

Chapter 5

HEALTH AND NUTRITION

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The CWIQ survey further collected information on the health of all household members as well as anthropometrical data of under-5 children.

5.1 Access to Health Services

Access to health services is defined as the percentage of households which are within 30 minutes of travel to the nearest health facility.

It is recognized that an important link between provision of health services and improving health is public acceptance and motivation to use the services.

The results of the survey indicate that about 19 percent of the households in Malawi had access to a health facility. It is also noted that 16 percent of rural households and about half of urban households had access to health facilities. About 20 percent of the households that lived in Central Region had access to health services whereas about 17 percent of the households in Northern Region and 18 percent of the households in Southern Region had access to medical services.

Table 5.1 also reveals that about 13 percent of households whose heads were subsistence farmers and the same proportion of households with unemployed heads were within 30 minutes of a health facility compared with 38 percent of the persons in public sector or 34 percent of workers in the formal private sector. It is also noteworthy that about 58 percent of the households in Malawi lived more than an hour away from the nearest health facility. About 64 percent of households in Northern Region, 57 percent in Central Region and 59 percent in Southern Region take more than one hour to reach the nearest health facility (Table 7.12).

5.2 Need for Health Services

The survey results further reveal that about 18 percent of the persons in Malawi either were injured or were sick during the 4-week period prior to the survey. Thus 18 percent of the population in Malawi had need for medical services compared with 18 percent in rural areas and 15 percent in urban areas. About 16, 18 and 19 percent of the populations in Northern, Central and Southern Regions respectively had need for medical services (Table 5.1).

5.3 Satisfaction with Health Services

As was already noted 18 percent of all household members in Malawi had a need for medical services. However, the Table further reveals that not all the persons who needed health services actually used them. It is observed that only 17 percent of the total persons in Malawi used medical services during the 4-week period prior to the survey. The Table also shows that 14, 17 and 18 percent of population in Northern, Central and Southern Regions used health services. About 12 percent of the all the persons in Malawi reported to have been satisfied with the facilities. At regional level, only 10, 11 and 14 percent of all the persons in the respective regions were satisfied with the services. However, 71 percent of all the persons who had consulted a health provider in the 4-week period preceding the survey were reportedly satisfied with the health services.

In rural and urban areas, 71 and 76 percent respectively reported that they were satisfied with the health services they received.

At regional level, 67, 66 and 77 percent of all the persons in Northern, Central and Southern Regions, respectively, who had consulted health providers during the reference period were satisfied with the services they received.

The Survey further collected information on persons who had consulted a health provider in the 4 weeks preceding the survey and were not satisfied and the reasons for dissatisfaction.

On the overall, about 29 percent of the persons in Malawi who had consulted a health provider reported that they were not satisfied with the health services. The most commonly cited reasons for dissatisfaction included 'Long Waiting Time' (36 percent), 'Unavailability of Drugs' (34 percent), 'Unsuccessful Treatment' (24 percent) and 'Cost of the Services' (20 percent).

Table 5.1: Percentage of Selected Health Indicators by background characteristics at district level.

	Medical Services			
	Access	Need	Use	Satisfaction
Malawi	18.6	18.1	16.8	12.0
Rural	15.5	18.4	16.9	11.9
Urban	49.6	14.8	16.6	12.7
Northern Region	17.1	15.7	14.1	9.5
Chitipa	26.3	19.7	18.5	13.5
Karonga	16.4	13.9	14.4	10.3
Rumphi	15.8	17.2	17.0	11.1
Nkhata Bay	13.5	12.9	12.2	7.3
Likoma	41.3	21.0	14.9	11.9
Mzimba	14.1	15.9	13.2	8.6
Mzuzu city	50.2	14.5	14.1	10.1
Central Region	19.9	17.8	16.5	11.0
Kasungu	17.8	14.6	11.1	7.0
Ntchisi	17.7	14.3	11.5	7.2
Dowa	13.4	14.1	9.7	6.1
Nkhotakota	43.4	18.5	20.1	10.9
Mchinji	9.3	22.6	21.9	12.0
Lilongwe rural	16.6	20.2	18.2	11.4
Salima	24.6	17.7	19.0	12.0
Dedza	9.3	18.2	14.7	12.4
Ntcheu	15.1	14.7	15.1	12.0
Lilongwe city	51.5	14.7	18.4	13.2
Southern Region	17.9	19.0	17.8	13.6
Balaka	5.7	14.5	16.1	11.9
Machinga	9.9	21.7	20.5	14.7
Mangochi	10.4	24.3	21.1	16.4
Zomba	13.7	19.3	16.8	12.5
Chiradzulu	15.5	18.0	16.6	12.9
Blantyre rural	17.4	21.5	19.4	15.6
Mulanje	7.1	12.5	12.5	9.8
Thyolo	12.2	17.5	16.0	13.0
Phalombe	19.3	15.0	14.3	11.6
Mwanza	15.6	16.4	15.1	10.4
Chikwawa	48.8	21.0	21.9	14.5
Nsanje	16.1	22.4	22.2	16.3
Blantyre city	47.4	14.8	15.3	12.6

