10.1 Source of treatment of STIs: women

Percentage of women who reported an STI (other than HIV/AIDS) and/or associated symptoms in the 12 months preceding the survey, by source of treatment or advice and background characteristics, Malawi 2000

Background characteristic	Clinic hospital or private doctor	Traditional healer	Advice or medicine from pharmacy or shop	Advice from friends or relatives	Advice or treatment from any source ¹	No advice or treatment	Number of women
Age							
15-19	16.9	28.5	16.7	33.8	55.2	41.8	137
20-24	22.3	34.2	15.4	36.4	64.5	34.6	293
25-29	26.0	33.0	12.2	36.3	64.9	34.5	276
30-39	21.8	28.2	13.5	26.9	56.8	41.0	393
40-49	21.2	37.6	10.3	30.1	59.5	39.4	199
Current marital status							
Married or living together	21.3	31.4	13.7	30.2	59.1	39.8	1,064
Divorced, separated, widowed	24.1	38.0	10.6	38.0	64.3	31.6	175
Never married	33.5	26.6	19.0	52.1	74.8	25.2	59
Residence							
Urban	39.8	28.6	19.6	35.0	77.4	22.1	149
Rural	19.9	32.5	12.7	31.9	58.3	40.1	1,149
Region							
Northern	35.0	36.3	15.5	45.9	64.3	35.3	72
Central	21.4	28.0	9.7	26.5	53.6	45.9	544
Southern	21.5	34.9	16.3	35.5	65.6	32.0	681
Education							
No education	16.6	35.7	10.7	27.8	58.8	40.9	326
Primary 1-4	18.2	34.5	13.3	32.4	58.9	39.0	496
Primary 5-8	24.7	28.5	15.9	34.5	59.4	39.2	378
Secondary+	51.5	21.6	14.4	38.2	78.7	18.5	98
Total	22.2	32.1	13.5	32.3	60.5	38.0	1,298

¹ Based on columns 1-4 of this table.

Table 1.10.2 Source of treatment of STIs: men

Percentage of men who reported an STI (other than HIV/AIDS) and/or associated symptoms in the 12 months preceding the survey, by source of treatment or advice and background characteristics, Malawi 2000

Background characteristic	Clinic hospital or private doctor	Traditional healer	Advice or medicine from pharmacy or shop	Advice from friends or relatives	Advice or treatment from any source ¹	No advice or treatment	Number of men
Age							
15-19	11.6	16.5	22.0	22.0	42.1	57.9	54
20-24	31.0	16.0	15.8	22.1	56.9	43.1	53
25-29	38.6	18.3	28.4	31.8	63.7	36.3	47
30-39	29.1	35.1	35.6	22.7	68.7	29.0	57
40-54	*	*	*	*	*	*	23
Current marital status							
Married or living together	29.3	30.7	29.6	28.6	66.8	31.5	126
Divorced, separated, widowed	(46.7)	(31.6)	(22.1)	(14.0)	(65.8)	(34.2)	21
Never married	22.8	11.6	20.9	23.7	47.3	52.7	87
Residence							
Urban	49.8	30.5	46.5	33.1	86.9	13.1	60
Rural	21.0	21.3	18.4	22.8	49.9	48.9	173
Region							
Northern	(35.6)	(15.0)	(48.2)	(46.8)	(88.1)	(11.9)	20
Central	25.1	6.0	24.8	25.3	40.8	57.7	86
Southern	29.5	37.0	22.7	22.2	67.6	31.7	127
Education							
No education	*	*	*	*	*	*	20
Primary 1-4	25.0	18.9	30.3	26.6	66.4	33.6	75
Primary 5-8	20.8	33.5	17.5	24.2	55.1	42.7	97
Secondary+	60.2	17.8	34.3	27.3	68.1	31.9	42
Total	28.4	23.7	25.7	25.5	59.5	39.6	234

() Estimate based on 25-49 unweighted cases

* Less than 25 unweighted cases; estimate has been suppressed.

¹ Based on columns 1-4 of this table.

A gender differential was observed in the type of response to STIs. In Malawi, men are apparently more likely than women to go to seek advice or buy medicines at a shop or pharmacy; women are more likely than men to consult a traditional healer or to seek advice from friends and relatives.

