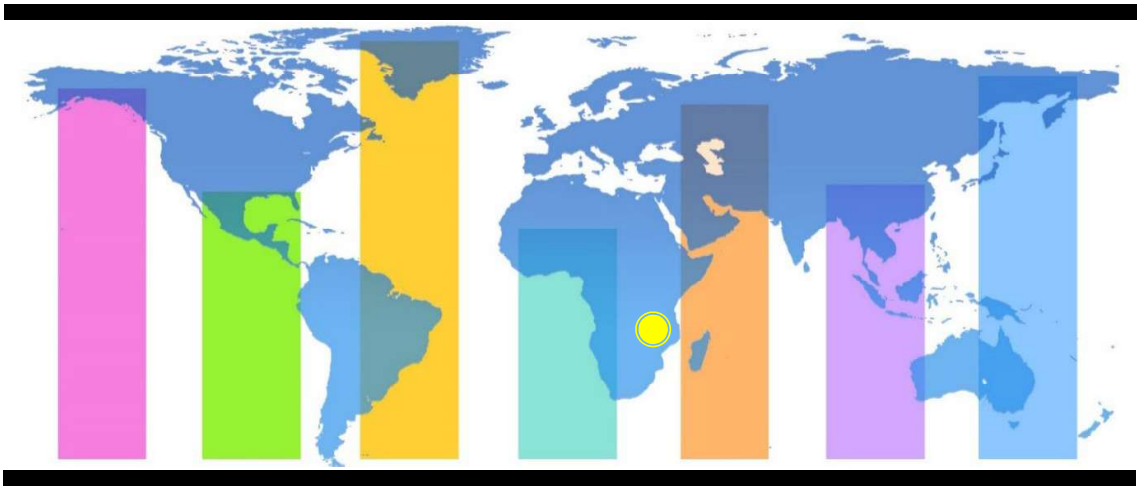
Malawi



Demographic and Health Survey 2024

Key Indicators

Malawi

Demographic and Health Survey 2024

Key Indicators Report

National Statistical Office
Zomba, Malawi

The DHS Program
ICF
Rockville, Maryland, USA

December 2024

The 2024 Malawi Demographic and Health Survey (2024 MDHS) was implemented by the National Statistical Office (NSO). The funding for the MDHS was provided by the Government of Malawi; the United States Agency for International Development (USAID); the World Bank; the United Nations Children's Fund (UNICEF); the United Nations Population Fund (UNFPA); the United Nations Educational, Scientific and Cultural Organization (UNESCO); the United Nations High Commissioner for Refugees (UNHCR); and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF). ICF provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide.

Additional information about the 2024 MDHS may be obtained from the Demography and Social Statistics Department, National Statistical Office, Chimbiya Road, P.O. Box 333, Zomba, Malawi; telephone: +265-1-625-110/130; email: enquiries@nso.gov.mw; internet: www.nsomalawi.mw.

Information about The DHS Program may be obtained from ICF, 530 Gaither Road, Suite 500, Rockville, MD 20850, USA; telephone: +1-301-407-6500; fax: +1-301-407-6501; email: info@DHSprogram.com; internet: www.DHSprogram.com.

Recommended citation:

National Statistical Office [Malawi] and ICF. 2024. *Malawi Demographic and Health Survey 2024: Key Indicators Report*. Zomba, Malawi, and Rockville, Maryland, USA: National Statistical Office and ICF.

CONTENTS

TABLES AND FIGURES

ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ARI	acute respiratory infection
BCG	bacille Calmette-Guérin
CAPI	computer-assisted personal interviewing
DHS	Demographic and Health Survey
DPT	diphtheria, pertussis, and tetanus
HepB	hepatitis B
Hib	*Haemophilus influenzae* type b
HIV	human immunodeficiency virus
IPTp	intermittent preventive treatment during pregnancy
IPV	inactivated poliomyelitis vaccine
ITN	insecticide-treated net
IUD	intrauterine device
IYCF	infant and young child feeding
MDHS	Malawi Demographic and Health Survey
NSO	National Statistical Office (Malawi)
OPV	oral polio vaccine
ORS	oral rehydration salts
SD	standard deviation
SP	sulfadoxine-pyrimethamine
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization

FOREWORD

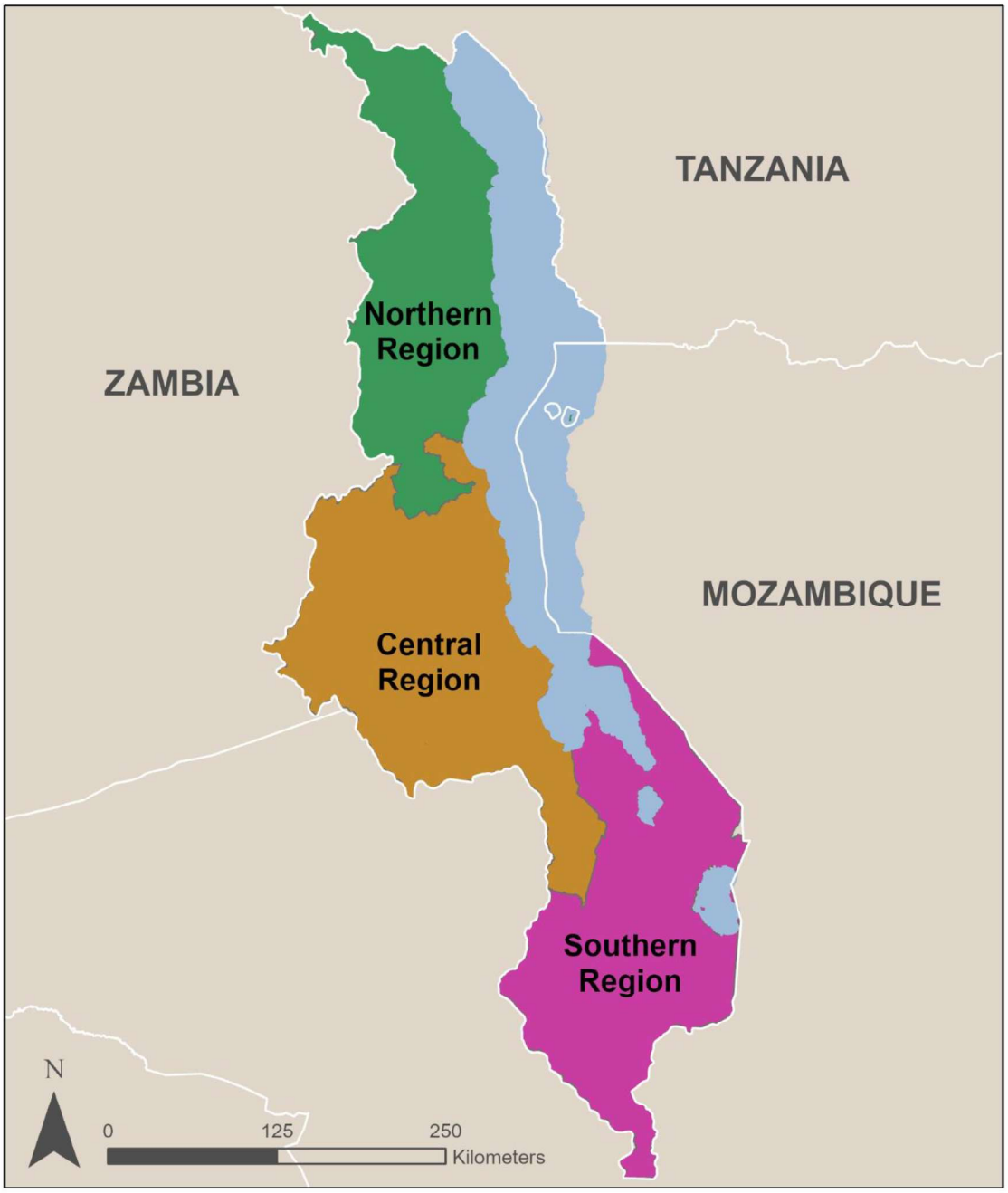
Demographic and Health Surveys (DHSs) are population-based surveys designed to monitor progress in health service utilisation and management to inform decision makers. Since 1992, DHS surveys led by the Malawi National Statistical Office have been conducted in the country in collaboration with the Ministry of Health (MoH), the Public Health Institute of Malawi (PHIM), and other stakeholders. Funds for the survey were received from the United States Agency for International Development (USAID); the Government of Malawi; the World Bank; the United Nations Children's Fund (UNICEF); the United Nations Population Fund (UNFPA); the United Nations Educational, Scientific and Cultural Organization (UNESCO); the United Nations High Commissioner for Refugees (UNHCR); and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF). Prior to the 2024 Malawi Demographic and Health Survey (MDHS), five rounds of the MDHS—in 1992, 2000, 2004, 2010, and 2015–16—were successfully completed, making this round the sixth in the series. These surveys provide information on mortality, morbidity, nutritional status, disease prevalence, service utilisation, and health-seeking practices at the district, regional, and national levels. The MDHS is an important source of information for measuring the outcomes and impact of health programmes and for developing annual and sectoral plans.

The 2024 MDHS provides national estimates of demographic and health indicators that are comparable to data collected in Malawi's five previous DHS surveys and to similar surveys in other developing countries. Data collected in the 2024 MDHS add to the large and growing international database of population-based indicators for Malawi. The 2024 MDHS collected data from a nationally representative sample of approximately 23,000 households from 28 districts and four major cities. The survey interviewed 22,414 households, 20,849 women of reproductive age (15 to 49 years), and 8,583 men age 15 to 54. In addition, children age 0–5 and women age 15–49 were measured for anthropometry, anaemia, and micronutrient indicators, and children age 6–59 months were tested for malaria using malaria rapid diagnostic tests.

This Key Indicators Report provides summary results from the 2024 MDHS and presents trends in indicators using data from the previous rounds. Some of the indicators presented include total fertility rates, teenage pregnancy, current use of contraception, unmet need for family planning, childhood mortality rates, vaccination rates, nutritional status of children, minimum dietary diversity among children, household possession of insecticide-treated nets, prevalence of malaria among children, and knowledge of HIV prevention methods. These data are disaggregated by districts and four major cities, by type of locality, and by selected demographic characteristics including sex, age, education, and wealth. Findings from this report will support the design, implementation, monitoring, and evaluation of policies and programmes to improve population health in general and reproductive, maternal, and child health in particular.

Shelton KANYANDA
Commissioner of Statistics
National Statistical Office

MALAWI


TANZANIA
Northern Region
ZAMBIA
MOZAMBIQUE
Central Region
Southern Region
N
0
125
250
Kilometers

1 INTRODUCTION

The 2024 Malawi Demographic and Health Survey (2024 MDHS) was implemented by the National Statistical Office (NSO). Data collection took place from 13 May to 31 August 2024. ICF provided technical assistance through The Demographic and Health Surveys Program (DHS), which is funded by the United States Agency for International Development (USAID) and offers financial support and technical assistance for population and health surveys in countries worldwide. Other agencies and organisations that facilitated the successful implementation of the survey through technical or financial support were the Ministry of Health (MoH); the Public Health Institute of Malawi (PHIM); the World Bank; the United Nations Children's Fund (UNICEF); the United Nations Population Fund (UNFPA); the United Nations Educational, Scientific and Cultural Organization (UNESCO); the United Nations High Commissioner for Refugees (UNHCR); the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF); and Gavi, the Vaccine Alliance.

This Key Indicators Report presents a first look at selected findings from the 2024 MDHS. A comprehensive analysis of the data will be presented in a final report in 2025.

The primary objective of the 2024 MDHS is to provide up-to-date estimates of basic demographic and health indicators. A specific aim was to collect information on micronutrient indicators among young children and women across Malawi.

The information collected through the 2024 MDHS is intended to assist policymakers and programme managers in designing and evaluating programmes and strategies for improving the health of Malawi's population. In addition, the survey provides indicators relevant to the United Nations Sustainable Development Goals for Malawi.

Data were also collected in the Dzaleka refugee camp, as specifically requested by the Government of Malawi and UNHCR. Data from the camps are not included in the national estimations and were analysed separately.

2 SURVEY IMPLEMENTATION

2.1 SAMPLE DESIGN

To achieve the objectives of the 2024 MDHS, a national stratified representative sample of 23,070 households was selected in 769 clusters, which resulted in 20,849 interviewed women age 15–49 and 8,583 interviewed men age 15–54 (in one of every two households selected).

The sampling frame used for the 2024 MDHS is the frame of the 2018 Malawi Population and Housing Census, conducted by NSO. The sampling procedure was a stratified two-stage cluster sampling procedure designed to yield representative results at the national level, for urban and rural areas, and for each of the 32 domains (28 districts and four cities). An additional sampling domain (domain 33) comprising 24 clusters was designed for the Dzaleka refugee camp.

In the first stage, the target clusters were selected from the sampling frame using probability proportional to size for urban and rural areas in each domain. Then the target number of clusters was selected (with equal probability) via systematic random sampling of the clusters selected in the first phase for the urban and rural areas in each domain. In the second stage, after selection of the clusters, a household listing and map-updating operation was carried out in all of the selected clusters to develop a list of the households in the cluster. This list served as a sampling frame for selecting the household sample.

NSO organised a 5-day training course on listing procedures for listers and mappers, with support from ICF. The listers and mappers were organised into 100 teams, each consisting of one lister and one mapper, and all field teams received the listing manual, adequate copies of all maps, listing forms, tablet computers, and Global Positioning System (GPS) dongles prior to training. The teams spent 1 month completing the listing operation, with each team working in an average of six to seven clusters. In addition to listing the households, the listers collected the geographical coordinates of each household using GPS dongles provided by ICF in accordance with the instructions in the *DHS Sampling and Household Listing Manual*. The household listing was carried out using tablet computers with software provided by The DHS Program. A fixed number of 30 households in each cluster were randomly selected from the list for interviews.

NSO provided all logistical arrangements for the listing staff, including planning deployment to the various regions, distributing field supplies, and arranging the distribution of allowances and salaries during training and fieldwork. To ensure smooth field operations and an accurate and complete listing, four NSO personnel (three master trainers and a project coordinator) and 28 regional and district statisticians visited the teams regularly to monitor data quality. The survey director and deputy directors also visited some of the teams. Data processing supervisors assigned to support the household listing on the tablets served as team backstops, and the field teams contacted the regional officers when they needed support from the local government.

Following the listing operation, NSO verified that the results were complete and accurate and entered the total number of households into the household selection spreadsheet provided by the ICF sampling specialist for the automatic selection of households for the main fieldwork. The spreadsheet, together with census maps, the listing database, and maps from field staff, facilitated the identification of households to be interviewed.

2.2 QUESTIONNAIRES

The 2024 MDHS used four questionnaires: the Household Questionnaire, the Woman's Questionnaire, the Man's Questionnaire, and the Biomarker Questionnaire. The questionnaires are based on The DHS Program's model questionnaires and were adapted to reflect the population and health issues relevant to

Malawi. In addition, a self-administered Fieldworker Questionnaire collected information about the survey's fieldworkers.

2.2.1 Household Questionnaire

The Household Questionnaire was used to collect indicators for the household and to list all members of the household. The respondent for this questionnaire was the head of the household or any adult living in the household. The questionnaire collected basic information on each household member (including sex, age, marital status, education, and orphanhood) and household characteristics (source of drinking water, type of toilet facilities, number of rooms used for sleeping, type of cookstove, household possessions, availability of electricity, and means of transportation) as well as on ownership and use of mosquito nets. In this survey, a disability module was added to the Household Questionnaire.

2.2.2 Woman's Questionnaire

The Woman's Questionnaire was used to collect information on adult women in the household (for example, contraceptive use, antenatal care, and pregnancy history[1]), their children born in the past 5 years (child health), and their children born in the past 3 years (vaccination coverage, breastfeeding, and infant and young child feeding [IYCF] practices). All women age 15–49 identified as household residents or as visitors who stayed in the household the night before the survey were interviewed. Because of the sensitivity of some of the questions, only female interviewers administered the Woman's Questionnaire.

The Woman's Questionnaire collected information on the following topics:

- Background characteristics (age, date of birth, duration of residency, previous residency, literacy, education, access to media, mobile phone financial transactions, internet use)
- Reproduction (children ever born, pregnancy history, current pregnancy, age at first menstrual period)
- Contraception (knowledge and use of contraception, sources of contraceptive methods, family planning)
- Pregnancy and postnatal care, child immunisation, and child health and nutrition (prenatal, delivery, and postnatal care; breastfeeding and complementary feeding practices; immunisation coverage; prevalence and treatment of diarrhoea, acute respiratory infection [ARI], and fever; knowledge and use of oral rehydration therapy [ORT]; dietary diversity among women)
- Marriage and sexual activity (marital status, age at first marriage, age at first sexual intercourse, recent sexual activity, number and types of sexual partners, co-wives, use of condoms)
- Fertility preferences (desire for more children, ideal number of children, gender preferences, intention to use family planning and who is making this decision, pressure to become pregnant, exposure to media messages about family planning)
- Husbands' background characteristics and women's work (husband's age, level of education, and occupation; respondent's occupation and source of earnings; decision making; house and land ownership; attitude towards wife beating)
- HIV (knowledge of HIV, means of transmission, sources of information, behaviour to avoid sexually transmitted infections [STIs] and HIV, stigma, history of HIV testing)

[1] The pregnancy history provides information for calculation of infant and child mortality. It is also used to calculate fertility rates.

- Other health issues (alcohol consumption and smoking, breast exams, cervical cancer tests, problems in accessing health care, health insurance)
- Malaria indicators and malaria social and behaviour change communication
- Early childhood development indicators
- Human papillomavirus (human papillomavirus vaccinations received by young women)
- Adult and maternal mortality
- Calendar (5-year calendar of reproductive events including births, pregnancies, and duration of pregnancy)

All demographic and health indicators were calculated for each of the sampling domains, by urban-rural residence, and at the national level. The total fertility rate was calculated for the 3-year period preceding the survey. Infant and child mortality rates were calculated at the national level for the 5-year period preceding the survey and at the regional level for the 10-year period preceding the survey.

2.2.3 Man's Questionnaire

The Man's Questionnaire collected information on the following topics:

- Background characteristics (age, date of birth, duration of residency, previous residency, literacy, education, access to media, mobile phone use, use of the internet)
- Reproduction (children ever fathered, attendance at antenatal care and delivery for the most recent child under age 24 months)
- Contraception (knowledge of contraception, family planning, discussion of family planning with a health provider, knowledge of the risk of pregnancy, attitude towards women who use contraception)
- Marriage and sexual activity (marital status, age at first marriage, number of unions, age at first sexual intercourse, recent sexual activity, number and types of sexual partners, use of condoms, contraceptive use during most recent sex)
- Fertility preferences (desire for more children, ideal number of children, gender preferences)
- Employment and gender roles (employment, source of earnings and decisions about use of earnings, house and land ownership, attitude towards wife beating)
- HIV (knowledge of HIV and means of transmission, sources of information, behaviour to avoid STIs and HIV, stigma, history of HIV testing)
- Other health issues (circumcision, smoking and alcohol use, health insurance coverage)

2.2.4 Biomarker Questionnaire

The Biomarker Questionnaire collected anthropometric measurements, the results of testing for anaemia and malaria, the results of water quality testing, and specimens (venous blood and food samples) for micronutrient testing. In 50% of households, all children under age 5 and all eligible women age 15–49 were weighed and measured to assess their nutritional status. A blood test was performed on eligible children age 6–59 months and eligible women age 15–49 in the household to estimate the prevalence of anaemia. Children age 6–59 months and women age 15–49 in a subsample of five households per cluster were eligible for malaria testing via rapid diagnostic tests and micronutrient testing. These five households were also eligible for water quality testing.

Informed consent and the outcome of each test for each eligible individual were recorded in the Biomarker Questionnaire.

2.2.5 Fieldworker Questionnaire

The Fieldworker Questionnaire was used to collect background information on the individuals who collected data in the field, including team supervisors, interviewers, and biomarker technicians.

2.2.6 Finalisation of the Questionnaires

ICF's data processing specialist checked the internal coherence of all questionnaires.

The definitive English versions of the questionnaires were translated into two major local languages, Chichewa and Tumbuka, before individuals other than the initial translators created back translations into English to verify the accuracy of the translations. All problems arising in the translations were resolved before the scheduled training of trainers and the pretest.

After finalising the questionnaires, ICF staff collaborated with NSO staff to develop the interviewer manual, the supervisor/editor manuals, and the fieldwork control forms to be used to track the survey's progress. The manuals provided instructions to the interviewers and supervisors/editors on how to perform their jobs, explained the purpose behind the various questions and sections of the questionnaires, and helped the trainers conduct the pretest and main survey training.