Zomba municipality	55.7	16.1	14.3	10.8
Socio-economic sector				
Public	38.1	23.4	20.1	15.3
Private formal	33.8	19.6	18.2	13.2
Private informal	20.1	21.8	19.0	13.8
Subsistence Agriculture	12.7	22.7	19.2	13.0
Self Employed	29.5	21.1	18.4	13.8
Unemployed	13.3	22.3	20.1	15.0
Other	11.3	36.4	13.2	1.5

1. Access is defined for persons in households who live less than 30 minutes away from a health facility.
2. Need is defined for persons sick or injured in the four week period preceding the survey.
3. Use is defined for persons who consulted a health practitioner in the four week period preceding the survey.
4. Satisfaction is defined as the proportion of all persons consulted a health practitioner in the four week period preceding the survey and who cited no problems.

Table 5.2: Percentage distribution of persons who consulted a health provider in the 4-week period preceding the survey and were not satisfied, and reasons for dissatisfaction by background characteristics, type of provider at district level.

		Dissatisfied	Reasons for dissatisfaction						
			Facilities not clean	Long wait	No trained professionals	Cost	No drugs available	Treatment unsuccessful	Other
Malawi		28.6	2.5	36.2	4.9	19.8	33.9	23.5	4.1
	Rural	29.1	2.6	35.7	4.5	20.2	33.7	24.2	3.8
	Urban	23.6	1.2	42.5	9.5	14.4	35.6	15.0	7.9
Northern Region		33.2	3.6	46.2	1.8	20.1	49.2	18.7	2.1
	Chitipa	27.0	-	29.8	2.5	11.2	54.5	16.9	2.1
	Karonga	28.1	2.4	33.9	5.3	21.3	39.6	20.8	4.3
	Rumphi	35.0	1.9	49.4	2.8	20.4	55.0	26.2	1.3
	Nkhata Bay	40.3	5.6	38.6	5.6	18.6	63.4	24.0	6.4
	Likoma	19.9	-	53.5	-	41.5	-	-	5.1
	Mzimba	35.1	4.6	52.5	-	20.8	49.3	16.4	-
	Mzuzu city	28.1	3.3	55.1	-	30.7	12.1	11.9	14.3
Centra Region		33.6	2.0	35.4	6.1	22.4	32.1	21.8	4.5
	Kasungu	37.5	3.6	36.8	7.7	22.7	38.9	26.0	1.2
	Ntchisi	37.5	2.8	41.3	1.4	16.1	20.4	39.3	9.3
	Dowa	37.2	-	24.4	5.5	22.2	17.1	37.0	1.5
	Nkhotakota	45.9	0.8	35.4	0.8	27.1	37.8	15.9	3.9
	Mchinji	45.5	1.9	44.0	8.5	27.5	40.7	12.3	4.4
	Lilongwe rural	37.2	2.1	35.0	4.8	20.4	28.4	21.6	4.3
	Salima	36.5	3.3	38.9	8.6	24.8	34.7	21.3	1.1
	Dedza	15.6	2.1	31.7	7.8	28.2	28.7	33.2	10.6
	Ntcheu	20.6	1.9	18.5	1.9	21.5	31.6	35.6	-
	Lilongwe city	27.9	1.7	37.1	12.5	15.9	35.9	13.6	9.9
Southern Region		23.4	2.6	34.4	4.3	16.4	31.6	27.0	4.3
	Balaka	26.0	5.7	26.3	5.7	-	49.0	39.6	1.9
	Machinga	28.2	1.2	37.3	10.0	22.1	26.3	33.4	8.3

Mangochi	22.2	-	25.3	3.3	20.3	29.2	26.3	10.3
Zomba	25.5	5.0	42.7	2.7	10.3	27.3	42.2	4.5
Chiradzulu	22.6	-	37.5	3.5	39.2	6.0	18.8	1.7
Blantyre rural	19.7	1.7	43.1	3.9	5.7	42.4	15.8	0.8
Mulanje	21.8	-	30.0	-	12.2	33.4	25.4	-
Thyolo	19.2	2.5	15.1	3.3	21.4	41.7	27.9	-
Phalombe	18.9	-	18.5	2.4	25.6	33.6	39.0	2.4
Mwanza	31.3	11.5	29.4	1.2	21.6	16.0	30.6	5.7
Chikwawa	33.9	5.6	35.1	7.4	16.4	30.6	23.2	5.3
Nsanje	26.5	6.5	38.7	-	23.1	29.0	17.2	0.6
Blantyre city	18.0	-	48.7	6.6	8.9	39.8	17.4	4.0
Zomba municipality	24.0	-	57.9	-	14.7	27.9	23.0	-

Table 5.2: Percentage distribution of persons who consulted a health provider in the 4-week period preceding the survey and were not satisfied, and the reasons for dissatisfaction by background characteristics , type of provider at district level.
(cont'd)