Table 1.11 shows that 71 percent of women and 47 percent of men reporting an STI in the past year said that they had informed (all of) their partner(s). About one-quarter of women and nearly one-half of men said that they did not inform (any of) their partner(s). Respondents reporting an STI were also asked whether they had done something to avoid infecting their partner(s). The results indicate that 44 percent of women and 47 percent of men took some action. When asked what action they took, the most frequently mentioned action was abstinence from sex (36 percent, women; 38 percent, men). About one-quarter of women and men mentioned use of medicines. Just 6 percent of women and 12 percent of men said that they used condoms to prevent

infecting their partner(s). Respondents with a higher educational level and those living in urban areas were more likely to report using condoms. Part of the explanation for such low levels of protective action among respondents who reported STIs or STI symptoms may be that many of the reported STIs were not recognised as such. In addition, if the respondent's partner introduced the infection into the partnership, the respondent would probably feel no reason to adopt protective actions.

Table 1.11.1 Efforts to protect partners from infection: women with STIs

Percent distribution of women who had an STI (other than HIV/AIDS) and/or associated symptoms in the 12 months preceding the survey by whether they informed their partner(s) of their condition, and percentage who took action to protect their partner(s) from infection, according to background characteristics, Malawi 2000

Background characteristic	Informed partner(s)				Total	Action taken to protect partner					Partner already infected	Number of women
	Yes	Some/not all	No	Missing		Avoided sexual relations	Used condoms	Used medicine	Any action	No action		
Age												
15-19	65.5	0.3	34.2	0.0	100.0	37.4	14.1	26.5	48.0	50.4	0.2	137
20-24	69.5	1.3	26.7	2.5	100.0	36.2	7.6	30.8	46.8	49.9	0.5	293
25-29	78.8	0.3	19.9	1.0	100.0	41.8	6.8	32.8	49.0	48.2	1.3	276
30-39	71.5	0.7	25.8	2.0	100.0	33.0	2.3	27.3	40.3	54.1	3.0	393
40-49	67.7	0.7	29.4	2.3	100.0	31.3	2.8	27.3	38.3	57.5	0.7	199
Current marital status												
Married or living together	77.3	0.6	20.2	1.9	100.0	36.7	4.7	29.7	45.4	50.5	1.4	1,064
Divorced, separated, widowed	44.3	1.2	53.3	1.2	100.0	31.0	6.5	28.1	35.0	62.7	1.9	175
Never married	45.3	0.6	54.1	0.0	100.0	34.6	22.4	23.4	49.1	47.6	0.0	59
Residence												
Urban	79.5	0.2	19.8	0.5	100.0	43.1	15.2	38.0	56.3	39.6	2.3	149
Rural	70.3	0.8	27.0	1.9	100.0	34.8	4.6	28.0	42.5	53.6	1.3	1,149
Region												
Northern	66.9	0.5	26.0	6.6	100.0	33.8	10.5	23.6	38.3	56.1	0.4	72
Central	70.4	1.3	26.0	2.3	100.0	26.2	4.2	21.2	33.2	63.4	0.4	544
Southern	72.7	0.2	26.4	0.7	100.0	43.7	6.6	36.1	53.4	42.5	2.4	681
Education												
No education	71.4	0.6	26.7	1.2	100.0	35.7	1.3	32.4	43.3	53.6	1.8	326
Primary 1-4	73.0	0.7	24.4	1.9	100.0	37.1	3.6	29.1	42.8	53.1	1.3	496
Primary 5-8	70.6	1.0	26.2	2.2	100.0	35.4	9.0	27.4	45.4	49.9	1.2	378
Secondary+	66.0	0.0	33.7	0.3	100.0	30.9	19.3	25.5	48.5	49.0	1.3	98
Total	71.4	0.7	26.2	1.7	100.0	35.8	5.8	29.2	44.1	52.0	1.4	1,298

Table 1.11.2 Efforts to protect partners from infection: men with STIs

Percent distribution of men who had an STI (other than HIV/AIDS) and/or associated symptoms in the 12 months preceding the survey by whether they informed their partner(s) of their condition, and percentage who took action to protect their partner(s) from infection, according to background characteristics, Malawi 2000