NSO submitted the survey protocol to Malawi's National Health Sciences Research Committee to ensure that the survey procedures were in accordance with Malawi's ethical research standards, and the committee approved ethical clearance for the survey.

ICF submitted the MDHS survey protocol to the ICF Institutional Review Board to ensure that the survey procedures met U.S. and international ethical research standards, and the board approved ethical clearance for the survey.

For data collection, fieldworkers used tablet computers equipped with Bluetooth technology to enable remote electronic transfer of files, such as assignments from the team supervisor to the interviewers, individual questionnaires to survey team members, and completed questionnaires from interviewers to team supervisors. The DHS Program developed the computer-assisted personal interviewing (CAPI) data collection system used in the MDHS; the mobile version of CSPro (Census and Survey Processing System), a software package developed jointly by the U.S. Census Bureau, Serpro S.A., and The DHS Program, was used in the survey.

2.3 ANTHROPOMETRY AND ANAEMIA, MALARIA, MICRONUTRIENT, AND WATER TESTING

Anthropometry: All children age 0–59 months and women age 15–49 in 50% of households (the same households selected for the men's survey) were measured and weighed to assess their nutritional status.

Haemoglobin: Venous blood specimens for haemoglobin testing were collected from all children age 6–59 months and women age 15–49 in 50% of households (the same households selected for the men's survey) after women (or parents or guardians for children) consented to the test.

For haemoglobin testing, approximately 3 mL of blood was collected by venipuncture into evacuated tubes containing EDTA anticoagulant (purple top). A blood drop taken from the blood tube was tested using the HemoCue system (photometer and microcuvette), which assesses the level of haemoglobin in the blood. Results were provided immediately following the anaemia testing both verbally and in writing for each individual tested. All survey participants eligible for haemoglobin testing received a brochure explaining what anaemia is and providing advice on the types of food to eat to avoid iron deficiency.

Individuals whose haemoglobin levels fell below the designated cutoff points (7 g/dl for pregnant women and 8 g/dl for women who are not pregnant or do not know if they are pregnant and children under age 5) and who are severely anaemic were referred for assessment and treatment to a health facility.

Malaria testing: Malaria testing was conducted via rapid diagnostic tests. Consent statements were developed and formulated for malaria testing, as well as for treating children and providing referrals for adults with positive results. NSO coordinated with the National Malaria Control Programme to ensure that the programme provided treatment and that treatment was available for fieldwork. Before the blood samples were collected, survey staff obtained verbal informed consent from the eligible respondents (or the parent/guardian or other responsible adult for children age 6–59 months); for nonemancipated minors age 15–17, consent was obtained first from a parent/guardian or other responsible adult, followed by assent from the respondent. Then the survey staff recorded respondents' identification number and signed a form indicating that the consent procedure was properly administered and that respondents provided their consent.

The same tube of anticoagulated venous whole blood collected for haemoglobin testing was used for malaria testing in children age 6–59 months and women age 15–49 in 50% of households (the same households selected for the men's survey). The team's health/lab technician carried out malaria rapid diagnostic tests, and the team provided malaria medications for any children (and referred any adults) who tested positive for malaria, in accordance with the approved treatment protocol.

Micronutrient testing: Micronutrient testing was carried out for all children age 6–59 months and women age 15–49 in one-third of households selected for the men's survey (five households per cluster, or approximately 4,000 households). The results of the micronutrient testing are not available for this report and will be presented and discussed in a separate report.

Water testing: In each cluster, five households were selected for water quality testing to assess the presence of *Escherichia Coli*, a bacteria that may indicate faecal contamination. Water specimens were collected both from the household's primary water source and from water containers found in the household at the time of the visit. Technicians performed testing in the field using water quality test kits supplied by UNICEF.

Informed consent and the outcome of each test for each eligible individual were recorded in the Biomarker Questionnaire.

2.4 TRAINING OF TRAINERS AND PRETEST

Thirty-two people participated in the 2024 MDHS survey pretest (four supervisors, four male interviewers, 12 female interviewers, and 12 biomarker technicians) from 20 November to 15 December 2023. The first 2 weeks featured classroom training focused on questionnaire content. Participants initially practised using paper questionnaires; then, using those questionnaires, participants were trained on the CAPI system, an electronic data capture system programmed on tablet computers, from 4–12 December 2023. Staff and consultants from The DHS Program co-facilitated the training with NSO personnel in English. The training it consisted of classroom lectures and discussions, mock interviews, and interview practice in pairs in English and local languages; tests and quizzes were given throughout the training to monitor progress and identify gaps in understanding. Additionally, four guest lecturers presented on mosquito net programmes and malaria treatment, family planning methods, immunisation, and HIV/AIDS. The training utilised a variety of learning tools, such as formal lectures on the survey's technical aspects, instruction on how to fill out the questionnaires, and informal discussion using case scenarios. The biomarker supplies were not ready at the time of the pretest, and thus all biomarker technicians were trained in the same way as the interviewers. They stayed on to observe the field practice during the pretest.

From 13–15 December 2023, interviewers conducted field practice to solidify the skills learned during the pretest training and underwent a simulated fieldwork experience to test the survey tools and instruments.

Four teams (each comprising one supervisor, three female interviewers, and one male interviewer) practised data collection in four local communities, two urban clusters and two rural clusters. Each team was assigned a cluster, returning to that same cluster each day. Teams were expected to complete interviews with 16 households, half of which were selected for the Man's Questionnaire and biomarkers. Feedback was provided to individuals and teams during this exercise, including through daily debriefings.

2.5 TRAINING OF FIELD STAFF

The main training for the 2024 MDHS occurred at the Mandevu Farm in Zomba, Malawi, with 260 candidates participating (29 team supervisors, 116 interviewers, 87 biomarker/lab technicians, and 28 reserves). Questionnaire training started on 15 April and was completed on 27 April. During the first 3 days, all candidates participated in the questionnaire training. Beginning on the fourth day, 93 biomarker participants were trained separately on the Biomarker Questionnaire's contents, techniques, and practice.

The questionnaire training sessions were conducted in English, Chichewa, and Tumbuka, with additional training in Swahili provided to the one team that would work in the refugee camp. The training included discussions of the different sections and modules of the questionnaires, mock interviews, role-plays, group work, presentations, and in-class practice sessions. Trainers used several hypothetical examples to demonstrate how households would be selected, how eligible respondents would be identified, and how to gather information for the pregnancy history and the calendar. They also provided examples on how to record correct information during data collection for specific case studies. During mock interviews at the end of training, each trainee completed one Household Questionnaire and two individual questionnaires. The data collected during the practice exercises were later used in training sessions to test the CAPI programmes and practise collecting data on the tablets. Representatives from development partners and various Ministry of Health departments participated online and in person to discuss topics related to malaria, family planning and reproductive health, HIV/AIDS, nutrition, and immunisation.

2.5.1 Computer-Assisted Personal Interviewing Training

The CAPI training followed the questionnaire training and lasted from 29 April to 11 May 2024. Staff from The DHS Program and NSO conducted the CAPI training in English and local languages, and all questionnaires and the CAPI language were translated into Chichewa and Tumbuka so that data collection could occur in those languages. The training organised participants into 29 teams, each comprising a team supervisor, three female interviewers, and one male interviewer. All participants were equipped with a tablet that had access to the interviewer's menu for the content of all four questionnaires (Household, Woman's, Man's, and Biomarker); the supervisors' tablets gave additional access to the supervisor's menu with the management functions for each cluster (e.g., assigning households to interviewers, receiving collected data, producing progress reports, entering data for remeasurements of height and weight, closing clusters after competition of the fieldwork in the cluster, and sending data to the central office).

The training included presentations on topics such as data collection system features, different scenarios and potential technical issues that are typical during fieldwork, and ways of resolving these issues. The participants also learned how to record responses in the CAPI system and use Bluetooth to exchange assignments, transfer questionnaire data, and receive updates for the CAPI system. In addition, supervisors learned how to use an internet connection and the SyncCloud system to send data to the central office and receive updates in the CAPI system.

2.5.2 Biomarker Training

Biomarker training of trainers (TOT): The TOT sessions ran from 11–18 April 2024, with the goal being to prepare the 16 local staff who would be the facilitators supporting and coordinating the main biomarker training. The TOT sessions included an accelerated programme to train staff with relevant existing skills and experience (nurses or laboratory scientists with phlebotomy skills). Five senior staff from the Public Health Institute of Malawi and NSO also attended some of the sessions. A UNICEF consultant joined from

1–12 May 2024 to lead training on water quality testing procedures, and a UNICEF coordinator joined the training on 19 April 2024 to coordinate with intermediate laboratory facilities across Malawi for transporting and storing biomarker specimens. The TOT included a pretraining and posttraining quiz to assess knowledge and progress, as well as practical sessions in which trainees demonstrated their understanding of the biomarker techniques. The "teach back" sessions asked the future facilitators to demonstrate their understanding of the subject matter. Two facilitators who had demonstrated knowledge of a topic were each assigned to lead one of the two main biomarker training modules with the support of staff from The DHS Program.

Biomarker main training: The biomarker main training occurred from 19 April to 6 May 2024. Trainees were grouped into teams of three, with each team including at least one nurse and one lab technician. Training began with an overview of standard biomarkers, micronutrient biomarkers, and food and water quality testing before continuing with instruction on how to complete Biomarker Questionnaires. Anthropometry training sessions began on the second day of training and continued for 5 days, including practice with adults and children, followed by 10 standardisation exercises in which a total of 82 trainees and five local facilitators met the criteria to be considered standardised for child anthropometry.

Training also covered specific MDHS blood collection protocols, including malaria rapid testing, haemoglobin testing using the HemoCue Hb 201+, processing and labelling urine and blood samples, and maintaining cold storage throughout the chain of custody from the household collection to the central laboratory. The training on haemoglobin testing included the best practices recommended by WHO and UNICEF, and each trainee took five replicate measures of haemoglobin in one quality control sample (HemoTrol) and two venous blood samples. Trainees worked in teams of three, with each person independently conducting testing using three different quality control material levels and six different blood samples. All teams used the same HemoTrol quality control materials, but each of the two classrooms used a different set of six blood samples collected from volunteers among the trainees and facilitators. Results were used to evaluate the accuracy and precision of measurements made by each trainee, and averages for all results from a single HemoCue instrument allowed for the evaluation of each device's relative calibration. Differences from one HemoCue analyser to the next were small (average 0.06 g/dL difference and 0.00 g/dL bias, with a maximum inaccuracy of 0.3 g/dL for any individual instrument), and trainees demonstrated good accuracy (average of less than 0.1 g/dL difference from the expected HemoTrol value) and high precision (average coefficient of variation of 1.0%).

Biomarker responsibilities also include testing household food samples for micronutrient fortifications and water quality. ICF and the U.S. Centers for Disease Control and Prevention (CDC) led the training on food sample collection, while UNICEF led the training on water quality testing. One biomarker technician per team was assigned for water quality testing.

2.5.3 Fieldwork Practice

At the end of the training, all participants practised data collection to master the skills they learned in the classroom. Field practice lasted for 3 days, and each team was assigned a group of 10 households (an assumed cluster). All of the teams were able to practise all data collection components required for interviews and biomarker testing and sample collection.

2.6 FIELDWORK

The main field data collection for the 2024 MDHS occurred from 12 May to 31 August 2024. Each of the 33 teams included a team supervisor, three female interviewers, one male interviewer, and three biomarker technicians. The NSO coordinators created a WhatsApp group for all fieldworkers to post questions and issues arising during data collection. Staff from The DHS Program participated in fieldwork monitoring during the early stages of the field data collection, and they then continued to monitor data collection via SyncCloud towards the end of fieldwork. All teams transmitted data to the central office daily, and staff from The DHS Program had continuous access to field check tables in SyncCloud. Staff from The DHS

Program reviewed the field check tables periodically and communicated their observations to the NSO coordinators to evaluate data quality and the performance of each team as well as explain how to improve the quality of fieldwork.

2.7 DATA PROCESSING

2.7.1 Central Office Training and Secondary Editing

On 12 May 2024, staff from The DHS Program installed all central office programmes and executed data structure checks, secondary editing, and field check tables. Central office training was implemented using the practice data to test the central office system and field check tables. Seven NSO staff members (four male and three female) received training on the functionality of the central office menu, including accepting clusters from the field, data editing procedures, and producing reports to monitor fieldwork.

2.7.2 Data Cleaning and Finalisation

From 26 September to 16 October 2024, staff from The DHS Program visited the NSO office in Zomba to work with NSO's central office staff to finish secondary editing as well as clean and finalise all data received from the clusters.

3 KEY FINDINGS

3.1 RESPONSE RATES

Table 1 presents response rates for the 2024 MDHS. A total of 23,070 households were selected for the MDHS sample, of which 22,611 were found to be occupied. Of the occupied households, 22,414 were successfully interviewed, yielding a response rate of 99%. In the interviewed households, 21,661 women age 15–49 were identified as eligible for individual interviews. Interviews were completed with 20,849 women, yielding a response rate of 96%. In the subsample of households selected for the male survey, 9,653 men age 15–54 were identified as eligible for individual interviews and 8,583 were successfully interviewed, yielding a response rate of 89%.

Table 1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, according to residence (unweighted), Malawi DHS 2024

	Residence		
Result	Urban	Rural	Total
Household interviews			
Households selected	5,070	18,000	23,070
Households occupied	5,001	17,610	22,611
Households interviewed	4,928	17,486	22,414
Household response rate[1]	98.5	99.3	99.1
Interviews with women age 15–49			
Number of eligible women	5,283	16,378	21,661
Number of eligible women interviewed	5,044	15,805	20,849
Eligible women response rate[2]	95.5	96.5	96.3
Household interviews in subsample			
Households selected	2,535	9,000	11,535
Households occupied	2,496	8,807	11,303
Households interviewed	2,458	8,743	11,201
Household response rate in subsample[1]	98.5	99.3	99.1
Interviews with men age 15–54			
Number of eligible men	2,384	7,269	9,653
Number of eligible men interviewed	2,049	6,534	8,583
Eligible men response rate[2]	85.9	89.9	88.9

[1] Households interviewed/households occupied
[2] Respondents interviewed/eligible respondents

3.2 CHARACTERISTICS OF RESPONDENTS

Table 2 presents the weighted and unweighted numbers and percentage distributions for the women and men interviewed in the 2024 MDHS by selected background characteristics. The results included in this report are based on weighted data that are representative of the country as a whole, urban and rural areas separately, and each of the districts and cities.

- The percentage of both women and men who are age 45–49 (7% each) is smaller than that of other age groups, reflecting Malawi's relatively young population.
- Most women and men are Christians; 14% of women and 12% of men are Muslims.
- Sixty-three percent of women and 54% of men reported that they are in good or very good health. On the other hand, 13% of women and 19% of men reported that their health is bad or very bad.

- Twenty-two percent of women and 44% of men have never been married, 53% of women and 51% of men are currently married, and 7% of women and 1% of men are living with someone as if married. Fifteen percent of women and 4% of men are divorced or separated.
- Slightly more than 4 in 5 women (82%) and men (81%) live in rural areas.
- Twenty-eight percent of women and 37% of men have attended secondary school or higher; 7% of women and 5% of men have no formal education.

Table 2 Background characteristics of respondents

Percent distribution of women and men age 15–49 by selected background characteristics, Malawi DHS 2024

	Women			Men		
Background characteristic	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15–19	21.3	4,445	4,410	28.3	2,297	2,253
20–24	20.7	4,312	4,278	20.8	1,685	1,696
25–29	15.3	3,199	3,278	13.7	1,110	1,119
30–34	13.2	2,761	2,759	11.2	907	893
35–39	11.8	2,452	2,441	10.3	837	875
40–44	10.3	2,154	2,126	9.0	730	738
45–49	7.3	1,525	1,557	6.8	554	551
Self-reported health status						
Very good	16.4	3,416	3,661	16.5	1,344	1,519
Good	46.3	9,657	9,178	37.5	3,044	3,161
Moderate	24.8	5,174	5,387	27.4	2,226	2,198
Bad	10.1	2,100	2,138	13.1	1,066	894
Very bad	2.4	501	485	5.4	439	353
Religion						
Catholic	14.8	3,082	2,976	16.7	1,353	1,271
CCAP[1]	14.1	2,945	2,818	15.5	1,257	1,209
Anglican	1.9	396	868	2.0	160	334
Seventh Day/Baptist	8.3	1,729	1,909	7.6	613	664
Pentecostal	12.2	2,542	2,456	10.2	831	847
Other Christian	33.6	7,011	7,273	31.5	2,555	2,693
Muslim	14.3	2,987	2,414	12.3	996	804
No religion	0.7	140	118	4.3	348	294
Other	0.1	17	17	0.1	5	9
Ethnic group						
Chewa	34.3	7,154	6,487	35.6	2,889	2,477
Tumbuka	9.7	2,031	2,400	9.6	781	926
Lomwe	20.4	4,248	4,003	19.9	1,618	1,561
Tonga	1.7	358	711	1.5	119	227
Yao	13.2	2,756	2,172	11.7	949	733
Sena	3.2	662	899	3.2	263	336
Nkhonde	1.2	242	368	1.5	122	191
Ngoni	10.5	2,199	2,268	10.9	884	912
Mang'anja	3.8	794	800	4.4	355	471
Lambia	0.5	103	216	0.3	28	74
Ndali	0.6	130	248	0.7	58	122
Other Malawian	0.5	108	183	0.3	23	42
Other country	0.2	42	72	0.2	19	41
Don't know	0.1	21	22	0.1	11	12
Marital status						
Never married	21.6	4,505	4,824	44.4	3,606	3,640
Married	53.1	11,069	11,145	50.7	4,113	4,073
Living together	7.3	1,531	1,221	0.8	63	74
Divorced/separated	15.3	3,185	3,086	4.0	325	323
Widowed	2.6	535	546	0.1	9	10
Nullified	0.1	25	27	0.0	2	5
Residence						
Urban	17.8	3,706	5,044	18.9	1,534	1,967
Rural	82.2	17,143	15,805	81.1	6,584	6,158
Region						
Northern	13.0	2,717	4,629	13.9	1,128	1,884
Central	42.2	8,800	6,597	44.5	3,614	2,734
Southern	44.8	9,332	9,623	41.6	3,377	3,507

Continued…

Table 2—*Continued*

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
District/city						
Chitipa	1.2	260	611	1.3	108	275
Karonga	2.2	448	688	2.4	194	302
Nkhata Bay	1.5	309	632	1.5	124	223
Rumphi	1.1	228	595	1.2	96	230
Mzimba	5.2	1,094	719	5.7	462	319
Likoma	0.1	22	662	0.1	8	235
Mzuzu City	1.7	356	722	1.7	137	300
Kasungu	4.8	1,006	642	6.0	489	305
Nkhotakota	2.2	469	661	2.3	183	274
Ntchisi	1.5	311	592	1.9	155	296
Dowa	3.9	814	658	4.5	365	318
Salima	2.8	592	731	2.3	184	229
Lilongwe	9.4	1,956	703	9.9	804	298
Mchinji	2.8	581	587	2.9	233	247
Dedza	4.6	964	676	4.5	368	247
Ntcheu	4.0	839	659	3.4	275	226
Lilongwe City	6.1	1,268	688	6.9	558	294
Mangochi	6.1	1,281	719	4.7	382	198
Machinga	4.5	938	663	3.7	302	186
Zomba	4.1	853	700	3.8	311	256
Chiradzulu	2.4	495	707	2.3	185	285
Blantyre	2.6	547	635	2.9	236	262
Mwanza	0.6	133	512	0.6	46	193
Thyolo	4.3	907	690	4.0	326	274
Mulanje	4.6	964	738	4.6	377	292
Phalombe	2.7	558	705	2.4	196	229
Chikwawa	2.6	541	563	2.7	218	239
Nsanje	1.3	265	533	1.2	95	195
Balaka	2.4	510	611	2.0	162	198
Neno	0.7	137	527	0.6	50	203
Zomba City	0.6	122	596	0.6	47	221
Blantyre City	5.2	1,080	724	5.5	444	276
Education						
No education	7.1	1,488	1,288	4.8	389	339
Primary	65.1	13,581	12,930	58.7	4,764	4,506
Secondary	24.9	5,184	5,883	32.0	2,595	2,829
More than secondary	2.9	596	748	4.6	370	451
Wealth quintile						
Lowest	19.8	4,124	3,508	17.3	1,406	1,192
Second	18.9	3,941	3,449	17.5	1,421	1,301
Middle	19.1	3,987	3,711	19.7	1,603	1,486
Fourth	19.1	3,992	4,192	20.1	1,633	1,685
Highest	23.0	4,805	5,989	25.3	2,055	2,461
Total 15–49	100.0	20,849	20,849	100.0	8,118	8,125
50–54	na	na	na	na	465	458
Total 15–54	na	na	na	na	8,583	8,583

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.
Na = not applicable
[1] Church of Central Africa Presbyterian

3.3 FERTILITY

Total fertility rate

The average number of children that a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates. Age-specific fertility rates are calculated for the 3 years before the survey based on detailed pregnancy histories provided by women.