	Dissatisfied	Reasons for dissatisfaction						
		Facilities not clean	Long wait	No trained professionals	No drugs Cost available	Treatment unsuccessful	Other	
Socio-economic sector								
Public	23.6	-	30.4	7.9	20.4	31.0	31.1	6.8
Private formal	27.3	0.7	42.2	1.9	19.6	38.1	11.6	1.9
Private informal	27.2	6.5	66.6	19.4	16.0	13.7	20.9	2.4
Subsistence Agriculture	32.1	3.7	30.1	5.5	19.8	34.8	28.2	5.3
Self Employed	25.0	1.4	38.0	8.6	21.6	37.7	16.7	1.3
Unemployed	25.4	-	27.0	0.0	22.8	46.3	26.2	-
Other	88.5	-	-	46.4	-	-	53.6	-
Sex								
Male	28.5	3.1	37.6	4.3	19.3	34.0	21.9	4.1
Female	28.7	1.9	35.1	5.4	20.1	33.7	24.9	4.2
Type of provider								
Private hospital	31.1	1.5	-	5.4	52.8	19.9	17.1	1.5
Public hospitals	35.2	0.7	16.5	1.8	0.7	15.6	8.1	1.9
Traditional Healer	21.0	10.1	8.2	3.9	23.1	6.2	62.9	-
Mission hospital/ Dispensary	32.4	1.6	23.1	3.2	56.4	16.6	15.5	4.2
Shop/ Pharmacy	13.3	3.5	2.4	3.2	67.8	6.4	23.2	0.4
Mobile clinic	6.6	7.7	36.5	-	7.9	51.5	-	18.6
Other	20.8	-	-	30.3	40.5	12.5	40.5	16.7

About 29 percent of the rural persons who had consulted a provider and 24 percent of their urban counterparts were dissatisfied with the health services they received. The difference in the proportions between dissatisfied males (28.5 percent) and females (28.7 percent) is insignificant. However, significant differences emerge by type of provider: significant proportions were dissatisfied with the health services provided by public hospitals or health centres (35 percent) and traditional healers (21 percent). The majority of the clients at the public hospitals or health centres cited unavailability of drugs and long waiting times as the cause for dissatisfaction. On the contrary the majority of the clients who had consulted private hospital, mission hospital or pharmacy cited cost as the cause for dissatisfaction.

5.4 Illness During 4- Week Period Prior to Survey

Table 5.3 shows the distribution of all persons by sex who were either sick or injured during the 4-week period preceding the survey by type of sickness suffered.

The survey findings reveal that the largest proportion of persons in Malawi suffered from malaria/fever (about 8 percent) and about 3 percent reported that they had diarrhoea in the past four weeks. It is noteworthy that children aged under-5 years were more likely to suffer from malaria and diarrhoea than the older persons. Further, elderly persons aged 65 years or older were also prone to malaria/fever and to an extent ear, nose or throat illnesses. The table further shows that despite being ill from various diseases substantial proportions of sick persons did not consult health providers. It is noteworthy that 17 percent of all those persons who had malaria/fever and 18 percent who had diarrhoea did not seek health services despite their ill health. The majority did not consult a health practitioner because of either exorbitant costs or long distances to the facility.

Table 5.3: Percentage distribution of sick or injured persons in the last 4 weeks by type of sickness/injury, sex and age for Malawi.

Sex and Age	Malaria/ Fever	Diarrhoea	Accident	Dental	Skin Condition	Eye	Ear, Nose or Throat	Other
Malawi								
Total	7.9	2.5	0.8	0.6	1.6	0.6	2.7	3.1
Male								
Total	7.1	2.2	1.1	0.5	1.6	0.5	2.7	2.6
0-4	14.6	7.2	0.8	0.1	3.0	0.6	5.5	2.7
5-9	5.7	1.5	0.6	0.3	2.2	0.3	2.6	1.5
10-14	3.9	1.2	0.5	0.3	1.2	0.4	1.4	1.3
15-29	5.7	1.3	1.3	0.5	0.7	0.3	1.4	1.9
30-49	7.5	1.7	1.8	0.7	1.7	0.5	2.5	3.1
50-64	5.9	1.5	1.0	0.9	2.3	1.0	4.8	6.3
65+	10.4	1.0	2.3	0.8	1.5	2.0	5.3	9.7

Female								
Total	8.7	2.7	0.5	0.8	1.5	0.6	2.8	3.5
0-4	15.6	6.9	0.5	0.5	2.4	1.0	4.3	2.4
5-9	5.7	2.0	0.3	0.3	1.5	0.5	1.9	1.9
10-14	4.8	1.3	0.4	0.2	1.6	0.5	1.7	1.6
15-29	8.2	1.8	0.3	0.6	1.1	0.2	2.2	3.0
30-49	8.1	2.2	0.6	1.4	1.3	0.4	2.8	4.7
50-64	9.8	2.9	1.0	2.1	1.2	1.1	4.3	7.3
65+	13.6	5.0	1.6	1.7	2.7	2.8	4.7	11.9

5.5 Non-Use of Health Facilities

About 83 percent of all the persons in Malawi did not consult a health provider in the 4-week period preceding the survey: 83 percent in each of the rural and urban areas, 86 percent in Northern region, 84 percent in Central Region and 82 percent in Southern Region (Table 5.4).

