AIDS in Africa During the Nineties

MALAWI

A review and analysis of surveys

MEASURE *Evaluation*

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AIDS in Africa During the Nineties: Young People in Kenya. Office of the President, Kenya National AIDS control Council, Ministry of Health Kenya National AIDS/STD/TB/Leprosy Control Programme, The MEASURE Project. 2003.

AIDS in Africa During the Nineties: Uganda. A review and analysis of surveys and research studies. Uganda AIDS Commission, MEASURE Evaluation, Uganda Ministry of Health. 2003.

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Chapter 1 Introduction

Malawi was hit early and hard by the human immunodeficiency virus (HIV) epidemic. The first case of acquired immunodeficiency syndrome (AIDS) in Malawi was diagnosed in 1985, and 17 cases had been confirmed by the end of that year. Prevalence grew rapidly in the decade that followed. Five years later, 20 percent of women attending antenatal clinics in urban areas were testing HIV positive. That number increased to 26 percent by 1998. Though in the early years the epidemic was focused on urban centers, the rural areas of Malawi did not escape exposure. HIV seroprevalence rates in rural areas rose from 6 percent of antenatal women in 1992 (the first year of surveillance in rural areas) to 18 percent by 1998. By the end of the decade, antenatal HIV prevalence figures leveled off at approximately 25 percent in urban areas, with increases still being observed semiurban populations (Joint United Nations Programme on HIV/AIDS 2002a).

The severity of the HIV epidemic in Malawi is illustrated by the long-term impact on the population. According to U.S. Census Bureau estimates, life expectancy at birth in Malawi is currently 38 years for both sexes. This represents an almost 30 percent reduction from previous estimates, largely attributable to the heavy toll of HIV. HIV/AIDS is also partially to blame for the high infant mortality rate of about 122 per 1,000 (U.S. Census Bureau 2000).

Orphanhood is an increasing problem in Malawi as children lose one or both parents to the epidemic. The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that 470,000 Malawian children under age 15 were orphans by the end of the decade, representing about 9 percent of the population in that age group (Joint United Nations Programme on HIV/AIDS 2002b).

Objectives

This report is one in a series of reports examining trends in AIDS-related knowledge, attitudes, and behaviors in sub-Saharan Africa throughout the 1990s. During this time period, most global efforts to prevent and control HIV infection focused on increasing knowledge and changing behaviors that put individuals at risk. Although Malawi has not experienced a decline in HIV prevalence, the prevalence appears to have leveled off toward the end of the decade. It is important to examine changes in corresponding knowledge and behaviors to identify which programs were most effective and where challenges are still present. For context to the discussion, a brief summary of the national interventions and trends in HIV prevalence is also presented.

Background

After the discovery of the first cases of AIDS in Malawi in 1985, the Malawian Government responded with two major interventions: a blood screening policy and a strategy for health education about risks and prevention. These two strategies were the primary focus of government initiatives from 1989 to 1993. By 1993, Malawi started to develop a multidisciplinary approach that incorporated social, psychological, and economic dimensions into the response. As the epidemic evolved through the decade, the National AIDS Control Programme (NACP) took on a broader role in prevention and control, including conducting activities in surveillance; voluntary testing and counseling; home-based care; information, education, and communications; control of sexually transmitted infections; and research. To reflect the broader nature of its approaches, the NACP worked with a variety of stakeholders, including the private sector, nongovernmental organizations, donors, religious organizations, community-based organizations, and people living with HIV/AIDS.

In 1998, a review of the government strategy showed mixed results. Community awareness reached a very high level (approximately 90 percent), but behavioral change was limited and the spread of HIV/AIDS continued relatively unabated. Little monitoring and evaluation had been done to assess the relative strengths and weaknesses of the various program activities. Together with the stakeholders, the Malawian Government decided to reorganize its HIV/AIDS efforts under the control of a newly formed National AIDS Commission, whose goal is to coordinate a multisectoral national response. In 2000, the Government released a new, comprehensive National Five Year Strategic Plan to guide HIV/AIDS prevention and mitigation programs and activities from 2000 to 2004 (National AIDS Commission 2003).

Data Sources

Table 1: National data sources for estimates of AIDS-related knowledge, attitudes, and behavior indicators

Survey	MDHS 1992	MKAPH 1996	MDHS 2000
Data Collection	Sept.–Nov. 1992	June–Oct. 1996	July–Nov. 2000
Women 15–19	1,105	626	2,914
Women 20–24	990	548	2,998
Women 15–49	4,549	2,683	13,220
Men 15–19	270	600	674
Men 20–24	222	519	584
Men 15–54	1,151	2,658	3,092

The primary sources of data on knowledge and behavior are three population-based surveys conducted in the 1990s: two Malawi Demographic and Health Surveys (1992 MDHS and 2000 MDHS) and an interim Malawi Knowledge, Attitudes, and Practices in Health Survey (1996 MKAPH). All three surveys used a nationally representative sampling frame to select male and female respondents of reproductive age. All the surveys contain questions on a variety of demographic and health variables, including reproductive health behavior, contraceptive use, and maternal and child health. While all three surveys also contain questions on HIV knowledge and behaviors, the number and types of questions evolved over time. The 1992 MDHS asked primarily questions on knowledge of HIV, modes of transmission, and misconceptions, and knowledge and use of condoms. By the mid-1990s, knowledge of HIV was nearly universal in Malawi so the later surveys focused on preventive behaviors. The 1996 MKAPH and the 2000 MDHS asked questions on sexual behavior, such as number and relationship status of partners, abstinence, and use of condoms with various partners. The 2000 MDHS included a newly developed HIV/AIDS module that collected data to calculate the national response indicators recommended by UNAIDS.

Sample sizes for each of the three surveys were different due to the differing substantive nature of the surveys (Table 1). Both the 1992 and 2000 MDHS surveys included data on maternal and infant mortality, which necessitated larger sample sizes. The 1996 MKAPH was designed to be a smaller, interim survey to collect data on a subset of national indicators. The 2000 MDHS also included oversampling in several key districts to provide district-level estimates for many indicators. The samples for 1992 and 1996 were drawn from the 1987 National Census sampling frame, while the 2000 survey used the new census sample frame from 1998.

Survey Respondents

For understanding the context of the report, it is important to review changes in basic demographics during the 1990s. Throughout the 1990s, the majority of Malawians were rural

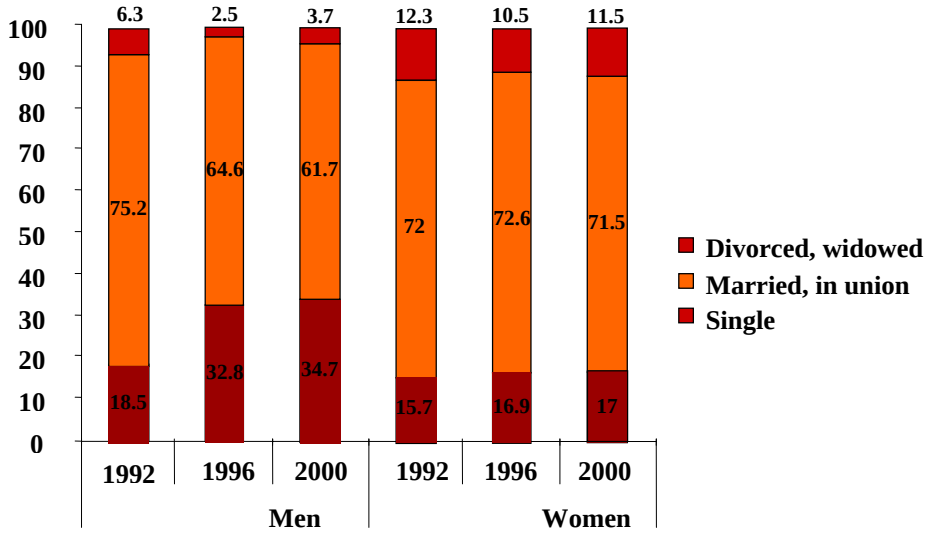
residents, a characteristic that has changed very little over time. In 2000, approximately 86 percent of the population lived in rural areas, a minor decrease from 88 percent in 1992. There is a slight trend toward urbanization of young men in Malawi. Across all three surveys, a disproportionate number of men age 15 to 40 lived in urban areas, but these figures remained fairly constant through the decade. This trend is consistent with many African countries where young men migrate to urban areas in search of employment.

The age structure of the Malawian population also changed very little during the 1990s. Malawi is a high fertility country as evidenced by the large percentage of the population under the age of 15 (approximately 44 percent). Although contraceptive use has increased during the same time frame, the effects of any decreased fertility have not yet been seen in the population structure.

Although educational levels are still quite low throughout Malawi, they have risen dramatically over the last decade. In 1992, 30 percent of men and 48 percent of women had never been to school. By 2000, those percentages had dropped to 16 percent of men and 28 percent of women who had never attended school. Similarly, only 2 percent of women had a secondary school education in 1992 as compared with 6 percent in 2000. Male levels of education increased more rapidly than female levels. Six percent of men had attended secondary school in 1992. This figure doubled to 12 percent by the end of the decade.

Marital status is a key background variable to understanding changes in sexual behavior and their relationship to the AIDS epidemic. Marital status has changed very little over the last decade in Malawi (Figure 1.1). Approximately 72 percent of women were married or in union in each survey year. In 1992 the male sample was drawn from men age 20 to 54, while in the two subsequent years, the sample included men age 15 to 19, thus including a greater number of single adolescents in the latter two surveys. Between 1996 and 2000 there was a slight increase in the number of single men from 33 to 35 percent, and an equally small decline in the number of married men from 64 to 62 percent. Across all three surveys, there are more single men than women and a higher level of divorce or widowhood among women.

Figure 1.1
Trends in the distribution of men (15–54) and women (15–49), by current marital status



*In 1992, the male sample was age 20 to 54. In 1996 and 2000 the male samples were age 15 to 54.

Chapter 2 The Spread Of HIV In Malawi

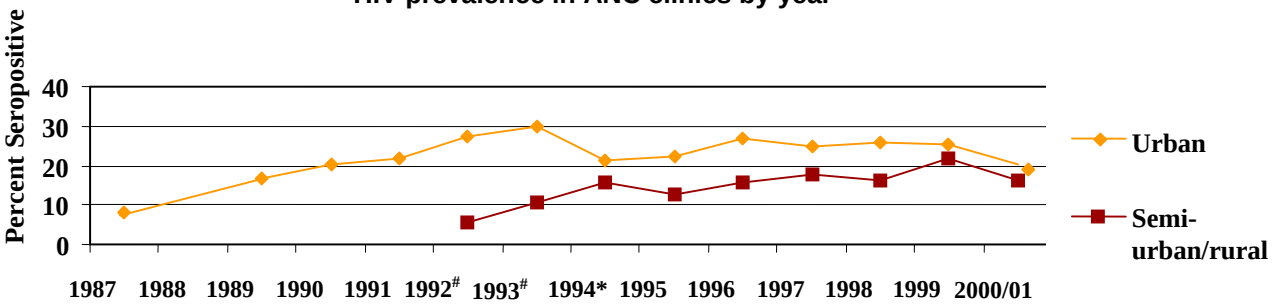
- Prevalence rose exponentially from the mid-1980s, when 8 percent of pregnant women in urban areas tested HIV positive, to 1990 when HIV prevalence among urban pregnant women was 20 percent.
- After rapid increases during the early 1990s, HIV prevalence appears to have leveled off in the latter half of the decade at around 25 percent of pregnant women.
- In 2000/01, HIV prevalence among pregnant women age 15 to 19 was 11.7 percent and 20.2 percent among those age 20 to 24.
- The general adult HIV prevalence rate was estimated to be 15 percent in 2000/01.

One of the most critical components of a national HIV/AIDS program is a functional HIV surveillance system. The data on levels and trends of HIV infection are important for guiding programs and policies at the national level and for targeting interventions around the country.

Sentinel Surveillance

Malawi is one of a handful of countries in Africa that had an existing HIV surveillance system throughout the 1990s. In the early years of the epidemic, from 1985 to 1991, HIV surveillance was done through a series of cross-sectional studies in urban areas. In 1990, a system of routine surveillance was established for the first time in antenatal clinic (ANC) sites in three major cities. These sites were later expanded to include 19 sentinel sites located in urban, semiurban, and rural areas. These 19 sites have been used since 1994 (National AIDS Control Programme 1999). Although the locations of the sites are intended to cover both urban and rural areas, the samples are not drawn using probability sampling methods and are not necessarily representative of the general population. In particular, most of the rural sites are located in smaller population centers and may not represent the true picture of HIV in Malawi's rural population.

Figure 2.1
HIV prevalence in ANC clinics by year



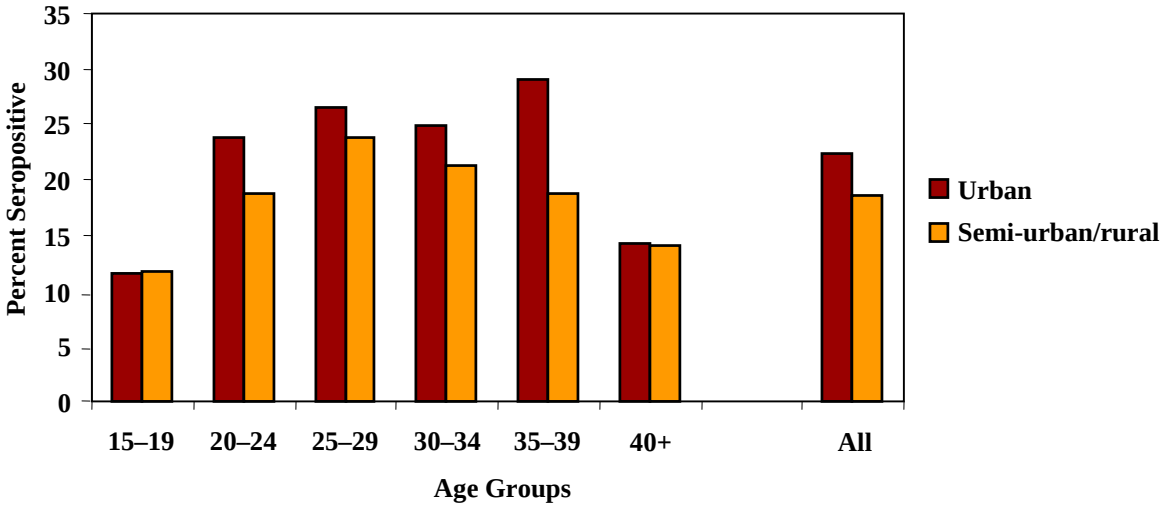
* The current sentinel sample of 3 urban and 16 semi-urban/rural sites started in 1994. No semi-urban sites were included from 1987 to 1992, and then only 10 sites were used until 1994.

\# Urban data in 1992 and 1993 were taken from only one site.

The earliest tracking of HIV prevalence in pregnant women began in the three major cities of Malawi (Blantyre, Lilongwe, Mzuzu) in 1987 when 8.2 percent of ANC attendees tested HIV positive. By the start of the 1990s, that figure had jumped to 20 percent of women at these three ANC clinics. Prevalence continued to rise dramatically throughout the decade. In 1995, 23 percent of pregnant women in urban areas tested HIV positive, and by 1999, the urban HIV prevalence increased to 25 percent (Figure 2.1) (Joint United Nations Programme on HIV/AIDS 2002a).

ANC surveillance in semi-urban and rural areas began in 1992 with 10 sites. Six percent of pregnant women in those sites tested positive that year. Over the decade, the number of sites increased to 16 and the prevalence figures continued to rise. Thirteen percent of rural pregnant women were HIV positive in 1995, increasing to 22 percent by 1999 (National AIDS Control Programme 1999). After rapid increases in seroprevalence figures from the 1980s through the early part of the 1990s, prevalence appears to have stabilized in the latter half of the decade so that urban prevalence is in the low 20s and semi-urban prevalence is in the upper teens.

Figure 2.2
HIV prevalence in ANC clinics by age and residence 2000/01



In addition to trends over time, it is important to examine prevalence by age and residence to understand the dynamics of the epidemic. Figure 2.2 shows the prevalence by age group and urban/rural status in 2000/01. The prevalence figures in Malawi are consistent with patterns of a generalized epidemic, similar to many other countries in sub-Saharan Africa. HIV prevalence is higher among urban dwellers in every age group with larger differences apparent in the middle age ranges. Prevalence peaks between 25 and 29 among rural residents, and is also fairly high among urban residents in this age group. The urban peak appears to be in the 35–39 age bracket, but it should be noted that sample sizes after age 35 are quite small and this peak should be interpreted with caution. In 2000/01, prevalence among pregnant women age 15 to 19 was 11.7 percent and 20.2 percent among those age 20 to 24. The overall figure for pregnant women was 19.5 percent. The general adult HIV prevalence rate was estimated to be 15 percent in 2000/01.

AIDS Case Reporting

In addition to sentinel surveillance at antenatal clinics, Malawi operates an AIDS case reporting system at 61 sites (hospitals and clinics) around the country. Slightly less than half are

government-run health facilities, and an equal percentage are run by the Christian Health Association of Malawi. The Army, Police, and the Dwangwa and SUCOMA Sugar Companies own the remaining sites. AIDS case surveillance is based on a passive reporting system in which each facility notifies the central level of all AIDS cases detected through routine blood screening and physical examination of patients. Figure 2.3 presents the results from the 1998 round of surveillance, the most recent year available at the time of publication (National AIDS Control Programme 1998).