Sample: Women age 15–49

Table 3 shows the total fertility rate and age-specific fertility rates among women by 5-year age groups for the 3-year period preceding the survey.

- If fertility were to remain constant at current levels, a woman in Malawi would bear an average of 3.7 children in her lifetime.
- Fertility increases from 133 births per 1,000 women in the 15–19 age group to a peak of 178 births per 1,000 women in the 20–24 age group and then decreases.

Trends: The total fertility rate in Malawi has declined steadily over time, from 6.7 children per woman in 1992 and 6.0 children per woman in 2004 to 4.4 children per woman in 2015–16 and 3.7 children per women in 2024 (**Figure 1**).

Figure 1 **Trends in fertility by residence**

TFR for the 3 years before each survey

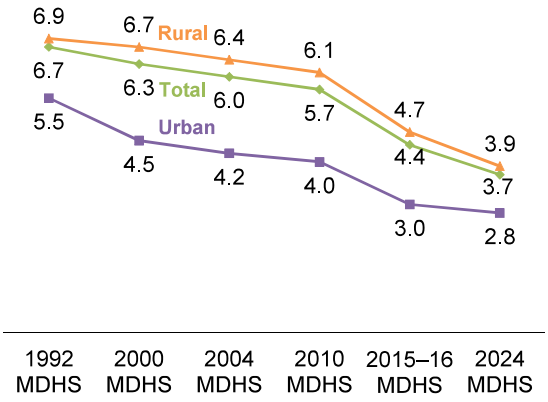


Table 3 Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the 3 years preceding the survey, according to residence, Malawi DHS 2024

Age group	Residence		Total
	Urban	Rural	
10–14	[3]	[3]	[3]
15–19	88	141	133
20–24	130	189	178
25–29	117	167	157
30–34	117	140	135
35–39	67	95	90
40–44	42	45	44
45–49	[10]	[13]	[12]
TFR (15–49)	2.8	3.9	3.7
GFR	101	140	133
CBR	25.6	28.9	28.4

Note: Age-specific fertility rates are per 1,000 women. Estimates in brackets are truncated. Rates are for the period 1–36 months preceding the interview. Rates for the 10–14 age group are based on retrospective data from women age 15–17.
TFR: total fertility rate, expressed per woman
GFR: general fertility rate, expressed per 1,000 women age 15–44
CBR: crude birth rate, expressed per 1,000 population

3.4 TEENAGE FERTILITY

Teenage pregnancy
Percentage of women age 15–19 who have ever been pregnant.
Sample: Women age 15–19

Table 4 shows the percentage of women age 15–19 who had ever been pregnant at the time of the survey by their background characteristics.

- Overall, 32% of young women age 15–19 have ever been pregnant, including 25% who have had a live birth, 3% who have had a pregnancy loss, and 6% who are currently pregnant.
- Teenage pregnancy increases as young women's age increases, from 6% at age 15 to 64% at age 19.
- Teenage pregnancy is higher in rural areas than in urban areas (34% versus 19%).,
- The percentage of young women who have ever been pregnant decreases with increasing education and household wealth (**Table 4**).

Table 4 Teenage pregnancy

Percentage of women age 15–19 who have ever had a live birth, percentage who have ever had a pregnancy loss, percentage who are currently pregnant, and percentage who have ever been pregnant, according to background characteristics, Malawi DHS 2024

Background characteristic	Percentage of women age 15–19 who: Have ever had a live birth	Have ever had a pregnancy loss[1]	Are currently pregnant	Have ever been pregnant	Number of women
Age					
15	4.2	0.7	0.9	5.7	832
16	8.1	0.7	3.2	11.9	892
17	16.8	2.6	7.3	25.4	865
18	34.8	4.5	10.0	46.2	890
19	55.1	5.8	9.5	63.6	966
Residence					
Urban	15.1	1.4	2.9	18.7	686
Rural	26.4	3.2	6.9	33.8	3,759
Region					
Northern	25.6	3.8	9.3	35.1	670
Central	22.2	2.4	4.9	27.8	1,749
Southern	26.4	3.1	6.5	33.4	2,025
District/city					
Chitipa	24.2	4.3	8.0	32.0	70
Karonga	27.8	3.4	7.1	34.5	114
Nkhata Bay	30.2	2.8	10.1	39.6	74
Rumphi	22.7	0.0	11.7	32.6	44
Mzimba	28.0	4.8	12.3	40.4	285
Likoma	19.6	4.6	6.9	28.3	5
Mzuzu City	12.8	2.8	1.3	16.9	79
Kasungu	25.7	2.1	3.9	30.6	214
Nkhotakota	26.2	4.0	3.4	32.5	93
Ntchisi	19.7	5.3	6.1	28.4	64
Dowa	26.4	0.0	4.5	30.9	159
Salima	23.1	2.4	3.8	28.4	124
Lilongwe	18.7	2.7	6.1	26.0	403
Mchinji	23.4	1.4	6.6	28.3	108
Dedza	23.2	5.2	4.5	27.8	188
Ntcheu	28.9	2.5	6.8	36.6	180
Lilongwe City	13.2	0.0	2.7	15.9	215
Mangochi	33.2	4.3	11.2	42.0	267
Machinga	26.7	0.8	7.1	33.8	196
Zomba	20.9	1.7	5.6	26.3	198
Chiradzulu	22.5	1.8	5.2	27.0	118
Blantyre	25.5	3.6	5.8	32.8	115
Mwanza	19.2	0.9	6.8	26.8	24
Thyolo	29.7	1.9	8.1	39.1	218
Mulanje	31.7	6.1	4.7	38.0	251
Phalombe	22.5	5.4	6.5	29.7	117
Chikwawa	32.8	7.0	6.7	42.1	113
Nsanje	19.3	3.4	3.9	24.5	56
Balaka	35.1	1.6	6.0	41.8	100
Neno	24.9	0.0	11.1	36.0	23
Zomba City	12.1	0.0	0.9	13.0	24
Blantyre City	14.8	1.5	3.6	19.9	205
Education					
No education	49.6	4.3	3.5	55.5	86
Primary	28.0	3.4	7.0	35.6	3,236
Secondary	13.3	1.5	4.6	18.1	1,100
More than secondary	*	*	*	*	24
Wealth quintile					
Lowest	39.7	4.0	8.1	47.9	870
Second	28.9	3.9	6.7	35.5	800
Middle	23.5	2.4	6.5	30.9	914
Fourth	20.0	2.9	7.6	27.9	922
Highest	12.6	1.6	2.8	16.8	939
Total	24.6	2.9	6.3	31.5	4,445

Note: An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Stillbirth, miscarriage, or abortion

3.5 FERTILITY PREFERENCES

Desire for another child

Women were asked whether they wanted more children and, if so, how long they would prefer to wait before the birth of the next child. Women who are sterilised are assumed not to want any more children.

Sample: Currently married women age 15–49

Table 5 shows fertility preferences among currently married women age 15–49 by number of living children.

- Eleven percent of women want another child soon (within the next 2 years), 37% want another child later (in 2 or more years), and 1% want another child but have not decided when.
- Thirty-two percent of women want no more children.
- Eleven percent of women are sterilised or have declared themselves infecund.
- The percentage of women who want no more children rises with number of living children, from 2% among those with no living children to 60% among those with six or more children.

Table 5 Fertility preferences by number of living children

Percent distribution of currently married women age 15–49 by desire for children, according to number of living children, Malawi DHS 2024

	Number of living children[1]							
Desire for children	0	1	2	3	4	5	6+	Total
Have another soon[2]	73.5	16.5	11.9	8.6	4.9	2.9	1.9	11.1
Have another later[3]	8.1	67.6	54.5	33.9	16.3	7.1	4.2	37.1
Have another, undecided when	5.0	1.5	1.3	0.8	0.6	0.3	0.2	1.1
Undecided	3.9	7.6	9.5	10.4	8.6	6.8	6.2	8.3
Want no more	2.2	5.3	19.5	37.0	52.4	58.5	59.5	31.6
Sterilised[4]	0.8	0.6	2.1	7.9	15.7	22.4	25.1	9.1
Declared infecund	6.4	0.9	1.1	1.5	1.6	2.1	2.7	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	349	2,868	2,808	2,190	1,783	1,295	1,307	12,600

[1] The number of living children includes a woman's current pregnancy.
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both female and male sterilisation

3.6 FAMILY PLANNING

3.6.1 Contraceptive Use

Contraceptive prevalence

Percentage of women who use any contraceptive method.

Sample: Currently married women age 15–49 and sexually active unmarried women age 15–49

Modern methods

Includes male and female sterilisation, injectables, intrauterine devices (IUDs), contraceptive pills, implants, female and male condoms, emergency contraception, the standard days method, and the lactational amenorrhoea method

Table 6 presents data on contraceptive use among currently married women and sexually active unmarried women.

- Sixty-eight percent of currently married women are using a method of contraception, with 66% using a modern method and 2% using a traditional method.
- Among currently married women, injectables and implants are the most commonly used modern methods (34% and 19%, respectively), followed by female sterilisation (9%).
- Use of a modern method of contraception among currently married women is slightly higher in rural than urban areas (67% versus 63%). Use of a traditional method is higher in urban areas (3% versus 2%).

Table 6 Current use of contraception according to background characteristics

Percent distribution of currently married women and sexually active unmarried women age 15–49 by contraceptive method currently used, according to background characteristics, Malawi DHS 2024

Background characteristic	Any method	Any modern method	Modern method							Any traditional method	Traditional method			Not currently using	Total	Number of women
			Female sterilisation	IUD	Injectables	Implants	Pill	Male condom	Other[1]		Rhythm	Withdrawal	Other			
CURRENTLY MARRIED WOMEN																
Number of living children																
0	8.0	7.0	0.4	0.3	2.2	1.6	0.3	2.0	0.1	1.0	0.7	0.3	0.0	92.0	100.0	662
1–2	67.6	66.5	1.4	1.3	38.4	21.7	2.1	1.2	0.4	1.1	0.6	0.4	0.1	32.4	100.0	5,576
3–4	75.4	73.3	11.7	1.5	36.4	18.9	2.7	1.4	0.6	2.2	0.7	1.1	0.3	24.6	100.0	3,825
5+	74.4	71.4	24.3	0.8	26.6	15.4	2.5	1.3	0.4	3.0	0.4	1.7	0.9	25.6	100.0	2,536
Age																
15–19	52.6	52.0	0.0	0.2	33.5	15.2	1.6	1.3	0.3	0.6	0.5	0.1	0.0	47.4	100.0	966
20–24	66.0	65.3	0.0	0.6	39.3	22.5	1.5	1.0	0.4	0.7	0.3	0.3	0.1	34.0	100.0	2,721
25–29	67.8	66.7	0.6	1.5	37.4	23.2	2.4	1.3	0.4	1.1	0.7	0.4	0.0	32.2	100.0	2,395
30–34	71.7	69.6	3.6	1.9	39.2	19.9	2.7	1.7	0.6	2.1	0.7	1.2	0.2	28.3	100.0	2,125
35–39	72.8	70.8	14.8	1.3	34.6	15.9	2.4	1.3	0.5	2.0	0.7	1.1	0.2	27.2	100.0	1,834
40–44	73.5	69.9	26.7	1.8	21.6	14.5	3.2	1.8	0.4	3.5	0.8	1.7	1.0	26.5	100.0	1,539
45–49	66.2	62.5	36.5	0.9	13.3	7.5	2.5	1.0	0.7	3.7	0.7	1.7	1.3	33.8	100.0	1,018
Residence																
Urban	65.9	63.4	7.2	3.3	29.8	16.3	4.4	1.6	0.9	2.5	1.1	1.1	0.4	34.1	100.0	2,025
Rural	68.6	67.0	9.5	0.8	34.2	18.9	1.9	1.3	0.4	1.7	0.5	0.8	0.3	31.4	100.0	10,575
Region																
Northern	63.6	60.1	6.3	1.4	27.8	18.5	1.7	3.9	0.4	3.4	0.2	2.7	0.5	36.4	100.0	1,708
Central	73.4	71.9	12.7	1.4	31.8	22.7	2.3	0.8	0.4	1.5	0.5	0.7	0.3	26.6	100.0	5,424
Southern	64.5	62.9	6.4	1.0	37.0	14.3	2.5	1.1	0.5	1.6	0.8	0.5	0.3	35.5	100.0	5,468
District/city																
Chitipa	72.9	68.0	8.2	0.9	35.2	15.5	2.3	5.1	0.8	4.9	0.4	4.0	0.6	27.1	100.0	164
Karonga	67.2	62.3	4.5	1.5	24.4	24.3	1.5	5.9	0.1	4.9	0.5	3.7	0.7	32.8	100.0	269
Nkhata Bay	59.5	54.7	7.4	1.2	25.1	13.5	1.4	5.3	0.8	4.7	0.3	3.0	1.4	40.5	100.0	188
Rumphi	69.2	68.1	11.0	0.3	34.2	17.6	1.1	3.9	0.0	1.2	0.0	0.8	0.3	30.8	100.0	146
Mzimba	59.3	56.9	4.7	1.2	27.8	19.5	1.2	2.4	0.0	2.5	0.0	2.3	0.2	40.7	100.0	752
Likoma	66.0	62.0	12.2	1.7	23.9	19.8	1.5	1.5	1.5	4.0	1.8	1.9	0.3	34.0	100.0	12
Mzuzu City	66.7	62.3	9.1	4.0	24.2	14.4	4.2	4.6	1.8	4.4	0.4	3.0	1.0	33.3	100.0	177
Kasungu	78.0	76.1	8.8	1.5	29.6	32.6	2.6	0.5	0.5	1.9	0.1	1.2	0.5	22.0	100.0	691
Nkhotakota	64.4	63.3	11.7	0.2	34.1	14.1	1.4	1.2	0.6	1.1	0.2	0.8	0.0	35.6	100.0	278
Ntchisi	76.6	76.4	16.3	2.9	37.3	17.9	0.7	0.4	0.8	0.2	0.0	0.0	0.2	23.4	100.0	210
Dowa	77.8	76.6	16.1	0.9	31.6	27.5	0.5	0.0	0.0	1.1	0.4	0.3	0.4	22.2	100.0	490
Salima	66.6	65.4	12.6	1.1	29.1	17.2	3.5	1.0	0.9	1.2	0.0	0.9	0.3	33.4	100.0	340
Lilongwe	77.0	75.6	17.6	0.4	31.4	23.6	2.1	0.5	0.0	1.4	0.5	0.7	0.2	23.0	100.0	1,228
Mchinji	74.2	72.4	10.6	1.4	27.9	29.3	1.5	1.1	0.6	1.8	1.2	0.0	0.6	25.8	100.0	388
Dedza	71.5	70.7	15.0	1.4	35.6	14.7	2.9	1.1	0.1	0.8	0.3	0.5	0.0	28.5	100.0	618
Ntcheu	73.8	72.8	8.5	0.1	39.4	23.0	1.0	0.7	0.1	1.0	0.4	0.6	0.0	26.2	100.0	495
Lilongwe City	66.2	63.1	6.6	4.1	26.8	18.5	4.3	1.5	1.2	3.1	1.5	1.1	0.5	33.8	100.0	687
Mangochi	43.9	42.6	3.7	0.3	26.8	8.0	1.5	1.1	1.2	1.2	0.4	0.7	0.2	56.1	100.0	819
Machinga	56.1	55.3	3.2	0.6	34.4	13.6	1.5	1.7	0.3	0.9	0.6	0.0	0.3	43.9	100.0	544
Zomba	76.6	75.1	9.1	0.3	50.3	12.2	2.1	0.8	0.3	1.5	0.5	1.0	0.0	23.4	100.0	466
Chiradzulu	71.4	70.2	11.4	0.7	43.1	11.8	2.8	0.0	0.3	1.2	0.6	0.3	0.3	28.6	100.0	242
Blantyre	72.8	70.7	5.9	1.6	44.3	12.6	5.0	1.0	0.3	2.1	1.6	0.0	0.6	27.2	100.0	305
Mwanza	67.2	63.2	4.4	1.1	37.8	15.8	3.5	0.6	0.0	4.0	1.2	1.7	1.1	32.8	100.0	86
Thyolo	72.3	71.5	8.8	0.7	43.8	14.3	1.8	1.4	0.7	0.8	0.3	0.0	0.5	27.7	100.0	499
Mulanje	73.1	71.1	8.2	1.2	43.3	13.6	3.8	1.1	0.0	2.0	1.0	0.7	0.2	26.9	100.0	505
Phalombe	70.9	70.4	7.8	1.1	41.1	17.9	0.8	1.0	0.7	0.4	0.0	0.2	0.2	29.1	100.0	384
Chikwawa	62.2	59.3	3.5	0.5	27.1	25.6	1.2	0.5	0.8	2.9	2.0	0.9	0.0	37.8	100.0	374
Nsanje	60.3	58.6	2.1	0.8	31.8	19.8	2.1	1.0	1.1	1.7	0.7	0.0	1.0	39.7	100.0	164
Balaka	68.0	65.8	8.7	2.2	32.1	19.2	1.4	1.6	0.5	2.2	1.3	0.3	0.7	32.0	100.0	323
Neno	69.5	67.0	7.2	2.7	38.5	11.9	4.5	1.8	0.3	2.5	1.1	1.4	0.0	30.5	100.0	83
Zomba City	65.8	61.9	8.5	5.3	31.3	13.5	1.9	1.0	0.4	3.9	2.3	1.0	0.7	34.2	100.0	62
Blantyre City	65.4	63.7	6.5	2.1	33.8	14.6	5.4	1.3	0.0	1.7	1.1	0.6	0.0	34.6	100.0	613

Continued…

Table 6—*Continued*

Background characteristic	Any method	Any modern method	Modern method: Female sterilisation	Modern method: IUD	Modern method: Injectables	Modern method: Implants	Modern method: Pill	Modern method: Male condom	Modern method: Other[1]	Any traditional method	Traditional method: Rhythm	Traditional method: Withdrawal	Traditional method: Other	Not currently using	Total	Number of women
Education																
No education	63.8	61.5	15.3	0.4	25.8	16.4	2.0	1.1	0.4	2.3	0.1	1.5	0.7	36.2	100.0	1,034
Primary	69.2	67.8	9.5	0.7	34.8	19.8	1.7	1.2	0.3	1.4	0.3	0.8	0.3	30.8	100.0	8,524
Secondary	68.0	65.7	5.5	2.1	34.8	16.4	4.2	1.6	0.9	2.3	1.3	0.8	0.3	32.0	100.0	2,740
More than secondary	57.6	51.3	9.9	12.1	12.1	9.0	4.0	2.6	1.6	6.3	3.7	2.4	0.1	42.4	100.0	301
Wealth quintile																
Lowest	70.0	69.0	6.9	0.2	37.5	21.6	1.4	1.2	0.3	1.0	0.2	0.7	0.1	30.0	100.0	2,587
Second	67.9	66.6	9.3	0.5	34.3	20.0	1.2	1.1	0.2	1.3	0.3	0.6	0.4	32.1	100.0	2,444
Middle	67.7	66.2	9.8	0.6	32.7	19.3	2.1	1.4	0.3	1.6	0.5	0.9	0.2	32.3	100.0	2,426
Fourth	68.4	66.6	10.9	1.0	34.1	15.9	2.7	1.6	0.3	1.8	0.6	0.8	0.4	31.6	100.0	2,399
Highest	66.9	63.9	8.8	3.6	29.3	15.8	3.9	1.5	1.0	3.1	1.3	1.3	0.4	33.1	100.0	2,744
Total	68.2	66.4	9.1	1.2	33.5	18.5	2.3	1.3	0.4	1.8	0.6	0.9	0.3	31.8	100.0	12,600
SEXUALLY ACTIVE UNMARRIED WOMEN[2]																
Residence																
Urban	63.3	62.2	2.4	1.4	16.9	13.6	5.2	18.0	4.6	1.1	0.3	0.8	0.0	36.7	100.0	288
Rural	61.0	59.5	4.8	0.5	26.6	12.3	3.4	11.0	0.9	1.5	0.6	0.9	0.0	39.0	100.0	934
Total	61.5	60.1	4.2	0.7	24.3	12.6	3.9	12.6	1.8	1.4	0.5	0.9	0.0	38.5	100.0	1,223

Note: If more than one method is used, only the most effective method is considered in this tabulation.
[1] "Other" includes but is not limited to male sterilisation, emergency contraception, female condoms, the standard days method, and the lactational amenorrhoea method.
[2] Unmarried women who have had sexual intercourse within the 30 days preceding the survey

Trends: Use of modern contraceptive methods by currently married women age 15–49 increased from 7% in 1992 to 66% in 2024, while use of traditional methods declined over that period (from 6% to 2%).