The majority (96 percent) of the persons in Malawi who did not seek health services reported that there was no need to seek medical services because they were not ill.

Table 5.4 also shows that about 96 and 99 percent of the persons who did not consult a health provider in rural and urban areas respectively reportedly had no need to seek medical services from a health provider principally because they were not sick. However, in rural areas cost of health services and distance to health provider were the reasons clients did not consult a health provider.

Table 5.4: Percentage distribution of persons who did not consult a health provider in the 4 week period preceding the survey and the reasons for not consulting at district level.

	Percent not Consulting	Reasons for not consulting			
		No need	Cost	Distance	Other
Malawi	83.2	95.9	2.0	1.8	0.8
Rural	83.1	95.6	2.1	1.9	0.9
Urban	83.4	99.2	0.3	0.1	0.4

Northern Region	85.9	95.3	2.3	1.6	0.9
Chitipa	81.5	96.2	1.0	1.7	1.8
Karonga	85.6	98.7	0.8	0.2	0.4
Rumphi	83.0	98.8	0.4	0.9	0.0
Nkhata Bay	87.8	93.4	5.6	1.3	0.1
*Likoma	85.1	90.5	6.5	2.1	1.4
Mzimba	86.8	94.0	2.7	2.3	1.2
Mzuzu city	85.9	97.6	0.3	0.3	1.9
Central Region	83.5	95.9	1.9	1.9	0.8
Kasungu	88.9	95.9	1.9	1.9	0.9
Ntchisi	88.5	96.4	1.2	2.2	0.8
Dowa	90.3	95.0	2.8	1.5	1.1
Nkhotakota	79.9	98.8	0.4	0.2	0.5
Mchinji	78.1	94.0	1.7	3.3	1.3
Lilongwe rural	81.8	95.2	1.9	2.4	1.0
Salima	81.0	98.0	1.0	0.6	0.5
Dedza	85.3	94.8	3.3	3.0	0.3
Ntcheu	84.9	96.5	1.8	1.5	0.6
Lilongwe city	81.6	99.0	0.4	0.1	0.5
Southern Region	82.2	96.0	2.0	1.6	0.8
Balaka	83.9	98.1	0.9	1.0	0.3
Machinga	79.5	96.1	1.8	2.2	0.6
Mangochi	78.9	93.8	2.1	2.2	2.1
Zomba	83.2	96.3	1.5	1.9	0.9
Chiradzulu	83.4	94.7	4.1	1.0	0.3
Blantyre rural	80.6	96.3	1.6	1.2	1.1
Mulanje	87.5	97.6	1.4	1.8	-
Thyolo	84.0	95.5	2.7	2.1	0.5
Phalombe	85.7	96.7	0.6	2.3	0.4
Mwanza	84.9	88.0	8.4	2.9	0.7
Chikwawa	78.1	96.9	1.7	1.1	0.6
Nsanje	77.8	92.2	5.2	2.5	1.6
Blantyre city	84.7	99.6	0.2	-	0.2
Zomba municipality	85.7	99.0	0.6	-	0.4

Table 5.4: Percentage distribution of persons who did not consult a health provider in the 4 week period preceding the survey and the reasons for not consulting at district level (cont'd).

	Reasons for not consulting
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	Percent not Consulting	No need	Cost	Distance	Other
Socio-economic sector					
Public	79.9	95.1	3.6	1.6	0.3
Private formal	81.8	96.9	1.9	1.7	0.1
Private informal	81.0	95.4	1.4	1.9	2.0
Subsistence Agriculture	80.8	94.3	2.9	2.8	0.7
Self Employed	81.6	95.3	2.0	2.7	1.0
Unemployed	79.9	94.2	2.9	3.1	1.1
*Other	86.8	73.4	6.4	17.3	5.0
Sex					
Male	84.4	96.4	1.7	1.5	0.8
Female	82.0	95.4	2.3	2.0	0.8
Type of Sickness/Injury					
Malaria/Fever	17.1	28.8	34.6	32.8	13.9
Diarrhoea	18.0	21.6	35.7	37.3	18.6
Accident	20.6	34.3	25.0	34.6	13.1
Dental	25.1	35.4	31.8	36.1	8.3
Skin Condition	16.8	24.2	38.8	35.0	13.2
Eye	24.0	23.1	40.6	38.9	5.5
Ear, Nose, Throat	20.6	22.3	39.1	42.2	7.1
Other	23.1	32.3	29.8	28.2	16.1

** based on insufficient number of cases*

5.6 Health Providers Consulted

The survey also collected information on the type of health providers consulted by victims of sicknesses or injuries during the 4-week period preceding the survey.

The results show that about 56 percent of those who consulted a medical provider went to public health hospitals or health centres, namely: a public hospital (30 percent), a district hospital (6 percent) or a community health centre (20 percent). Only about 18 percent visited a private facility. Traditional healers were patronized by only 3 percent of the sick/injured persons. About 20 percent of the health consultations took place at mission hospitals (Table 5.5).

In the rural areas the majority of the clients (57 percent) visited public health facilities about 20 percent used mission health facilities. Only about 12 percent of the rural population patronized private hospitals as opposed to 20 percent of their urban counterparts. On the other hand, about 57 percent of the rural persons consulted public hospitals or health centres compared with 48 percent of their urban counterparts.