Figure 2.3
Age and Sex Distribution of AIDS Cases 1998

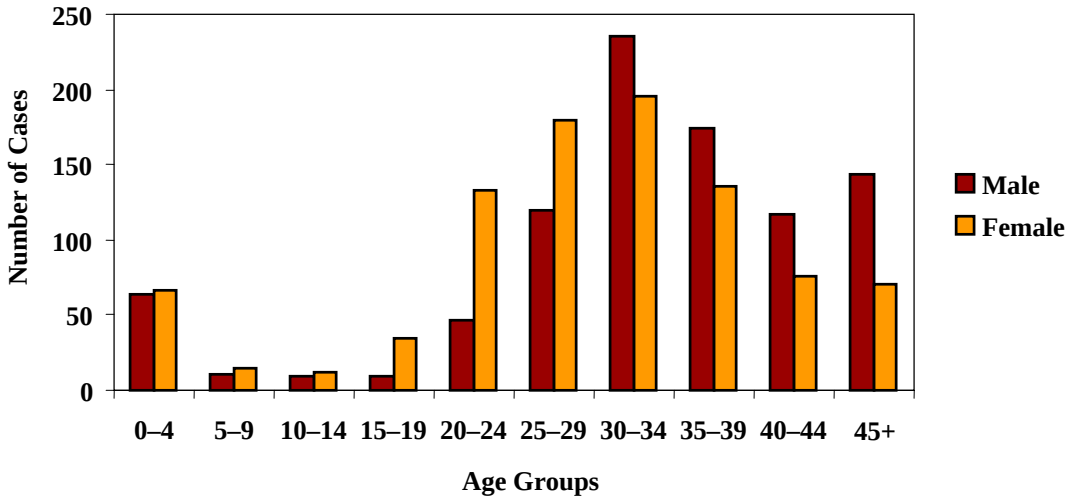


Fig 2.3 shows a typical pattern for AIDS case reporting by age in sub-Saharan Africa. There is small peak in cases between birth and age 4, primarily as a result of vertical transmission from mother to child. AIDS cases then remain very low until late adolescence when individuals become sexually active. The number of cases peaks in the early 30s, reflecting the long latent period between initial infection and AIDS case diagnosis.

The sex distribution of the AIDS cases is also typical of a generalized epidemic. Vertical transmission appears to affect both sexes equally. However, by late adolescence, women represent a much larger percentage of AIDS cases than men. This could be due to the fact that women begin sexual activity at younger ages then their male counterparts. According to the 2000 MDHS, the median age for first sex among women was 16.9 years compared with 18.3 years among men (NSO and Macro International Inc. 2001). By age 30, men account for a larger percentage of AIDS cases, and this trend continues through the remaining age brackets. However, there is not a significant difference in the overall number of cases by sex, 929 in men and 916 in women.

Chapter 3 AIDS Related Knowledge

- In spite of universal knowledge about the existence of HIV/AIDS, there are still misconceptions about how HIV is transmitted and how infection can be prevented.
- Women, especially those in rural areas, had lower levels of knowledge than men that an individual who appears healthy can have HIV. This gap narrowed by 2000.
- Levels of knowledge that HIV can be transmitted from mother to child started high in the 1990s.
- In spite of large increases in knowledge that mosquitoes do not transmit HIV, about one-third of women and men in 2000 still held this misconception.
- Knowledge of using condoms to prevent HIV/AIDS increased dramatically from 1992 to 2000 but is not universal.
- Knowledge of limiting partners to prevent HIV/AIDS appears to have declined from 1996 to 2000 when considering spontaneous responses, but increased substantially when considering prompted responses.
- The percentages of men and women who state abstinence as a means to prevent HIV more than doubled from 1992 to 2000.
- A growing majority of women and men know someone with HIV/AIDS or someone who has died of HIV/AIDS.

For individuals to take measures to prevent HIV/AIDS infection, they must know of the epidemic, how HIV is transmitted, and means to prevent that transmission. Knowledge of the existence of HIV/AIDS in Malawi started at near universal levels in 1992 and became completely universal by 2000. In 1992, women had lower awareness of HIV than men. Ninety-five percent of women were aware of HIV in 1992 compared with 98 percent of men. The lower value for women was due to rural women, of whom 95 percent were aware of HIV. Urban women had 99 percent awareness. By 2000, 99 percent of rural women had become aware of HIV. Despite the nearly universal knowledge of HIV/AIDS throughout the 1990s, misconceptions about the transmission of HIV and insufficient knowledge of means to prevent HIV persisted. Detailed information on HIV/AIDS knowledge for all men and women, urban and rural areas, and for young adults (age 15 to 24) appears in Appendix B, Tables B.1 through B.4.

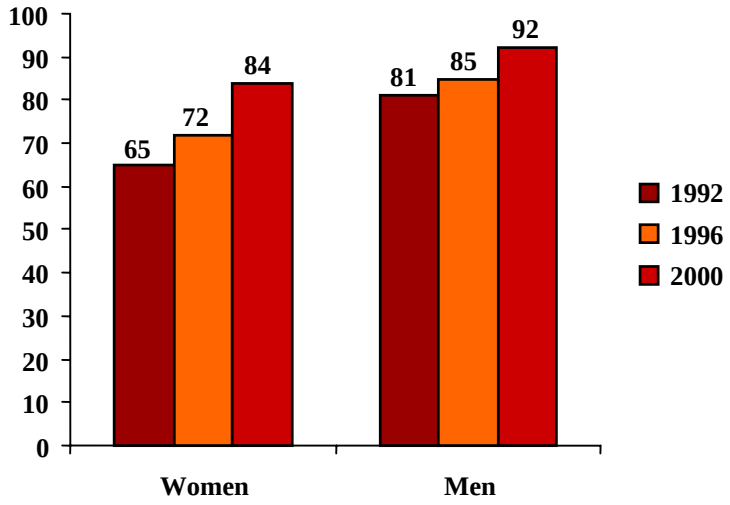
Women, Especially Rural Women, Are Less Aware That HIV-Positive People Can Appear Healthy

The belief that an HIV-positive person will appear sick is a common misconception, and one that could lead to unintentional risky behaviors. Prevention campaigns promote the knowledge that HIV-positive individuals can appear healthy to encourage individuals to take measures to protect themselves, such as using condoms when having sex regardless of the apparent health status of the partner.

In spite of its importance, knowledge that HIV-positive individuals can appear healthy was far from universal in 1992. Rural women had the lowest levels of understanding of this concept (Appendix B, Table B.2). Sixty-three percent of rural women understood that HIV-positive people could appear healthy in 1992 compared with 84 percent of urban women. Overall, 65 percent of women had this knowledge in 1992. Men had much higher levels of knowledge that HIV-positive people can appear healthy. Eighty-one percent of men had this knowledge in 1992. Rural men lagged behind urban men. Seventy-nine percent of rural men understood this concept compared with 93 percent of urban men. Young adults had slightly higher levels of this knowledge than all women and men (Appendix B, Tables B.3 and B.4). Sixty-seven percent of women age 15 to 24 had this knowledge in 1992, and 84 percent of men age 15 to 24 had this knowledge.

Trends in the knowledge that HIV-positive individuals can appear healthy reveal greater increases for women, yet the levels for men continued to be higher than those for women. Figure 3.1 shows a 19-percentage point increase in this knowledge for women by 2000 and only an 11-percentage point increase for men. Ninety-two percent of men in 2000 had this knowledge compared with 84 percent of women. By 2000, the urban/rural gap narrowed for women and men. The gap for women closed from 21 percentage points in 1992 to 13 in 2000, and the gap for men closed from 14 percentage points to five. The advantage young adults had in this knowledge over all adults vanished by 2000. Young adult men had a slightly lower percentage, 89 percent for men age 15 to 24 compared with 92 percent for all adult men.

Figure 3.1
Percentage of women and men who know that a HIV infected person can appear healthy



Levels Of Knowledge That HIV Can Be Transmitted From Mother To Child Started High

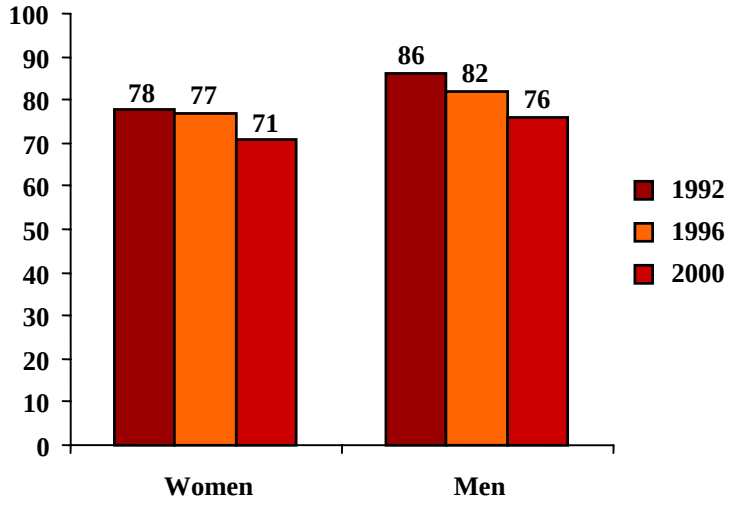
Transmission of HIV from mother to child during pregnancy, delivery, or breastfeeding is the primary source of HIV in young children. If a woman who is HIV positive understands vertical transmission, theoretically she either can avoid having children or take medications when pregnant to reduce the rate of transmission to the unborn child and follow breastfeeding recommendations.

Questions that assessed knowledge of HIV transmission from a mother to her infant differed from survey to survey, making interpretation of the trend in knowledge difficult. The 1992 MDHS question asked, "Is it possible for a woman who has the AIDS virus to give birth to a child with the AIDS virus?" This wording implies a specified period of transmission (pregnancy or delivery) (NSO and Macro International Inc. 1994). The 1996 and 2000 MDHS questions ("Can the virus that causes AIDS be transmitted from a mother to a child?") did not specify a period or event during which transmission could occur and did not relate the transmission to an infant or breastfeeding child (NSO and Macro International Inc. 1997 and 2001). Depending on how the question was interpreted (whether "child" was interpreted as an infant or a nonbreastfeeding older child), a yes response could be correct or incorrect knowledge.[1]

As intervention programs focusing on preventing HIV transmission in utero, during delivery, and through breastfeeding become more widespread and the term "mother-to-child transmission" becomes more familiar, "child" will more likely be interpreted as an infant or a nonbreastfeeding older child. At the time of the surveys, Malawi had not implemented national interventions.

The good news in the early 1990s was that levels of knowledge of transmission of HIV from mother to infant were relatively high. Figure 3.2 shows 78 percent of women and 86 percent of men had this knowledge in 1992. In 1996, 77 percent of women and 82 percent of men said "yes" to a question about transmitting "AIDS" from mother to child. In 2000, 71 percent of women and 76 percent of men responded "yes" to a question about transmitting the "virus that causes AIDS" from a mother to a child. Given the ambiguity of the term "mother to child" it is difficult to interpret the significance of this decline in the proportion of yes responses.

Figure 3.2
Percentage of women and men who know that HIV can be transmitted from mother to child

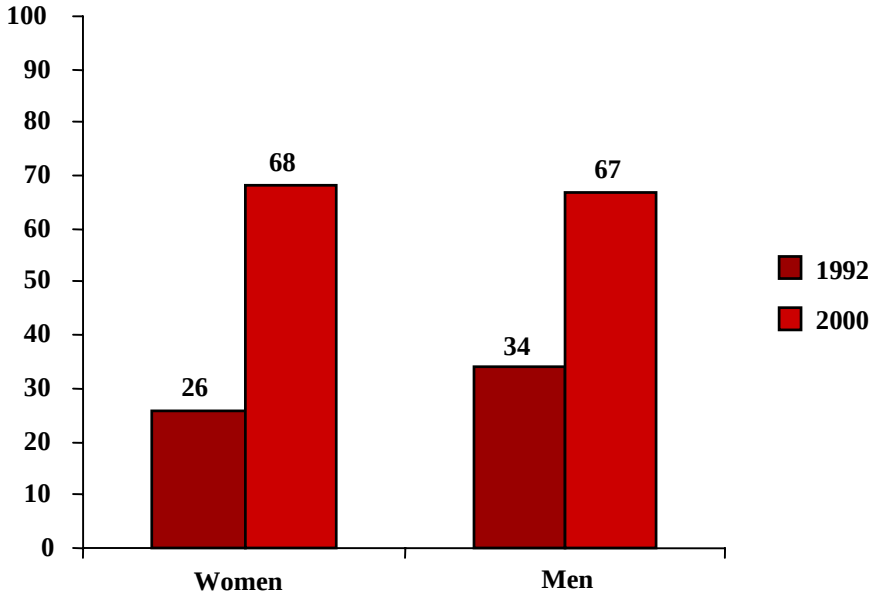


[1] The AIDS Indicator Survey question asks about transmission to the "baby."

Knowledge That Mosquitoes Do Not Transmit HIV Is Far From Universal, Despite Large Increases

Individuals having correct information on the means of transmission of HIV is an important precursor to their knowing how to prevent HIV. Conversely, if individuals have misconceptions on the modes of transmission of HIV, they may expend effort on the wrong means of prevention, which could divert effort away from correct means of prevention.

Figure 3.3
Percentage of women and men who know that mosquitoes do not transmit HIV



A common misconception is that mosquitoes transmit HIV. In Malawi, this was especially problematic in the early 1990s. Figure 3.3 shows that only 26 percent of women and 34 percent of men in 1992 knew that mosquitoes do not transmit HIV. This means that 74 percent of women and 66 percent of men in 1992 thought that mosquitoes transmit HIV. By 2000, the level of this misconception declined dramatically. The level of correct information more than doubled for women and nearly doubled for men. In 2000, 68 percent of women and 67 percent of men knew that mosquitoes do not transmit HIV. Large increases in this knowledge can be seen in urban and rural areas (Appendix B, Table B.2). Urban areas continued to have much higher levels of this knowledge. In 2000, 83 percent of urban women had this knowledge compared with 69 percent of rural women. Eighty-four percent of urban men in 2000 knew that mosquitoes do not transmit HIV compared with 74 percent of rural men. Young adult women and men experienced similar increases in this knowledge, and by 2000 they had slightly higher levels of this knowledge than all adults (Appendix B, Tables B.3 and B.4). Twenty-five percent of women age 15 to 24 had this knowledge in 1992, and this grew to 69 percent by 2000. Thirty-six percent of young adult men had this knowledge in 1992, which increased to 71 percent by 2000.

Nearly All Men And Women Know HIV Can Be Avoided, But Not All Know How

In 1992 knowledge of the existence of HIV/AIDS was fairly high but prevention measures were less well understood. While 95 percent of women knew of the existence of HIV, only 69 percent knew that HIV could be avoided. This discrepancy was particularly true in rural areas (Appendix B, Table B.2). Levels of knowledge in urban areas were much higher as evidenced by 99 percent

of women being aware of HIV/AIDS and 81 percent knowing a prevention mechanism (Appendix B, Tables B.3 and B.4). However, by 2000 the understanding of prevention measures had spread much more widely. Figure 3.4 shows the trends in knowledge that HIV can be avoided. Ninety-three percent of women in 2000 knew that HIV transmission could be prevented. At the start of the 1990s, men had higher levels of knowledge of how to avoid HIV than women and this trend continued throughout the decade. Eighty-seven percent of men in 1992 knew HIV could be avoided, which increased to 98 percent by 2000, almost equaling the percentage who knew of HIV/AIDS.

Figure 3.4
Percentage of all women and men who know HIV can be avoided

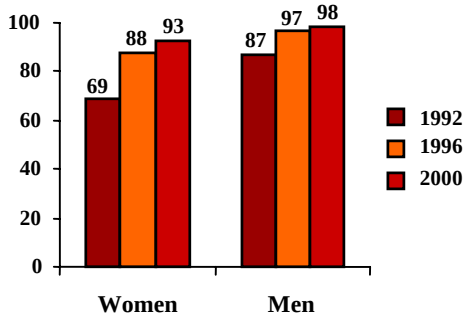
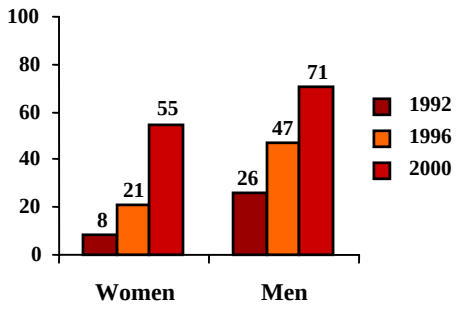


Figure 3.5
Percentage of women and men who know condoms can be used to avoid HIV



While the upward trend in knowledge of avoidance of HIV is quite clear from the three surveys, examining trends in knowledge of specific means to avoid HIV is more difficult due to changes in the wording and format of the questionnaires in the last 10 years. However, in some cases the comparisons are still useful with the caveat that each method of asking the questions has its own limitations.

Despite the rapid increase in general knowledge that HIV/AIDS can be avoided, knowledge of specific means to avoid HIV has increased at a slower pace. Figures 3.5, 3.6, and 3.7 show trends in specific prevention measures, use of condoms, limiting partners, and a combination of the two, which is the current UNAIDS standard indicator for knowledge of prevention. Knowledge of using condoms to avoid HIV grew from 8 percent of women in 1992 to 55 percent in 2000 and from 26 to 71 percent for men. This reflects the expansion of condom programs, specifically social marketing, in Malawi during that time frame.

Examining trends in limiting partners is more problematic to interpret. In both 1992 and 1996, respondents were asked to spontaneously mention ways to avoid HIV/AIDS, and limiting sexual partners was one possible answer. In 2000, and additional choice of being faithful to a single partner was included in the potential responses. In addition, a question was added specifically asking respondents if limiting partners was a way to avoid HIV/AIDS. Initially, this knowledge more than doubled for women, from 28 percent in 1992 to 65 percent in 1996, reflecting the increased knowledge of HIV transmission. In 2000, fewer people spontaneously mentioned limiting partners as a prevention mechanism; however, when prompted, 82 percent of women and 84 percent of men correctly responded in the affirmative (results not shown).

The discrepancies in the knowledge data are likely due as much to changing social attitudes toward the major prevention mechanisms (abstinence, being faithful to one partner, and condom

use) as actual levels of knowledge itself. This further underscores the difficulty of measuring the psychosocial implications of the knowledge indicators.