3.6.2 Need and Demand for Family Planning

Unmet need for family planning

Percentage of women who (1) are not pregnant and not postpartum amenorrhoeic, are considered fecund, and want to postpone their next birth for two or more years or stop childbearing altogether but are not using a contraceptive method; or (2) have a mistimed or unwanted current pregnancy; or (3) are postpartum amenorrhoeic and their most recent birth in the past 2 years was mistimed or unwanted.

Met need for family planning

Current contraceptive use (any method).

Sample: Currently married women age 15–49 and sexually active unmarried women age 15–49

Demand for family planning: Unmet need for family planning + met need (current contraceptive use [any method])

Proportion of demand satisfied:

$$\frac{\text{Current contraceptive use (any method)}}{\text{Unmet need + current contraceptive use (any method)}}$$

Proportion of demand satisfied by modern methods:

$$\frac{\text{Current contraceptive use (any modern method)}}{\text{Unmet need + current contraceptive use (any method)}}$$

Table 7 presents data on unmet need, met need, and total demand for family planning among currently married and sexually active unmarried women. These indicators help evaluate the extent to which family planning programmes in Malawi are meeting the demand for services.

- Overall, the total demand for family planning among currently married women is 81%. This demand includes the 68% of currently married women who have a met need for family planning—that is, they are currently using a contraceptive method—and the 13% of currently married women who have an unmet need for family planning. Thus, if all currently married women who said they want to space or limit their children were to use family planning methods, the contraceptive prevalence would increase from 68% to 81%.

- The total demand for family planning that is satisfied is 84% among currently married women, with 82% satisfied by modern methods.

Table 7 Need and demand for family planning among currently married women and sexually active unmarried women

Percentage of currently married women and sexually active unmarried women age 15–49 with unmet need for family planning, percentage with met need for family planning, percentage with met need for family planning who are using modern methods, percentage with demand for family planning, percentage of the demand for family planning that is satisfied, and percentage of the demand for family planning that is satisfied with modern methods, according to background characteristics, Malawi DHS 2024

Background characteristic	Unmet need for family planning	Met need for family planning (currently using)		Total demand for family planning[3]	Number of women	Percentage of demand satisfied[1]	
		All methods	Modern methods[2]			All methods	Modern methods[2]
CURRENTLY MARRIED WOMEN							
Age							
15–19	15.7	52.6	52.0	68.3	966	77.0	76.2
20–24	13.1	66.0	65.3	79.1	2,721	83.4	82.5
25–29	12.5	67.8	66.7	80.3	2,395	84.4	83.0
30–34	12.9	71.7	69.6	84.7	2,125	84.7	82.2
35–39	12.3	72.8	70.8	85.1	1,834	85.5	83.2
40–44	12.3	73.5	69.9	85.8	1,539	85.7	81.6
45–49	9.4	66.2	62.5	75.6	1,018	87.6	82.7
Residence							
Urban	13.2	65.9	63.4	79.1	2,025	83.3	80.2
Rural	12.6	68.6	67.0	81.2	10,575	84.5	82.5
Region							
Northern	14.9	63.6	60.1	78.5	1,708	81.0	76.6
Central	9.8	73.4	71.9	83.2	5,424	88.2	86.4
Southern	14.7	64.5	62.9	79.2	5,468	81.4	79.4
District/city							
Chitipa	7.4	72.9	68.0	80.3	164	90.7	84.6
Karonga	13.6	67.2	62.3	80.9	269	83.1	77.1
Nkhata Bay	19.4	59.5	54.7	78.8	188	75.4	69.4
Rumphi	11.9	69.2	68.1	81.1	146	85.3	83.9
Mzimba	16.7	59.3	56.9	76.1	752	78.0	74.8
Likoma	11.7	66.0	62.0	77.7	12	85.0	79.8
Mzuzu City	14.3	66.7	62.3	81.0	177	82.4	76.9
Kasungu	8.4	78.0	76.1	86.3	691	90.3	88.1
Nkhotakota	14.6	64.4	63.3	79.0	278	81.5	80.1
Ntchisi	6.3	76.6	76.4	82.9	210	92.5	92.2
Dowa	5.7	77.8	76.6	83.5	490	93.2	91.8
Salima	12.1	66.6	65.4	78.7	340	84.6	83.1
Lilongwe	8.2	77.0	75.6	85.2	1,228	90.4	88.8
Mchinji	10.0	74.2	72.4	84.2	388	88.2	86.1
Dedza	12.5	71.5	70.7	84.0	618	85.2	84.2
Ntcheu	10.2	73.8	72.8	84.0	495	87.8	86.7
Lilongwe City	12.6	66.2	63.1	78.8	687	84.0	80.1
Mangochi	27.1	43.9	42.6	71.0	819	61.8	60.1
Machinga	17.7	56.1	55.3	73.8	544	76.1	74.9
Zomba	8.5	76.6	75.1	85.1	466	90.0	88.2
Chiradzulu	10.6	71.4	70.2	82.0	242	87.1	85.7
Blantyre	10.0	72.8	70.7	82.8	305	87.9	85.3
Mwanza	15.4	67.2	63.2	82.6	86	81.4	76.5
Thyolo	11.5	72.3	71.5	83.9	499	86.2	85.3
Mulanje	10.3	73.1	71.1	83.4	505	87.6	85.2
Phalombe	12.8	70.9	70.4	83.6	384	84.7	84.2
Chikwawa	13.1	62.2	59.3	75.3	374	82.6	78.8
Nsanje	16.4	60.3	58.6	76.7	164	78.6	76.4
Balaka	14.6	68.0	65.8	82.5	323	82.3	79.7
Neno	10.6	69.5	67.0	80.0	83	86.8	83.7
Zomba City	15.0	65.8	61.9	80.9	62	81.4	76.5
Blantyre City	12.8	65.4	63.7	78.2	613	83.6	81.4

Continued…

Table 7—*Continued*

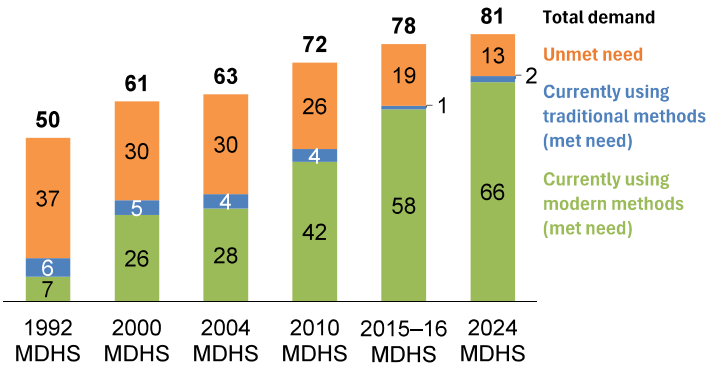
Background characteristic	Unmet need for family planning	Met need for family planning (currently using)		Total demand for family planning[3]	Number of women	Percentage of demand satisfied[1]	
		All methods	Modern methods[2]			All methods	Modern methods[2]
Education							
No education	12.9	63.8	61.5	76.7	1,034	83.2	80.2
Primary	12.4	69.2	67.8	81.6	8,524	84.8	83.1
Secondary	13.1	68.0	65.7	81.1	2,740	83.9	81.0
More than secondary	14.8	57.6	51.3	72.3	301	79.6	70.9
Wealth quintile							
Lowest	12.6	70.0	69.0	82.6	2,587	84.8	83.5
Second	11.4	67.9	66.6	79.4	2,444	85.6	83.9
Middle	12.4	67.7	66.2	80.1	2,426	84.5	82.6
Fourth	14.0	68.4	66.6	82.4	2,399	83.0	80.8
Highest	12.8	66.9	63.9	79.8	2,744	83.9	80.0
Total	12.7	68.2	66.4	80.9	12,600	84.3	82.1
SEXUALLY ACTIVE UNMARRIED WOMEN[4]							
Residence							
Urban	28.8	63.3	62.2	92.1	288	68.7	67.5
Rural	27.3	61.0	59.5	88.2	934	69.1	67.5
Total	27.6	61.5	60.1	89.1	1,223	69.0	67.5

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al. 2012.
[1] Percentage of demand satisfied is met need divided by total demand.
[2] Modern methods include female sterilisation, male sterilisation, IUD, injectables, implants, pill, male condom, female condom, emergency contraception, standard days method, lactational amenorrhoea method, and other modern methods.
[3] Total demand is the sum of unmet need and met need.
[4] Unmarried women who have had sexual intercourse within the 30 days preceding the survey

Trends: As **Figure 2** shows, unmet need for family planning services declined from 37% in 1992 to 13% in 2024, while the need met by modern methods increased from 7% to 66% over the same period.

***Figure 2* Trends in use of, need for, and demand for family planning**

Percentage of currently married women age 15–49



3.7 EARLY CHILDHOOD MORTALITY

Neonatal mortality: The probability of dying within the first month of life.

Postneonatal mortality: The probability of dying between the first month of life and the first birthday (computed as the difference between infant and neonatal mortality).

Infant mortality: The probability of dying between birth and the first birthday.

Child mortality: The probability of dying between the first and the fifth birthday.

Under-5 mortality: The probability of dying between birth and the fifth birthday.

Table 8 presents estimates of childhood mortality for three successive 5-year periods prior to the 2024 MDHS. The rates were estimated directly from information collected as part of a retrospective pregnancy history in which female respondents listed all of the children to whom they have given birth, along with each child's date of birth, survivorship status, and current age or age at death.

- During the 5 years preceding the survey, the neonatal mortality rate was 24 deaths per 1,000 live births, the infant mortality rate was 35 deaths per 1,000 live births, and the under-5 mortality rate was 48 deaths per 1,000 live births.
- Mortality during the first month (neonatal mortality) accounts for 69% of infant deaths and 50% of under-5 deaths.

Table 8 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-5 mortality rates for 5-year periods preceding the survey, Malawi DHS 2024

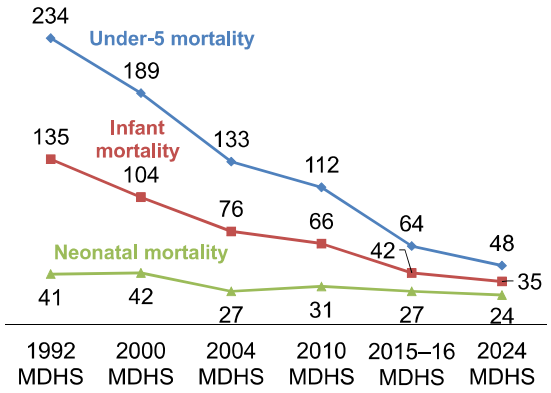
Years preceding the survey	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
0–4	24	10	35	14	48
5–9	23	12	35	16	51
10–14	22	15	37	23	59

[1] Computed as the difference between the infant and neonatal mortality rates

Trends: As **Figure 3** shows, under-5 mortality decreased from 234 deaths per 1,000 live births in 1992 to 48 deaths per 1,000 live births in 2024. Infant mortality and neonatal mortality have similarly declined.

***Figure 3* Trends in early childhood mortality rates**

Deaths per 1,000 live births in the 5-year period preceding the survey



3.8 MATERNAL CARE

Proper care during pregnancy and delivery is important for the health of both the mother and the baby. **Table 9** presents key indicators related to maternal care.

3.8.1 Antenatal Care

Antenatal care from a skilled provider

Pregnancy care received from skilled providers, such as doctors/clinical officers/medical assistants or nurses/midwives.

Sample: Women age 15–49 who had a live birth or stillbirth in the 2 years before the survey

Antenatal care from a skilled provider is important for monitoring pregnancy and reducing the risk of morbidity and mortality for the mother and child during pregnancy, at delivery, and during the postnatal period.

- Nearly all women (96%) reported receiving antenatal care from a skilled provider for their most recent live birth or stillbirth in the 2 years preceding the survey.
- Overall, 62% of women had four or more antenatal care visits for their most recent live birth or stillbirth.
- Seventy-nine percent of women took iron-containing supplements during their most recent pregnancy.

3.8.2 Tetanus Toxoid

Protection against neonatal tetanus

The number of tetanus toxoid injections needed to protect a baby from neonatal tetanus depends on the mother's vaccinations. A birth is protected against neonatal tetanus if the mother has received any of the following:

- Two tetanus toxoid injections during the pregnancy
- Two or more injections, the last one within 3 years of the birth
- Three or more injections, the last one within 5 years of the birth
- Four or more injections, the last one within 10 years of the birth
- Five or more injections at any time prior to the birth

Sample: Women age 15–49 with a live birth in the 2 years before the survey

Tetanus toxoid injections are given during pregnancy to prevent neonatal tetanus, a major cause of early infant death in many countries. Neonatal tetanus is often caused by failure to observe hygienic procedures during delivery.

- Overall, 89% of women with a live birth in the 2 years before the survey received sufficient tetanus toxoid injections to protect their baby against neonatal tetanus.

Table 9 Maternal care indicators

Among women age 15–49 who had a live birth and/or a stillbirth in the 2 years preceding the survey, percentage who received antenatal care from a skilled provider for the most recent live birth or stillbirth, percentage with four or more antenatal care visits for the most recent live birth or stillbirth, percentage who took any iron-containing supplements during pregnancy, and percentage whose most recent live birth was protected against neonatal tetanus; among all live births and stillbirths in the 2 years before the survey, percentage delivered by a skilled provider and percentage delivered in a health facility; and among women age 15–49 with a live birth or stillbirth in the 2 years preceding the survey, percentage who received a postnatal check during the first 2 days after giving birth, according to background characteristics, Malawi DHS 2024

	Women who had a live birth and/or a stillbirth in the 2 years preceding the survey					Live births and stillbirths in the 2 years preceding the survey			Women who had a live birth and/or a stillbirth in the 2 years preceding the survey	
Background characteristic	Percentage receiving antenatal care from a skilled provider[1]	Percentage with 4+ antenatal care visits	Percentage who took any iron-containing supplements during pregnancy[2]	Percentage whose most recent live birth was protected against neonatal tetanus[3]	Number of women	Percentage delivered by a skilled provider[1]	Percentage delivered in a health facility	Number of births	Percentage with a postnatal check during the first 2 days after birth[4]	Number of women
					LIVE BIRTHS					
Mother's age at birth										
<20	95.3	61.7	75.8	83.4	1,269	97.5	98.2	1,280	64.6	1,269
20–34	96.5	64.5	80.6	91.3	3,132	96.3	97.1	3,219	65.3	3,132
35–49	95.6	53.3	75.0	91.9	616	94.0	93.7	642	67.9	616
Residence										
Urban	96.3	68.7	80.1	92.7	710	97.6	97.8	734	65.9	710
Rural	96.0	61.3	78.5	88.8	4,307	96.1	96.8	4,407	65.4	4,307
Region										
Northern	95.2	64.0	74.6	87.8	669	95.9	96.8	686	77.1	669
Central	96.2	61.7	80.7	90.2	2,071	96.6	96.9	2,120	65.9	2,071
Southern	96.2	62.5	78.1	89.1	2,278	96.2	97.0	2,335	61.6	2,278
District/city										
Chitipa	99.1	56.7	88.3	90.9	67	96.8	96.2	67	89.1	67
Karonga	98.7	71.6	88.2	92.7	119	98.3	98.3	122	84.4	119
Nkhata Bay	98.6	71.5	57.3	80.8	77	99.3	98.6	78	74.8	77
Rumphi	89.9	57.6	79.4	91.0	54	96.6	98.7	56	62.0	54
Mzimba	92.5	60.7	71.8	86.6	297	93.0	95.0	306	71.6	297
Likoma	96.7	67.4	83.0	89.2	4	94.6	97.7	4	70.3	4
Mzuzu City	98.1	70.4	61.6	86.8	52	100.0	100.0	52	96.5	52
Kasungu	92.3	59.8	74.0	90.3	263	97.7	97.7	272	45.8	263
Nkhotakota	100.0	65.7	78.8	91.4	128	97.1	97.7	133	70.5	128
Ntchisi	96.4	69.4	81.9	95.2	70	97.1	98.5	71	69.2	70
Dowa	96.8	69.4	86.3	90.4	188	96.7	96.7	190	75.7	188
Salima	97.2	57.3	79.1	93.6	152	97.8	98.0	155	77.0	152
Lilongwe	91.1	53.3	78.1	88.6	445	95.9	95.9	456	60.7	445
Mchinji	100.0	65.6	74.9	92.6	124	98.3	99.1	124	60.3	124
Dedza	100.0	65.6	87.6	85.0	226	98.0	98.6	228	79.9	226
Ntcheu	100.0	59.1	82.8	88.2	217	92.8	94.6	220	79.1	217
Lilongwe City	97.3	67.9	84.5	93.7	258	96.6	96.0	270	58.2	258
Mangochi	96.3	71.5	80.3	83.4	374	94.5	93.7	381	60.5	374
Machinga	94.9	65.3	72.9	83.6	281	95.1	94.8	289	66.9	281
Zomba	98.3	69.7	82.0	97.1	197	97.9	99.0	206	55.4	197
Chiradzulu	94.3	51.1	60.8	91.2	104	97.8	98.6	107	65.1	104
Blantyre	91.6	52.5	78.5	92.9	129	99.4	99.4	131	61.8	129
Mwanza	96.4	63.0	75.1	87.7	31	95.2	96.9	32	77.9	31
Thyolo	98.0	58.3	78.8	94.0	176	97.0	97.9	178	53.0	176
Mulanje	99.5	61.0	80.4	86.2	247	98.3	99.5	251	60.7	247
Phalombe	95.4	62.0	86.4	96.2	123	94.8	98.2	127	80.9	123
Chikwawa	98.7	49.0	73.5	88.6	161	93.2	95.1	166	51.2	161
Nsanje	88.1	63.6	83.4	82.6	70	91.5	94.8	70	69.3	70
Balaka	98.1	50.0	81.9	88.5	137	97.5	96.8	140	60.2	137
Neno	100.0	79.4	89.5	90.0	32	97.3	97.3	32	80.7	32
Zomba City	98.1	73.4	85.6	94.1	18	98.2	99.3	19	87.9	18
Blantyre City	93.4	68.5	74.6	93.5	200	97.1	99.6	205	55.6	200
Mother's education										
No education	93.9	55.7	73.7	84.2	347	90.7	89.7	357	55.0	347
Primary	96.0	60.2	78.4	89.2	3,428	96.3	97.0	3,500	63.9	3,428
Secondary	96.6	68.6	80.1	90.7	1,139	97.8	98.9	1,177	72.2	1,139
More than secondary	100.0	87.6	89.4	95.7	104	99.0	98.7	106	76.9	104
Wealth quintile										
Lowest	95.6	58.6	77.1	87.4	1,308	94.0	94.9	1,335	60.4	1,308
Second	95.8	59.2	76.1	89.2	1,000	96.7	97.0	1,022	64.7	1,000
Middle	96.0	63.1	80.3	88.8	930	96.7	97.6	962	64.1	930
Fourth	96.7	62.7	79.3	89.6	883	97.3	98.2	898	72.0	883
Highest	96.6	70.4	81.8	92.8	895	97.9	97.9	924	68.6	895
Total	96.1	62.4	78.7	89.4	5,018	96.3	96.9	5,141	65.5	5,018

Continued…

Table 9—*Continued*

Background characteristic	Women who had a live birth and/or a stillbirth in the 2 years preceding the survey					Live births and stillbirths in the 2 years preceding the survey			Women who had a live birth and/or a stillbirth in the 2 years preceding the survey	
	Percentage receiving antenatal care from a skilled provider[1]	Percentage with 4+ antenatal care visits	Percentage who took any iron-containing supplements during pregnancy[2]	Percentage whose most recent live birth was protected against neonatal tetanus[3]	Number of women	Percentage delivered by a skilled provider[1]	Percentage delivered in a health facility	Number of births	Percentage with a postnatal check during the first 2 days after birth[4]	Number of women
STILLBIRTHS										
Total	91.7	48.4	71.1	na	100	89.8	87.3	100	66.0	100
LIVE BIRTHS AND STILLBIRTHS[5]										
Total	96.0	62.1	78.5	na	5,098	96.2	96.7	5,241	65.4	5,098

Note: If more than one source of assistance was mentioned, only the provider with the highest qualifications is considered in this tabulation. Stillbirths are foetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are foetal deaths in pregnancies lasting 7 or more months.
Na = not applicable
[1] Skilled provider includes doctor/clinical officer/medical assistant and nurse/midwife.
[2] Includes iron tablets and syrup
[3] Includes mothers with two injections during the pregnancy of their most recent live birth, or two or more injections (the last within 3 years of the most recent live birth), or three or more injections (the last within 5 years of the most recent live birth), or four or more injections (the last within 10 years of the most recent live birth), or five or more injections at any time prior to the most recent live birth
[4] Includes women who received a check from a doctor, midwife, nurse, community health worker, or traditional birth attendant
[5] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data on antenatal care and postnatal checks are tabulated for the most recent birth only.