Background characteristic	Informed partner(s)				Total	Action taken to protect partner					Partner already infected	Number of men
	Yes	Some/ not all	No	Missing		Avoided sexual relations	Used condoms	Used medicine	Any action	No action		
Age												
15-19	23.9	2.6	73.5	0.0	100.0	29.6	16.6	21.4	36.8	63.2	0.0	54
20-24	41.0	2.7	53.2	3.1	100.0	22.4	14.1	26.8	44.2	52.1	0.5	53
25-29	44.4	3.0	50.3	2.3	100.0	45.1	14.6	30.7	54.1	37.9	4.1	47
30-39	64.5	3.8	31.4	0.3	100.0	50.7	7.6	19.7	53.2	39.0	7.5	57
40-54	79.6	0.0	18.3	2.1	100.0	43.0	4.8	23.6	51.4	43.0	4.9	23
Current marital status												
Married or living together	61.3	2.8	33.8	2.0	100.0	47.0	11.0	27.5	56.2	37.8	3.6	126
Divorced, separated, widowed	(49.7)	(0.0)	(50.3)	(0.0)	100.0	(38.7)	(8.9)	(21.0)	(48.1)	(38.3)	(13.6)	21
Never married	26.2	3.2	69.6	0.9	100.0	23.4	15.0	20.4	34.4	64.4	0.3	87
Residence												
Urban	50.7	7.1	41.1	1.1	100.0	47.2	19.1	39.8	67.6	27.1	4.7	60
Rural	46.0	1.2	51.2	1.6	100.0	34.2	9.9	18.9	40.3	54.9	2.7	173
Region												
Northern	(71.0)	(0.0)	(23.6)	(5.4)	100.0	(59.7)	(7.2)	(21.4)	(62.2)	(20.1)	(12.4)	20
Central	44.5	1.6	52.5	1.3	100.0	31.0	8.4	16.0	35.5	62.2	0.0	86
Southern	45.3	3.9	49.8	0.9	100.0	38.5	15.7	30.4	53.1	42.2	4.0	127
Education												
No education	*	*	*	*	100.0	*	*	*	*	*	*	20
Primary 1-4	46.9	1.8	50.2	1.1	100.0	41.3	10.7	23.2	48.5	50.4	0.0	75
Primary 5-8	47.6	0.0	49.9	2.5	100.0	34.6	11.4	23.4	42.9	50.7	3.4	97
Secondary+	44.0	11.9	43.8	0.4	100.0	38.3	19.3	29.1	57.3	34.9	7.4	42
Total	47.3	2.7	48.6	1.4	100.0	37.5	12.3	24.3	47.4	47.7	3.2	234

() Estimate based on 25-49 unweighted cases

* Less than 25 unweighted cases; estimate has been suppressed.

1.7 NUMBER OF SEXUAL PARTNERS

Given that most HIV infections in Malawi are contracted through heterosexual contact, information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of the disease. The 2000 MDHS survey included questions on the respondent's last three sexual partners in the 12 months preceding the survey, with two broad partner types recognised: 1) those cohabiting with the respondent (mostly spouses) and 2) those not cohabiting with the respondent at the time of the last sexual encounter with that partner. For male respondents, the question was also asked whether they had paid for sex in the last 12 months. Information on use of condoms at last sexual encounter with each of these partner types was collected. In the context of HIV/AIDS/STI prevention, the analysis in the following section is limited to higher risk sexual activity. Based on UNAIDS guidelines for monitoring and evaluation of HIV/AIDS programmes, a working definition of higher risk sex is sex outside the context of a cohabiting relationship, which, in broad terms, means extramarital sex among married individuals and all sex for the unmarried. Although these definitions are far from ideal, evaluation of data from previous surveys indicates that a more precise formulation is impractical and produces data that are difficult to interpret.

MARRIED MEN AND WOMEN

Table 1.12 shows the percent distributions of married women and men by number of persons with whom they had sex in the last 12 months, excluding spouse or cohabiting partner, according to background characteristics. These data indicate that men report having more sexual partners than women. Only 1 percent of currently married women reported extramarital sexual activity in the last 12 months, compared with 18 percent of married men. About 2 percent of married men reported two or more extramarital partners in the last year, while virtually no married women reported the same. Previous survey experience suggests that extramarital sex is probably underreported by women.

Age-related, urban-rural, regional, and education-related differentials in the number of recent noncohabiting sexual partners reported by men are negligible. The MDHS survey asked male respondents to report on their drinking pattern over the last three months, including whether and

Table 1.12 Number of sexual partners: married women and men

Percent distribution of currently married women and men by number of persons with whom they had sexual intercourse in the past 12 months, excluding spouse or cohabiting partner, according to background characteristics, Malawi 2000