Figure 3.6
Percentage of all women and men who know HIV can be avoided by limiting number of partners

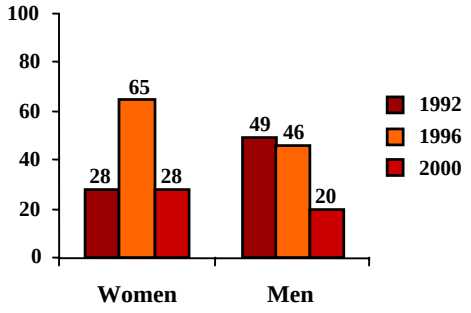
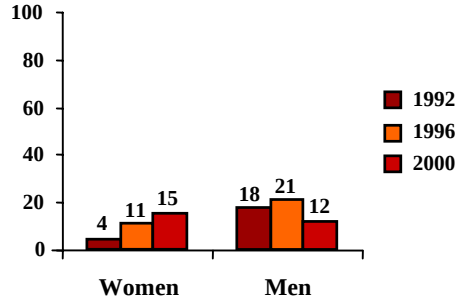


Figure 3.7
Percentage of women and men who know HIV can be avoided by 1) using condoms and 2) limiting number of partners



Knowledge of these key means to avoid HIV followed similar patterns for urban and rural areas and for young adults. While the patterns were similar, urban adults had higher levels of knowledge than all adults (Appendix B, Table B.2). In 2000, 66 percent of urban women and 52 percent of rural women knew about condom use to avoid HIV. Likewise, 78 percent of urban men and 70 percent of rural men knew about condoms. Thirty-four percent of urban women in 2000 spontaneously mentioned limiting partners to avoid HIV compared with 26 percent of rural women.

Young adults had lower levels of knowledge of limiting partners and higher levels of knowledge of condom use as compared with the general adult population (Appendix B, Tables B.3 and B.4). Twenty-five percent of young adult women in 2000 knew of limiting partners compared with 28 percent of all women. Fourteen percent of young adult men in 2000 had this knowledge compared with 20 percent of all men. Fifty-eight percent of young adult women knew of condom use compared with 55 percent of all women. Seventy-six percent of young adult men knew of condom use in 2000, while only 71 percent of all men had this knowledge.

UNAIDS recommends a standard indicator of prevention that combines both remaining faithful to one partner and condom use. Although the UNAIDS indicator relies on prompted responses, this was only done in the 2000 MDHS. For comparison to previous years, the data for 2000 presented here comes from the spontaneous responses. In 1992, 4 percent of women and 18 percent of men correctly mentioned both means of prevention of HIV. This figure increased to 15 percent of women, but shows a slight decline among men (12 percent) by 2000 (Figure 3.7).

Figure 3.8a
Percentage of women who know HIV can be avoided by 1) using condoms and 2) limiting number of partners, Spontaneous and prompted, 2000

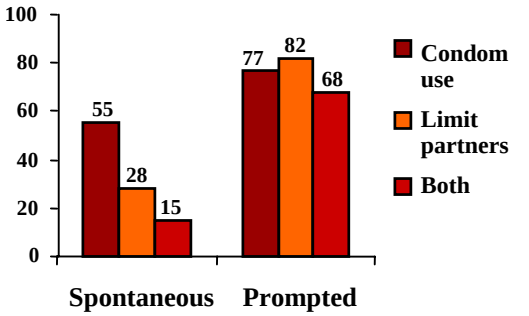
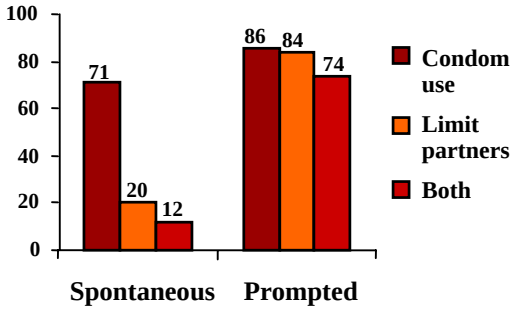


Figure 3.8b
Percentage of men who know HIV can be avoided by 1) using condoms and 2) limiting number of partners, Spontaneous and prompted, 2000

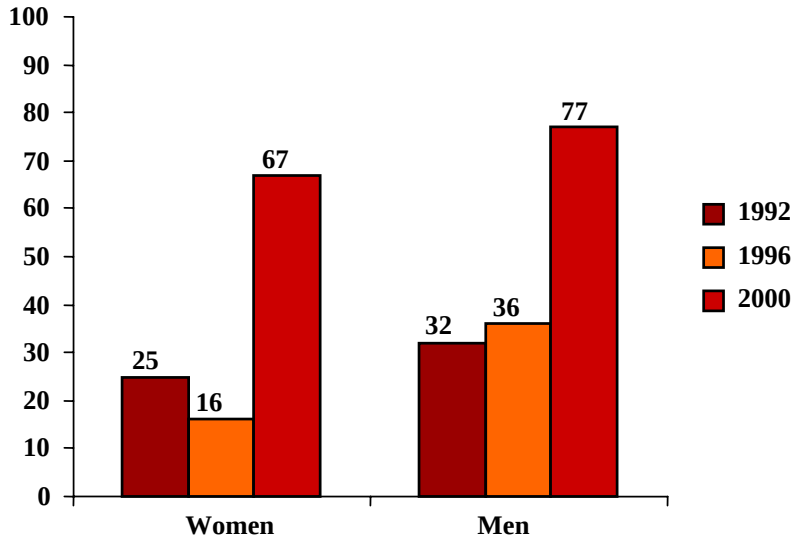


Figures 3.8a and 3.8b provide comparisons between results from the 2000 MDHS survey's direct/prompted questions and those based on indirect/spontaneous questions. The values based on direct/prompted questions show much higher levels of knowledge than those based on indirect questions with spontaneous responses. The differentials between prompted and spontaneous questions about knowledge of condom use are not large, but nonetheless are substantial. Seventy-seven percent of women knew of condom use as a means to prevent HIV based on prompted questions when only 55 percent knew based on spontaneous responses. Eighty-six percent of men knew of condom use based on prompted questions compared with 71 percent of men based on spontaneous responses. Eighty-two percent of women knew of limiting partners as a means to avoid HIV based on responses to prompted questions compared with only 28 percent who spontaneously offered the response. The difference is even larger for men. Eighty-four percent of men knew of limiting partners based on prompted questions compared with only 20 percent based on spontaneous responses.

As expected, the UNAIDS indicator combining the two pieces of prevention knowledge also showed a large difference between the spontaneous and prompted responses. Sixty-eight percent of women knew of both means to avoid HIV based on responses to prompted questions compared with only 15 percent who spontaneously offered the response. Seventy-four percent of men knew of both means based on prompted questions compared with only 12 percent based on spontaneous responses.

Another important means to prevent HIV is by sexual abstinence, particularly among youth and unmarried people. Like knowledge of condom use to prevent HIV, knowledge of abstinence rose substantially through the 1990s (Figure 3.9). In 1993, 25 percent of women knew of abstinence, which dropped to 16 percent in 1996, then increased dramatically to 67 percent in 2000. Knowledge of abstinence among men grew from 32 to 36 percent between 1992 and 1996, and then grew to 77 percent by 2000.

Figure 3.9
Percentage of women and men who know that HIV can be avoided by total abstinence



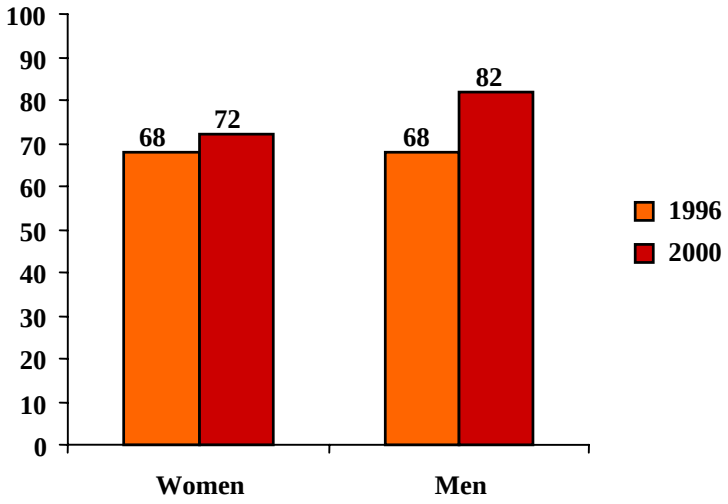
Urban and rural areas experienced a similar pattern of growth in knowledge of abstinence during the 1990s (Appendix B, Table B.2). As with other types of knowledge, urban areas generally had greater levels of this knowledge than rural areas. In 2000, 76 percent of urban women knew of abstinence compared with 65 percent of rural women. Eighty-five percent of urban men had this knowledge in 2000 compared with 76 percent of rural men. An anomaly in this regard was the difference in the levels of knowledge for urban and rural men in 1992. Rural men had higher levels of knowledge than urban men. Thirty-four percent of rural men knew of abstinence compared with 24 percent of urban men. The same anomaly is found for young men in urban and rural areas. Thirty-nine percent of men age 20 to 24 in rural areas knew of abstinence in 1992 compared with only 21 percent of urban young adult men. These discrepancies may be due to societal norms, where abstinence may be the most feasible prevention mechanism in rural areas where condoms are harder to obtain.

In general, young adults had fairly similar levels and patterns of knowledge of abstinence as all adults (Appendix B, Tables B.3 and B.4). In 2000, 66 percent of women age 15 to 24 knew of abstinence compared with 67 percent for all women. Young adult men had higher levels early in the 1990s, but lower levels by 2000. In 1992, 37 percent of men age 20 to 24 knew of abstinence, while 32 percent of all adult men knew of abstinence. By 2000, this pattern reversed with 72 percent of young adult men knowing of abstinence, while 77 percent of all men knew of abstinence.

A Growing Majority Know Someone With Or Who Has Died Of HIV/AIDS

Knowing someone who has or has died of HIV/AIDS not only makes the illness more personal for individuals, it can be a catalyst for change. Individuals who know someone with HIV/AIDS may be more likely to want to learn about HIV/AIDS and how to prevent HIV/AIDS. These individuals may also be more likely to take preventative measures because they can see how they too could be at risk.

Figure 3.10
Percentage of women and men who know someone with or who has died of HIV/AIDS



The heavy toll of HIV in Malawi has left few people untouched by the epidemic. In 1996, 68 percent of both men and women knew someone who had died of AIDS (Figure 3.10). By 2000, those percentages increased to 72 percent of women and 82 percent of men. Differences in this knowledge between urban and rural areas only appear for women (Appendix B, Tables B.2). Urban women knew someone with HIV/AIDS more often than their rural counterparts. Seventy-two percent of urban women in 1996 knew of someone with HIV/AIDS compared with 68 percent of rural women. These levels increased to 78 percent of urban women and 71 percent of rural women by 2000. Urban and rural men have about the same levels of knowledge of someone with HIV/AIDS, even as this knowledge increased over time.

Young adults knew someone with HIV/AIDS or who has died of HIV/AIDS at slightly lower rates than all adults (Appendix B, Tables B.3 and B.4). Sixty-nine percent of women age 15 to 24 in 2000 knew of someone with HIV/AIDS compared with 72 percent of all women. Seventy-seven percent of men age 15 to 24 in 2000 knew someone with HIV/AIDS compared with 82 percent of all adult men.

Chapter 4 Sexual Behavior

- Women in Malawi participated in risky sexual activities at far lower rates than men in 2000 compared with 1996.
- Sexual abstinence in the general population remained about the same for women and slightly increased for men from 1996 to 2000.
- Premarital sexual abstinence increased modestly among men and women age 15 to 24 from 1996 to 2000.
- Sex with two or more nonregular partners declined from 1996 to 2000, especially for men age 15 to 24.
- Extramarital sex remained at about the same low levels for women, while it started at higher levels for men and increased over time.

Modification of sexual behavior is a key component for reducing the rate of spread of the HIV epidemic. Increasing sexual abstinence and reducing the number of sexual partners can slow the spread of HIV. The analysis in this section is limited to the 1996 and 2000 surveys, as the 1992 survey did not collect data on sexual behavior. In Malawi, limited changes in sexual behavior occurred from 1996 to 2000 that would slow the spread of HIV. Modest reductions occurred in the rate of premarital sex for men and women. More substantial reductions took place in the number of sexual partners, especially for men. Detailed information on sexual behavior for all men and women, urban and rural areas, and for young adults (age 15 to 24) appears in Appendix B Tables B.5 through B.8.

The data analyzed in this section are self-reported data on sexual behaviors. Self-reported data may underestimate levels of high-risk sexual activity as respondents in surveys may underreport behavior that is not considered socially acceptable.

Age At First Sex/Age At First Marriage

Age at first sex is an important indicator of exposure to risk of pregnancy and sexually transmitted diseases. Data from the 2000 MDHS[2] show that the median age at first sex is 18.3 years for men and 16.9 years for women. The 2000 MDHS also collected data on age at first sex by age cohort, which allows examination of trends over time. Among women, age at first sex has changed very little over the last several decades. It remains just under 17 years across the age cohorts. More than half of women age 15 to 19 had initiated sexual activity (57 percent). Among men, there has been a decline in the age at first sex from 19.6 years in the 50 to 54 age cohort, to 17.7 years for the cohort age 20 to 24.

Also of interest is the difference between age at sexual debut and age at first marriage. On average, the age at first sex is about 1 year earlier than the age at first marriage for women compared with a 5-year age gap for men. This means that men have longer exposure to informal partners before marrying than women in Malawi.

[2] The 1992 and 1996 surveys did not collect age at first sex data.

Sexual Abstinence Remained The Same For Women And Slightly Increased For Men

Sexual abstinence in the general population is a function of many phenomena. Among married people, abstinence occurs most frequently during times when partners are physically separated, times of illness, or during the postpartum period. Among unmarried youth, abstinence is more frequently associated with delay of sexual debut. This section discusses abstinence in the general population first, and premarital abstinence later in the chapter.

Sexual abstinence is examined in the surveys for the last 4 weeks and the last 12 months. The last 4 weeks portrays recent sexual activity and the last 12 months portrays more sustained behavior. Naturally, the amount of abstinence will be higher for the 4 week time period, because for a shorter period more individuals may not be in a sexual relationship or their partner may be away during that time. Figures 4.1 and 4.2 show double levels of sexual abstinence for a 4-week compared with a 12-month period.

Figure 4.1
Percentage of all women and men who did not have sex in last 4 weeks

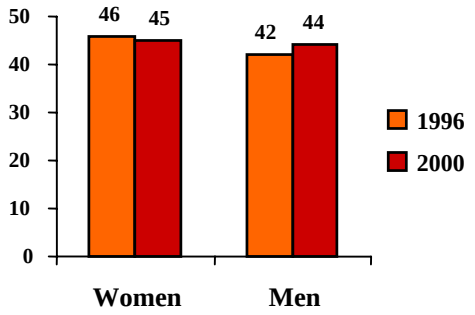
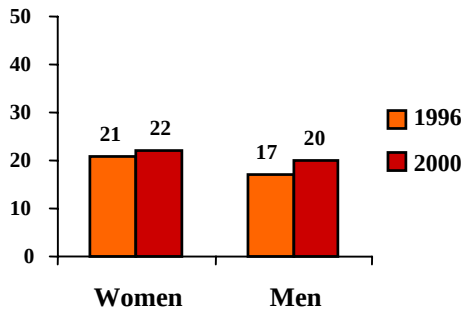


Figure 4.2
Percentage of all women and men who did not have sex in last 12 months



Women and men have about the same levels of abstinence, with slightly lower levels for men. In the 1996 and 2000 surveys, women experienced virtually no change in the levels of sexual abstinence. Forty-six percent of women abstained from sex in the 4 weeks prior to the 1996 survey. The percent remained about the same at 45 percent in 2000. In 1996, 21 percent of women abstained for the longer 12-month period, and this was about the same (22 percent) in 2000. Men experienced a slight increase in abstinence from 1996 to 2000. Male sexual abstinence 4 weeks prior to the survey increased from 42 percent in 1996 to 44 percent in 2000. The increase for 12 months prior to the survey was from 17 percent in 1996 to 20 percent in 2000.

More change in sexual abstinence occurred in urban areas than in rural areas (Appendix B, Table B.6). During the month before the survey, 41 percent of urban women abstained from sex in 1996 and this increased to 46 percent in 2000. In rural areas, 47 percent of women abstained in 1996 and this dropped to 45 percent in 2000. Among urban men, 49 percent abstained from sex the month before the survey in 1996 and this increased to 52 percent in 2000. The change for men in rural areas was slightly less, from 40 to 42 percent. In the year before the survey, 20 percent of urban women and men abstained from sex in 1996 and this increased to 24 percent in 2000. Twelve-month abstinence among rural women stayed at 21 percent from 1996 to 2000. There was a 12 percentage point change in 12-month abstinence among urban men compared with a 2 percent change among their rural counterparts.

Young adult men experienced more of a change in abstinence than young adult women (Appendix B, Tables B.7 and B.8). During the month before the survey, 56 percent of young adult women abstained from sex in 1996 and 57 abstained in 2000. Sixty-two percent of young adult men abstained in 1996, which increased to 67 percent in 2000. During the year before the survey, 30 percent of young adult women abstained from sex in 1996, and this increased to 32 percent in 2000. Thirty-seven percent of young adult men abstained from sex in 1996, and this increased to 40 percent in 2000.

Premarital Sexual Abstinence Increased Modestly Among Youth

An important component of sexual abstinence in the general population is sexual abstinence prior to marriage. Prior to marriage, sexual abstinence is often a cultural norm in many countries, although it is not always observed. Reducing sexual activity among this population is important to the reduction in the spread of the epidemic. The degree that the norm of premarital sexual abstinence is reinforced will help reduce the rate of spread of the epidemic in that population and in general.