3.8.3 Delivery Care

Institutional deliveries

Deliveries that occur in a health facility.

Sample: All live births and/or stillbirths in the 2 years before the survey

Skilled assistance during delivery

Births delivered with the assistance of a doctor/clinical officer/medical assistant or a nurse/midwife.

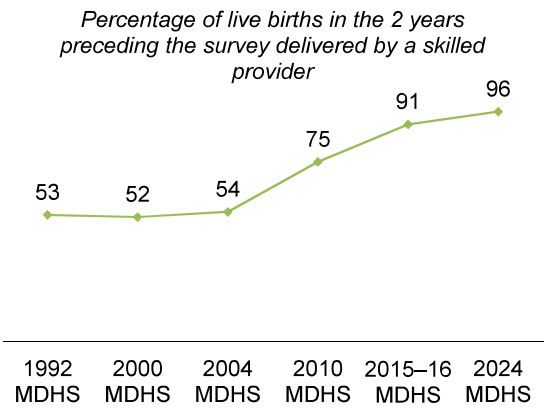
Sample: All live births and/or stillbirths in the 2 years before the survey

Access to proper medical attention and hygienic conditions during delivery can reduce the risk of complications and infections that could lead to death or serious illness for the mother, baby, or both (Van Lerberghe and De Brouwere 2001; WHO 2006a).

- Ninety-seven percent of live births and stillbirths took place in a health facility.
- Overall, 96% of live births and stillbirths were assisted by a skilled provider.

Trends: The percentage of live births assisted by a skilled provider has increased markedly over the past three decades, from 53% in 1992 to 96% in 2024 (**Figure 4**).

***Figure 4* Trends in delivery assistance**



3.8.4 Postnatal Care for the Mother

A large proportion of maternal and neonatal deaths occur during the 48 hours after delivery. Thus, prompt postnatal care for both the mother and the child is important to treat any complications arising from the delivery, as well as provide the mother with important information on how to care for herself and her child. Safe motherhood programmes recommend that all women receive a check of their health within 2 days of delivery.

- Overall, 65% of women with a live birth and/or stillbirth in the 2 years preceding the survey received a postnatal check within 2 days after delivery.

3.9 VACCINATION COVERAGE

Universal immunisation of children against common vaccine-preventable diseases is crucial in reducing infant and child morbidity and mortality. In Malawi, routine childhood vaccines include bacille Calmette-Guérin (BCG) (tuberculosis), HepB (hepatitis B), oral polio vaccine (OPV) or inactivated polio vaccine (IPV), pentavalent or DPT-HepB-Hib (diphtheria, pertussis, and tetanus; hepatitis B; and *Haemophilus influenzae* type b), pneumococcal conjugate vaccine (PCV), rotavirus vaccine (RV), and measles-rubella vaccine.

The 2024 MDHS obtained information on vaccination coverage in two ways: from written vaccination records, including vaccination or health cards, and from verbal reports.

3.9.1 Basic Antigen Coverage

Fully vaccinated: basic antigens

Percentage of children who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report). To have received all basic antigens, a child must have received all of the following: one dose of BCG vaccine, which protects against tuberculosis; three doses of polio vaccine given as oral polio vaccine (OPV), inactivated polio vaccine (IPV), or a combination of the two; three doses of DPT-containing vaccine, which protects against diphtheria, pertussis (whooping cough), and tetanus; and one dose of measles-containing vaccine given as measles-rubella.

Sample: Children age 12–23 months

Historically, an important measure of vaccination coverage has been the proportion of children receiving all "basic" antigens. Children are considered fully vaccinated against all basic antigens if they have received the BCG vaccine, three doses each of polio vaccine and DPT-containing vaccine, and a single dose of measles-containing vaccine. In Malawi, the BCG vaccine is usually given at birth or at first clinic contact, while the polio and DPT-containing vaccines are given at approximately age 6, 10, and 14 weeks. A first measles-containing vaccination should be given at or soon after age 9 months.

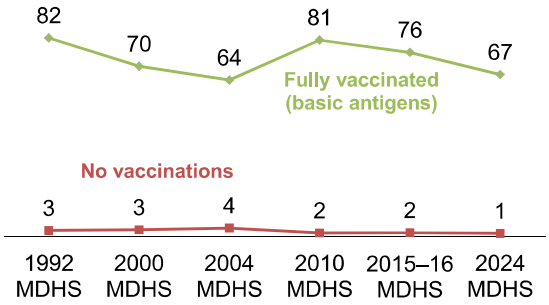
- Overall, 67% of children age 12–23 months are fully vaccinated with basic antigens (**Table 10**).

- Ninety-seven percent of children have received BCG, 85% have received three doses of DPT-containing vaccine, and 74% have received three doses of OPV. Coverage of vaccination against measles is 88%.

Trends: The percentage of children age 12–23 months who have been fully vaccinated against all basic antigens has fluctuated over time, decreasing from 82% in 1992 to 70% in 2000, subsequently increasing to 81% in 2010, and then declining to 67% in 2024 (**Figure 5**). The percentage of children with no vaccinations declined from 3% to 1% between 1992 and 2024.

***Figure 5* Trends in childhood vaccinations**

Percentage of children age 12–23 months



3.9.2 Vaccination Coverage according to the National Schedule

A second measure of vaccination coverage is the percentage of children age 12–23 months and 24–35 months who are fully vaccinated according to the national schedule. In this report, a child age 12–23 months is considered to be fully vaccinated according to the national schedule if the child has received all basic antigens as well as a birth dose of OPV, a dose of IPV, three doses of HepB and Hib (given as part of DPT-containing vaccine), three doses of the pneumococcal vaccine, and two doses of the rotavirus vaccine. Children age 24–35 months are considered fully vaccinated according to the national schedule if they receive a second dose of measles-rubella vaccine in addition to all of the vaccinations relevant for children age 12–23 months.

- Overall, 85% of children age 12–23 months received a birth dose of OPV vaccine, 88% received a dose of IPV, 85% received three doses of DPT-HepB-Hib, 76% received three doses of pneumococcal vaccine, and 91% received two doses of rotavirus vaccine. In addition, 73% of children age 24–35 months received two doses of measles-rubella vaccine.

- Forty-seven percent of children age 12–23 months are fully vaccinated according to the national schedule.

- Thirty-three percent of children age 24–35 months are fully vaccinated according to the national schedule.

- One percent of children age 12–23 months have received no vaccinations.

Table 10 Vaccinations by background characteristics

Percentage of children age 12–23 months and children age 24–35 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), percentage fully vaccinated (basic antigens), percentage fully vaccinated according to the national schedule, and percentage who received no vaccinations, according to background characteristics, Malawi DHS 2024

	Children age 12–23 months																			Children age 24–35 months		
		DPT-HepB-Hib			OPV[1]					Pneumococcal			Rotavirus									
Background characteristic	BCG	1	2	3	0	1	2	3	IPV	1	2	3	1	2	Measles-rubella 1	Fully vaccinated (basic antigens)[2]	Fully vaccinated according to national schedule[3]	No vaccinations	Number of children	Measles-rubella 2	Fully vaccinated according to national schedule[4]	Number of children
Sex																						
Male	97.6	97.2	94.0	85.1	84.3	96.5	90.6	76.3	87.4	89.2	85.1	76.0	96.7	91.1	89.0	68.2	45.8	1.1	1,260	73.8	36.9	1,023
Female	97.2	96.3	92.5	84.6	85.3	95.8	88.4	72.1	89.1	89.4	86.2	75.9	94.0	89.8	87.4	65.2	47.4	1.5	1,243	73.1	29.9	1,102
Birth order																						
1	97.1	96.3	92.2	83.2	84.5	96.8	89.3	73.9	86.7	87.6	83.3	72.8	95.0	89.8	87.7	67.6	45.2	1.2	850	74.4	34.5	704
2–3	98.2	97.8	94.3	86.4	87.8	96.4	89.4	73.9	89.6	90.9	87.2	77.7	96.2	91.0	90.2	66.9	48.5	0.8	1,005	73.3	32.1	807
4–5	95.6	95.8	93.0	83.1	80.2	94.3	89.2	72.7	87.7	87.7	85.0	74.5	94.1	89.7	86.3	63.5	43.9	2.5	414	76.5	36.1	418
6+	98.1	95.5	92.9	87.1	81.4	96.1	91.7	79.3	88.8	91.5	89.2	82.5	95.3	92.3	85.0	68.4	48.7	1.9	234	64.2	27.8	195
Vaccination card[5]																						
Seen	98.5	99.0	97.7	95.8	84.9	99.0	96.9	92.3	88.5	92.0	90.7	85.3	98.9	95.4	91.3	85.3	59.8	0.1	1,831	76.1	53.8	1,116
Not seen or no longer has	96.3	92.6	83.1	56.3	85.9	89.9	71.0	25.4	89.3	83.6	73.3	51.5	87.1	78.6	81.5	16.7	10.9	3.1	651	71.2	10.6	989
Never had	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	21	(39.0)	(7.9)	20
Residence																						
Urban	95.8	94.0	90.3	74.4	85.8	88.7	76.8	60.2	85.3	88.9	86.9	71.3	93.5	87.7	84.7	53.2	37.8	3.8	368	66.6	24.6	280
Rural	97.7	97.2	93.8	86.6	84.7	97.5	91.7	76.6	88.7	89.4	85.5	76.8	95.7	91.0	88.8	69.1	48.2	0.9	2,135	74.5	34.6	1,845
Region																						
Northern	97.9	96.4	91.6	83.8	85.5	95.9	81.8	67.9	78.5	86.6	84.4	78.8	93.2	89.4	86.6	60.5	43.2	1.5	297	76.6	32.7	260
Central	97.5	96.5	92.5	82.4	89.1	95.5	88.2	72.4	90.4	85.0	81.7	72.0	95.5	90.1	89.0	66.7	48.9	1.1	1,066	73.6	31.5	780
Southern	97.1	97.1	94.4	87.4	80.6	96.9	92.8	77.6	88.7	94.0	89.7	78.9	95.8	91.1	87.8	68.4	45.4	1.4	1,140	72.6	34.7	1,084
District/city																						
Chitipa	93.5	93.0	91.1	81.6	83.2	93.0	89.8	76.4	84.4	72.8	67.4	65.5	93.0	92.3	86.3	71.3	44.5	6.5	30	75.6	38.9	22
Karonga	98.6	100.0	92.3	86.9	91.6	100.0	98.8	90.1	89.8	100.0	98.8	97.3	100.0	97.3	93.0	76.6	63.9	0.0	60	84.8	54.6	54
Nkhata Bay	100.0	83.4	66.4	54.2	89.4	87.7	60.4	35.5	59.7	65.9	56.6	46.2	63.6	51.8	67.0	33.9	17.7	0.0	34	59.1	13.4	38
Rumphi	92.7	94.3	87.5	78.9	78.2	91.9	73.8	60.1	89.9	83.3	79.9	74.8	88.5	81.3	84.2	52.3	39.9	3.9	25	(68.0)	(31.1)	18
Mzimba	98.7	98.7	97.6	91.7	81.2	96.7	81.8	68.5	75.7	87.8	87.8	81.8	98.2	96.3	88.5	61.2	42.0	1.3	118	79.4	26.4	93
Likoma	94.7	97.6	93.8	87.3	66.2	100.0	93.1	83.4	83.6	92.9	88.3	84.6	100.0	98.4	90.1	67.6	47.3	0.0	2	52.4	29.4	2
Mzuzu City	100.0	100.0	98.5	85.8	95.7	100.0	69.8	54.3	72.0	95.4	95.4	84.0	97.2	92.8	90.7	51.0	36.5	0.0	29	81.7	33.5	33
Kasungu	96.1	92.3	84.9	75.1	92.8	98.0	81.3	65.9	81.5	88.8	82.3	71.5	93.5	83.8	85.0	60.8	46.9	2.0	145	73.8	41.1	84
Nkhotakota	99.0	98.0	89.3	75.1	87.6	95.0	84.8	71.1	88.8	82.7	78.4	64.5	93.8	81.4	83.0	59.0	46.2	1.0	69	75.7	44.8	49
Ntchisi	94.5	97.2	94.1	91.2	91.4	92.9	92.4	70.9	97.2	97.2	97.2	92.3	98.6	98.6	92.9	61.0	58.0	1.4	38	87.5	27.7	31
Dowa	98.1	98.1	94.3	92.5	87.5	98.1	98.1	92.4	92.1	93.0	93.0	93.0	94.9	93.7	87.9	82.4	70.2	1.9	110	73.7	47.3	83
Salima	98.7	97.3	89.0	80.2	89.8	97.4	88.9	64.9	92.1	91.3	89.0	79.7	93.4	85.4	90.3	58.5	47.6	0.0	67	86.7	39.6	63
Lilongwe	97.3	98.6	94.6	86.6	94.7	98.5	94.7	71.9	94.5	88.7	83.1	75.3	98.6	97.1	88.1	66.8	52.9	0.0	207	64.9	24.9	173
Mchinji	96.1	96.8	96.8	86.0	80.1	98.4	94.5	83.6	87.2	73.4	71.7	67.8	96.8	93.3	95.2	78.4	47.9	0.0	64	(80.8)	(30.8)	49
Dedza	100.0	94.8	93.4	85.6	80.9	97.3	91.6	79.4	91.0	57.1	53.9	45.6	92.0	89.3	96.0	76.5	36.2	0.0	113	81.8	22.8	86
Ntcheu	94.9	96.4	93.6	86.9	89.2	95.1	90.3	77.1	89.7	77.8	74.1	67.9	94.0	88.4	87.9	74.2	51.5	3.6	103	72.7	29.8	90
Lilongwe City	98.9	96.5	95.2	71.6	88.7	84.6	72.3	55.5	92.0	96.3	95.2	72.1	97.6	87.9	89.3	51.8	37.0	1.1	149	(61.0)	(16.1)	71

Continued…

Table 10—*Continued*

Background characteristic	Children age 12–23 months																			Children age 24–35 months		
		DPT-HepB-Hib			OPV[1]					Pneumococcal			Rotavirus									
	BCG	1	2	3	0	1	2	3	IPV	1	2	3	1	2	Measles-rubella 1	Fully vaccinated (basic antigens)[2]	Fully vaccinated according to national schedule[3]	No vaccinations	Number of children	Measles-rubella 2	Fully vaccinated according to national schedule[4]	Number of children
Mangochi	100.0	98.2	93.0	90.1	75.7	97.8	93.8	72.0	87.9	97.4	91.0	88.2	98.2	91.8	76.0	57.1	33.6	0.0	163	78.5	33.0	201
Machinga	99.1	98.2	97.6	86.4	78.4	97.9	92.6	79.6	86.1	95.5	91.8	76.6	94.8	93.0	90.7	72.3	48.1	0.7	157	72.3	33.3	131
Zomba	93.9	99.2	97.6	94.5	77.8	99.2	97.1	81.4	91.1	98.2	96.1	90.5	98.2	92.9	93.5	72.0	49.9	0.8	120	69.9	32.1	105
Chiradzulu	100.0	97.2	92.9	82.3	91.6	98.5	95.6	79.1	91.8	97.2	90.3	79.1	95.9	87.5	90.5	72.1	62.5	0.0	55	69.7	33.2	50
Blantyre	96.6	96.6	96.6	87.1	88.4	95.1	91.5	72.9	95.2	93.2	90.8	82.5	96.4	88.0	91.7	63.2	44.5	2.3	70	85.9	41.0	54
Mwanza	92.8	100.0	95.8	91.6	90.9	100.0	95.9	84.0	88.4	96.5	96.5	90.5	96.6	93.4	95.4	73.4	60.2	0.0	15	70.3	42.1	16
Thyolo	100.0	100.0	98.9	92.3	98.1	98.5	95.3	83.0	95.3	99.5	94.7	81.1	98.1	94.6	93.8	79.0	55.0	0.0	87	78.7	40.6	108
Mulanje	98.5	97.9	95.6	91.3	82.7	97.9	96.8	88.5	91.0	97.9	93.7	85.3	97.9	91.8	94.2	83.7	61.1	1.1	125	81.6	53.3	90
Phalombe	97.3	98.8	98.8	94.2	78.5	97.0	97.0	89.8	90.1	96.0	93.0	75.6	98.8	94.6	97.3	85.6	52.0	0.0	61	75.6	48.5	58
Chikwawa	97.1	97.4	96.1	88.7	71.4	98.7	94.2	74.4	86.8	94.7	93.4	75.5	93.9	92.1	81.2	58.7	27.6	0.0	83	54.5	21.2	62
Nsanje	93.1	98.3	93.3	82.0	79.1	95.4	89.5	73.1	88.0	82.2	73.0	55.0	92.5	87.6	85.0	61.2	32.5	0.0	33	77.2	32.4	28
Balaka	96.9	97.0	94.7	83.7	79.5	98.5	92.1	77.8	86.2	95.2	85.7	71.7	98.5	95.2	94.1	68.1	48.6	1.5	57	62.6	33.5	70
Neno	98.9	100.0	94.5	91.2	80.1	100.0	94.8	83.1	84.5	76.4	73.7	73.7	93.7	89.5	87.3	69.9	43.8	0.0	17	64.0	19.8	17
Zomba City	(98.4)	(79.3)	(79.3)	(72.1)	(92.2)	(98.4)	(98.4)	(70.7)	(95.2)	(89.1)	(89.1)	(64.1)	(98.4)	(96.7)	(87.7)	(55.3)	(34.3)	(1.6)	8	66.5	21.3	13
Blantyre City	88.5	85.3	76.8	65.7	73.4	84.6	72.0	56.1	77.6	72.3	68.4	55.1	83.4	79.5	72.5	47.1	28.7	11.5	88	59.5	19.5	83
Mother's education																						
No education	97.1	94.6	90.3	76.6	75.9	93.6	85.5	64.0	87.4	85.8	80.5	70.0	94.3	88.8	79.0	53.1	34.5	2.9	186	64.5	32.1	142
Primary	97.1	96.7	93.1	85.3	84.6	96.5	89.7	74.2	87.4	88.8	85.5	75.9	95.0	90.1	87.6	66.6	46.1	1.3	1,690	72.7	31.7	1,481
Secondary	98.0	97.3	94.5	86.3	87.3	96.0	90.1	77.4	90.5	91.5	88.0	77.7	96.2	91.6	92.9	71.0	51.1	0.9	584	77.2	37.9	458
More than secondary	100.0	100.0	96.9	83.5	97.1	95.7	92.2	74.1	94.8	94.4	84.9	79.6	100.0	98.3	88.4	71.3	59.7	0.0	43	87.8	43.7	43
Wealth quintile																						
Lowest	95.9	96.3	92.8	87.2	81.4	96.6	90.6	73.1	87.8	89.9	85.6	77.1	95.5	91.4	88.2	65.8	45.9	2.1	657	71.2	29.9	543
Second	98.1	97.8	94.9	86.4	85.1	98.6	92.8	76.7	90.4	88.8	85.8	76.4	95.0	90.4	89.4	70.5	46.1	0.1	486	71.5	33.4	462
Middle	97.9	96.2	93.3	86.6	83.0	96.1	89.4	78.4	88.3	87.4	84.6	75.7	94.6	90.8	88.3	69.6	46.1	1.0	450	73.2	34.9	393
Fourth	97.9	97.4	92.3	83.0	86.7	95.9	89.5	74.2	87.9	88.9	83.9	74.1	95.9	89.0	86.0	64.0	45.9	1.0	433	78.4	38.1	380
Highest	97.7	96.3	93.0	80.0	89.2	93.4	84.9	69.3	86.9	91.2	88.2	75.9	95.7	90.3	88.9	63.9	49.3	2.0	477	74.4	31.4	347
Total	97.4	96.8	93.3	84.8	84.8	96.2	89.5	74.2	88.2	89.3	85.7	76.0	95.4	90.5	88.2	66.7	46.6	1.3	2,503	73.4	33.3	2,125

Note: Children are considered to have received the vaccine if it was either written on the child's vaccination card or reported by the mother. For children whose vaccination information is based on the mother's report, the date of vaccination was not collected. The proportions of vaccinations given during the first and second years of life are assumed to be the same as for children with a written record of vaccination. Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
BCG = bacille Calmette-Guérin
DPT = diphtheria-pertussis-tetanus
HepB = hepatitis B
Hib = *Haemophilus influenzae* type b
OPV = oral polio vaccine
IPV = inactivated polio vaccine
[1] OPV 0 is the polio vaccination given at birth.
[2] BCG, three doses of DPT-HepB-Hib, three doses of polio vaccine (excluding polio vaccine given at birth), and one dose of measles-rubella vaccine
[3] BCG, three doses of DPT-HepB-Hib, four doses of polio vaccine, one dose of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and one dose of measles-rubella vaccine
[4] BCG, three doses of DPT-HepB-Hib, four doses of polio vaccine, one dose of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and two doses of measles-rubella vaccine
[5] Vaccination card, booklet, or other home-based record

3.10 CARE SEEKING FOR AND TREATMENT OF CHILD ILLNESS

Acute respiratory infection (ARI), fever, and dehydration from diarrhoea are important contributing causes of childhood morbidity and mortality in developing countries (WHO 2003). Prompt medical attention when a child has the symptoms of these illnesses is, therefore, crucial in reducing child deaths. **Table 11** presents information on care seeking for ill children in Malawi. Overall, 10% of children under age 5 showed symptoms of an ARI, 36% had a fever, and 22% experienced diarrhoea in the 2 weeks preceding the survey (data not shown).