At regional level, about 61 percent of the health consultations in Northern Region were made at public health facilities, compared with 55 percent in Central Region and 56 percent in Southern Region (Table 5.5). Mission hospitals were better utilized in Southern Region (24 percent). About 17 and 16 percent of the sick/injured persons in Central and Northern Regions respectively consulted mission hospitals.

Table 5.5: Percent distribution of health consultations in past 4 weeks by type of health provider consulted by background characteristics at district level.

	Private hospital	Public hospitals	Mission hospital	Traditional Healer	Private Doctor, Dentist	Pharmacist Chemist	Other
Malawi	12.3	56.0	20.4	3.1	6.0	1.9	0.4
Rural	11.5	56.8	20.2	2.8	6.2	2.1	0.4
Urban	19.7	48.4	21.9	6.0	3.8	0.1	0.1
Northern Region	10.9	61.1	16.0	3.4	8.1	0.5	-
Chitipa	2.7	81.7	8.6	5.7	1.3	-	-
Karonga	12.8	64.7	16.5	1.0	4.9	-	-
Rumphi	18.3	50.9	18.2	1.5	10.3	0.8	-
Nkhata Bay	11.2	69.7	18.6	0.6	0.0	-	-
*Likoma	10.1	45.4	5.3	8.8	30.3	-	-
Mzimba	9.7	58.6	17.6	2.7	10.6	0.7	-
Mzuzu city	23.6	27.6	8.0	22.0	18.8	-	-
Central Region	16.3	54.7	17.4	3.4	6.1	1.5	0.6
Kasungu	17.7	43.0	19.8	12.8	6.2	-	0.5
Ntchisi	8.0	54.3	16.4	17.7	3.0	0.7	-
Dowa	4.4	43.5	41.1	5.5	3.3	2.2	-
Nkhotakota	24.2	45.0	23.0	-	7.1	0.4	0.4
Mchinji	15.5	66.8	11.5	-	5.9	0.2	-
Lilongwe rural	14.5	55.3	22.1	1.9	4.8	0.5	1.0
Salima	10.9	34.5	29.9	6.7	15.3	1.3	1.4
Dedza	20.9	54.4	7.0	5.4	6.1	5.5	0.7
Ntcheu	13.8	63.5	7.1	1.0	8.9	5.7	-
Lilongwe city	24.3	57.9	8.4	4.4	4.8	-	0.3
Southern Region	9.1	56.1	23.7	2.8	5.4	2.6	0.3
Balaka	2.5	76.1	10.8	3.5	2.5	4.5	-
Machinga	10.9	61.6	14.5	0.3	4.3	8.3	-
Mangochi	4.3	57.8	18.3	0.2	13.6	5.1	0.8
Zomba	2.1	65.4	23.3	8.1	0.6	0.6	-
Chiradzulu	15.7	67.1	3.9	1.9	8.5	2.8	-
Blantyre rural	4.3	52.4	37.3	3.1	1.7	1.2	-
Mulanje	18.6	49.0	23.2	2.9	3.7	1.4	1.1
Thyolo	15.8	58.3	11.4	1.6	10.0	2.4	0.5
Phalombe	7.4	42.5	39.8	-	8.4	1.9	-
Mwanza	4.0	71.3	19.9	1.5	2.1	1.1	-
Chikwawa	16.7	45.5	33.3	2.0	1.8	0.4	0.3
Nsanje	10.2	58.1	20.5	2.5	7.1	1.5	0.2
Blantyre city	13.8	38.1	40.2	6.3	1.3	0.3	-
*Zomba municipality	21.6	67.2	5.6	5.6	-	-	-
Socio-economic sector	12.3	56.0	20.4	3.1	6.0	1.9	0.4
Public	23.8	50.0	10.4	7.2	8.7	-	-
Private formal	20.8	49.3	16.9	7.0	5.1	-	0.9

Private informal	16.9	54.6	10.5	11.0	5.1	1.9	-
Subsistence Agriculture	9.2	62.5	18.2	3.7	5.4	0.6	0.3
Self Employed	16.1	59.4	16.2	2.4	4.9	1.1	-
Unemployed	6.4	65.2	20.5	2.5	4.0	-	1.4
*Other	-	52.5	-	-	47.5	-	-

**based on insufficient number of cases*

5.7 Reproductive Health

The results indicate that about 13 percent of the women aged 15 to 49 years had given birth in the past 12 months prior to the survey. Table 5.6 shows that the largest proportion of females who gave birth during the 12-month period preceding the survey was those aged 25-29 (22 percent) and 20-24 (21 percent). The survey findings show that one of every 10 teenagers; that is, 10 percent, gave birth during the 12-month period prior to the survey.