Figure 4.3
Premarital abstinence: percentage of women and men age 15 to 24 who did not have sex in last 4 weeks

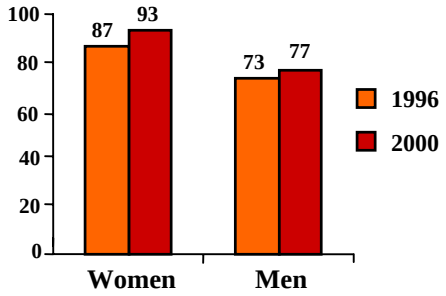
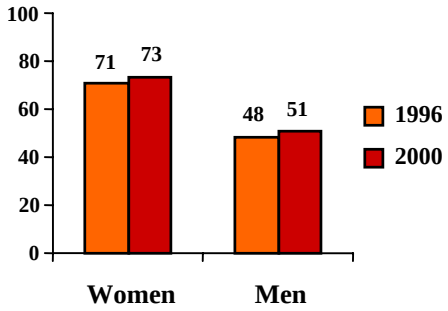
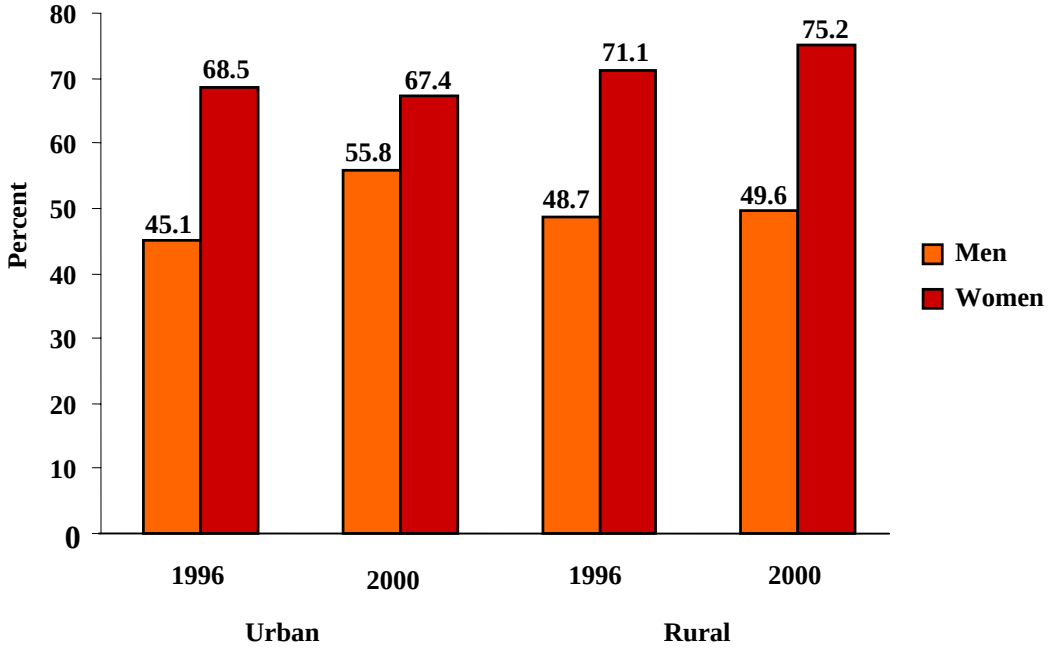


Figure 4.4
Premarital abstinence: percentage of women and men age 15 to 24 who did not have sex in last 12 months



Figures 4.3 and 4.4 show that premarital sexual abstinence in Malawi modestly increased from 1996 to 2000 for never-married young adult men and women (age 15 to 24). The level of premarital abstinence is much higher for the 4-week time period prior to the survey compared with the 12-month period as expected. Young adult women had higher levels of premarital abstinence than young adult men throughout. The largest increase in premarital sexual abstinence was for young adult women in the 4 weeks prior to the surveys. Premarital abstinence increased from 87 percent in 1996 to 93 in 2000. Young adult men also experienced an increase in premarital abstinence based on the 4-week periods. Premarital abstinence for young adult men increased from 73 percent in 1996 to 77 percent in 2000.

Figure 4.5
Percent of never-married youth aged 15–24 who reported no premarital sex in the last year



Examination of premarital sexual abstinence in urban and rural areas provides mixed results (Figure 4.5). The greatest amount of change was in urban areas for the year prior to the survey. Forty-five percent of urban, young adult, non-married men abstained in 1996, and this increased by 11 percentage points to 56 percent in 2000. On the other hand, young adult women in urban areas experienced no change in premarital sexual abstinence in the year before the survey. Sixty-eight percent of young adult urban women abstained in 1996 and 67 percent did so in 2000. Rural women experienced an increase in premarital abstinence in the year prior to the survey. Seventy-one percent of young adult, never-married, rural women abstained in 1996 and 75 percent abstained in 2000. Rural, young adult, never-married men reported no change in 12-month sexual abstinence between 1996 and 2000.

Multiple Nonregular Partners: One-Or-More Remained The Same; Two-Or-More Declined

Although sexual abstinence may be desirable in terms of preventing the spread of HIV, the reality is that many individuals continue to have sex and have multiple sexual partners. Of particular importance are partners outside of stable marital or cohabiting relationships. These partners are important because these partners have a greater probability of being linked in a sexual network with someone who has HIV. Nonmarital/noncohabiting relationships are referred to as nonregular partners in this discussion. Technically, there can be long-term, noncohabiting regular partners. These are included with more temporary nonregular partners in the discussion, because any relationships outside of cohabiting relationships are more likely to be linked with a broader sexual network.

HIV prevention programs would like to reduce the number of nonregular partners in order to reduce the risk individuals have of contracting HIV. The situation in Malawi is mixed in this regard. The level of having at least one nonregular partner has remained about the same from

1996 to 2000 for both men and women. Figure 4.6 shows that 9 percent of women who had had sex in the 12 months preceding the survey had one or more nonregular partner in 1996, and 8 percent in 2000. Approximately 3 times as men reported having one or more nonregular partners, and this did not change from 1996 to 2000. Twenty-nine percent of men had one or more nonregular partner in 1996, and 30 percent had them in 2000.

A smaller proportion of the population reported having two or more nonregular partners than that reporting one or more partners. The proportion of the population that had two or more partners declined for both men and women between 1996 and 2000. The decline was more substantial for men (Figure 4.7). Women did not experience much of an absolute change, but in relative terms the change was large. One and a half percent of women had two or more nonregular partners in 1996 and this fell to 0.4 percent in 2000. In absolute terms, this was a small change, but in relative terms the 2000 value dropped to about one-quarter of the 1996 value. Thirteen percent of men reported having two or more nonregular partners in 1996 compared with 6 percent in 2000. These trends suggest that people (especially men) are reducing the number of nonregular partners outside of their marital and cohabiting relationships but continue to maintain external sexual relationships.

Figure 4.6
Nonregular sex: percentage of all women and men who had one or more nonmarital, noncohabiting partner in last 12 months

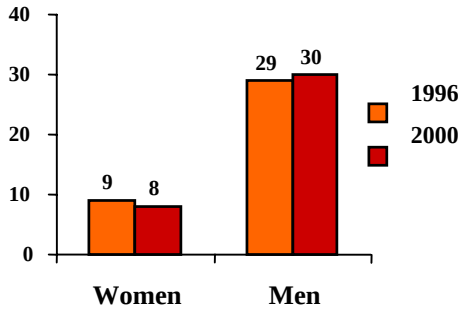
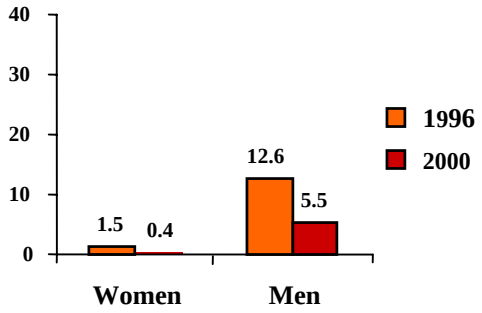


Figure 4.7
Nonregular sex: percentage of all women and men who had two or more nonmarital, noncohabiting partners in last 12 months



The change in the proportion of men and women who had nonregular partners in urban and rural areas between 1996 and 2000 followed patterns similar to those for all men and women (Appendix B, Table B.6). The percentage of urban and rural men and women with one or more nonregular partners remained the same from 1996 to 2000. Larger differences can be seen between urban and rural areas than across time. Thirteen percent of urban women had one or more nonregular partners in 2000 compared with seven percent of rural women. Thirty-six percent of urban men had one or more nonregular partners in 2000 compared with 29 percent of rural men.

The percentage of urban and rural women and urban men with two or more nonregular partners showed no change from 1996 to 2000. Unlike the other population, rural men experienced substantial change in two or more nonregular partners. Thirteen percent of rural men had two or more nonregular partners in 1996 and this declined to 5 percent of rural men in 2000. There were no urban/rural differences for women. Urban/rural differences for men switched between 1996

and 2000. In 1996, a larger proportion of rural men (13 percent) had two or more nonregular partners than urban men (10 percent). In 2000, more urban men (9 percent) had two or more nonregular partners than rural men (5 percent).

Sexually active young adults differed from all sexually active adults in both the level of nonregular partners and the amount of change over time (Appendix B, Tables B.7 and B.8). Twice the percentage of young adult women and men had nonregular partners compared with all women and men in 1996. Twenty percent of young adult women had one or more nonregular partners in 1996, while only 9 percent of all women had such partners. Sixty-two percent of young adult men had nonregular partners in 1996, while 29 percent of all men had one or more of these partners. In 1996, 3 percent of young adult women had two or more nonregular partners, while 1.5 percent of all women had two or more nonregular partners. Twenty-eight percent of young adult men had two or more partners, while 13 percent of all men had such partners.

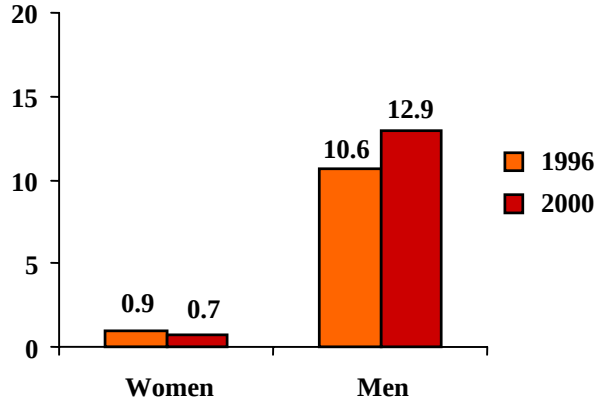
The proportion of sexually active, young adults having one or more and two or more nonregular partners decreased between 1996 and 2000. The rate of change was highest for young adult women with two or more nonregular partners. The proportion dropped from 3 percent in 1996 to 0.6 percent in 2000. The proportion of young adult men with two or more partners also declined greatly from 1996 to 2000 (28 to 12 percent). Though there were declines in the proportion of young adult men and women who had one or more nonregular partners, these declines were not as impressive (from 20 percent in 1996 to 16 percent in 2000 for young adult women and from 62 to 56 percent for young adult men).

Extramarital Sex: Low For Women And Increasing For Men

Like sexual abstinence, faithfulness within marriage can serve as a strong means to prevent the spread of HIV. If marital couples are monogamous, there will be no external sexual sources for transmission of HIV.[3] The DHS surveys collect data on extramarital sexual relations, which is defined as percentage of individuals having sexual relations outside of a marital or cohabiting relationship, among married or cohabiting people. It should also be noted that the Malawi surveys did not sample couples. There were separate samples drawn for men and women, so the male and female respondents are not part of the same couple.

[3] There are other possible sources of transmission to a monogamous couple: blood transfusions and intravenous drug use. These are outside the scope of this report. Exposure to HIV prior to marriage is another possible source of HIV within a monogamous couple. Such exposure is relevant to other sections of the report.

Figure 4.8
Percentage of women and men who had extramarital sex in the past 12 months



The problem for married and cohabiting couples in Malawi is that primarily men are participating in extramarital sexual behavior. Figure 4.7 shows that men participate in extramarital sex at much higher levels than women and these levels may be rising. In 1996, 11 percent of men had extramarital sex, and this grew to 13 percent by 2000. While the vast majority of married men are not having extramarital sex, the existing level of extramarital sex is of concern. Extramarital sex among women is not as much of a concern given the very low level that has been maintained over time. Less than 1 percent of married women had extramarital sex in 1996 and 2000.

Splitting the populations into urban and rural categories shows little difference between urban and rural women, and interesting differences between urban and rural men (Appendix B, Table B.6). Less than 1 percent of urban and rural women had extramarital sex in 1996 and 2000. Men started with higher levels of extramarital sex, and those levels increased for urban men. Nine percent of urban men had extramarital sex in 1996, and this increased 17 percent in 2000. Rural men started slightly higher (11 percent in 1996) than urban men but remained the same (12 percent in 2000), so that the proportion of rural men participating in extramarital sex was less than that of urban men.

Young adult married/cohabiting men had substantially higher levels of extramarital sex than all married/cohabiting men, whereas, young married/cohabiting adult women had the same levels as all married/cohabiting women (Appendix B, Tables B.7 and B.8). To some degree, this is due to lower levels of marriage of men in these age groups compared with the general population of reproductive age. Seventeen percent of young adult men in 1996 had extramarital sex compared with 11 percent for all men.

The percentage of young adult men and women having extramarital sex did not change from 1996 to 2000. Two percent of young adult women had extramarital sex in 1996, one percent in 2000. Likewise for men, there was no change (17 percent for 1996 and 2000). Whereas, there was relatively no difference between the rates in urban and rural young, adult women, the rates between urban and rural young, adult men differed greatly and had different patterns of change. The large increase in extramarital sex seen among the smaller population of urban young, adult men (16 percent in 1996 to 22 percent in 2000) was offset by a relatively stable proportion of rural young, adult men participating in extramarital sex (17 percent in 1996 to 16 percent in 2000).

Chapter 5 Condom Knowledge And Use

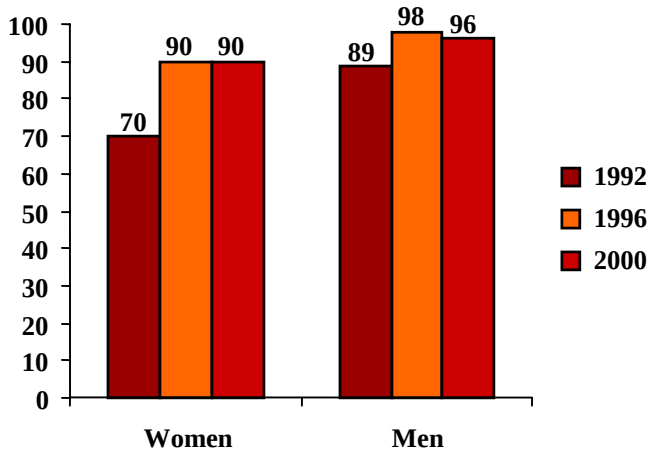
- Awareness of male condoms and sources of condoms reached high levels for men and women by 2000.
- Perception of access to condoms lags behind knowledge of sources of condoms. Fewer men and women think it would be easy to get a condom than know of a source of condoms.
- Ever use of condoms is very low for women. Men have growing levels of ever use, but even by 2000 less than half have ever used a condom.
- Condom use with nonregular partners is growing among women but has stagnated among men.

Increasing knowledge and use of male condoms is a key strategy for the prevention of HIV transmission. During the 1990s, condom knowledge in Malawi was quite high but use remained moderate to low. However, condom use has increased among women with nonregular partners, an important indicator of behavioral change. Detailed information on condom knowledge and use for all men and women, urban and rural areas, and for young adults (age 15 to 24) appears in Appendix B Tables B.9 to B.12.

High Levels Of Awareness Of Male Condoms

Throughout the 1990s, awareness of condoms among men was high. In 1992, 89 percent of men knew of condoms. This grew to 98 percent by 1996 and was relatively stable at 96 percent by 2000 (Figure 5.1). Women at the beginning of the decade did not have such high levels of knowledge. Only 70 percent of women knew of condoms in 1992. The level of condom knowledge grew dramatically to 90 percent by 1996 and remained stable through 2000.

Figure 5.1
Percentage of all women and men that are aware of the male condom



Throughout the 1990s, knowledge of condoms was higher in urban areas than rural areas (Appendix B, Table B.10). Sixty-eight percent of rural women knew of condoms in 1992. This grew to 89 percent by 1996 and remained at that level in 2000. At the beginning of the decade, 89 percent of urban women knew of condoms. Knowledge among these women grew to 99 percent by 1996 and declined to 96 percent by 2000. Among men, knowledge of condoms started high in urban areas, but rural areas were quick to close the gap. Knowledge of condoms among urban men started at 97 percent in 1992, increased to 99 percent by 1996, and remained at that level in 2000. Rural men's knowledge of condoms started at 87 percent in 1992, increased rapidly to 98 percent by 1996, and remained the same at 96 percent in 2000.

Knowledge of condoms among young adults (age 15 to 24) roughly matched that for all adults in 1992, but was lower by the end of the decade (Appendix B, Tables B.11 and B.12). Sixty-nine percent of young adult women knew of condoms in 1992, which was close to the 70 percent for all women. At the end of the decade, 87 percent of young adult women knew of condoms compared with 89 percent of all women. Early in the decade, young men (age 20 to 24) had higher levels of knowledge than all men. In more recent years, knowledge has spread more widely across the male population. In 1992, 93 percent of young, adult men knew of condoms, exceeding the 89 percent of all men who had this knowledge. At the end of the decade, 94 percent of young, adult men (age 15 to 24) had this knowledge compared with 96 percent of all men.

Knowledge Of Sources Of Condoms High, But Fewer Individuals Perceive Condoms As Being Easy To Obtain

Knowledge of a source of condoms increased during the 1990s but continued to lag behind awareness of condoms. Malawians become aware of condoms through radio and other advertisements but lack information on where to obtain condoms. Among all men, knowledge of a source of condoms grew from 74 percent in 1992 to 87 in 1996 and remained at this level in 2000 (Figure 5.2). While knowledge of a source of condoms was lower for women, the rate of growth was faster. Women started with 59 percent knowing of a source in 1992, which grew to 77 percent by 2000.