Background characteristic	Women					Men					
	Number of sexual partners excluding spouse or cohabiting partner					Number of sexual partners excluding spouse or cohabiting partner					
	0	1	2+	Total	Number	0	1	2+	Total	Mean	Number
Age											
15-19	97.8	2.0	0.2	100.0	934	(70.6)	(16.3)	(13.1)	100.0	(0.4)	23
20-24	99.2	0.7	0.0	100.0	2,324	83.6	14.9	1.5	100.0	0.2	236
25-29	99.6	0.3	0.1	100.0	2,102	79.6	17.8	2.6	100.0	0.3	441
30-39	99.5	0.4	0.0	100.0	2,505	82.4	16.0	1.6	100.0	0.2	622
40-49 (men, 40-54)	99.5	0.5	0.0	100.0	1,587	84.8	13.4	1.8	100.0	0.2	584
Residence											
Urban	99.5	0.4	0.1	100.0	1,362	80.9	15.9	3.2	100.0	0.3	307
Rural	99.3	0.7	0.0	100.0	8,089	82.8	15.4	1.8	100.0	0.2	1,599
Region											
Northern	99.7	0.3	0.0	100.0	1,075	84.4	13.7	1.9	100.0	0.2	217
Central	99.4	0.6	0.0	100.0	3,919	83.3	15.0	1.6	100.0	0.2	775
Southern	99.1	0.8	0.1	100.0	4,458	81.3	16.3	2.4	100.0	0.2	914
Education											
No education	99.3	0.6	0.0	100.0	2,975	83.0	15.0	1.8	100.0	0.2	265
Primary 1-4	99.1	0.9	0.1	100.0	2,980	82.0	16.0	2.0	100.0	0.2	565
Primary 5-8	99.5	0.4	0.1	100.0	2,784	82.7	15.8	1.5	100.0	0.2	737
Secondary+	99.2	0.8	0.0	100.0	713	82.4	14.3	3.3	100.0	0.2	338
Alcohol consumption (last 3 months)											
Has not been drunk	99.4	0.6	0.0	100.0	9,256	84.5	13.7	1.8	100.0	0.2	1,389
Has been drunk	96.5	1.3	2.2	100.0	180	77.1	20.3	2.6	100.0	0.3	517
Total	99.3	0.7	0.1	100.0	9,452	82.5	15.5	2.0	100.0	0.2	1,906

¹ Excludes 16 women with missing alcohol consumption information.

() Estimate based on 25-49 unweighted cases.

how often they got drunk. The findings indicate that married men who have gotten drunk in the last three months are more likely to have engaged in extramarital sexual activity (23 percent) than men who have not recently gotten drunk (16 percent).

UNMARRIED MEN AND WOMEN

Among unmarried men who have ever had sex, 67 percent had some sexual activity in the previous 12 months—about one-quarter of these reported two or more partners (Table 1.13). Unmarried women reported considerably less sexual activity than unmarried men. About 38 percent of the unmarried women who have ever had sex reported having had at least one sexual partner in the last year. Of those women who did report recent sexually activity, a much smaller percentage reported sex with more than one partner than men did (5 percent versus 22 percent).

Table 1.13 Number of sexual partners: unmarried women and men

Percent distribution of unmarried women and men who ever had sex, by number of persons with whom they had sexual intercourse in the 12 months preceding the survey, according to selected background characteristics, Malawi 2000

Background characteristic	Women						Men					
	Number of sexual partners excluding spouse or cohabiting partner						Number of sexual partners excluding spouse or cohabiting partner					
	0	1	2+	Total	Mean	Number	0	1	2+	Total	Mean	Number
Age												
15-19	32.5	65.4	2.1	100.0	0.7	709	29.4	56.1	14.5	100.0	1.0	381
20-24	57.5	40.5	2.1	100.0	0.5	507	29.3	54.0	16.7	100.0	1.0	322
25-29	73.8	24.2	2.0	100.0	0.3	280	34.8	53.5	11.7	100.0	0.8	93
30-39	80.4	18.7	0.9	100.0	0.2	483	57.9	27.3	14.8	100.0	0.6	46
40-49 (men, 40-54)	90.8	8.2	1.0	100.0	0.1	414	75.1	21.7	3.3	100.0	0.3	39
Current marital status												
Divorced, separated, widowed	81.7	16.8	1.5	100.0	0.2	1,525	55.0	35.6	9.4	100.0	0.6	113
Never married	28.5	69.6	1.9	100.0	0.7	868	30.3	54.4	15.3	100.0	1.0	767
Residence												
Urban	50.7	47.8	1.5	100.0	0.5	471	33.3	48.3	18.4	100.0	1.0	187
Rural	65.2	33.1	1.7	100.0	0.4	1,922	33.5	53.0	13.5	100.0	0.9	693
Region												
Northern	65.8	33.2	1.1	100.0	0.4	208	37.0	56.8	6.2	100.0	0.7	83
Central	64.9	33.7	1.4	100.0	0.4	787	36.3	49.4	14.3	100.0	0.9	372
Southern	60.4	37.6	1.9	100.0	0.4	1,398	30.3	53.3	16.4	100.0	1.0	425
Education												
No education	83.7	15.5	0.8	100.0	0.2	530	56.2	34.6	9.1	100.0	0.5	49
Primary 1-4	65.5	32.5	2.0	100.0	0.4	636	34.8	48.6	16.6	100.0	0.9	233
Primary 5-8	54.1	43.7	2.2	100.0	0.5	751	27.7	57.2	15.2	100.0	1.0	363
Secondary+	47.5	51.2	1.3	100.0	0.5	476	36.3	51.1	12.7	100.0	0.9	235
Alcohol consumption (last 3 months)												
Has not been drunk	62.7	35.8	1.5	100.0	0.4	2,334	35.6	51.7	12.7	100.0	0.8	724
Has been drunk	49.7	40.7	9.6	100.0	0.7	53	23.6	53.3	23.0	100.0	1.2	156
Total	62.4	36.0	1.7	100.0	0.4	2,393	33.4	52.0	14.5	100.0	0.9	880

¹ Excludes 6 women with missing alcohol consumption information.