- Advice or treatment was sought for 70% of children with symptoms of ARI in the 2 weeks before the survey.
- Advice or treatment was sought for 67% of children with a fever in the 2 weeks before the survey.
- Advice or treatment was sought for 64% of children with diarrhoea in the 2 weeks before the survey.
- Fifty-three percent of children with diarrhoea received oral rehydration salts (ORS), 29% received zinc supplements, 23% received ORS and zinc supplements, and 14% received ORS, zinc supplements, and continued feeding.

Table 11 Treatment for acute respiratory infection, fever, and diarrhoea

Among children under age 5 who had symptoms of acute respiratory infection (ARI) or had a fever during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, and among children under age 5 who had diarrhoea during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, percentage given a fluid made from oral rehydration salt (ORS) packets or given prepackaged ORS fluid, percentage given zinc, percentage given ORS and zinc, and percentage given ORS, zinc, and continued feeding, according to background characteristics, Malawi DHS 2024

	Children with symptoms of ARI[1]		Children with fever		Children with diarrhoea					
Background characteristic	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Percentage given fluid from ORS packet or pre-packaged ORS fluid	Percentage given zinc	Percentage given ORS and zinc	Percentage given ORS, zinc, and continued feeding[3]	Number of children
Age in months										
<6	58.0	93	57.8	269	35.6	27.9	14.5	7.5	5.4	133
6–11	70.8	177	63.8	532	63.5	48.5	24.1	18.1	10.1	554
12–23	68.3	301	68.5	965	64.3	58.0	29.7	24.8	12.6	893
24–35	76.0	212	69.1	814	68.0	58.6	32.3	27.9	18.2	429
36–47	68.8	215	68.0	827	67.1	54.3	28.7	22.5	16.1	295
48–59	74.1	205	65.9	774	65.5	51.5	33.8	26.9	17.2	278
Sex										
Male	72.5	617	67.0	2,132	63.0	53.2	28.7	23.2	13.8	1,314
Female	68.0	586	66.5	2,048	64.4	53.6	28.3	22.7	13.3	1,269
Residence										
Urban	81.1	122	63.8	373	62.9	56.7	34.4	30.2	19.0	286
Rural	69.1	1,081	67.0	3,807	63.8	53.0	27.8	22.1	12.8	2,297
Region										
Northern	65.7	226	68.3	502	58.5	44.6	24.9	18.3	12.4	355
Central	70.6	559	67.2	1,797	60.0	53.2	27.9	22.4	15.7	1,059
Southern	72.4	418	65.9	1,881	68.6	56.2	30.1	24.9	11.9	1,168
District/city										
Chitipa	54.5	23	71.6	30	(58.1)	(36.8)	(20.4)	(13.8)	(4.4)	21
Karonga	67.3	70	65.1	96	62.3	45.7	30.8	24.3	17.0	59
Nkhata Bay	(82.2)	22	79.9	65	50.8	44.0	33.4	20.5	12.6	28
Rumphi	*	5	59.1	21	(47.3)	(56.6)	(37.1)	(32.7)	(24.9)	18
Mzimba	60.8	101	68.5	251	57.6	42.1	22.3	15.9	11.2	199
Likoma	(90.6)	1	63.7	3	70.9	65.4	40.6	33.3	21.1	2
Mzuzu City	*	4	58.1	35	70.7	56.8	17.4	14.3	9.0	30
Kasungu	73.8	94	65.2	337	61.7	49.9	24.3	19.0	8.7	156
Nkhotakota	78.1	48	63.5	135	62.3	52.5	31.1	27.2	18.6	70
Ntchisi	(85.5)	18	82.0	64	57.5	37.7	32.0	20.4	11.4	35
Dowa	(82.2)	37	68.4	127	49.1	39.5	22.3	17.1	14.6	103
Salima	75.0	55	66.8	142	68.0	67.1	40.9	34.5	21.2	92
Lilongwe	(64.0)	114	67.9	465	59.3	61.9	20.2	14.5	10.8	207
Mchinji	(79.5)	27	67.8	140	65.9	53.2	28.5	20.4	15.3	80
Dedza	53.7	74	57.4	164	56.8	47.7	34.0	27.6	19.8	120
Ntcheu	(61.1)	47	75.8	112	57.7	49.0	29.5	27.2	24.5	108
Lilongwe City	(84.3)	45	69.9	113	(64.3)	(59.5)	(30.9)	(26.4)	(18.4)	87

Continued…

Table 11—*Continued*

Background characteristic	Children with symptoms of ARI[1]		Children with fever		Children with diarrhoea					
	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Percentage given fluid from ORS packet or pre-packaged ORS fluid	Percentage given zinc	Percentage given ORS and zinc	Percentage given ORS, zinc, and continued feeding[3]	Number of children
Mangochi	(72.7)	73	52.3	210	64.9	52.0	37.1	32.4	11.9	172
Machinga	(52.0)	54	57.0	199	64.0	53.6	23.6	19.8	7.1	159
Zomba	(79.0)	39	73.2	298	79.3	68.9	31.3	25.4	18.4	122
Chiradzulu	(42.2)	22	52.3	90	62.8	57.4	22.9	21.4	9.6	55
Blantyre	(73.6)	26	67.0	120	65.3	59.2	33.5	24.1	6.3	53
Mwanza	(78.8)	8	73.6	35	76.6	70.4	48.9	45.4	22.6	16
Thyolo	(91.9)	33	69.6	175	71.8	52.0	17.8	15.5	6.7	104
Mulanje	*	29	82.0	262	74.5	57.7	31.3	24.0	13.9	147
Phalombe	*	3	65.4	69	72.4	68.2	45.3	41.3	23.0	58
Chikwawa	77.3	53	63.5	131	76.4	49.0	20.3	12.8	5.0	92
Nsanje	(71.3)	16	61.3	37	55.0	47.5	20.5	9.6	6.1	36
Balaka	(84.4)	34	69.8	120	63.8	57.2	32.9	25.6	12.0	61
Neno	*	4	72.4	30	83.4	75.7	59.6	55.7	28.1	14
Zomba City	*	1	(82.0)	5	(76.1)	(69.6)	(32.5)	(30.6)	(24.5)	8
Blantyre City	*	23	47.9	100	(52.1)	(45.4)	(36.5)	(34.0)	(17.2)	71
Mother's education										
No education	64.0	80	63.2	282	60.8	54.8	31.1	26.9	16.6	176
Primary	69.5	843	66.0	3,024	64.3	53.0	27.8	21.8	12.6	1,895
Secondary	75.2	263	70.4	839	62.5	54.4	29.0	25.1	15.2	484
More than secondary	*	17	75.2	35	(64.9)	(51.5)	(49.5)	(37.7)	(31.6)	28
Wealth quintile										
Lowest	63.3	319	65.4	1,161	62.0	54.6	26.2	21.3	12.9	724
Second	64.9	234	64.9	918	64.4	53.8	26.6	21.2	13.7	552
Middle	74.2	224	66.7	812	63.4	53.7	26.8	22.9	11.7	501
Fourth	75.9	251	72.6	751	65.3	52.7	31.0	23.4	13.1	443
Highest	77.3	175	64.6	539	64.5	50.8	35.3	28.6	17.7	363
Total	70.3	1,203	66.7	4,181	63.7	53.4	28.5	22.9	13.5	2,583

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Symptoms of ARI include short, rapid breathing that is chest-related and/or difficulty breathing that is chest-related.
[2] Includes advice or treatment from the following sources: public sector, Christian Health Association of Malawi/mission/Islamic Health Association of Malawi, private medical sector, nongovernmental organisation, Malawi AIDS Counselling and Resource Organisation, youth drop-in centre, and/or shop. Excludes advice or treatment from a traditional practitioner, church, or relative/friend.
[3] Continued feeding includes children who were given more, the same as usual, or somewhat less food during the diarrhoea episode.

3.11 CHILD NUTRITIONAL STATUS

Stunting (assessed via height-for-age)

Height-for-age is a measure of growth faltering. Children whose height-for-age *z* score is more than two standard deviations below the median of the reference population (−2 SD) are considered short for their age (stunted). Children whose *z* score is more than three standard deviations below the median (−3 SD) are considered severely stunted.

Sample: Children under age 5

Wasting (assessed via weight-for-height)

The weight-for-height index measures body mass in relation to body height or length and describes acute undernutrition. Children whose weight-for-height *z* score is more than two standard deviations below the median of the reference population (−2 SD) are considered thin (wasted). Children whose *z* score is more than three standard deviations below the median (−3 SD) are considered severely wasted.

Sample: Children under age 5

Underweight (assessed via weight-for-age)

Weight-for-age is a composite index of height-for-age and weight-for-height that takes into account both wasting and stunting. Children whose weight-for-age *z* score is more than two standard deviations from the median of the reference population (−2 SD) are classified as underweight. Children whose *z* score is more than three standard deviations from the median (−3 SD) are considered severely underweight.

Sample: Children under age 5

Overweight (assessed via weight-for-height)

Children whose weight-for-height *z* score is more than two standard deviations above the median of the reference population (+2 SD) are considered overweight.

Sample: Children under age 5

Anthropometry is commonly used to measure child nutritional status, with anthropometric measurements gathered to report on child growth indicators. The distribution of height and weight for children under age 5 was compared with the WHO Child Growth Standards reference population (WHO 2006b). The distribution of a well-nourished population will be similar to that of the reference population, while the distribution of a poorly nourished population will not. The indices height-for-age, weight-for-height, and weight-for-age can be expressed in standard deviation units (*z* scores) from the median of the reference population. Values that are more than two standard deviations below the median of the WHO Child Growth Standards are used to define malnutrition.

The 2024 MDHS identified 4,187 children under age 5 who were eligible for height and weight measurements. Ninety percent each of children had valid data for height-for-age, weight-for-height, and weight-for-age (data not shown). **Table 12** shows the nutritional status of children under age 5 according to the three anthropometric indices.

- Thirty-eight percent of children under age 5 are stunted, 2% are wasted, and 10% are underweight. Six percent of children are overweight.

Table 12 Nutritional status of children

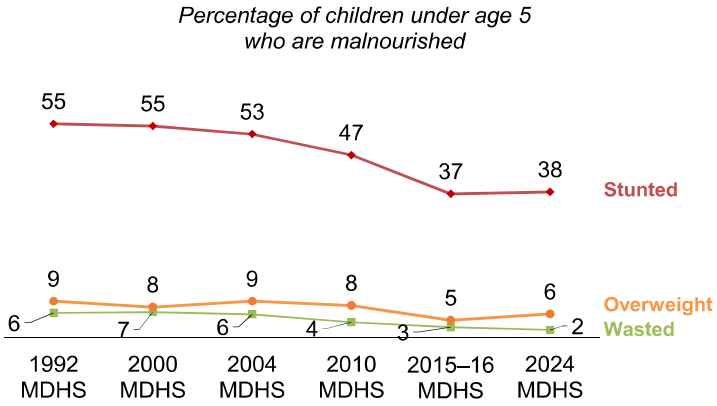
Percentage of children under age 5 classified as malnourished according to three anthropometric indices of child growth: height-for-age, weight-for-height, and weight-for-age, according to background characteristics, Malawi DHS 2024

Background characteristic	Height-for-age[1]				Weight-for-height					Weight-for-age			
	Percentage below −3 SD	Percentage below −2 SD[2]	Mean *z* score (SD)	Number of children	Percentage below −3 SD	Percentage below −2 SD[2]	Percentage above +2 SD	Mean *z* score (SD)	Number of children	Percentage below −3 SD	Percentage below −2 SD[2]	Mean *z* score (SD)	Number of children
Age in months													
<6	11.4	26.2	−1.3	388	0.0	1.2	21.2	1.0	371	1.3	5.8	−0.2	391
6–11	6.8	23.5	−1.1	378	0.9	3.0	7.8	0.3	380	1.8	6.7	−0.5	378
12–23	10.8	37.2	−1.6	761	0.8	2.9	4.2	0.1	771	1.9	11.0	−0.7	768
24–35	16.8	47.8	−1.8	755	1.0	2.0	5.8	0.4	764	2.4	10.6	−0.7	760
36–47	12.0	40.5	−1.7	705	0.4	1.6	3.7	0.4	716	1.4	9.0	−0.8	705
48–59	9.4	37.9	−1.6	787	0.2	1.3	2.8	0.2	805	2.3	11.6	−0.9	794
0–23	10.0	31.0	−1.4	1,528	0.7	2.5	9.2	0.4	1,521	1.8	8.6	−0.5	1,537
24–59	12.7	42.0	−1.7	2,247	0.5	1.6	4.1	0.3	2,285	2.1	10.5	−0.8	2,259
Sex													
Male	12.9	40.3	−1.7	1,858	0.6	2.6	6.8	0.3	1,870	1.9	10.7	−0.7	1,876
Female	10.3	35.0	−1.5	1,917	0.5	1.4	5.5	0.3	1,936	1.9	8.7	−0.6	1,920
Mother's interview status													
Interviewed	11.1	37.1	−1.6	3,384	0.6	1.9	6.4	0.3	3,371	1.9	9.5	−0.7	3,402
Not interviewed but in household	24.8	41.7	−1.8	70	1.6	2.9	1.1	0.3	77	0.0	10.6	−0.6	70
Not interviewed, not in household[3]	13.7	42.2	−1.6	321	0.3	2.6	4.6	0.3	358	2.7	12.1	−0.7	324
Residence													
Urban	9.1	34.7	−1.4	489	0.2	1.1	8.1	0.4	494	1.7	8.0	−0.5	492
Rural	12.0	38.0	−1.6	3,286	0.6	2.1	5.8	0.3	3,311	2.0	10.0	−0.7	3,304
Region													
Northern	9.0	33.0	−1.5	512	0.3	2.7	5.6	0.4	518	0.9	7.9	−0.6	518
Central	11.9	37.8	−1.6	1,519	0.8	1.4	6.7	0.4	1,525	2.6	9.9	−0.7	1,529
Southern	12.1	38.7	−1.6	1,744	0.5	2.3	5.8	0.3	1,763	1.7	10.1	−0.7	1,750
District/city													
Chitipa	17.8	50.8	−2.0	47	0.0	2.5	8.6	0.4	47	2.5	13.7	−0.8	47
Karonga	5.0	25.8	−1.2	89	0.0	2.3	4.4	0.2	89	0.9	9.0	−0.5	89
Nkhata Bay	7.0	22.5	−1.2	54	0.0	1.4	6.6	0.4	54	1.0	5.1	−0.4	54
Rumphi	8.1	31.7	−1.3	51	0.0	2.5	8.4	0.5	51	0.8	9.8	−0.4	51
Mzimba	9.4	36.9	−1.6	218	0.5	3.6	3.4	0.3	223	0.7	6.9	−0.7	222
Likoma	9.1	23.8	−1.0	3	8.5	17.3	8.8	−0.3	3	2.0	9.5	−0.7	3
Mzuzu City	9.3	24.7	−1.3	50	0.0	0.0	11.2	0.7	50	0.0	5.2	−0.3	50
Kasungu	10.4	38.1	−1.6	208	0.3	0.3	2.5	0.4	210	1.6	7.7	−0.6	209
Nkhotakota	10.4	32.5	−1.0	86	3.2	5.3	7.3	−0.0	84	3.4	11.8	−0.6	87
Ntchisi	4.8	30.2	−1.5	50	0.0	1.0	5.4	0.4	50	2.3	8.6	−0.6	50
Dowa	9.6	44.7	−1.7	123	0.0	1.0	6.8	0.4	125	0.0	5.3	−0.7	123
Salima	13.7	33.7	−1.5	138	1.6	4.2	3.3	0.1	139	2.0	11.6	−0.8	138
Lilongwe	6.5	35.6	−1.6	335	1.5	1.5	8.1	0.5	343	3.9	9.8	−0.6	338
Mchinji	12.9	41.5	−1.8	109	1.0	2.0	6.9	0.1	110	3.0	12.0	−0.9	109
Dedza	23.7	38.8	−1.9	168	0.0	0.0	9.8	0.5	165	2.8	11.5	−0.7	170
Ntcheu	16.4	44.0	−2.0	141	0.0	0.0	5.8	0.4	139	1.0	9.3	−0.8	141
Lilongwe City	11.2	36.6	−1.6	161	0.0	1.0	9.4	0.4	161	3.8	11.4	−0.6	163
Mangochi	6.5	40.6	−1.7	298	0.5	1.2	3.1	0.3	313	1.6	9.3	−0.8	298
Machinga	12.3	43.6	−1.7	205	0.0	0.8	6.5	0.3	208	1.7	10.2	−0.7	205
Zomba	16.8	41.7	−1.6	175	1.3	4.1	6.5	0.3	176	1.3	13.8	−0.7	180
Chiradzulu	15.1	38.4	−1.7	84	0.9	1.8	2.6	0.3	85	3.7	11.3	−0.8	84
Blantyre	5.5	30.6	−1.4	88	0.0	0.9	3.6	0.2	89	0.0	5.6	−0.6	89
Mwanza	16.3	42.6	−1.7	30	0.0	1.0	3.9	0.3	30	1.0	14.2	−0.8	30
Thyolo	16.1	33.9	−1.5	138	1.0	4.4	9.7	0.4	137	1.0	6.2	−0.6	137
Mulanje	13.4	33.6	−1.5	181	0.0	1.5	8.3	0.4	175	2.4	11.4	−0.6	181
Phalombe	10.9	38.9	−1.7	94	1.1	2.7	6.7	0.3	94	1.1	9.1	−0.7	94
Chikwawa	11.9	38.7	−1.7	123	0.8	4.6	3.4	0.1	124	2.6	12.8	−0.9	123
Nsanje	18.8	40.8	−1.8	60	0.9	2.8	12.0	0.5	59	2.7	12.7	−0.6	60
Balaka	14.4	33.7	−1.5	103	0.0	3.3	3.5	0.1	106	3.0	14.8	−0.8	103
Neno	19.3	50.0	−2.0	27	0.0	1.0	8.8	0.5	27	4.0	10.6	−0.7	28
Zomba City	5.6	31.1	−1.1	16	0.0	1.3	14.5	0.7	16	0.0	1.3	−0.2	16
Blantyre City	9.1	41.5	−1.4	122	0.0	1.3	6.2	0.5	125	0.0	4.8	−0.5	122
Mother's education[4]													
No education	12.3	41.7	−1.7	261	0.7	3.2	5.2	0.1	262	4.4	15.1	−0.9	262
Primary	12.1	38.8	−1.6	2,367	0.7	2.0	5.6	0.3	2,359	1.9	10.2	−0.7	2,379
Secondary	9.2	31.9	−1.4	768	0.2	1.2	8.5	0.5	768	0.9	5.7	−0.5	773
More than secondary	6.4	18.4	−1.2	59	0.0	1.7	12.2	0.8	59	1.4	7.6	−0.1	59
Wealth quintile													
Lowest	13.6	42.5	−1.8	956	1.2	2.7	4.1	0.2	960	3.3	13.0	−0.8	966
Second	15.2	40.6	−1.7	763	0.8	2.3	6.8	0.3	774	1.8	10.9	−0.8	763
Middle	11.3	36.6	−1.6	674	0.4	2.3	6.8	0.3	677	1.0	9.4	−0.7	678
Fourth	9.1	35.3	−1.5	720	0.0	1.0	5.0	0.4	725	1.8	7.1	−0.6	722
Highest	7.6	30.5	−1.4	663	0.2	1.3	8.8	0.5	669	1.2	6.8	−0.4	667
Total	11.6	37.6	−1.6	3,775	0.6	2.0	6.1	0.3	3,806	1.9	9.7	−0.7	3,796

Note: Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards.
[1] Recumbent length is measured for children under age 2; standing height is measured for all other children.
[2] Includes children who are below −3 SD from the WHO Child Growth Standards population median
[3] Includes children whose mothers are deceased
[4] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

Trends: A comparison of the anthropometric measurements with data from previous MDHS surveys shows that the prevalence of stunting declined from 55% in 1992 to 37% in 2015–16 and remained at a similar level (38%) in 2024 (**Figure 6**). The percentage of children who are considered wasted has followed a similar trend.