Table 5.6: Percentage of women aged 15 to 49 who had a live birth in the 12-month period preceding the survey by age group of mother and by whether the mother received pre-natal care at district level

	A g e							Pre-natal care	
	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	Total	
Malawi	10.5	20.9	21.7	15.9	12.3	5.3	1.9	12.7	94.3
Rural	10.8	22.1	22.6	15.7	12.1	5.8	2.0	12.9	94.0
Urban	8.9	13.5	14.9	17.4	14.9	-	1.7	10.6	97.0
Northern Region	8.3	18.4	19.3	15.1	8.6	4.1	0.7	10.5	97.2
Chitipa	5.2	16.3	18.7	17.3	7.6	-	11.1	10.1	90.5
Karonga	9.5	15.6	17.6	10.3	10.9	11.7	-	10.5	94.7
Rumphi	11.6	33.0	19.2	16.1	10.8	-	-	14.0	93.9
Nkhata Bay	5.4	13.8	16.8	7.9	4.6	-	-	8.2	100.0
*Likoma	19.4	23.7	14.7	-	-	-	-	12.4	76.7
Mzimba	9.3	18.4	20.8	17.8	9.3	4.4	-	10.8	100.0
*Mzuzu city	-	17.3	20.5	-	-	-	-	7.1	89.7
Central Region	9.1	19.6	24.9	15.2	13.9	5.3	1.3	12.7	93.9
Kasungu	10.4	24.8	35.4	7.7	15.0	4.7	-	14.2	98.1
Ntchisi	3.2	23.7	20.7	10.8	3.6	9.5	-	10.7	82.2
Dowa	8.1	23.6	30.4	30.7	12.4	-	-	15.4	94.1
Nkhotakota	2.8	15.2	21.3	5.7	19.0	-	-	10.3	100.0
Mchinji	12.4	26.4	23.7	12.1	23.6	9.5	-	15.3	91.1
Lilongwe rural	8.4	21.1	27.3	15.6	10.8	6.2	-	12.6	92.4
Salima	10.9	18.2	25.3	9.2	3.1	-	-	11.6	93.3
Dedza	9.4	19.7	23.0	16.2	21.3	6.8	-	12.6	90.4
Ntcheu	12.6	9.2	26.0	18.5	15.2	9.2	7.3	12.3	100.0
Lilongwe city	7.8	15.3	13.9	15.3	12.6	-	5.4	10.7	96.5
Southern Region	12.5	22.7	19.5	16.7	11.9	5.7	2.8	13.2	94.0
Balaka	10.8	18.4	28.8	9.7	4.9	-	-	10.7	95.7
Machinga	15.1	29.9	24.6	20.9	12.9	19.1	6.6	17.4	97.2
Mangochi	22.1	28.2	30.0	16.7	16.1	5.4	-	18.0	88.7

Zomba	9.9	29.5	16.3	14.7	15.9	2.7	-	12.8	93.9
Chiradzulu	9.4	17.7	24.2	31.3	3.2	4.7	14.8	13.6	100.0
Blantyre rural	14.2	23.6	18.5	12.6	12.3	-	3.9	13.2	95.7
Mulanje	8.2	19.9	13.6	8.4	1.9	14.3	8.4	10.4	93.2
Thyolo	7.0	24.9	10.2	12.2	9.8	8.0	-	10.4	92.7
Phalombe	9.8	16.5	16.3	25.0	8.2	-	5.0	10.8	89.5
Mwanza	14.3	13.3	28.2	28.7	17.6	7.9	-	14.8	92.2
Chikwawa	9.5	29.4	21.6	17.7	8.8	-	-	14.1	93.8
Nsanje	22.3	26.7	25.4	19.9	24.7	6.9	-	16.9	95.9
Blantyre city	11.8	11.3	14.4	20.7	21.9	-	-	11.0	97.7
*Zomba municipality	5.3	13.9	26.2	11.5	-	-	-	10.3	100.0

* based on insufficient number of cases

The table also shows that 56 percent of the women aged under 30 years in rural areas and 37 percent of their urban counterparts gave birth during the reference period.

At regional level, 55, 54 and 46 percent of the females aged under 30 years in Southern, Central and Northern Regions respectively gave birth during the reference period.

The survey results further reveal that about 94 percent of women aged 15 to 49 years who had given birth during the 12-month period prior to the survey had made visits to health facilities for prenatal care during pregnancy. As expected, a higher proportion of women (97 percent) in urban areas received prenatal services than rural women also aged 15 to 49 years of whom 94 percent had visited health facilities for prenatal care.

It is also observed that the highest proportion of women who had received prenatal care during pregnancy was Northern Region (97 percent). In each of the Central and Southern Regions, the proportion of women who had made visits to health facilities for prenatal care during pregnancy was 94 percent (Table 5.6).

5.8 Child Delivery

The data show that less than two thirds of births that occurred during the period 1997/2002 were delivered in a hospital or maternity clinic/hospital and about 38 percent were still delivered at home (Table 5.7).

Substantial rural-urban variations in places of delivery of births exist. The proportion of births that were delivered in a hospital or maternity was, as expected, lower in rural areas (59 percent) than urban areas (83 percent).

A regional comparison reveals that about 72 percent of births in Northern Region were delivered in a hospital or maternity and is higher than the proportion for Central Region (58 percent) or Southern Region (62 percent).