More than two-thirds of unmarried women age 15-19 who have ever had sex reported at least one partner in the last 12 months; 2 percent have had two or more partners. The percentage of sexually active unmarried women goes down with increasing age to just 9 percent in the age group 40-49 years. This general pattern is seen among men as well. One in six unmarried men age 20-24 reported having two or more partners—a pattern of behaviour that places them at high risk of infection with HIV and other STIs.

Residence in the Southern Region and higher levels of education are associated with higher levels of sexual activity in unmarried individuals. Unmarried women in urban areas are more likely to be sexually active than their rural counterparts. This is not true among men, but of those who are sexually active, urban men are more likely than rural men to have multiple partners.

Among both women and men, having been drunk at least once in the last three months is strongly related to high-risk sexual activity. Twenty-three percent of unmarried men who reported that they got drunk recently had two or more partners in the last 12 months, compared with 13 percent of men who did not get drunk recently. The percentage of women who reported that they got drunk recently is small; however, the data suggest that women who engage in excessive drinking are also more likely to have multiple sex partners.

1.8 PAYMENT FOR SEXUAL RELATIONS

Male respondents in the 2000 MDHS survey were asked whether they had paid money in exchange for sex in the last 12 months. Among men who have ever had sex, 21 percent reported paying for sex in the last 12 months (Table 1.14). Married men were almost as likely (20 percent) as unmarried men (21 percent) to have recently paid for sex.

There is substantial variation in commercial sex differentials across population subgroups. Urban residence is associated with greater likelihood of having paid for sex among married men, but a smaller likelihood among unmarried men. Men in the Northern Region are much less likely to have engaged in commercial sex (9 percent) than in the Central Region (13 percent) and the Southern Region (30 percent). Men who have been drunk at least once in the last three months are more likely to have engaged in commercial sex (24 percent) than men who have not been drunk (19 percent).

1.9 KNOWLEDGE OF A SOURCE FOR CONDOMS

Because of the important role that the condom plays in combating the transmission of HIV, respondents were asked if they know where they could be obtained. If they reported knowing a source and could cite a specific source, they were asked whether they could actually get a condom if they wanted to get one. This last question was intended to ascertain the level of personal access to condoms as opposed to having passing knowledge.

Table 1.15 shows that 77 percent of women and 87 percent of men could cite a place where they could obtain a condom. This compares with 71 percent (women) and 89 percent (men) reported from the 1996 MKAPH. Knowledge of a source for condoms varies widely, with the lowest levels among men and women who are less educated and those living in rural areas. When asked whether they could actually get a condom, 57 percent of women and 79 percent of men reported that they could. An important and troubling finding is that more than half of women and more

Table 1.14 Payment for sexual relations

Among men who have ever had sexual intercourse, percentage who paid for sex in the 12 months preceding the survey, by marital status and background characteristics, Malawi 2000

Background characteristic	Currently married		Not currently married		All	
	Percent	Number	Percent	Number	Percent	Number
Age						
15-24	17.5	259	21.9	702	20.7	962
25-34	20.9	749	18.4	113	20.6	862
35-54	20.5	898	16.7	65	20.3	963
Residence						
Urban	29.6	307	17.1	187	24.9	494
Rural	18.5	1,599	22.1	693	19.6	2,292
Region						
Northern	9.3	217	9.2	83	9.3	301
Central	12.3	775	13.4	372	12.7	1,147
Southern	29.7	914	30.0	425	29.8	1,339
Education						
No education	20.6	265	18.3	49	20.2	314
Primary 1-4	20.0	565	28.7	233	22.6	798
Primary 5-8	19.6	737	20.9	363	20.0	1,100
Secondary+	21.9	338	14.2	235	18.7	574
Alcohol consumption (last 3 months)						
Has not been drunk	19.1	1,389	20.1	724	19.4	2,114
Has been drunk	23.5	517	25.2	156	23.9	673
Total	20.3	1,906	21.0	880	20.5	2,786

than one-quarter of men in the age group 15-19 reported that they could not get a condom themselves if they wanted to. Respondents living in rural areas, as well as less educated respondents, also reported low levels of personal access to condoms (Figure 1.3). Two-thirds of women who had never had sex reported that they could not get a condom if they wanted to.