Figure 5.2
Percentage of all women and men that know of a source for condoms

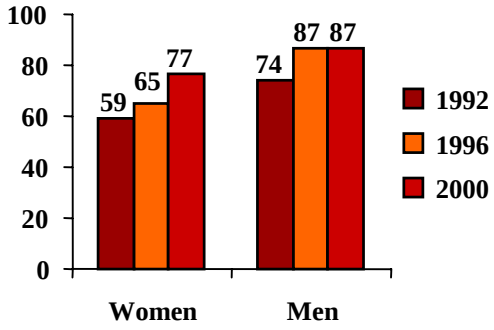
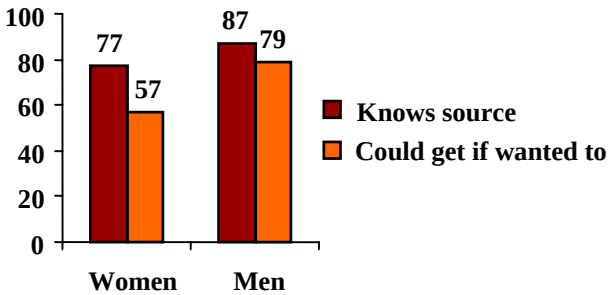


Figure 5.3
Comparing the percentages of women and men that know of a source of condoms with the percentage who "could easily get a condom if wanted," 2000



The gap in knowledge between men and women was less in urban than in rural areas (Appendix B, Table B.10). In 2000, 94 percent of women in urban areas knew of a source of condoms compared with 99 percent of men. The difference in rural areas was more extreme. In rural areas, 74 percent of women knew of a source in 2000 compared with 84 percent of men.

Throughout the 1990s, young adults had about the same levels of knowledge of a source of condom as all adults (Appendix B, Tables B.11 and B.12). In 1992, 57 percent of young women knew of a source, while 59 percent of all women had this knowledge. In 2000, 76 percent of young adult women knew of a source compared with 77 percent of all women. In 1992, 75 percent of young men knew a source for condoms, while 74 percent of all men knew of a source. In 2000, 88 percent of young adult men knew of a source, while 87 percent of all men knew of a source.

Not all men and women who knew a source of condoms believe condoms are easy to obtain. It is clear in Figure 5.3 that obtaining condoms is easier for men then for women. In 2000, 87 percent of men knew of a source for condoms, and 79 percent believed condoms were easy to obtain. Among men who knew of a source, 91 percent believed condoms were easy to obtain. Seventy-seven percent of women knew of a source, but only 57 percent believed condoms were easy to obtain. Among women who knew of a source, 74 percent believed they were easy to obtain.

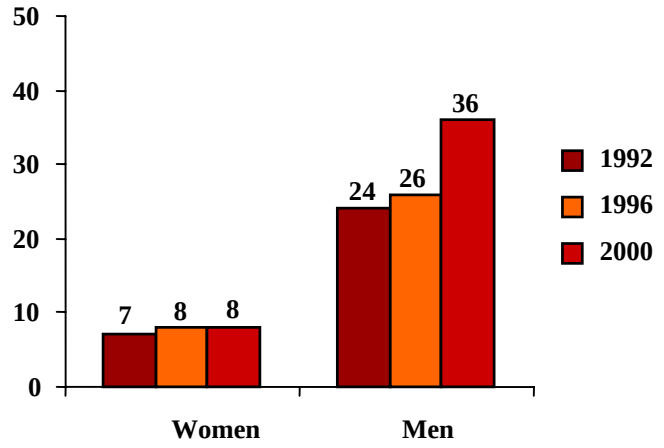
A larger percentage of urban residents believed that condoms were easy to obtain than their rural counterparts (Appendix B, Table B.10). In 2000, 69 percent of urban women thought condoms were easy to obtain compared with 55 percent of rural women. Ninety-three percent of urban men thought condoms were easy to obtain, while only 76 percent of rural men thought this.

Young adult men and women believed condoms were easy to obtain about as often as all adults (Appendix B, Tables B.11 and B.12). The percentages are identical when comparing young adult men and women with all men and women. The only substantial difference occurred for urban women. Among urban young adult women in 2000, 72 percent thought condoms were easy to obtain, while 69 percent of all urban women thought this.

Ever Use Of Condoms Is Very Low Among Women And Moderate Among Men

To assess the level of condom use, the proportion of individuals who had ever used condoms was calculated. The level of ever use of condoms in Malawi is quite low for women and moderate, at best, for men. About 8 percent of women have ever used condoms throughout the 1990s (Figure 5.4). A higher percentage of men have ever used condoms than women. Ever use of condoms among men rose from 24 percent in 1992 to 36 percent in 2000.

Figure 5.4
Percentage of women and men that have ever used a condom



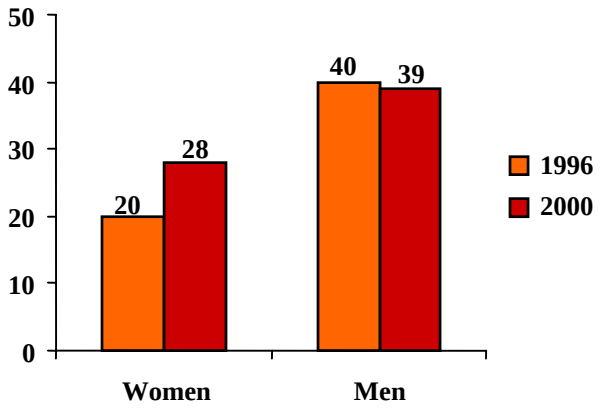
Levels of ever use of condoms varies more when stratified by residence (Appendix B, Table B.10). More people reported ever using condoms in urban areas than in rural areas, but the patterns of change over time were different. In 2000, 15 percent of urban women had ever used condoms. Only 7 percent of rural women had ever used condoms. Among men in 2000, 45 percent of urban men ever used condoms compared with 33 percent of rural men. Over time, the percentage of rural women who ever used condoms changed very little, while noticeable change occurred for urban women. Between 6 and 7 percent of rural women reported ever using condoms in the 1990s. In 1992, 16 percent of urban women reported ever using a condom, which increased to 19 percent in 1996 and dropped back to 15 percent in 2000. Use of condoms increased in rural men over time, from 22 to 33 percent between 1992 and 2000. Among urban men, reported condom ever use dropped from 39 to 33 percent between 1992 and 1996, then increased to 45 percent in 2000.

The percentage of young adult women and men who had ever used a condom was generally close to that of the general population (Appendix B, Tables B.11 and B.12). Ever use of condoms among young adult women ranged from 8 to 10 percent between 1992 and 2000 compared with 7 to 8 percent for all women. Ever use for young adult men was 25 percent in 1996 and 36 percent in 2000, which nearly matched the values for all men. The exception occurred in 1992, whenever use was much higher for young adult men than for all men. Ever use was 33 percent for young adult men (age 19 to 24) compared with 24 percent for all men.

Use Of Condoms With Nonregular Partners

One critical indicator for condom programs is the use of a condom at last sex with a nonregular partner, defined as a nonmarital and noncohabiting sexual partner. Figure 5.5 displays an increase in the percentage of women that used a condom with a nonregular partner, from 20 percent of women in 1996 to 28 percent in 2000. More men reported the use of a condom with a nonregular partner, but the percentage remained unchanged between 1996 and 2000. Forty percent of men used a condom with a nonregular partner in 1996 and 39 percent in 2000.

Figure 5.5
Percentage of women and men that used a condom at last sex with a nonmarital and noncohabiting partner



Urban and rural comparisons reveal more of the change that occurred in condom use at last sex with a nonregular partner (Appendix B, Table B.10). Women in urban and rural areas experienced increases in condom use with nonregular partners. At the same time, condom use among women in urban areas was double that in rural areas. Urban women experienced an increase in condom use from 38 to 45 percent between 1996 and 2000. Rural women experienced an increase from 16 to 23 percent in this period. Condom use with nonregular partners among men stayed the same in rural areas and declined in urban areas. Condom use for rural men remained at 36 percent from 1996 to 2000. Urban men experienced a drop in condom use from 54 to 50 percent.

Condom use increased for young adult women and remained the same for young adult men (Appendix B, Tables B.11 and B.12). More young adult men than women reported condom use. Young adult women experienced an increase in condom use from 22 to 31 percent in the period from 1996 to 2000. Condom use for young adult men remained at 38 percent throughout this period.

Chapter 6 Impact Of The Epidemic: Adult And Child Mortality

- Mortality among women over age 20 doubled from 1992 to 2000.
- Mortality levels among men over age 35 more than doubled over the course of the decade, and men age 20 to 34 had a substantially higher mortality level in 2000 than in 1992.
- Mortality effects are not seen in adolescents. Men and women age 15 to 19 had about the same mortality in 2000 as in 1992.
- Twenty-two percent of children age 12 to 14 lost at least one parent by 2000, which is more than a 50 percent increase over the 1992 level.
- Higher percentages of children over age 5 were orphans in 2000 than in 1992. More children had lost mothers, fathers, one or both parents by 2000.
- Infant and child mortality continued to decline in the 1990s, in spite of the HIV/AIDS epidemic.

HIV/AIDS has had a major impact on adult and child mortality in Malawi. As a consequence of increased adult mortality, the percentage of children who become orphans will increase. Detailed information on adult and child mortality, and orphanhood appears in Appendix B Tables B.13 through B.15.

Adult Mortality

Malawi is one of the few countries with more than one sibling mortality history based on large nationally representative surveys. These data allow for estimation of mortality trends over time.

Mortality histories have been used successfully to capture trends in adult mortality with a degree of reliability unmatched using other data types (e.g., enumeration of deaths in censuses, registration systems) (Bicego 1997, Timaeus et al. 2001). Sibling mortality histories were collected for both the 1992 and 2000 MDHS. As with all data, these histories are sensitive to problems of age misreporting and omission. When substantial measurement errors occur in mortality data, they tend to bias estimates downwards. However, both surveys used nearly identical instruments and protocols to obtain the data; any biases introduced by reporting errors are unlikely to effect assessment of mortality trends.

Figure 6.1a
Trends in age-specific mortality
(men age 15 to 49)

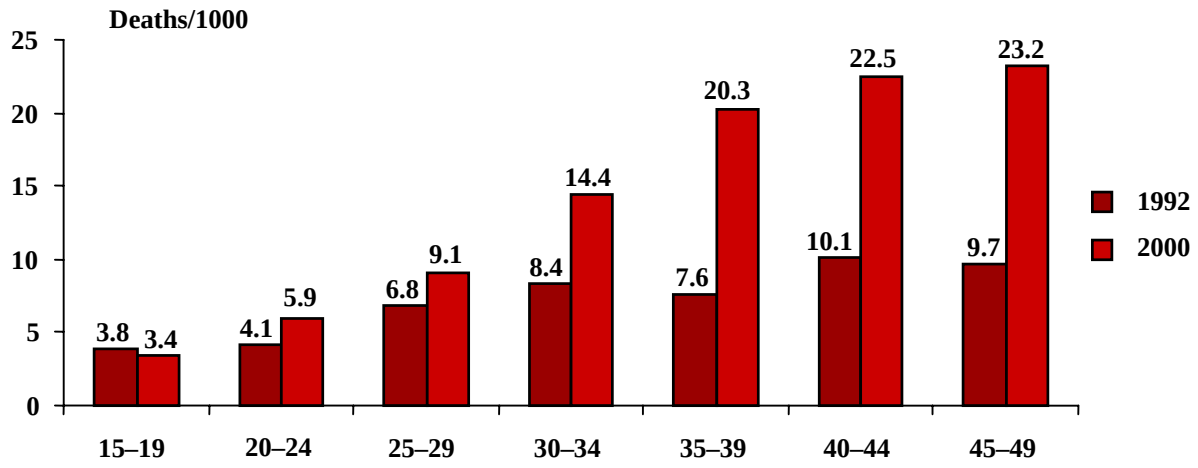
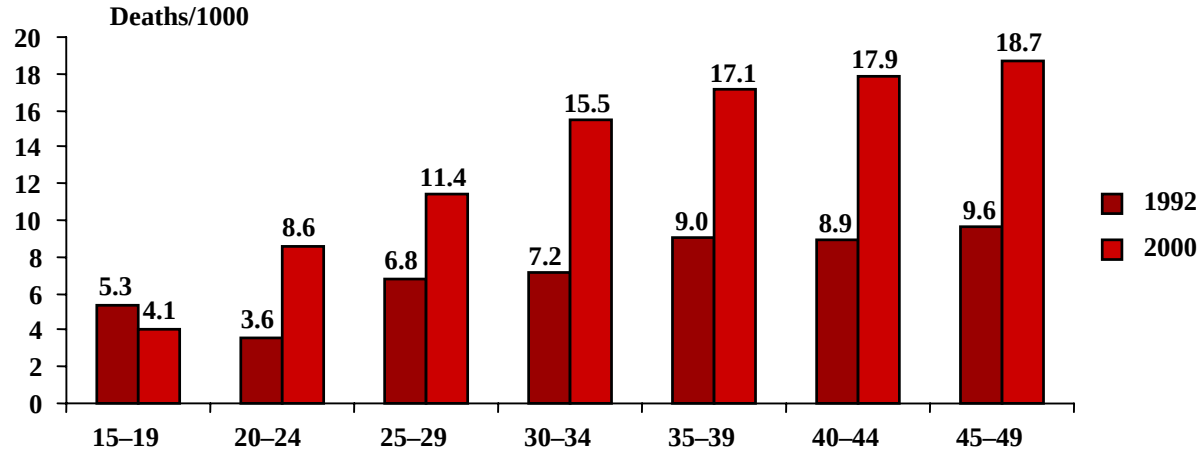


Figure 6.1b
Trends in age-specific mortality
(women age 15 to 49)



Figures 6.1a and 6.1b show the patterns of adult male and female mortality by 5-year age groups based on the 1992 and 2000 MDHS. These data display a massive rise in adult mortality. Mortality for women over age 20 has more than doubled in this period. Mortality for men rose substantially for men over age 20 and doubled for men over age 35. Men and women age 15 to 19 experienced little change in mortality during this period.

While the mortality estimates from the MDHS are dramatic, these estimates understate the impact of AIDS on mortality. Much of the rapidly rising HIV infection rate in the mid to late 1990s will manifest in higher mortality in future retrospective surveys. The trends documented here will probably underestimate the mortality impact of the epidemic.

These findings are broadly consistent with the modeling results of international organizations tracking the impact of the AIDS epidemic in different countries. According to the U.S. Census Bureau, the estimated average life expectancy at birth in 2000 in Malawi has dropped from

53 years without AIDS to 38 years with AIDS (U.S. Census Bureau 2000). In 2010, life expectancy in Malawi is projected to be 59 years without AIDS and 37 years with AIDS (Stanecki 2002).

Data Needed On The Emerging Orphan Crisis

One of the understudied dimensions of the HIV/AIDS epidemic is the rise in the number of orphans, as parents infected with HIV during the late 1980s and early 1990s are now succumbing to AIDS. Understanding the scope of the orphan problem in individual countries is crucial to efforts to design appropriate country-level policies and programs to mitigate the impact of the epidemic. With limited available resources, programs to assist AIDS-impacted communities need to target efforts based on the vulnerability of orphans. Without the care and support of their biological parents, orphans are at risk of poorer health and educational outcomes compared with other children.

The 1992 and 2000 MDHS collected information in the household schedule on whether children under age 15 were orphaned. The MKAPH asked these questions for children under age 6 and is therefore not used in this analysis. Orphan prevalence was calculated as the proportion of children by age group for which the mother, father, or both parents were reported to be dead.

Some notes of caution about these data are in order. First, all household-survey-based estimates of orphan prevalence are likely to be low since some orphans do not live in households and will not be listed in the household schedule. These include children living in institutional settings (hospitals, orphanages, etc.) and street children. The proportion of all orphans who fall into these categories is relatively small; most children will be absorbed into existing households (Hunter and Williamson 2000). Next, orphan children who do reside in households may still not be reported in surveys and censuses as residents, such as those in residential transition and those employed as live-in domestic servants. Lastly, even when orphan children are reported in a household, they may be misclassified as nonorphans, having been claimed by adults in the household as their own (the adoption effect). This may be more common for maternal orphans because men are more likely to remarry after the death of a spouse, with the stepmother reported as the child's biological mother.

Trends In Orphan Prevalence: Older Children Experienced Greater Loss Of Parents

Orphan prevalence in Malawi follows a pattern consistent with that of other sub-Saharan African countries, where orphanhood is more common in the older age groups than among young children. Given that older children have older parents and the total probability of death grows with age, this is a natural pattern. The increase in orphanhood in the 1990s is consistent with the mortality increase in adults during this period, which reflects increased deaths due to AIDS. Such an effect is consistent with AIDS causing death at older ages. Parents may contract HIV even before childbearing but would not die from AIDS until the children are older.

Figures 6.2 to 6.5 show the trends in orphan prevalence by category of parent lost. The percentage of children that have lost their father appears in Figure 6.2, and the percentage of children that have lost their mother appears in Figure 6.3. Figures 6.4 and 6.5 display the percentage of children who have lost both parents and those who have lost at least one parent, respectively.