The data further shows that in Malawi as a whole, nurses, clinical officers or doctors assisted in the delivery of about 60 percent of the births and traditional birth attendants (TBAs) assisted in the delivery of only a quarter of the births. About 13 percent of the deliveries were assisted by unqualified persons (Table 5.8).

In rural areas, about 58 percent of the births were delivered by either a clinical officer, doctor or a nurse/midwife compared with 84 percent in urban areas. About 27 percent of the births in rural areas and only 10 percent in urban areas were delivered by TBAs.

Furthermore, 72, 57 and 61 percent of the births in Northern, Central and Southern Regions were delivered by clinical officers, doctors, nurses or midwives and of all the births in Northern, Central and Southern Region, 17, 31 and 23 percent were delivered by TBAs.

Table 5.7: Percentage distribution of live births in the 5 year period preceding the survey by place of birth, background characteristics at district level.

	Place of Birth		
	Hospital Maternity	Home	Other
Malawi	61.4	36.9	1.8
Rural	59.0	39.1	1.9
Urban	83.4	15.8	0.8
Northern Region	72.0	27.2	0.8
Chitipa	80.6	18.4	1.0
Karonga	60.2	37.8	2.0
Rumphi	88.9	11.1	0.0
Nkhata Bay	80.4	18.5	1.1
Likoma	52.7	47.3	-
Mzimba	68.2	31.2	0.6
Mzuzu city	83.2	15.9	0.9
Central Region	57.7	41.1	1.2
Kasungu	63.0	34.2	2.7
Ntchisi	61.9	30.4	7.7
Dowa	53.7	45.8	0.5
Nkhotakota	68.5	31.5	-
Mchinji	41.6	57.2	1.2
Lilongwe rural	50.3	48.9	0.7
Salima	63.3	35.9	0.8
Dedza	60.9	38.8	0.3
Ntcheu	65.8	33.0	1.3
Lilongwe city	74.8	23.5	1.7
Southern Region	62.2	35.3	2.5
Balaka	71.1	26.9	2.0
Machinga	49.7	42.8	7.5
Mangochi	45.5	50.1	4.4
Zomba rural	59.4	35.5	5.1
Chiradzulu	69.5	29.0	1.5
Blantyre rural	68.1	30.1	1.8
Mulanje	65.2	34.1	0.7
Thyolo	63.7	35.5	0.8
Phalombe	66.4	33.1	0.5
Mwanza	67.1	31.4	1.5
Chikwawa	49.7	49.4	1.0
Nsanje	56.6	43.0	0.4
Blantyre city	90.9	9.1	-
Zomba municipality	90.4	9.6	-
Socio-economic sector			
Public	73.2	25.0	1.8
Private formal	77.8	21.3	0.9
Private informal	63.7	36.3	-
Subsistence Agriculture	57.1	41.0	1.9
Self Employed	66.9	30.9	2.2
Unemployed	62.3	36.9	0.8
Other	76.6	23.4	-

Table 5.8: Percentage distribution of live births in the five years preceding the survey by person who delivered the child, background characteristics at district level.

	Delivery Assistance				
	Clinical Officer/ Doctor	Midwife/ Nurse	Traditional Birth Attendant	HSA/ Ward Attendant	Other/ Self
Malawi	5.5	55.0	25.6	1.1	12.8
Rural	5.2	52.8	27.3	1.2	13.5
Urban	8.1	75.9	9.6	0.1	6.4
Northern Region	2.9	69.4	17.3	0.4	10.0
Chitipa	3.3	76.7	10.5	0.5	9.0
Karonga	4.0	56.8	23.5	0.0	15.7
Rumphi	2.3	85.6	6.1	1.1	4.9
Nkhata Bay	0.6	81.1	15.4	-	2.9
Likoma	2.5	52.7	35.7	-	9.1
Mzimba	2.4	66.4	19.6	0.4	11.2
Mzuzu city	10.5	72.7	11.2	-	5.6
Central Region	5.6	51.4	30.9	1.4	10.6
Kasungu	4.6	56.9	32.9	-	5.7
Ntchisi	2.6	56.2	30.0	2.5	8.7
Dowa	7.1	44.0	35.8	0.5	12.5
Nkhotakota	2.6	68.5	24.5	-	4.4
Mchinji	6.0	37.5	43.6	1.6	11.2
Lilongwe rural	4.9	44.1	36.5	2.4	12.0
Salima	4.0	59.5	24.0	-	12.5
Dedza	4.9	54.2	29.0	2.1	9.9
Ntcheu	6.2	59.1	19.2	1.0	14.5
Lilongwe city	10.6	65.6	16.1	-	7.7
Southern Region	6.0	54.8	22.6	1.0	15.5
Balaka	8.3	62.7	16.6	-	12.4
Machinga	6.1	41.4	25.5	1.6	25.5
Mangochi	3.2	40.5	32.4	1.6	22.3
Zomba	5.3	48.2	23.1	1.7	21.7
Chiradzulu	10.6	58.0	19.1	-	12.4
Blantyre rural	6.4	61.0	22.7	1.2	8.7
Mulanje	1.5	67.1	21.0	-	10.4
Thyolo	3.4	58.5	19.4	-	18.7
Phalombe	4.5	60.9	27.7	-	6.8
Mwanza	7.7	54.1	19.8	8.0	10.3
Chikwawa	14.8	35.6	29.1	1.4	19.2
Nsanje	9.5	46.8	30.8	-	12.9
Blantyre city	5.6	85.2	3.8	-	5.3
Zomba municipality	6.7	81.2	3.6	2.5	6.1
Socio-economic sector					
Public	6.2	66.4	19.8	0.8	6.8