1.10 CHISHANGO CONDOMS

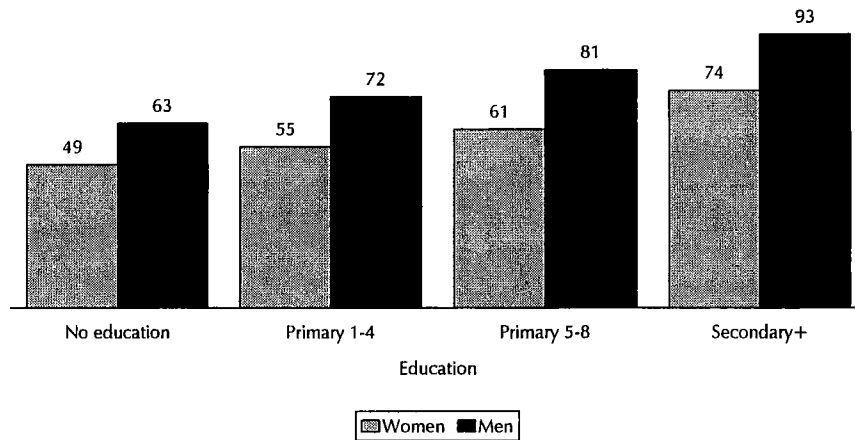
The MDHS survey asked men and women if they “had ever heard of a condom called Chishango,” in order to monitor condom brand awareness. Table 1.16 shows that virtually all men (97 percent) and most women (89 percent) had heard of this condom brand. The lowest Chishango brand awareness was among women in the oldest and youngest age groups, women in rural areas, women residing in the Northern Region, and women with less education.

Table 1.15 Knowledge of male condoms

Percentage of women and men who know a source for condoms and who "could get a condom if they wanted to" by background characteristics, Malawi 2000

Background characteristic	Women			Men		
	Knows a source for condoms	Could get condoms if wanted	Number	Knows a source for condoms	Could get condoms if wanted	Number
Age						
15-19	69.1	48.2	2,867	83.8	71.5	660
20-24	82.2	66.4	2,957	93.4	88.0	598
25-29	83.7	66.4	2,401	91.4	86.6	539
30-39	79.3	59.6	2,990	89.1	82.1	670
40-49 (men, 40-54)	69.0	43.5	2,004	79.0	68.9	624
Current marital status						
Married or living together	79.0	60.5	9,452	87.2	79.6	1,906
Divorced, separated, widowed	76.8	55.4	1,525	81.2	79.5	113
Never married						
Ever had sex	78.5	65.2	868	92.8	86.3	767
Never had sex	62.7	33.8	1,375	75.1	57.8	306
Residence						
Urban	94.4	69.0	2,106	98.6	92.8	564
Rural	73.7	55.2	11,114	84.6	76.0	2,528
Region						
Northern	77.8	41.8	1,453	87.8	76.5	351
Central	74.9	58.3	5,321	84.2	76.5	1,296
Southern	78.5	60.2	6,446	89.7	82.0	1,446
Education						
No education	66.1	48.7	3,574	71.8	62.8	322
Primary 1-4	73.0	55.2	4,025	80.5	72.4	898
Primary 5-8	83.6	61.2	4,152	90.4	81.4	1,243
Secondary+	95.9	74.2	1,468	98.2	92.5	629
Total	77.0	57.4	13,220	87.2	79.1	3,092

Figure 1.3 Percentage of Women and Men Who Could “Get a Condom If They Wanted To”, by Level of Education



MDHS 2000

Table 1.16 Knowledge of Chishango brand condom

Percentage of women and men who have heard of Chishango brand condoms, by background characteristics, Malawi 2000

Background characteristic	Women		Men	
	Percent	Number	Percent	Number
Age				
15-19	89.1	2,867	94.1	660
20-24	92.8	2,957	99.2	598
25-29	91.9	2,401	98.9	539
30-34	90.6	1,566	98.5	330
35-39	88.0	1,424	99.2	340
40-44	83.6	1,053	94.7	240
45-49	78.7	951	93.8	207
50-54	na	na	94.0	177
Residence				
Urban	98.6	2,106	99.8	564
Rural	87.5	11,114	96.4	2,528
Region				
Northern	83.0	1,453	93.8	351
Central	86.5	5,321	96.8	1,296
Southern	93.0	6,446	97.9	1,446
Education				
No education	81.9	3,574	94.0	322
Primary 1-4	87.8	4,025	95.3	898
Primary 5-8	93.8	4,152	97.6	1,243
Secondary+	98.8	1,468	99.8	629
Total	89.3	13,220	97.0	3,092

na = Not applicable

1.11 USE OF CONDOMS

Table 1.17 shows the percentages of men and women who used a condom during their last sexual encounter, by partner type and background characteristics. Taking all partner types together (i.e., any partner), men are about three times more likely than women to have used a condom at last sex (14 percent versus 5 percent).