Figure 6.2
Percentage of children that have lost their father

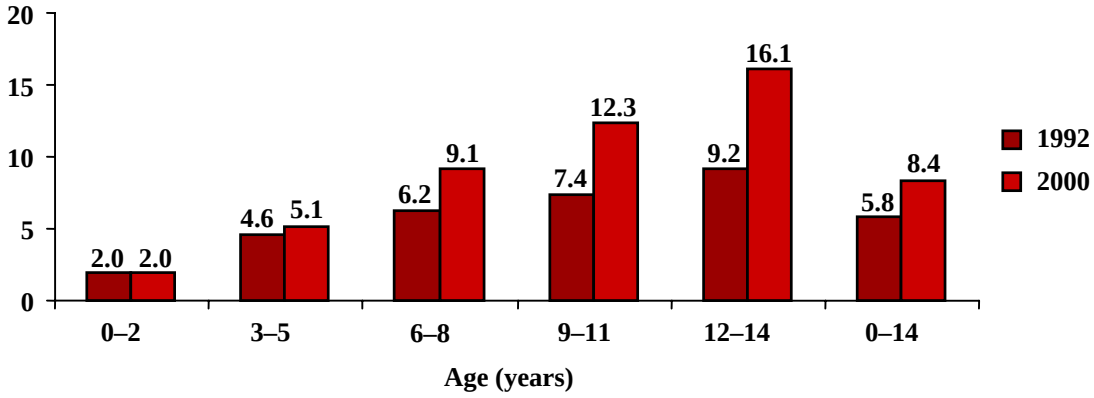


Figure 6.3
Percentage of children that have lost their mother

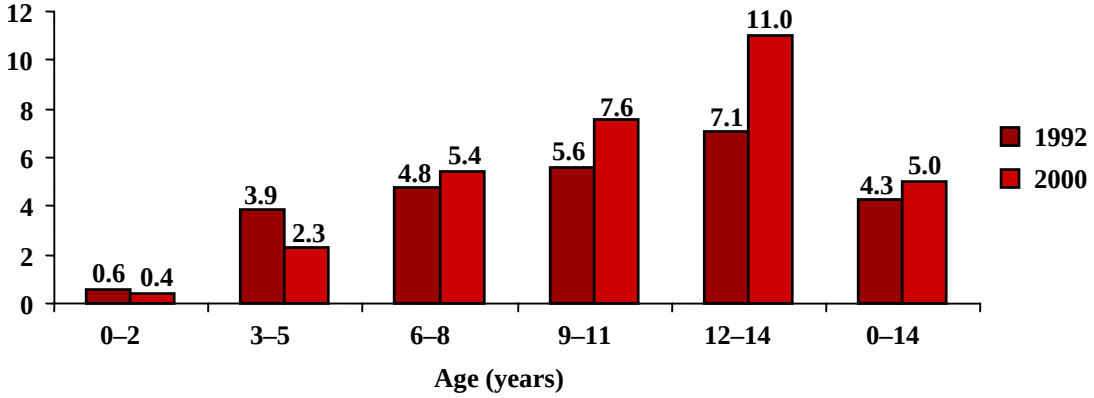


Figure 6.4
Percentage of children that have lost both parents

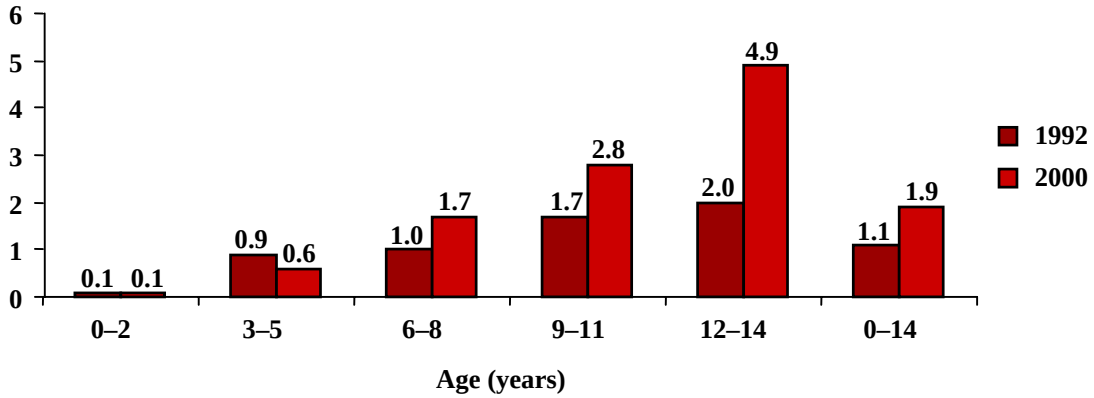
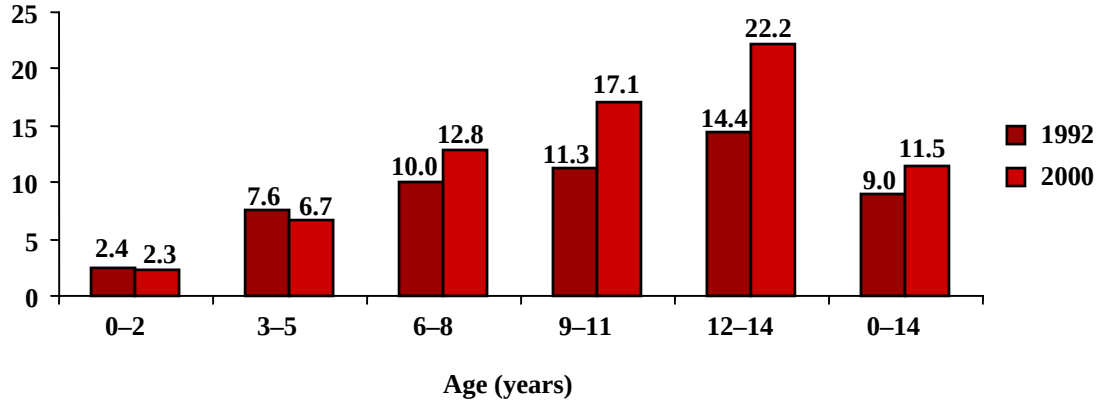


Figure 6.5
Percentage of children that have lost at least one parent



The percentage of children that have lost a father exceeds the percentage of children that have lost a mother for all ages and time periods, which is consistent with the higher overall mortality in the male population. Eight percent of children age 0 to 14 have lost a father by 2000 compared with 5 percent of these children losing a mother. It is possible that the adoption effect has some influence on this. Children who have lost a mother are more likely to have another woman act as caregiver, which is not necessarily the case if the deceased parent is the father. If a child has another woman acting as a caregiver, this woman may refer to herself as the mother and the child may not be listed as someone who has no mother living in the household. The 12 to 14-year-old age group is most affected by loss of parents, 16 percent have lost a father and 11 percent have lost a mother by 2000. These values represent a 75 and a 55 percent increase in loss of fathers and mothers over those in 1992. Children under age 6 show little increase in loss of fathers and possibly a decrease in loss of mothers from 1992 to 2000.

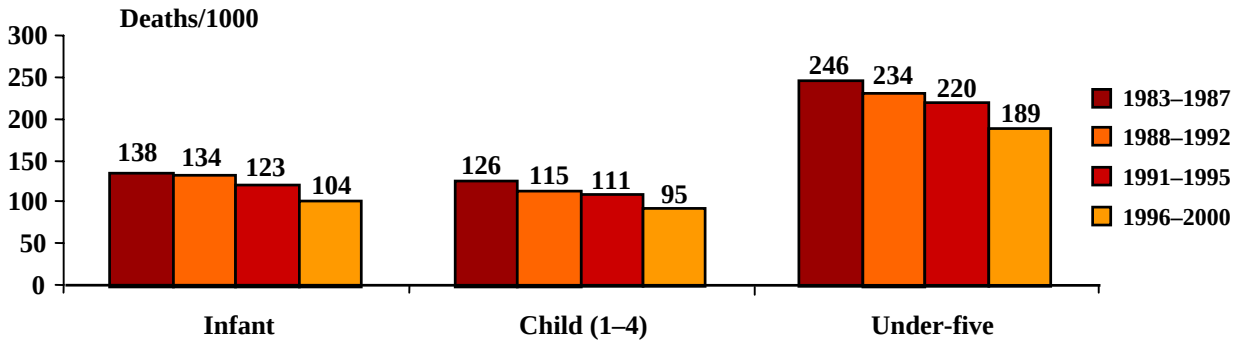
The lowest levels of orphan prevalence appear in Figure 6.4, which displays the percentage of children that have lost both parents. About 2 percent of children age 0 to 14 lost both parents by 2000 compared with about 1 percent in 1992. While the percentages are much lower for this figure, the effects on the children are the greatest. The loss of both parents can lead to dissolution of the family unit and more traumatic outcomes for the children. The greatest increase in loss of both parents occurred for children age 12 to 14. About 5 percent of these children lost both parents by 2000, which is two and a half times the percentage who lost both parents in 1992.

The highest levels of orphan prevalence appear in Figure 6.5, which displays the percentage of children who have lost at least one parent. Twenty-two percent of children age 12 to 14 in 2000 had lost at least one parent, which is more than a 50 percent increase over the 1992 value of 14 percent. The percentage orphaned is much lower for younger children, but the values are still higher in 2000 than in 1992 for children over age 5. About 13 percent of children age 6 to 8 in 2000 had lost one parent compared with 10 percent in 1992. Loss of at least one parent may have declined for children under age 6. Eight percent of children age 3 to 5 had lost one parent in 2000 compared with 7 percent in 1992. Values for children under age 3 are about the same in 1992 and 2000. Twelve percent of children age 0 to 14 in 2000 lost at least one parent compared with 9 percent in 1992.

Infant And Child Mortality Continue Downward Trend In Spite Of AIDS Epidemic

One piece of good news for children in Malawi is that infant and child mortality continued to decline during the 1990s. Declines in infant and child mortality in some countries have reversed due to the HIV/AIDS epidemic.

Figure 6.6
Trends in under-5, infant and child (age 1 to 4) mortality since the early 1980s



The information presented in Figure 6.6 for infant and child mortality in Malawi is positive. In the period from the early 1980s to 2000, both infant and child mortality declined by 33 percent. Infant mortality declined from 138 to 104 deaths per 1,000 infants. Child mortality declined from 126 to 95 deaths per 1,000 children age 1 to 4. Thus far, this picture of infant and child mortality is good in the sense they are declining. However, the levels of infant and child mortality in Malawi are still quite high. Fortunately, orphanhood has not yet increased much for children under age 6, so increased loss of parents at young ages has not yet become a factor that will contribute to increases in infant and child mortality.

Chapter 7 Young Adults And HIV/AIDS

- Knowledge of condoms as a means to prevent HIV increased dramatically from 1992 to 2000 for young adults (age 15 to 24).
- Knowledge of abstinence more than doubled among young adult women and nearly doubled among young adult men from 1992 to 2000.
- The percentage of young people having only one partner in the past year increased for both men and women.
- Sex with nonregular partners declined for young adults between 1996 and 2000.
- More than three-fourths of young adults knew of a source of condoms by 2000.
- Use of condoms with a nonregular partner was low, but growing for young adult women. Condom use was higher, but stagnating, for young adult men.
- Mortality decreased from 1992 to 2000 for men and women age 15 to 19. Mortality increased for men and women age 20 to 24, especially for women.

Young adult women and men (age 15 to 24) form an important risk group for HIV/AIDS. Women and men in this group often are just starting sexual activity. It is, therefore, important that young adults become aware of options to prevent HIV, including abstinence, faithfulness to a single partner, and condom use. Once young adults become sexually active, they have greater exposure than older adults to nonregular and extramarital partners. Contact with larger numbers of sexual partners increases the risk that young adults have for contracting HIV. Knowledge and use of condoms becomes essential for sexually active young adults.

Prior chapters examined knowledge, sexual behavior, condom use, and mortality in detail, including information on young adults. This chapter summarizes results from those chapters, highlighting important information relevant to the prevention of HIV in this age group. Detailed information on young adults and urban/rural differentials for young adults appear in Appendix B Tables B.3, B.4, B.7, B.8, B.11 through B.13, and B.16.

Aids Related Knowledge

Proper knowledge of transmission modes and means to prevent HIV is necessary for individuals to protect themselves from HIV. Most HIV-related knowledge has increased for young adults, but misconceptions remain. Knowledge that a healthy person can have HIV has reached high levels among young adults. In 2000, 84 percent of young adult women and 89 percent of young adult men had this knowledge. Fewer young adults knew that HIV can be transmitted from mother to child or that mosquitoes do not transmit HIV. Among young adult women in 2000, 68 percent knew of mother-to-child transmission and 69 percent knew that mosquitoes do not transmit HIV. Among young adult men, 71 percent had each of these types of knowledge in 2000. While the levels of these two types of knowledge were the same in 2000, the paths to these levels were different. Knowledge of mother-to-child transmission was on the decline among young adult men and knowledge that mosquitoes do not transmit HIV was increasing rapidly.

Figure 7.1
Percentage of women and men age 15 to 24 that know condoms can be used to avoid HIV

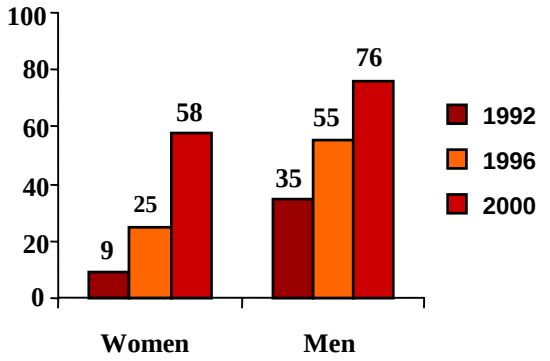
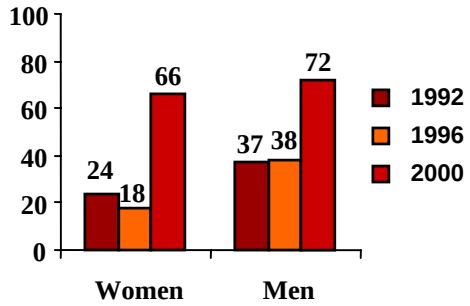


Figure 7.2
Percentage of women and men age 15 to 24 that know that HIV can be avoided by total abstinence



Knowledge that means exist to prevent HIV had reached very high levels by 2000. Ninety-three percent of young adult women knew that means exist to prevent HIV and 97 percent of young adult men knew this. Unprompted knowledge of specific means to prevent HIV was far lower, but prompted knowledge was much closer in percentage. Figures 7.1 and 7.2 show levels of unprompted knowledge of means to prevent HIV. It is clear from these figures that knowledge among young adult men was higher than knowledge among young adult women. Knowledge of condoms as a means to prevent HIV increased rapidly among young adult women and men from 1992 to 2000. Among young adult women, this knowledge grew from 9 to 58 percent. Among young adult men, this knowledge increased from 35 to 76 percent. Urban/rural differences were prominent. In 2000, 80 percent of urban young adult men and 71 percent of urban young adult women had this knowledge. Seventy-six percent of rural young adult men and 55 percent of rural young adult women had this knowledge.

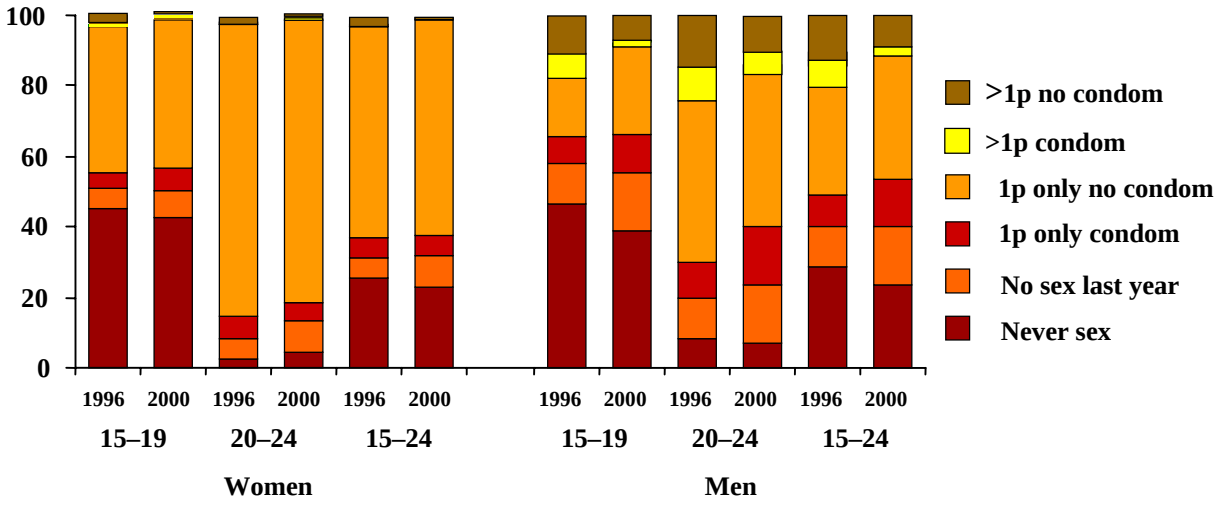
Knowledge of abstinence as a means to prevent HIV among young adults changed little from 1992 to 1996, but increased very rapidly between 1996 and 2000. By 2000, 66 percent of young adult women and 72 percent of young adult men knew of abstinence. In urban areas, 80 percent of young adult men and 74 percent of young adult women had this knowledge, while in rural areas 70 percent of young adult men and 64 percent of young adult women had this knowledge.

As discussed in Chapter 3 on AIDS knowledge, unprompted knowledge questions give lower levels of knowledge than prompted questions. Some of the questions on knowledge of means that exist to prevent HIV were asked in both the prompted and unprompted formats. The prompted levels for knowledge of specific means to prevent HIV are higher, in some cases much higher, than the corresponding unprompted levels of knowledge. Prompted knowledge of condoms as a means to prevent HIV in 2000 was 78 percent for young adult women compared with 58 percent for unprompted knowledge. Among young adult men, prompted knowledge of condoms was 89 percent compared with 76 percent unprompted. Knowledge of abstinence in 2000 based on prompted questions was 86 percent for young adult women compared with 66 percent unprompted. Prompted knowledge for young adult men was 90 percent compared with 72 percent unprompted.

Sexual Behavior

The initiation of sexual activities during the young adult years (age 15 to 24) makes examination of sexual behavior particularly important for understanding the spread of HIV in this age group. Once young adults become sexually active, the number of sexual partners and the use of condoms become important factors affecting their risk for contracting HIV.

Figure 7.3
Distribution of women and men age 15 to 24, by number of sexual partners and condom use in past year



An overview of the interaction of sexual behavior and condom use is presented in Figure 7.3, which combines elements of abstinence, being faithful to one partner, and condom use. The bottom two sections of the bars in the graph represent the percentage of individuals who have never had sex in their lifetimes and those who have not had sex in the last year. These two types of individuals represent those who are currently abstaining from sex. Just above these are individuals with one partner who used a condom at last sex (1p only condom) and with one partner who did not use a condom at last sex (1p only no condom). At the top of the bars are individuals with more than one partner, including those who used a condom at last sex (>1p condom) and those who did not use a condom (>1p no condom).