Private formal	7.6	68.9	13.2	1.2	9.0
Private informal	6.9	57.0	24.4	0.2	11.5
Subsistence Agriculture	5.3	50.5	28.5	1.4	14.3
Self Employed	5.1	60.5	20.8	1.8	11.7
Unemployed	5.0	57.1	24.3	0.7	12.9
Other	-	76.6	17.7	-	5.8

5.9 Child Nutrition Status

The evaluation of nutritional status is based on the rationale that, in a well-nourished population, there is a statistically predictable distribution of children of a given age with respect to height and weight. The distribution of children in such a well-nourished population is used as a reference for assessing the nutritional status of children in other populations. Three indices of physical growth that describe the nutritional status of children are: height-for-age, weight-for-height and weight-for-age.

The survey collected anthropometrical data in respect of all under five children.

Table 5.9: Nutrition indicators for under-5 children at district level

	stunted	wasted	underweight	Program participation	
				nutrition	weigh-in
Malawi	45.1	4.9	21.9	9.4	91.1
Rural	49.8	5.1	24.4	9.8	91.2
Urban	38.2	2.8	15.5	5.1	90.7
Northern Region	46.6	3.3	22.7	11.6	94.8
Chitipa	44.3	4.8	22.0	21.6	94.1
Karonga	39.4	2.6	15.1	9.2	95.7
Rumphi	41.0	4.4	20.0	6.1	93.8
Nkhata Bay	34.6	10.3	18.5	2.5	88.9
*Likoma	54.2	1.3	30.1	15.5	91.3
Mzimba	46.4	2.7	23.1	9.9	95.6
*Mzuzu city	32.1	3.6	12.7	8.4	97.2
Central Region	49.6	5.8	25.2	10.8	91.1
Kasungu	52.9	4.0	21.4	4.0	93.5
Dowa	42.4	2.8	18.8	9.1	89.1
Ntchisi	42.6	5.1	23.7	1.9	91.2
Nkhotakota	48.0	2.5	19.8	4.5	96.6
Lilongwe	50.2	6.7	26.0	9.4	84.4
Mchinji	50.6	6.0	28.5	14.6	88.1
Salima	46.9	5.1	17.8	6.3	89.3
Dedza	61.9	11.3	35.0	15.5	95.2
Ntcheu	45.7	6.3	21.1	15.1	98.1
Lilongwe city	40.8	1.9	17.4	7.2	91.0
Southern Region	40.6	4.4	18.5	7.6	90.2
Balaka	34.3	5.6	19.8	15.6	96.0
Machinga	42.2	4.2	23.1	14.4	90.3
Mangochi	38.6	3.5	21.7	6.6	87.9
Zomba	39.7	3.7	17.3	4.2	95.7
Chiradzulu	42.0	6.9	20.1	14.0	88.9
Mulanje	36.9	4.3	14.5	3.5	91.2

Phalombe	58.3	3.6	22.0	6.6	92.0
Thyolo	46.1	7.1	18.1	12.4	86.5
Blantyre	42.6	7.7	13.1	5.7	80.8
Mwanza	47.7	1.3	26.7	5.1	92.5
Chikwawa	44.3	2.7	20.5	8.3	93.5
Nsanje	39.1	5.1	21.4	9.5	87.6
Blantyre city	31.3	3.3	11.7	3.2	89.3
*Zomba municipality	17.1	2.6	6.7	-	97.4

** based on insufficient number of cases*

The results reveal that 45 percent of the children aged under 5 were stunted; that is, they were too short for their age (Table 5.9). Further, about 5 percent of them were wasted; that is, were suffering from acute malnutrition and 22 percent were underweight for their age. On the overall, 9 percent of the under 5 children participated in nutrition programs and 91 percent in weigh-in programs.

Table 5.9 illustrates that large rural-urban variations exist in respect of anthropometrical indicators of the under 5 children. The percentage of stunted children in rural areas (50 percent) is substantially higher than it is in urban areas (38 percent), and the percentage of stunted children is about 5 percent in rural areas compared with only about 3 percent in urban areas. Furthermore, 24 percent of rural under 5 children were underweight as opposed to 16 percent among their urban counterparts. However, there is no substantial difference between children who had participated in weigh-in programs by rural/urban place of residence.

The results also show that nutrition status of under 5 children in Central Region is worse than it is in the other two regions. Of all the under 5 children in Central Region, about half of them were stunted, 6 percent were wasted and one quarter were underweight for their age. In contrast, 47 and 41 percent of the under five children in Northern and Southern Regions respectively were stunted; 3 and 4 percent respectively were wasted and 23 and 19 percent respectively were underweight for their age.