Figure 6 **Trends in nutritional status of children**



3.12 INFANT AND YOUNG CHILD FEEDING

Early initiation of breastfeeding

Percentage of children born in the past 2 years who were put to the breast within 1 hour of birth.

Sample: Children born in the past 2 years

Exclusive breastfeeding under 6 months

Percentage of children age 0–5 months who were fed exclusively with breast milk during the previous day.

Sample: Youngest children age 0–5 months living with their mother

Minimum dietary diversity

Percentage of children age 6–23 months who were fed a minimum of five out of eight defined food groups during the previous day. The eight food groups are breast milk; grains, roots, and tubers; legumes and nuts; dairy products (milk, yoghurt, and cheese); flesh foods (meat, fish, poultry, and organ meat); eggs; vitamin A-rich fruits and vegetables; and other fruits and vegetables.

Sample: Youngest children age 6–23 months living with their mother

Table 13 presents data on key IYCF indicators.

- Overall, 68% of children age 0–23 months were breastfed within 1 hour of birth.
- Twenty-four percent of children age 6–23 months are fed with the minimum dietary diversity.
- Sixty percent of children under age 6 months are exclusively breastfed.

Table 13 Infant and young child feeding (IYCF) indicators

Percentage of children fed according to various IYCF practices, Malawi DHS 2024

Indicator	Indicator numerator and denominator	Value
Early initiation of breastfeeding[1]	Percentage of children born in the last 2 years who were put to the breast within 1 hour of birth	67.8
	Number of children born in the last 2 years	5,141
Exclusive breastfeeding under 6 months	Percentage of children age 0–5 months who were fed exclusively with breastmilk during the previous day	60.1
	Number of youngest children age 0–5 months living with the mother	1,160
Minimum dietary diversity, 6–23 months	Percentage of children age 6–23 months who were fed foods and beverages from at least five out of eight defined food groups during the previous day	23.9
	Number of youngest children age 6–23 months living with the mother	3,648
Sweet beverage consumption, 6–23 months	Percentage of children age 6–23 months who were given a sweet beverage during the previous day	23.4
	Number of youngest children age 6–23 months living with the mother	3,648
Unhealthy food consumption, 6–23 months	Percentage of children age 6–23 months fed unhealthy foods during the previous day	21.1
	Number of youngest children age 6–23 months living with the mother	3,648

[1] Includes children born in the 2 years preceding the survey regardless of whether the children were living or dead at the time of interview

Unhealthy IYCF practices should be avoided because they can promote unhealthy weight gain and replace nutritious foods that provide important nutrients for children. For infants and young children, consumption of sweet foods and beverages increases the risk of dental caries and childhood obesity. The indicator definition below for unhealthy food consumption describes sentinel unhealthy foods, foods high in sugar, salt, or unhealthy fats that are commonly consumed by infants and young children (WHO and UNICEF 2021).

Sweet beverage consumption

Percentage of children age 6–23 months who were given a sweet beverage during the previous day.

Sample: Youngest children age 6–23 months living with their mother

Unhealthy food consumption

Percentage of children age 6–23 months who were fed sentinel unhealthy foods during the previous day.

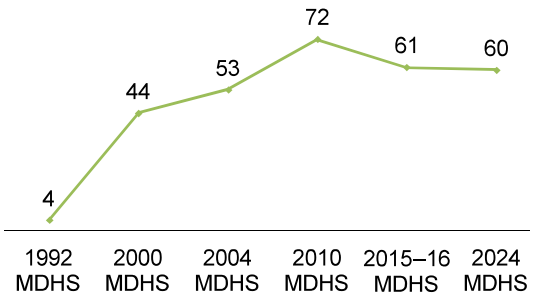
Sample: Youngest children age 6–23 months living with their mother

- Twenty-three percent of children age 6–23 months were fed a sweet beverage during the previous day.
- Twenty-one percent of children age 6–23 months consumed unhealthy foods during the previous day.

Trends: Exclusive breastfeeding among children age 0–5 months rose from 4% in 1992 to a peak of 72% in 2010 before declining to 61% in 2015–16 and remaining at a similar level (60%) in 2024 (**Figure 7**).

***Figure 7* Trends in exclusive breastfeeding**

Percentage of children age 0–5 months



3.13 MALARIA

3.13.1 Ownership and Use of Insecticide-treated Nets

Ownership of insecticide-treated nets (ITNs)

Households that have at least one ITN. An ITN is a factory-treated net that does not require any further treatment.

Sample: Households

Full household ITN coverage

Percentage of households with at least one ITN for every two people.

Sample: Households (with at least one person who stayed in the household the night before the survey)

ITNs repel and kill mosquitoes, thus providing protection against mosquito bites and reducing the transmission of malaria parasites. When high coverage of ITNs is achieved, ITNs help decrease malaria risk at the individual level as well as at the community level by reducing the vector population. The distribution and use of ITNs is one of the core interventions for preventing malaria infection in Malawi.

Table 14 presents information on household ownership of ITNs.

- Fifty-nine percent of households in Malawi own at least one ITN.
- Twenty-six percent of households have full ITN coverage.

Table 14 Household possession of insecticide-treated nets (ITNs)

Percentage of households with at least one ITN, average number of ITNs per household, and percentage of households with at least one ITN per two persons who stayed in the household the previous night, according to background characteristics, Malawi DHS 2024

Background characteristic	Percentage of households with at least one ITN[1]	Average number of ITNs[1] per household	Number of households	Percentage of households with at least one ITN[1] for every two persons who stayed in the household the previous night[2]	Number of households with at least one person who stayed in the household the previous night
Residence					
Urban	50.7	1.0	3,499	25.3	3,492
Rural	59.9	1.0	18,915	25.9	18,874
Region					
Northern	52.7	1.0	2,668	23.6	2,667
Central	57.2	1.0	9,763	24.8	9,745
Southern	61.2	1.0	9,983	27.4	9,954
District/city					
Chitipa	72.3	1.5	276	41.9	276
Karonga	79.6	1.7	434	40.9	432
Nkhata Bay	33.5	0.6	299	10.8	299
Rumphi	57.8	1.1	251	28.8	251
Mzimba	39.3	0.6	1,092	11.3	1,092
Likoma	68.3	1.5	20	40.5	20
Mzuzu City	58.6	1.2	296	34.5	296
Kasungu	47.9	0.7	1,112	15.0	1,112
Nkhotakota	62.8	1.0	502	22.8	500
Ntchisi	40.7	0.6	361	16.7	361
Dowa	57.8	1.0	961	28.6	956
Salima	63.5	1.1	592	24.2	592
Lilongwe	52.2	0.8	2,176	18.9	2,168
Mchinji	59.7	1.0	754	25.9	753
Dedza	73.0	1.3	1,098	37.4	1,098
Ntcheu	73.8	1.4	985	39.9	985
Lilongwe City	44.6	0.8	1,222	20.6	1,220
Mangochi	55.2	0.8	1,360	17.4	1,354
Machinga	82.5	1.5	991	37.3	989
Zomba	60.5	1.0	914	26.6	909

Continued…

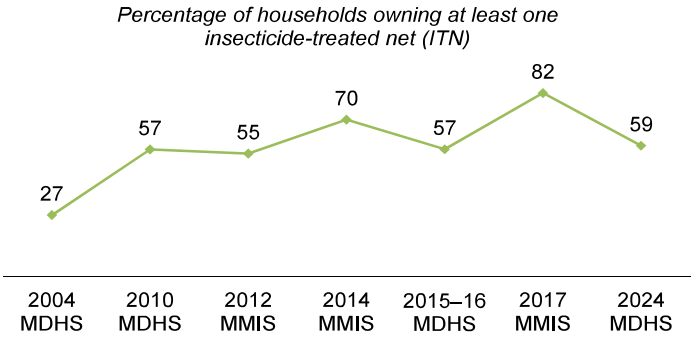
Table 14—*Continued*

Background characteristic	Percentage of households with at least one ITN[1]	Average number of ITNs[1] per household	Number of households	Percentage of households with at least one ITN[1] for every two persons who stayed in the household the previous night[2]	Number of households with at least one person who stayed in the household the previous night
Chiradzulu	77.5	1.6	509	48.4	507
Blantyre	54.7	0.8	614	20.7	611
Mwanza	49.6	0.8	164	22.2	164
Thyolo	50.4	0.8	994	18.4	994
Mulanje	64.0	1.1	938	29.1	936
Phalombe	86.8	1.8	584	52.2	584
Chikwawa	67.7	1.1	708	34.5	705
Nsanje	59.7	0.9	330	23.9	329
Balaka	51.0	0.8	612	21.0	611
Neno	50.0	0.8	178	25.2	177
Zomba City	64.5	1.3	117	38.9	117
Blantyre City	42.7	0.8	969	17.7	967
Wealth quintile					
Lowest	54.2	0.8	4,720	19.4	4,707
Second	55.2	0.8	4,562	21.6	4,548
Middle	61.6	1.0	4,378	26.2	4,370
Fourth	61.3	1.1	4,280	28.5	4,277
Highest	60.5	1.2	4,473	34.0	4,464
Total	58.5	1.0	22,414	25.8	22,366

[1] An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. In the 2010 MDHS, 2012 MMIS, 2014 MMIS, and 2015–16 MDHS, this was known as a long-lasting insecticidal net (LLIN).
[2] De facto household members

Trends: The percentage of households that own at least one ITN increased from 27% in 1992 to 70% in 2014 and then dropped to 57% in 2015–16. In 2017, the percentage increased to 82% before dropping to 59% in 2024 (**Figure 8**).

***Figure 8* Trends in insecticide-treated net (ITN) ownership**



Note: The definition of an ITN in the 2010 Malawi DHS, 2012 Malawi MIS, 2014 Malawi MIS, and 2015–16 Malawi DHS included nets that had been soaked with insecticides in the past 12 months.

ITNs act as both a physical and a chemical barrier against mosquitoes. By reducing the vector population, ITNs can help reduce malaria risk at the community level as well as among individuals who use them. **Table 15** presents data on use of ITNs by children under age 5 and pregnant women.

- Fifty-three percent of children under age 5 in households overall slept under an ITN the night before the survey, and 79% of children under age 5 in households with at least one ITN slept under an ITN the night before the survey.

- Forty-six percent of pregnant women age 15–49 in households overall slept under an ITN the night before the survey, and 76% of pregnant women age 15–49 in households with at least one ITN slept under an ITN the night before the survey.

Table 15 Use of insecticide-treated nets (ITNs) by children and pregnant women

Percentage of children under age 5 who slept under an ITN the night before the survey; among children under age 5 in households with at least one ITN, percentage who slept under an ITN the night before the survey; percentage of pregnant women age 15–49 who slept under an ITN the night before the survey; and among pregnant women age 15–49 in households with at least one ITN, percentage who slept under an ITN the night before the survey, according to background characteristics, Malawi DHS 2024

	Children under age 5 in all households		Children under age 5 in households with at least one ITN[1]		Pregnant women age 15–49 in all households		Pregnant women age 15–49 in households with at least one ITN[1]	
Background characteristic	Percentage who slept under an ITN[1] the previous night	Number of children	Percentage who slept under an ITN[1] the previous night	Number of children	Percentage who slept under an ITN[1] the previous night	Number of pregnant women	Percentage who slept under an ITN[1] the previous night	Number of pregnant women
Residence								
Urban	46.6	1,736	76.5	1,057	40.1	179	72.8	99
Rural	53.9	11,021	79.3	7,491	47.3	1,070	76.0	665
Region								
Northern	45.7	1,637	76.1	982	42.2	189	79.1	101
Central	54.7	5,189	81.7	3,474	48.7	531	76.9	337
Southern	53.3	5,930	77.2	4,091	45.1	529	73.2	326
District/city								
Chitipa	62.9	152	81.7	117	68.8	22	(81.8)	19
Karonga	73.3	271	84.9	234	(62.4)	30	(81.3)	23
Nkhata Bay	33.0	209	78.8	87	(33.8)	20	*	8
Rumphi	53.2	141	77.3	97	(33.3)	17	*	9
Mzimba	33.2	705	68.5	342	31.3	84	*	33
Likoma	53.3	12	72.0	9	(53.5)	1	(67.3)	1
Mzuzu City	46.7	147	71.7	96	(43.4)	15	*	9
Kasungu	45.3	680	84.7	364	(34.5)	58	*	28
Nkhotakota	61.2	325	84.3	236	73.6	35	(95.9)	27
Ntchisi	43.0	183	87.2	90	(33.5)	23	*	10
Dowa	57.3	457	88.4	296	(55.8)	55	(90.5)	34
Salima	60.2	391	81.1	290	(75.7)	26	(80.0)	25
Lilongwe	49.5	1,158	80.2	714	(41.0)	113	*	57
Mchinji	59.4	341	80.4	252	(52.4)	34	*	22
Dedza	69.0	562	83.4	465	(50.0)	62	(73.0)	43
Ntcheu	63.1	557	78.3	449	(59.4)	54	(66.2)	48
Lilongwe City	45.1	535	76.1	317	(38.9)	71	*	43
Mangochi	47.6	1,055	72.8	689	42.1	116	(77.5)	63
Machinga	63.8	697	76.2	584	(68.8)	55	(79.1)	48
Zomba	51.4	538	75.2	368	(31.4)	41	*	25
Chiradzulu	58.2	249	71.5	203	*	14	*	9
Blantyre	49.3	312	79.7	193	(29.0)	27	*	16
Mwanza	47.4	88	83.0	50	(45.3)	12	(85.6)	7
Thyolo	48.1	515	77.3	321	(52.0)	45	*	27
Mulanje	55.8	553	79.9	386	(22.6)	45	*	21
Phalombe	81.4	328	90.3	296	(62.9)	33	(68.3)	31
Chikwawa	63.2	376	82.4	289	(63.0)	36	(83.2)	27
Nsanje	55.4	194	83.1	130	(51.3)	16	*	9
Balaka	48.5	363	74.7	236	(50.1)	31	*	20
Neno	46.1	89	84.0	49	(36.3)	7	*	3
Zomba City	57.7	51	84.2	35	(70.6)	5	*	4
Blantyre City	34.5	520	68.1	263	(26.4)	47	*	17
Wealth quintile								
Lowest	50.9	3,188	80.8	2,008	42.9	291	78.4	160
Second	52.1	2,624	80.3	1,700	52.3	292	81.3	188
Middle	55.0	2,400	78.1	1,691	48.8	243	74.0	160
Fourth	53.3	2,353	77.3	1,624	41.7	217	68.1	133
Highest	54.0	2,191	77.7	1,524	44.0	206	73.6	123
Total	52.9	12,756	78.9	8,548	46.2	1,250	75.6	764

Note: Table is based on children and pregnant women who stayed in the household the night before the interview. Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. In the 2010 MDHS, 2012 MMIS, 2014 MMIS, and 2015–16 MDHS, this was known as a long-lasting insecticidal net (LLIN).

3.13.2 Malaria in Pregnancy

Intermittent preventive treatment during pregnancy (IPTp)

Percentage of women who took at least three doses of sulfadoxine-pyrimethamine (SP)/Fansidar during their most recent pregnancy.

Sample: Women age 15–49 with a live birth or a stillbirth in the 2 years before the survey

Malaria infection during pregnancy is a major public health problem in Malawi, with substantial risks for the mother, her foetus, and the neonate. Intermittent preventive treatment during pregnancy (IPTp) is a full therapeutic course of antimalarial medicine given to pregnant women at routine antenatal care visits to prevent malaria. IPTp helps prevent maternal malaria episodes, maternal and foetal anaemia, placental parasitaemia, low birth weight, and neonatal mortality.

- Overall, 62% of women age 15–49 with a live birth in the 2 years preceding the survey received three or more doses of IPTp (**Table 16**).

Table 16 Use of intermittent preventive treatment (IPTp) by women during pregnancy

Percentage of women age 15–49 with a live birth and/or a stillbirth in the 2 years preceding the survey who received one or more doses of SP/Fansidar, received two or more doses of SP/Fansidar, and received three or more doses of SP/Fansidar during the pregnancy that resulted in the most recent live birth or stillbirth, according to background characteristics, Malawi DHS 2024

Background characteristic	Percentage who received one or more doses of SP/Fansidar	Percentage who received two or more doses of SP/Fansidar	Percentage who received three or more doses of SP/Fansidar	Number of women with a live birth and/or a stillbirth in the 2 years preceding the survey
LIVE BIRTHS				
Residence				
Urban	93.6	82.7	60.7	710
Rural	91.4	81.8	62.0	4,307
Region				
Northern	88.9	79.9	60.8	669
Central	93.7	85.7	65.3	2,071
Southern	90.7	79.1	59.0	2,278
District/city				
Chitipa	95.7	90.6	69.2	67
Karonga	92.7	87.4	67.2	119
Nkhata Bay	93.2	89.1	75.0	77
Rumphi	85.1	76.1	60.9	54
Mzimba	84.9	73.7	53.7	297
Likoma	96.2	85.4	62.5	4
Mzuzu City	90.9	75.2	54.7	52
Kasungu	95.6	87.4	73.3	263
Nkhotakota	96.9	92.7	73.7	128
Ntchisi	93.7	90.3	76.8	70
Dowa	94.7	88.1	70.7	188
Salima	95.9	87.7	59.3	152
Lilongwe	92.5	83.4	62.1	445
Mchinji	97.7	90.6	72.2	124
Dedza	87.3	80.3	63.9	226
Ntcheu	91.8	80.8	57.8	217
Lilongwe City	95.9	86.9	59.4	258
Mangochi	92.9	84.9	65.4	374
Machinga	88.3	77.2	57.7	281
Zomba	94.3	86.5	67.2	197
Chiradzulu	87.7	69.0	49.2	104
Blantyre	90.3	72.5	54.2	129
Mwanza	88.6	76.2	57.0	31
Thyolo	87.6	72.2	50.5	176
Mulanje	92.9	85.8	74.3	247
Phalombe	89.7	81.7	51.3	123
Chikwawa	89.6	75.2	56.2	161
Nsanje	85.4	68.5	48.2	70
Balaka	92.4	81.7	51.5	137
Neno	91.5	77.9	50.3	32
Zomba City	96.6	87.5	44.9	18
Blantyre City	89.9	74.0	56.6	200
Wealth quintile				
Lowest	90.1	80.3	60.0	1,308
Second	89.9	80.9	57.8	1,000
Middle	93.1	84.4	65.0	930
Fourth	91.9	81.1	61.2	883
Highest	94.4	83.7	66.5	895
Total	91.7	81.9	61.8	5,018

Continued…

Table 16—*Continued*

Background characteristic	Percentage who received one or more doses of SP/Fansidar	Percentage who received two or more doses of SP/Fansidar	Percentage who received three or more doses of SP/Fansidar	Number of women with a live birth and/or a stillbirth in the 2 years preceding the survey
STILLBIRTHS				
Total	76.4	65.3	51.0	100
LIVE BIRTHS AND STILLBIRTHS[1]				
Total	91.4	81.5	61.6	5,098

Note: Stillbirths are foetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are foetal deaths in pregnancies lasting 7 or more months.
[1] For women who had both a live birth and a stillbirth in the 2 years preceding the survey, data are tabulated for the most recent birth only.

3.13.3 Case Management of Malaria in Children

Care seeking for children under age 5 with a fever

Percentage of children under age 5 with a fever in the 2 weeks before the survey for whom advice or treatment was sought from a health provider, a health facility, or a pharmacy

Sample: Children under age 5 with a fever in the 2 weeks before the survey

Diagnosis of malaria in children under age 5 with a fever

Percentage of children under age 5 with a fever in the 2 weeks before the survey who had blood taken from a finger or heel for testing. This is a proxy measure of diagnostic testing for malaria.

Sample: Children under age 5 with a fever in the 2 weeks before the survey

Artemisinin-based combination therapy (ACT) for children under age 5 with a fever

Percentage of children under age 5 with a fever in the 2 weeks before the survey who received ACT.

Sample: Children under age 5 with a fever in the 2 weeks before the survey who took any antimalarial drug

- Thirty-six percent of children under age 5 had a fever in the 2 weeks before the survey (**Table 17**).
- Among children with a fever, 63% were taken for advice or treatment and 68% had blood taken for testing.
- Among children with a fever who took any antimalarial drug, 97% received ACT.