Condoms are used less frequently during sex with cohabiting partners (within formal and informal marriages) for both women (3 percent) and men (6 percent), compared with sex with noncohabiting partners (women, 29 percent; men, 39 percent). It is clear that many women and men understand that sex outside of stable relationships entails greater risk. The 1996 MKAPH collected similar condom use data, allowing an assessment of trends during the late 1990s.

Table 1.17.1 Use of condoms: women

Percentage of women who had sexual intercourse in the 12 months preceding the survey who used a condom during last sexual intercourse with spouse or cohabiting partner, with noncohabiting partner, and with any partner, by background characteristics, Malawi 2000

Background characteristic	Spouse or cohabiting partner		Noncohabiting partner		Any partner	
	Percent	Number	Percent	Number	Percent	Number
Age						
15-19	4.1	953	31.9	482	13.3	1,422
20-24	4.2	2,358	32.6	218	6.3	2,560
25-29	2.7	2,103	21.3	79	3.3	2,172
30-39	1.2	2,498	19.3	104	1.9	2,596
40-49	1.0	1,576	10.5	45	1.2	1,615
Current marital status						
Married or living together	2.6	9,037	16.7	61	2.6	9,062
Divorced, separated, widowed	1.6	436	21.9	273	8.8	694
Never married	na	na	33.1	593	32.5	608
Residence						
Urban	3.3	1,372	44.3	235	9.1	1,600
Rural	2.4	8,117	23.4	692	3.9	8,764
Region						
Northern	5.7	988	44.4	72	8.3	1,060
Central	1.9	3,943	28.1	283	3.6	4,211
Southern	2.4	4,558	27.0	572	4.9	5,094
Education						
No education	1.6	3,001	9.1	101	1.8	3,089
Primary 1-4	1.8	3,011	17.2	237	2.8	3,221
Primary 5-8	3.1	2,757	27.0	339	5.7	3,090
Secondary+	7.1	720	49.7	250	17.7	965
Alcohol consumption (last 3 months)¹						
Has not been drunk	2.5	9,297	28.2	889	4.7	10,140
Has been drunk	2.1	176	41.4	33	7.3	206
Total	2.5	9,489	28.7	927	4.7	10,365

na = Not applicable
¹ Total includes 19 women with missing alcohol consumption information.

Condom use in sex with noncohabiting partners has increased from 20 to 29 percent among women; among men, there was a negligible change from 38 to 39 percent. Condom use *within* marriage has declined slightly since 1996; from 4 to 3 percent in women and from 9 to 6 percent in men.

The pattern of condom use across age categories varies depending on the sex of the respondent. In women, during both cohabiting and noncohabiting sexual activity, use of a condom is highest in the youngest age groups and declines with increasing age. Looking at men's sexual activity within marriage, condom use also declines with increasing age; but during sex with noncohabiting partners, condom use is lowest in the youngest (age 15-19) and the oldest (40-54) age groups.

Table 1.17.2 Use of condoms: men

Percentage of men who had sexual intercourse in the 12 months preceding the survey who used a condom during last sexual intercourse with spouse or cohabiting partner, with noncohabiting partner, and with any partner, by background characteristics, Malawi 2000