Some general patterns of sexual behavior and condom use appear in Figure 7.3. A much higher percentage of young adults age 15 to 19 never had sex compared with those age 20 to 24. About 40 percent or more of women and men age 15 to 19 have never had sex compared with less than 10 percent of women and men age 20 to 24. Corresponding to this is a jump in the percentage that had one partner. Among women, 48 percent age 15 to 19 had one partner in 2000, while 86 percent of those age 20 to 24 had one partner. Thirty-five percent of men age 15 to 19 had one partner compared with 62 percent of men age 20 to 24. The decrease in the percentage of young men and women abstaining and the increase in the percentage that had just one partner are consistent with patterns of marital status in Malawi. The median age of marriage for women is 18 years, whereas median age of marriage for men is 23. Seventy-five percent of women were married by age 20 in 2000 compared with only 20 percent of men.

Condom use was much higher among men than women. Condom use among men age 15 to 19 with one partner in 2000 was 11 percent compared with 6 percent for women age 15 to 19.

Among women and men age 20 to 24 with one partner, 17 percent of men used condoms and 5 percent of women used condoms.

Patterns of sexual behavior and condom use appear to remain the same over time for women, but closer examination of the values reveals some important changes. The percentage of women age 15 to 19 with more than partner dropped from 3 to 1 percent in the period from 1996 to 2000, while the percentage with only one partner increased from 46 to 48 percent. The percentage abstaining from sex remained at 51 percent from 1996 to 2000. Among women age 20 to 24, the percentage with more than one partner dropped from 2 to 1 percent. At the same time, the percentage with one partner dropped from 89 to 86 percent. An increase in the percentage of women age 20 to 24 abstaining from sex compensated for the decrease in partners. The percentage abstaining increased from 8 to 13 percent. Condom use changed little for young adult women. Condom use among women remained the same between 1996 and 2000, at 6 percent for women age 15 to 19 and 6 percent for women age 20 to 24.

Changes in the patterns of sexual behavior and condom use appear more obvious for men. Having more than one partner has clearly decreased. Eighteen percent of men age 15 to 19 had more than one partner in 1996, and this declined to about 9 percent by 2000. Among men age 20 to 24, the percentage with more than one partner decreased from 24 percent in 1996 to 14 percent in 2000. These declines far exceed those for women. Corresponding to declines in multiple partners were increases in having only one partner. Among men age 15 to 19, the percentage with only one partner increased from 24 to 35 percent between 1996 and 2000. The percentage with one partner increased from 57 to 62 percent for men age 20 to 24. Abstinence stayed the same for men age 15 to 20 (58 percent in 1996 and 56 percent in 2000) and increased for men age 20 to 24 (20 percent in 1996 to 23 percent in 2000). Condom use remained relatively stable for men age 15 to 19 (15 percent in 1996 and 13 percent in 2000) and for men age 20 to 24 (20 percent in 1996 to 21 percent in 2000).

Figure 7.4
Nonregular sex: Percentage of women and men age 15 to 24 that had one or more nonmarital, noncohabiting partner in last 12 months

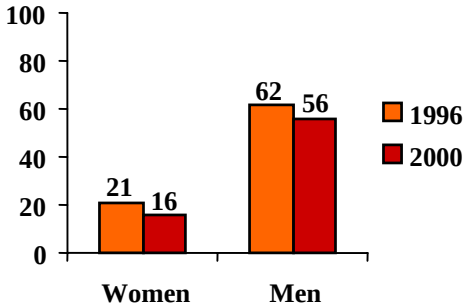
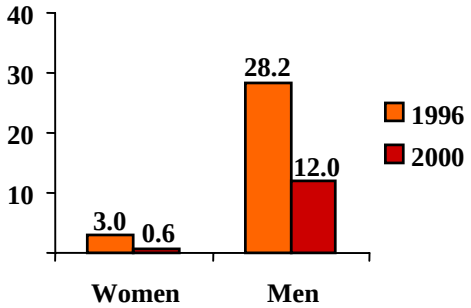


Figure 7.5
Nonregular sex: Percentage of women and men age 15 to 24 that had two or more nonmarital, noncohabiting partners in last 12 months



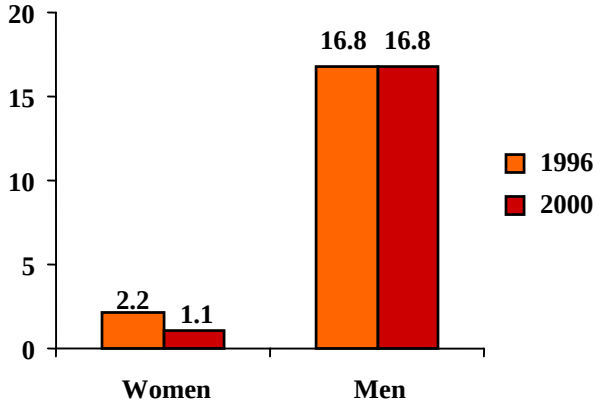
The overview above gives some general information on sexual behavior and condom use, but does not focus on key HIV transmission groups. In terms of sexual behavior, young adults with nonregular and extramarital sex partners are of particular interest. The interest is heightened because young adults had more nonregular and extramarital partners than all adults, in part due to lower levels of marriage among this age group.

Figures 7.4 and 7.5 show the percentage of young adult men and women with one or more and two or more nonregular sexual partners.[4] These figures show that the percentage of young adults with nonregular sexual partners declined between 1996 and 2000. The percentage with one or more nonregular partner among young adult women decreased from 21 to 16 percent. The percentage with two or more nonregular partners decreased from 3 to 0.6 percent. Nonregular partners declined even more among young adult men. Sixty-two percent of young adult men had one or more nonregular partner in 1996 and this dropped to 56 percent by 2000. The percentage with two or more nonregular partners in 2000 fell to less than half of the 1996 value, from 28 to 12 percent.

Urban areas generally have much higher levels of nonregular partners among young adults than rural areas (Appendix B, Table B.8). The largest difference is for young adult women in 2000 when 24 percent of urban women and 14 percent of rural women had nonregular partners. In one case, rural areas had a higher level of nonregular partners than urban areas. Thirty percent of rural young adult men had two or more nonregular partners in 1996 compared with 22 percent of urban men.

Extramarital sex in the past year declined for young adult women and remained the same for young adult men. Figure 7.6 shows that the percentage of married young adult women that had extramarital sex declined from 2.0 to 1.1 percent between 1996 and 2000. During this time period, the percentage of young adult men who had extramarital sex remained at 17 percent, which is much higher than the level for young adult women and is higher than the percentage for all men. Young adult men in urban areas had higher levels of extramarital sex than those in rural areas, but urban young adult women had lower levels of extramarital sex than rural young adult women (Appendix B, Table B.8). In 2000, 23 percent of urban young adult men had extramarital sex compared with 16 percent of rural adult men. Among young adult women, 0.6 percent of those in urban areas had extramarital sex compared with 1.2 percent of those in rural areas.

Figure 7.6
Percentage of women and men age 15 to 24 that had extramarital sex in the past 12 months



[4] Nonregular partners are nonmarital, noncohabiting sexual partners.

Condom Knowledge And Use

The levels of nonregular partner and extramarital sex among young adults make increasing knowledge and use of condoms in this age group essential for prevention of HIV. Like adults, by 2000 young adult women and men had high levels of knowledge that condoms exist. Knowledge of a source of condoms was lower than knowledge that condoms exist, but growing. Figure 7.7 shows that among young adult women knowledge of a source of condoms grew from 57 to 76 percent between 1992 and 2000. Knowledge of a source among young adult men grew from 75 percent in 1992 to 89 percent in 1996 then remained about the same through 2000. Throughout the period from 1992 to 2000, urban young adults had greater knowledge of a source of condoms than their rural counterparts (Appendix B, Table B.12). Only 72 percent of rural young adult women knew of a source in 2000, while 95 percent of urban young adult women knew of a source. Among young adult men, 99 percent in urban areas knew of a source of condoms compared with 85 percent in rural areas.

Figure 7.7
Percentage of women and men age 15 to 24 that know of a source for condoms

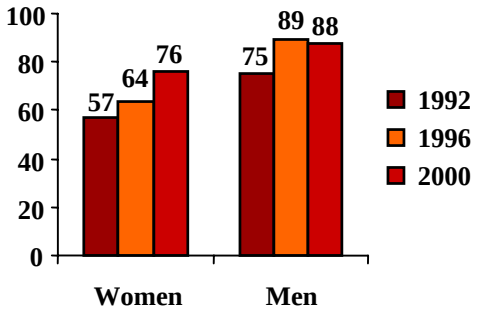
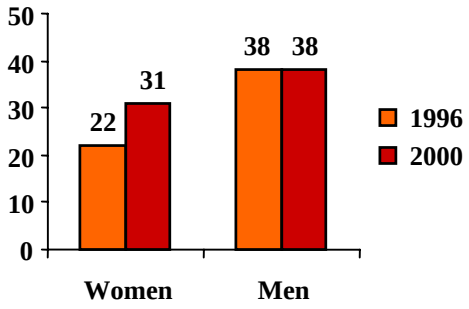


Figure 7.8
Percentage of women and men age 15 to 24 that used a condom at last sex with a nonmarital, noncohabiting partner



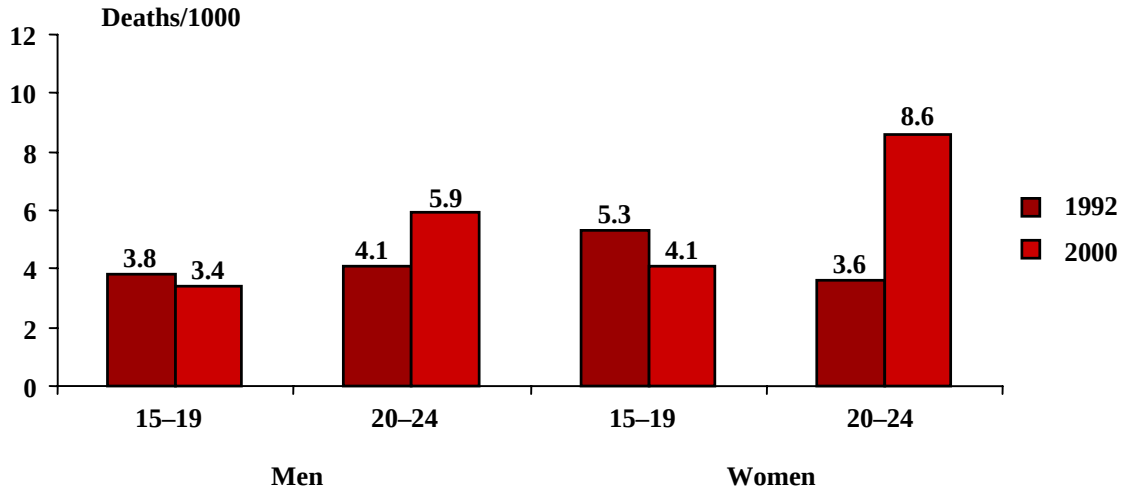
Ever use of condoms among young adults lagged far behind the levels of knowledge of condoms and sources for condoms (Appendix B, Tables B.11 and B.12). Ever use of condoms for young adult women ranged between 8 to 10 percent in the period from 1992 to 2000. Levels for young adult men were from 2.5 to 4 times as large as those for young adult women. Ever use among young adult men ranged from a low of 25 percent in 1996 to a high of 36 percent in 2000.

Use of condoms among young adults with nonregular partners was higher than ever use, because the denominator for ever use includes all young adults and that for use with nonregular partners includes only those who have had a nonregular partner in the last 12 months. Individuals with nonregular partners are expected to use condoms more often than married/cohabiting couples because of the higher risk of contracting HIV with nonregular partners. Among young adult women, use of condoms with nonregular partners increased from 1996 to 2000, while for young adult men the level was higher than young adult women use, but remained the same over this period (Figure 7.8). Use of condoms with nonregular partners grew from 22 to 31 percent between 1996 and 2000 for young adult women. Young adult men used condoms 38 percent of the time with nonregular partners in 1996 and 2000. Use of condoms with nonregular partners was much higher in urban areas than in rural areas (Appendix B, Table B.12). In 2000, 48 percent of young adult urban women used condoms, while 26 percent of rural young adult women used condoms. Fifty-one percent of urban young adult men in 2000 used condoms compared with 35 percent of rural young adult men.

Young Adult Mortality

The ultimate concern about HIV/AIDS is the effect of the epidemic on mortality. Because AIDS takes time to result in death, mortality will show greater impacts at older ages. In Malawi, this appears to hold true for adolescents. Women and men age 15 to 19 do not show signs of increased mortality. Instead of mortality increasing, Figure 7.9 shows mortality declining for women and men age 15 to 19. Mortality increased for men and women age 20 to 24, especially for women. Mortality for women age 20 to 24 more than doubled in the period from 1992 to 2000, increasing from 3.6 to 8.6 deaths per 1,000 women. Although causality cannot be determined from this cross-sectional analysis, the figures are consistent with the earlier sexual debut and sexual age-mixing, both leading to increased risk of HIV infection. In this same period, mortality for men age 20 to 24 increased by more than 40 percent from 4.1 to 5.9 per 1,000 men. Among young adults, mortality was generally higher for women. The exception was in 1992 for women and men age 15 to 19. Mortality for women 15 to 19 was 3.6 per 1,000, while mortality for men was 4.1 per 1,000.

Figure 7.9
Trends in age-specific mortality for men and women age 15 to 24



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Appendix A Survey Participants

Table A.1: Percentage distribution of women, by selected background characteristics, Malawi: 1992, 1996, and 2000.

	1992 MDHS	1996 MKAPH	2000 MDHS
Sample	4,849	2,683	13,220
Age			
15–19	22.3	23.1	21.7
20–29	35.4	34.2	40.5
30–39	24.7	23.9	22.6
40–49	17.6	18.9	15.2
Education			
None	47.2	39.7	27.0
Primary	48.5	55.2	61.9
Secondary or more	4.4	5.1	11.1
Marital status			
Single	15.7	16.9	17.0
In union	72.0	72.6	71.5
Divorced/Widowed/Separated	12.3	10.5	11.5
Residence			
Urban	12.3	13.1	15.9
Rural	87.7	86.9	84.1

Table A.2: Percentage distribution of men, by selected background characteristics, Malawi: 1992, 1996, and 2000.

	1992 MDHS[1]	1996 MKAPH	2000 MDHS
Sample	1,151	2,658	3,092
Age			
15–19	0.0	21.5	21.4
20–29	41.9	31.7	36.8
30–39	27.1	22.7	21.7
40–49	22.2	18.1	14.5
50–54	8.9	6.0	5.7
Education			
None	20.5	17.6	10.4
Primary	65.9	68.6	69.2
Secondary or more	13.6	13.7	20.4
Marital status			
Single	18.5	32.8	34.7
In union	75.2	64.6	61.7
Divorced/Widowed/Separated	6.3	2.5	3.7
Residence			
Urban	15.8	16.4	18.3
Rural	84.2	83.6	81.8

[1] 1992 MDHS did not interview men age 15–19.

Appendix B Other Tables

Table B.1: Trends in knowledge about AIDS among women and men, Malawi: 1992, 1996, and 2000.

	1992 MDHS[1]	1996 MKAPH	2000 MDHS
Have heard of AIDS			
Women	95.2	96.7	98.9
Men	98.4	99.4	99.7
Know HIV/AIDS can be avoided[2]			
Women	68.9	88.1	93.1
Men	86.6	97.0	97.7
Know infected person can appear healthy[2]			
Women	65.2	71.7	84.3
Men	81.2	85.2	91.7
Know HIV/AIDS can be transmitted from mother to child[2]			
Women	77.7	76.5	70.9
Men	86.2	82.2	75.7
Know mosquitoes do not transmit AIDS[2]			
Women	25.7	NA	67.6
Men	34.4	NA	66.6
Know HIV/AIDS can be avoided by limiting number of partners or remaining faithful to one partner[2,3]			
Women	28.2	65.1	27.5 (81.8)
Men	49.0	46.4	20.4 (83.6)
Know HIV/AIDS can be avoided by using a condom[2,3]			
Women	8.2	21.8	54.6 (76.6)
Men	26.4	46.8	71.4 (86.3)
Know both ways to avoid HIV transmission[2,3]			
Women	3.5	11.4	15.3 (67.8)
Men	18.4	21.3	12.2 (74.2)
Know HIV/AIDS can be avoided by total abstinence[2,3]			
Women	25.0	15.9	67.1 (87.2)
Men	32.1	36.4	77.3 (93.6)
Know someone with HIV/AIDS or who has died of AIDS[2]			
Women	NA	68.2	72.2
Men	NA	68.1	81.5

[1] 1992 MDHS did not interview men age 15–19.
[2] Among all respondents, including those who have not heard of AIDS.
[3] For 2000 data, in parentheses are given the percentages when probing questions are used in followup.

Table B.2: Trends in knowledge about AIDS among women and men, by residence, Malawi: 1992, 1996, and 2000.