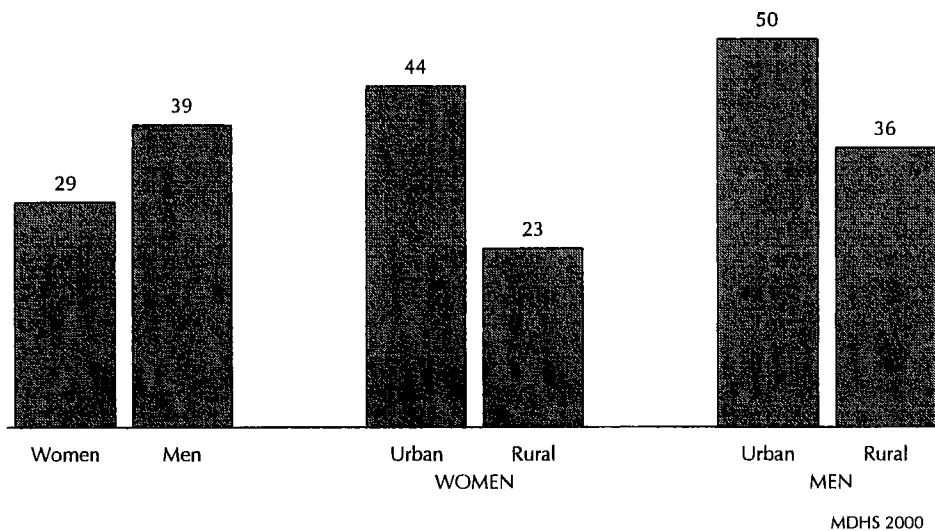
Background characteristic	Spouse or cohabiting partner		Noncohabiting partner		Any partner	
	Percent	Number	Percent	Number	Percent	Number
Age						
15-19	(20.1)	23	28.9	274	28.1	293
20-24	7.5	226	46.9	263	27.3	459
25-29	7.5	428	45.5	140	13.7	495
30-39	6.4	609	41.4	94	7.7	635
40-54	3.0	577	28.5	51	3.5	587
Current marital status						
Married or living together	5.8	1,831	42.4	243	6.7	1,861
Divorced, separated, widowed	(9.7)	30	37.0	49	26.0	74
Never married	na	na	37.5	532	37.5	534
Residence						
Urban	7.2	305	49.6	175	20.4	430
Rural	5.7	1,559	36.0	648	12.6	2,039
Region						
Northern	10.2	208	49.2	69	18.2	264
Central	6.8	751	38.7	312	14.9	999
Southern	4.2	905	37.4	442	12.2	1,206
Education						
No education	4.0	259	23.7	51	5.3	285
Primary 1-4	4.0	547	29.2	227	8.9	704
Primary 5-8	6.5	720	38.7	349	15.0	989
Secondary+	9.2	337	54.4	197	24.2	492
Alcohol consumption (last 3 months)						
Has not been drunk	5.6	1,352	37.8	618	14.0	1,837
Has been drunk	6.7	512	42.3	206	13.8	632
Total	5.9	1,864	38.9	823	14.0	2,469

na = Not applicable

() Estimate based on 25-49 unweighted cases.

Urban men and women were much more likely to use a condom at last sex than their rural counterparts. The urban-rural differential is especially pronounced for condom use with noncohabiting partners (Figure 1.4). Women living in urban areas are almost twice as likely to use a condom during sex with noncohabiting partners than women in rural areas.

Figure 1.4 Percentage of Women and Men Who Used a Condom at Last Sex With a Noncohabiting (Higher Risk) Partner, by Urban-rural Residence



Education is uniformly associated with higher reported condom use by both men and women, but the effect is more pronounced in women. Women with a secondary school education are five times more likely to use a condom during sex with a noncohabiting partner (50 percent) than women who never attended school (9 percent). This strong influence of education on risk avoidance behaviour is unlikely to be wholly the result of formal schooling per se but suggests that educated women possess more personal autonomy and influence in negotiating safer sex practise.

It might be expected that drinking, especially drinking to excess, would be associated with risky behaviour, namely, nonuse of condoms. However, the data do not generally support this. For men, condom use with both categories of partners is higher among those reporting having been drunk. Among women, this is true only for noncohabiting partners. Of course, this does not mean that drinking is protective; it does suggest that drinkers are self-selected into a category of sexual activity that recognises and, to a certain degree, responds to a higher-risk context.

CONDOM USE DURING COMMERCIAL SEX

Among men who reported having paid for sex in the last 12 months, only about one-third (35 percent) reported using a condom on the last occasion (Table 1.18). This is even lower than the estimate of condom use by men during sex with a noncohabiting partner and suggests that many men either have not heard, have not understood, or simply have not responded to the

Table 1.18 Use of condoms during commercial sex

Among men who paid for sex in the 12 months preceding survey, the percentage who used a condom at last paid intercourse, by background characteristics, Malawi 2000

Background characteristic	Percentage using a condom	Number of men
Age		
15-24	37.1	199
25-34	44.4	178
35-54	25.5	195
Current marital status		
Currently married	34.0	386
Not currently married	38.4	185
Residence		
Urban	45.6	123
Rural	32.6	449
Region		
Northern	41.4	28
Central	35.5	145
Southern	35.0	399
Education		
No education	19.8	64
Primary 1-4	29.7	180
Primary 5-8	36.4	220
Secondary+	52.0	107
Alcohol consumption (last 3 months)		
Has not been drunk	34.9	411
Has been drunk	36.6	161
	35.4	572
Total		

message to use condoms during risky sex. A man's educational level is closely associated with condom use; 52 percent of men who engaged in commercial sex used a condom if they had a secondary education, but just 20 percent used a condom if they had not attended school. Marital status and drinking patterns were only weakly associated with condom use at last paid sex.

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