	1992 MDHS[1]		1996 MKAPH		2000 MDHS	
	Urban	Rural	Urban	Rural	Urban	Rural
Have heard of AIDS						
Women	98.8	94.8	99.9	96.2	99.8	98.8
Men	99.9	98.1	100.0	99.3	100.0	99.6
Know HIV/AIDS can be avoided[2]						
Women	81.4	67.2	97.0	86.7	99.0	92.0
Men	92.3	85.6	99.0	96.7	98.0	97.6
Know infected person can appear healthy[2]						
Women	83.5	62.7	88.0	69.2	95.1	82.3
Men	93.1	79.0	95.5	83.2	96.2	90.7
Know HIV can be transmitted from mother to child[2]						
Women	89.2	76.1	91.8	74.2	82.7	68.6
Men	94.7	84.6	91.4	80.4	83.9	73.9
Know mosquitoes do not transmit AIDS[2]						
Women	45.2	22.9	NA	NA	81.3	65.0
Men	51.2	31.3	NA	NA	79.0	63.8
Know HIV/AIDS can be avoided by limiting number of partners or remaining faithful to one partner[2,3]						
Women	34.5	27.3	70.1	64.4	33.8 (88.3)	26.3 (80.6)
Men	40.2	50.6	41.3	47.5	20.8 (83.4)	20.3 (83.6)
Know HIV/AIDS can be avoided by using a condom[2,3]						
Women	13.0	7.5	38.3	19.3	65.9 (85.1)	52.4 (75.0)
Men	29.0	25.9	46.8	46.8	77.5 (89.0)	70.0 (85.7)
Know both ways to avoid HIV transmission[2,3]						
Women	6.1	3.2	23.4	9.7	23.3 (76.0)	13.7 (66.2)
Men	15.8	18.9	22.8	21.0	15.6 (76.0)	11.5 (73.8)
Know HIV/AIDS can be avoided by total abstinence[2,3]						
Women	33.8	23.8	18.9	15.5	76.1 (92.8)	65.4 (86.2)
Men	23.8	33.6	52.3	33.3	84.5 (95.3)	75.7 (93.2)
Know someone with HIV/AIDS or who has died of AIDS[2]						
Women	NA	NA	71.8	67.6	78.0	71.1
Men	NA	NA	66.9	68.3	82.1	81.3

[1] 1992 MDHS did not interview men age 15–19.
[2] Among all respondents, including those who have not heard of AIDS.
[3] For 2000 data, in parentheses are given the percentages when probing questions are used in followup.

Table B.3: Trends in knowledge about AIDS among 15–24 year-old women and men, Malawi: 1992, 1996, and 2000.

	1992 MDHS[1]	1996 MKAPH	2000 MDHS
Have heard of AIDS			
Women	95.0	95.6	98.6
Men	98.0	99.1	99.4
Know HIV/AIDS can be avoided[2]			
Women	69.6	85.8	93.0
Men	89.6	95.7	97.2
Know infected person can appear healthy[2]			
Women	66.8	69.9	83.6
Men	84.1	81.7	88.6
Know HIV/AIDS can be transmitted from mother to child[2]			
Women	75.8	74.5	67.5
Men	86.8	79.9	70.9
Know mosquitoes do not transmit AIDS[2]			
Women	24.8	NA	69.2
Men	36.3	NA	70.5
Know HIV/AIDS can be avoided by limiting number of partners or remaining faithful to one partner[2,3]			
Women	28.9	60.0	24.8 (79.6)
Men	48.4	38.2	14.3 (82.6)
Know HIV/AIDS can be avoided by using a condom[2,3]			
Women	9.1	24.6	57.6 (78.4)
Men	34.6	54.7	76.4 (88.9)
Know both ways to avoid HIV transmission[2,3]			
Women	4.0	12.3	14.6 (67.8)
Men	22.0	21.4	10.1 (76.4)
Know HIV/AIDS can be avoided by total abstinence[2]			
Women	24.1	17.5	65.6 (86.4)
Men	36.8	38.1	71.5 (90.2)
Know someone with HIV/AIDS or who has died of AIDS[2]			
Women	NA	65.4	69.4
Men	NA	60.7	77.4

[1] 1992 MDHS did not sample men age 15–19.
[2] Among all respondents, including those who have not heard of AIDS.
[3] For 2000 data, in parentheses are given the percentages when probing questions are used in followup.

Table B.4: Trends in knowledge about AIDS among 15–24 year-old women and men, by residence, Malawi: 1992, 1996, and 2000.

	1992 MDHS[1]		1996 MKAPH		2000 MDHS	
	Urban	Rural	Urban	Rural	Urban	Rural
Have heard of AIDS						
Women	98.4	94.5	100.0	94.9	99.9	98.4
Men	100.0	97.7	100.0	98.9	99.9	99.3
Know HIV/AIDS can be avoided[2]						
Women	81.1	67.9	97.1	84.0	99.1	91.7
Men	96.2	88.5	98.7	95.0	97.8	97.0
Know infected person can appear healthy[2]						
Women	84.1	64.3	86.0	67.2	94.0	81.2
Men	92.1	82.8	95.0	78.7	94.9	87.2
Know HIV can be transmitted from mother to child[2]						
Women	88.1	73.9	90.8	71.8	79.4	64.9
Men	97.2	85.1	89.4	77.7	80.8	68.6
Know mosquitoes do not transmit AIDS[2]						
Women	43.7	22.0	NA	NA	82.2	66.4
Men	69.6	31.1	NA	NA	83.5	67.5
Know HIV/AIDS can be avoided by limiting number of partners or remaining faithful to one partner [2,3]						
Women	33.2	28.2	66.9	58.8	30.7 (86.5)	23.5 (78.1)
Men	49.4	48.3	39.7	37.8	11.9 (82.9)	14.9 (82.5)
Know HIV/AIDS can be avoided by using a condom[2,3]						
Women	14.3	8.4	39.2	22.3	70.6 (89.2)	54.7 (76.0)
Men	45.1	32.9	54.1	54.8	80.2 (89.6)	75.6 (88.8)
Know both ways to avoid HIV transmission[2,3]						
Women	5.7	3.7	22.5	10.6	22.3 (77.9)	12.9 (65.6)
Men	23.3	21.8	26.0	20.4	9.5 (76.3)	10.3 (76.5)
Know HIV/AIDS can be avoided by total abstinence[2,3]						
Women	33.7	22.7	19.7	17.2	74.4 (91.9)	63.6 (85.1)
Men	21.2	39.3	50.8	35.3	79.7 (92.3)	69.6 (89.8)
Know someone with HIV/AIDS or who has died of AIDS[2]						
Women	NA	NA	68.5	64.9	73.7	68.5
Men	NA	NA	60.5	60.7	77.1	77.5

[1] 1992 MDHS did not survey men age 15–19.
[2] Among all respondents, including those who have not heard of AIDS.
[3] For 2000 data, in parentheses are given the percentages when probing questions are used in followup.

Table B.5: Percentage of women and men who engaged in recent sexual activity, Malawi: 1996 and 2000.

	1996 MKAPH	2000 MDHS
SEXUAL ABSTINENCE (%)[1]		
No sex during the past month		
Women	46.0	45.1
Men	41.7	44.1
No sex during the past year		
Women	20.8	21.6
Men	17.3	20.1
No premarital sex during the past month[2]		
Women	86.7	92.8
Men	73.2	77.0
No premarital sex during the past year[2]		
Women	70.6	73.4
Men	47.9	50.9
EXTRAMARITAL SEX (%)[3]		
One or more nonmarital/noncohabiting partners		
Women	0.9	0.7
Men	10.6	12.9
NONREGULAR SEX IN THE PAST YEAR (%)[4] ***(extramarital sex among married/cohabiting persons and all partners among unmarried persons)***		
One or more nonregular partners		
Women	9.3	8.1
Men	29.2	30.0
Two or more nonregular partners		
Women	1.5	0.4
Men	12.6	5.5

[1] Among all respondents.
[2] Among never-married respondents age 15–24.
[3] Among currently married or cohabiting respondents.
[4] Among respondents who had sex in past year.

Table B.6: Percentage of women and men who engaged in recent sexual activity, by residence, Malawi: 1996 and 2000.

	1996 MKAPH		2000 MDHS	
	Urban	Rural	Urban	Rural
SEXUAL ABSTINENCE (%)[1]				
No sex during the past month				
Women	41.4	46.7	45.8	45.0
Men	48.5	40.4	51.5	42.4
No sex during the past year				
Women	19.8	20.9	24.0	21.1
Men	19.8	16.8	23.8	19.3
No premarital sex during the past month[2]				
Women	89.2	86.1	91.5	93.2
Men	78.7	71.8	84.9	74.9
No premarital sex during the past year[2]				
Women	68.5	71.1	67.4	75.2
Men	45.1	48.7	55.8	49.6
EXTRAMARITAL SEX (%)[3]				
One or more nonmarital/ noncohabiting partner				
Women	0.4	1.0	0.5	0.7
Men	9.1	10.9	17.0	12.2
NONREGULAR SEX IN THE PAST YEAR (%)[4] (extramarital sex among married/cohabiting persons and all partners among unmarried persons)				
One or more nonregular partner				
Women	14.5	8.5	13.0	7.2
Men	34.3	28.2	35.8	28.7
Two or more nonregular partners				
Women	1.5	1.5	0.5	0.4
Men	10.4	13.0	8.9	4.7

[1] Among all respondents.
[2] Among never-married respondents age 15–24.
[3] Among currently married or cohabiting respondents.
[4] Among respondents who had sex in past year.

Table B.7: Percentage of 15–24 year-old women and men who engaged in recent sexual activity, Malawi: 1996 and 2000.

	1996 MKAPH	2000 MDHS
SEXUAL ABSTINENCE (%)[1]		
No sex during the past month		
Women	56.1	57.3
Men	61.6	66.8
No sex during the past year		
Women	30.0	31.7
Men	37.1	40.3
No premarital sex during the past month[2]		
Women	86.7	92.8
Men	73.2	77.0
No premarital sex during the past year[2]		
Women	70.6	73.4
Men	47.9	50.9
EXTRAMARITAL SEX (%)[3]		
One or more nonmarital/noncohabiting partner		
Women	2.0	1.1
Men	16.8	16.8
NONREGULAR SEX IN THE PAST YEAR (%)[4] ***(extramarital sex among married/cohabiting persons and all partners among unmarried persons)***		
One or more nonregular partner		
Women	20.5	16.3
Men	61.5	56.3
Two or more nonregular partners		
Women	3.0	0.6
Men	28.2	12.0

[1] Among all respondents.
[2] Among never-married respondents age 15–24.
[3] Among currently married or cohabiting respondents.
[4] Among respondents who had sex in past year.

Table B.8: Percentage of 15–24 year-old women and men who engaged in recent sexual activity, by residence, Malawi: 1996 and 2000.

	1996 MKAPH		2000 MDHS	
	Urban	Rural	Urban	Rural
SEXUAL ABSTINENCE (%)[1]				
No sex during the past month				
Women	57.2	56.0	57.9	57.1
Men	72.3	59.1	78.1	64.2
No sex during the past year				
Women	35.0	29.2	34.4	31.1
Men	38.8	36.7	49.4	38.2
No premarital sex during the past month[2]				
Women	89.2	86.1	91.5	93.2
Men	78.7	71.8	84.9	74.9
No premarital sex during the past year[2]				
Women	68.5	71.1	67.4	75.2
Men	45.1	48.7	55.8	49.6
EXTRAMARITAL SEX (%)[3]				
One or more non-marital/noncohabiting partner				
Women	1.4	2.1	0.6	1.2
Men	16.1	17.0	22.5	16.2
NONREGULAR SEX IN THE PAST YEAR (%)[4] ***(extramarital sex among married/cohabiting persons and all partners among unmarried persons)***				
One or more nonregular partner				
Women	25.9	19.7	24.1	14.6
Men	64.8	60.7	59.8	55.6
Two or more nonregular partners				
Women	3.3	2.9	0.9	0.6
Men	21.9	29.5	16.3	11.1

[1] Among all respondents.
[2] Among never-married respondents age 15–24.
[3] Among currently married or cohabiting respondents.
[4] Among respondents who had sex in past year.

Table B.9: Percentage of women and men reporting knowledge and use of condoms, Malawi: 1992, 1996, and 2000.

	1992 MDHS[1]	1996 MKAPH	2000 MDHS
Aware of condoms			
Women	70.1	89.9	89.8
Men	88.8	97.9	96.3
Know a source for condom			
Women	58.6	65.4	77.0
Men	73.6	87.2	87.0
Could get a condom if wanted			
Women	NA	NA	57.4
Men	NA	NA	79.1
Have ever used condoms			
Women	7.4	8.4	8.4
Men	24.2	26.4	35.5
Used condom with last nonmarital or noncohabiting partner			
Women	NA	20.2	28.2
Men	NA	39.7	39.0

[1] 1992 MDHS did not interview men age 15–9.

Table B.10: Percentage of women and men reporting knowledge and use of condoms, by residence, Malawi: 1992, 1996, and 2000.

	1992 MDHS[1]		1996 MKAPH		2000 MDHS	
	Urban	Rural	Urban	Rural	Urban	Rural
Aware of condoms						
Women	88.7	67.5	98.6	88.6	96.4	88.5
Men	96.7	87.3	99.2	97.7	99.0	95.6
Know a source for condoms						
Women	78.5	55.9	85.5	62.4	94.4	73.6
Men	85.6	71.4	97.2	85.3	98.6	84.4
Could get a condom if wanted						
Women	NA	NA	NA	NA	69.0	55.2
Men	NA	NA	NA	NA	92.8	76.0
Have ever used condoms						
Women	16.3	6.2	19.4	6.7	14.9	7.2
Men	38.6	21.5	32.7	25.1	44.7	33.4
Used condom with last nonmarital or noncohabiting partner						
Women	NA	NA	38.4	15.7	44.6	22.7
Men	NA	NA	54.2	36.4	50.0	36.2

[1] 1992 MDHS did not sample men age 15–19.

Table B.11: Percentage of 15–24 year-old women and men reporting knowledge and use of condoms, Malawi: 1992, 1996, and 2000.

	1992 MDHS[1]	1996 MKAPH	2000 MDHS
Aware of condoms			
Women	68.9	86.4	86.6
Men	92.6	96.5	94.2
Know a source for condoms			
Women	56.8	64.0	75.7
Men	75.4	89.1	88.0
Could get a condom if wanted			
Women	NA	NA	57.4
Men	NA	NA	79.3
Have ever used condoms			
Women	7.9	10.1	9.3
Men	33.1	25.2	35.5
Used condom with last nonmarital or noncohabiting partner			
Women	NA	22.0	31.3
Men	NA	38.3	37.9

[1] 1992 MDHS did not sample men age 15–19.

Table B.12: Percentage of 15–24 year-old women and men reporting knowledge and use of condoms, by residence, Malawi: 1992, 1996, and 2000.

	1992 MDHS[1]		1996 MKAPH		2000 MDHS	
	Urban	Rural	Urban	Rural	Urban	Rural
Aware of condoms						
Women	87.1	66.2	97.7	84.6	95.5	84.6
Men	98.1	91.7	99.2	95.9	99.3	93.1
Know a source for condoms						
Women	74.2	54.2	83.7	60.9	94.7	71.6
Men	87.4	73.5	97.9	87.2	99.3	85.4
Could get a condom if wanted						
Women	NA	NA	NA	NA	72.2	54.2
Men	NA	NA	NA	NA	94.0	76.0
Have ever used condoms						
Women	15.3	6.8	19.4	8.5	16.1	7.8
Men	49.0	30.5	28.5	24.5	43.2	33.7
Used condom with last nonmarital or noncohabiting partner						
Women	NA	NA	42.4	18.1	48.0	25.5
Men	NA	NA	51.0	35.5	51.4	34.7

[1] 1992 MDHS did not survey men age 15–19.

Table B.13: Adult mortality rates, by sex and age group, Malawi: 1992 and 2000.

Age group	Mortality rates (/1,000) 1992 MDHS: 0–6 years before survey (1987–1992)	Mortality rates (/1,000) 2000 MDHS: 0–6 years before survey (1995–2000)
MEN		
15–19	3.8	3.4
20–24	4.1	5.9
25–29	6.8	9.1
30–34	8.4	14.4
35–39	7.6	20.3
40–44	10.1	22.5
45–49	9.7	23.2
15–49	6.3	11.1
WOMEN		
15–19	5.3	4.1
20–24	3.6	8.6
25–29	6.8	11.4
30–34	7.2	15.5
35–39	9.0	17.1
40–44	8.9	17.9
45–49	9.6	18.7
15–49	6.5	11.3

Table B.14: Percentage of children under age 15 who have lost their mother, their father, both parents, or one parent, Malawi: 1992 MDHS and 2000 MDHS

Age group	Father died		Mother died		Both parents died		One parent died	
	1992	2000	1992	2000	1992	2000	1992	2000
0–2	2.0	2.0	0.6	0.4	0.1	0.1	2.4	2.3
3–5	4.6	5.1	3.9	2.3	0.9	0.6	7.6	6.7
6–8	6.2	9.1	4.8	5.4	1.0	1.7	10.0	12.8
9–11	7.4	12.3	5.6	7.6	1.7	2.8	11.3	17.1
12–14	9.2	16.1	7.1	11.0	2.0	4.9	14.4	22.2
0–14	5.8	8.4	4.3	5.0	1.1	1.9	9.0	11.5

Table B.15: Early childhood mortality rates, Malawi: 1983 to 2000.

Year	Infant Mortality	Child Mortality	Under-5 Mortality
1983–1987	137.5	126.1	246.3
1988–1992	134.3	114.9	233.8
1991–1995	122.7	110.5	219.7
1996–2000	103.8	94.6	188.6

Table B.16: Distribution of 15-24 year-old women and men, by number of sexual partners and condom use, Malawi: 1992 MDHS and 2000 MDHS.

WOMEN

	Age 15–19		Age 20–24		Age 15–24	
	1996	2000	1996	2000	1996	2000
>1 partner, no condom use	2.7	0.8	2.0	0.9	2.4	0.8
>1 partner, used condom	0.7	0.3	0.4	0.2	0.6	0.2
1 partner, no condom use	40.9	42.2	83.1	80.2	60.2	61.5
1 partner, used condom	4.9	6.2	6.2	5.3	5.5	5.8
No sex last year	5.8	7.7	5.5	9.1	5.7	8.4
Never had sex	45.0	42.8	2.8	4.3	25.7	23.2

MEN

	Age 15–19		Age 20–24		Age 15–24	
	1996	2000	1996	2000	1996	2000
>1 partner, no condom use	11.0	7.3	14.6	10.1	12.7	8.6
>1 partner, used condom	7.0	1.9	9.3	4.3	8.1	3.0
1 partner, no condom use	16.8	24.6	45.9	45.6	30.3	34.6
1 partner, used condom	7.6	10.6	10.6	16.7	9.0	13.5
No sex last year	11.1	16.8	11.6	16.6	11.4	16.7
Never had sex	46.6	38.9	8.0	6.8	28.7	23.6

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