Table 17 Children with fever and care seeking for, diagnosis of, and treatment of fever

Percentage of children under age 5 with a fever in the 2 weeks preceding the survey; among children under age 5 with fever, percentage for whom advice or treatment was sought and percentage who had blood taken from a finger or heel for testing; and among children under age 5 with fever who took any antimalarial drug, percentage who took any artemisinin-based combination therapy (ACT), according to background characteristics, Malawi DHS 2024

	Children under age 5		Children under age 5 with fever			Children under age 5 with fever who took any antimalarial drug	
Background characteristic	Percentage with a fever in the 2 weeks preceding the survey	Number of children	Percentage for whom advice or treatment was sought[1]	Percentage who had blood taken from a finger or heel for testing	Number of children	Percentage who took any ACT	Number of children
Residence							
Urban	22.3	1,672	61.4	62.8	373	85.3	63
Rural	38.3	9,931	62.7	67.9	3,807	97.9	1,326
Region							
Northern	34.4	1,461	57.8	61.1	502	98.7	104
Central	37.8	4,751	62.2	69.4	1,797	97.3	672
Southern	34.9	5,391	64.3	67.4	1,881	97.0	613
District/city							
Chitipa	21.4	141	65.3	65.8	30	*	5
Karonga	36.6	263	53.5	54.3	96	*	16
Nkhata Bay	36.9	176	77.0	78.4	65	100.0	27
Rumphi	17.3	123	55.1	67.5	21	*	2
Mzimba	41.2	609	54.1	58.2	251	(100.0)	49
Likoma	30.3	11	62.9	57.0	3	*	0
Mzuzu City	25.3	139	55.6	60.8	35	*	4
Kasungu	55.0	614	58.0	69.2	337	96.7	142
Nkhotakota	45.9	293	60.1	66.9	135	100.0	40
Ntchisi	37.6	170	82.0	82.4	64	95.0	33
Dowa	29.8	426	62.3	71.1	127	(100.0)	32
Salima	39.4	360	64.4	80.4	142	98.8	41
Lilongwe	44.8	1,038	66.8	75.7	465	97.5	233
Mchinji	48.0	291	57.4	59.0	140	(100.0)	47
Dedza	31.5	521	48.6	54.2	164	(100.0)	43
Ntcheu	22.6	494	65.2	62.0	112	(100.0)	33
Lilongwe City	20.7	545	66.7	65.5	113	*	28
Mangochi	23.0	914	50.5	59.5	210	(96.0)	63
Machinga	30.6	651	56.2	69.0	199	100.0	82
Zomba	60.2	495	72.0	80.2	298	96.2	99
Chiradzulu	39.7	226	51.5	60.8	90	*	11
Blantyre	42.1	284	67.0	72.4	120	98.4	52
Mwanza	44.9	79	73.6	83.4	35	98.0	18
Thyolo	38.1	459	66.3	57.7	175	(94.2)	61
Mulanje	51.6	508	79.7	75.9	262	98.5	108
Phalombe	22.9	304	65.4	58.2	69	*	19
Chikwawa	37.6	347	60.0	60.5	131	(95.0)	39
Nsanje	20.9	175	55.3	49.3	37	*	8
Balaka	37.9	318	69.1	68.2	120	(96.9)	26
Neno	36.8	81	71.4	78.5	30	100.0	15
Zomba City	10.4	50	(82.0)	(78.5)	5	*	1
Blantyre City	19.9	501	46.2	48.4	100	*	12
Wealth quintile							
Lowest	39.1	2,967	60.5	67.5	1,161	98.7	446
Second	39.3	2,337	61.9	66.7	918	98.1	334
Middle	37.7	2,154	63.6	69.4	812	97.9	267
Fourth	36.8	2,039	66.5	66.8	751	95.1	242
Highest	25.6	2,106	61.6	66.7	539	91.7	100
Total	36.0	11,603	62.6	67.5	4,181	97.3	1,389

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Includes advice or treatment from the following sources: public sector, Christian Health Association of Malawi/mission/Islamic Health Association of Malawi, private medical sector, and nongovernmental organisation sector. Excludes advice or treatment from a shop, church, or relative/friend.

3.14 HIV

3.14.1 Prevention Knowledge among Young People

Knowledge about HIV prevention

Proportion of respondents who know that consistently using condoms during sexual intercourse and having just one uninfected, faithful partner can reduce the chances of getting HIV, know that a healthy-looking person can have HIV, and reject two major misconceptions about HIV transmission: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV

Sample: Women and men age 15–24

Knowledge of how HIV is transmitted is crucial in enabling people to avoid HIV infection. This is especially true for young people, who are often at greater risk because they may have shorter relationships with more partners or engage in other risky behaviours.

- Overall, 40% of young women and 39% of young men have thorough knowledge of HIV prevention, meeting all of the established criteria for this area (**Table 18**).

Table 18 Knowledge about HIV prevention methods among young people

Percentage of young women and young men age 15–24 with knowledge about HIV prevention, according to background characteristics, Malawi DHS 2024

	Women age 15–24		Men age 15–24	
Background characteristic	Percentage with knowledge about HIV prevention[1]	Number of women	Percentage with knowledge about HIV prevention[1]	Number of men
Age				
15–19	36.2	4,445	34.5	2,297
15–17	33.5	2,589	32.3	1,362
18–19	39.9	1,857	37.8	935
20–24	44.1	4,312	44.1	1,685
20–22	43.9	2,520	46.1	1,010
23–24	44.4	1,792	41.1	674
Marital status				
Never married	39.5	4,145	37.5	3,237
Ever had sex	46.5	1,851	40.0	2,102
Never had sex	33.9	2,294	32.9	1,135
Ever married	40.6	4,612	43.2	745
Residence				
Urban	44.1	1,465	48.1	710
Rural	39.3	7,293	36.5	3,271
Region				
Northern	31.2	1,219	33.0	586
Central	39.4	3,613	37.1	1,638
Southern	43.5	3,925	41.8	1,757
District/city				
Chitipa	34.7	117	17.2	52
Karonga	48.0	201	14.7	108
Nkhata Bay	24.8	137	70.4	58
Rumphi	26.7	91	31.7	43
Mzimba	27.8	509	33.0	258
Likoma	28.5	9	55.2	4
Mzuzu City	26.2	155	42.6	63
Kasungu	36.2	423	39.8	206
Nkhotakota	42.2	202	54.8	92
Ntchisi	29.8	127	35.9	78
Dowa	50.5	314	18.9	178
Salima	54.5	256	46.1	90
Lilongwe	36.0	841	41.3	357
Mchinji	50.0	223	18.6	93
Dedza	24.3	380	21.2	174
Ntcheu	32.0	356	33.3	115
Lilongwe City	46.7	493	52.2	254

Continued…

Table 18—*Continued*

Background characteristic	Women age 15–24		Men age 15–24	
	Percentage with knowledge about HIV prevention[1]	Number of women	Percentage with knowledge about HIV prevention[1]	Number of men
Mangochi	40.4	547	15.2	213
Machinga	41.7	426	26.8	167
Zomba	41.7	371	37.6	160
Chiradzulu	40.7	223	52.3	101
Blantyre	43.0	224	36.4	125
Mwanza	35.4	54	50.5	18
Thyolo	46.1	386	61.1	169
Mulanje	45.5	424	58.6	216
Phalombe	53.3	218	52.0	96
Chikwawa	44.8	224	29.7	91
Nsanje	48.7	113	42.9	49
Balaka	30.7	200	45.8	86
Neno	36.6	55	45.4	22
Zomba City	74.5	44	62.2	25
Blantyre City	45.8	417	44.3	219
Education				
No education	25.2	233	17.0	106
Primary	35.6	5,936	33.0	2,717
Secondary	51.5	2,429	53.2	1,090
More than secondary	53.1	160	62.1	68
Wealth quintile				
Lowest	36.7	1,898	28.6	674
Second	37.7	1,675	36.0	722
Middle	38.5	1,646	36.7	827
Fourth	41.1	1,644	39.5	796
Highest	46.1	1,895	48.4	963
Total	40.1	8,757	38.6	3,981

[1] Knowledge about HIV prevention is defined as knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two common misconceptions about transmission or prevention of HIV: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

3.14.2 Sexual Behaviour

Information on sexual behaviour is important in designing and monitoring intervention programmes to control the spread of HIV.

- Two percent of women age 15–49 had two or more partners in the past 12 months, and 31% of these women reported using a condom during their most recent sexual intercourse (**Table 19.1**).
- Fifteen percent of women age 15–49 had sexual intercourse with a person who neither was their husband nor lived with them, and 45% of these women reported using a condom during their most recent sexual intercourse with such a partner.
- Among women age 15–49 who ever had sexual intercourse, the mean number of lifetime sexual partners is 2.1.

Table 19.1 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Women

Among all women age 15–49, percentage who had sexual intercourse with more than one sexual partner in the past 12 months and percentage who had intercourse in the past 12 months with a person who neither was their husband nor lived with them; among women having more than one partner in the past 12 months, percentage reporting that a condom was used during most recent intercourse; among women who had sexual intercourse in the past 12 months with a person who neither was their husband nor lived with them, percentage who used a condom during most recent sexual intercourse with such a partner; and among women who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Malawi DHS 2024

	All women			Women who had 2+ partners in the past 12 months		Women who had intercourse in the past 12 months with a person who neither was their husband nor lived with them		Women who ever had sexual intercourse[1]	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Percentage who had intercourse in the past 12 months with a person who neither was their husband nor lived with them	Number of women	Percentage who reported using a condom during most recent sexual intercourse	Number of women	Percentage who reported using a condom during most recent sexual intercourse with such a partner	Number of women	Mean number of sexual partners in lifetime	Number of women
Age									
15–24	2.4	21.1	8,757	37.8	206	51.3	1,850	1.9	6,434
15–19	2.3	22.7	4,445	46.3	104	56.2	1,008	1.7	2,339
20–24	2.4	19.5	4,312	29.2	102	45.4	843	2.0	4,095
25–29	2.3	13.3	3,199	28.7	74	40.4	427	2.2	3,169
30–39	2.1	11.3	5,213	23.1	107	36.8	590	2.3	5,174
40–49	1.6	9.4	3,680	21.3	58	33.5	347	2.2	3,649
Marital status									
Never married	2.3	35.8	4,505	62.2	102	54.8	1,614	2.0	2,161
Married/living together	1.4	1.8	12,600	9.5	180	47.9	221	2.0	12,549
Divorced/separated/ widowed/nullified	4.4	36.8	3,745	34.1	164	33.6	1,379	2.8	3,716
Residence									
Urban	2.9	20.8	3,706	46.9	107	51.9	770	2.6	3,152
Rural	2.0	14.3	17,143	25.5	339	43.2	2,444	2.1	15,274
Region									
Northern	2.3	15.2	2,717	39.8	62	57.2	412	2.0	2,390
Central	2.0	13.3	8,800	27.5	176	48.5	1,174	2.1	7,756
Southern	2.2	17.4	9,332	30.5	207	39.8	1,628	2.2	8,280
District/city									
Chitipa	1.5	12.3	260	*	4	55.6	32	1.6	220
Karonga	2.1	17.2	448	*	10	59.6	77	2.0	398
Nkhata Bay	2.2	17.8	309	*	7	57.5	55	2.3	277
Rumphi	2.3	11.7	228	*	5	46.4	27	2.1	203
Mzimba	2.7	12.7	1,094	*	30	53.0	139	1.9	976
Likoma	1.3	20.3	22	*	0	46.4	4	2.5	19
Mzuzu City	1.8	22.0	356	*	6	67.0	78	2.7	298
Kasungu	0.7	7.9	1,006	*	8	57.5	79	1.8	891
Nkhotakota	1.4	15.5	469	*	6	56.1	73	2.2	417
Ntchisi	1.1	12.0	311	*	4	46.6	37	1.6	278
Dowa	1.7	7.4	814	*	14	(71.0)	60	1.6	714
Salima	2.8	18.3	592	*	17	60.7	108	2.5	528
Lilongwe	2.4	11.5	1,956	*	47	33.3	225	2.0	1,722
Mchinji	2.5	12.2	581	*	15	50.3	71	2.1	516
Dedza	1.6	12.7	964	*	16	55.1	122	2.0	869
Ntcheu	2.1	17.5	839	*	17	39.3	147	2.3	758
Lilongwe City	2.7	19.8	1,268	*	34	48.6	251	2.5	1,063
Mangochi	1.6	14.6	1,281	*	20	30.2	187	2.4	1,160
Machinga	1.2	13.7	938	*	12	37.6	128	1.9	830
Zomba	1.7	20.2	853	*	14	37.6	172	2.3	750
Chiradzulu	1.1	24.4	495	*	5	31.8	121	2.3	435
Blantyre	2.6	17.8	547	*	14	47.9	97	2.2	488
Mwanza	2.5	12.6	133	*	3	44.6	17	1.7	122
Thyolo	1.8	19.4	907	*	17	41.3	176	2.1	812
Mulanje	3.8	20.0	964	(16.2)	36	40.8	193	2.2	842
Phalombe	2.0	10.1	558	*	11	26.3	57	2.2	487
Chikwawa	2.0	16.4	541	*	11	50.2	89	2.2	507
Nsanje	2.2	13.4	265	*	6	40.0	35	1.6	231
Balaka	1.7	13.8	510	*	9	40.2	71	2.0	466
Neno	2.8	14.7	137	*	4	35.2	20	2.0	127
Zomba City	2.1	23.3	122	*	3	46.1	28	2.5	103
Blantyre City	3.9	21.9	1,080	(57.5)	42	47.8	237	2.6	920
Education									
No education	1.7	10.2	1,488	*	25	34.8	152	2.2	1,446
Primary	2.2	13.5	13,581	25.0	300	41.4	1,833	2.1	12,011
Secondary	2.1	20.7	5,184	44.1	110	52.5	1,073	2.2	4,449
More than secondary	1.8	26.3	596	*	11	50.5	157	2.3	521
Wealth quintile									
Lowest	2.1	12.8	4,124	19.1	86	34.9	526	2.1	3,780
Second	1.9	13.8	3,941	23.7	76	42.8	544	2.1	3,561
Middle	2.3	14.7	3,987	28.8	92	47.0	587	2.0	3,526
Fourth	2.1	16.1	3,992	33.7	83	45.2	644	2.1	3,494
Highest	2.3	19.0	4,805	43.6	109	51.6	913	2.4	4,065
Total	2.1	15.4	20,849	30.6	446	45.2	3,214	2.1	18,426

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

[1] Means are calculated excluding respondents who gave non-numeric responses.

- Sixteen percent of men age 15–49 had two or more partners in the past 12 months, and 38% of these men reported using a condom during their most recent sexual intercourse (**Table 19.2**).
- Thirty-four percent of men age 15–49 had sexual intercourse in the past 12 months with a person who neither was their wife nor lived with them, and 74% of these men reported using a condom during their most recent sexual intercourse with such a partner.
- Among men age 15–49 who ever had sexual intercourse, the mean number of lifetime sexual partners is 5.4.

Table 19.2 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Men

Among all men age 15–49, percentage who had sexual intercourse with more than one sexual partner in the past 12 months and percentage who had intercourse in the past 12 months with a person who neither was their wife nor lived with them; among men having more than one partner in the past 12 months, percentage reporting that a condom was used during most recent intercourse; among men who had sexual intercourse in the past 12 months with a person who neither was their wife nor lived with them, percentage who used a condom during most recent sexual intercourse with such a partner; and among men who ever had sexual intercourse, mean number of sexual partners during their lifetime, according to background characteristics, Malawi DHS 2024

	All men			Men who had 2+ partners in the past 12 months		Men who had intercourse in the past 12 months with a person who neither was their wife nor lived with them		Men who ever had sexual intercourse[1]	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Percentage who had intercourse in the past 12 months with a person who neither was their wife nor lived with them	Number of men	Percentage who reported using a condom during most recent sexual intercourse	Number of men	Percentage who reported using a condom during most recent sexual intercourse with such a partner	Number of men	Mean number of sexual partners in lifetime	Number of men
Age									
15–24	15.2	44.7	3,981	59.0	607	75.8	1,779	4.9	2,797
15–19	10.7	39.4	2,297	71.0	247	78.6	906	3.8	1,284
20–24	21.4	51.8	1,685	50.7	360	72.9	873	5.8	1,513
25–29	19.2	33.3	1,110	28.9	213	76.3	370	5.4	1,063
30–39	16.2	23.8	1,743	18.6	282	69.0	415	5.6	1,690
40–49	14.7	16.2	1,284	12.6	189	60.6	207	6.3	1,223
Marital status									
Never married	13.8	49.6	3,606	72.3	496	76.7	1,790	4.6	2,388
Married/living together	17.2	17.8	4,177	12.7	720	68.8	745	5.5	4,062
Divorced/separated/ widowed/nullified	22.2	70.1	336	60.8	75	66.7	235	9.8	322
Type of union									
In polygynous union	56.7	22.9	226	7.8	128	53.8	52	9.5	215
Not in polygynous union	15.0	17.6	3,951	13.7	592	69.9	693	5.3	3,847
Not currently in union	14.5	51.4	3,942	70.8	571	75.5	2,025	5.2	2,711
Residence									
Urban	13.3	35.7	1,534	50.3	204	72.6	547	5.3	1,223
Rural	16.5	33.8	6,584	36.1	1,087	74.0	2,223	5.4	5,550
Region									
Northern	12.5	29.1	1,128	47.9	141	77.2	328	5.3	910
Central	15.5	31.5	3,614	39.8	561	78.4	1,138	4.9	3,102
Southern	17.4	38.6	3,377	34.8	588	68.8	1,305	6.0	2,761
District/city									
Chitipa	8.3	17.1	108	*	9	(65.2)	18	3.0	80
Karonga	11.5	29.8	194	(29.6)	22	60.3	58	4.6	156
Nkhata Bay	5.3	23.3	124	*	6	75.7	29	4.1	89
Rumphi	19.8	33.8	96	(51.8)	19	80.3	33	5.1	83
Mzimba	15.5	32.2	462	(54.8)	71	83.8	148	6.6	387
Likoma	27.9	47.0	8	49.5	2	80.7	4	10.4	6
Mzuzu City	8.0	27.9	137	(58.2)	11	81.0	38	4.4	108
Kasungu	17.5	29.7	489	40.5	86	75.7	145	4.5	436
Nkhotakota	22.8	34.3	183	42.4	42	79.2	63	6.1	158
Ntchisi	7.0	26.3	155	*	11	71.9	41	4.4	133
Dowa	15.8	31.4	365	43.1	58	87.3	115	5.0	308
Salima	22.7	41.6	184	38.5	42	70.6	77	5.4	163
Lilongwe	15.0	29.1	804	(38.6)	121	86.2	234	4.8	691
Mchinji	17.5	32.2	233	(34.7)	41	81.9	75	6.1	202
Dedza	14.1	28.9	368	(33.5)	52	75.9	106	3.9	310
Ntcheu	14.6	35.7	275	(33.2)	40	73.4	98	3.9	242
Lilongwe City	12.7	33.0	558	(51.1)	71	72.2	184	5.5	460

Continued…

Table 19.2—*Continued*

Background characteristic	All men			Men who had 2+ partners in the past 12 months		Men who had intercourse in the past 12 months with a person who neither was their wife nor lived with them		Men who ever had sexual intercourse[1]	
	Percentage who had 2+ partners in the past 12 months	Percentage who had intercourse in the past 12 months with a person who neither was their wife nor lived with them	Number of men	Percentage who reported using a condom during most recent sexual intercourse	Number of men	Percentage who reported using a condom during most recent sexual intercourse with such a partner	Number of men	Mean number of sexual partners in lifetime	Number of men
Mangochi	21.7	50.0	382	(30.0)	83	56.9	191	8.1	328
Machinga	12.2	40.4	302	*	37	76.7	122	5.0	250
Zomba	16.6	30.6	311	(18.7)	52	73.2	95	5.5	252
Chiradzulu	18.1	43.8	185	40.0	34	67.8	81	5.9	156
Blantyre	35.6	45.6	236	35.9	84	67.3	108	11.1	190
Mwanza	29.6	41.3	46	38.3	14	78.7	19	7.4	41
Thyolo	9.0	30.7	326	*	29	63.1	100	4.8	231
Mulanje	15.1	38.6	377	(45.0)	57	79.0	145	5.1	311
Phalombe	18.7	35.0	196	(7.6)	37	65.5	69	4.9	167
Chikwawa	29.2	40.5	218	42.2	64	68.1	88	6.2	203
Nsanje	12.8	30.0	95	(51.1)	12	76.7	29	3.8	76
Balaka	11.8	33.5	162	*	19	76.3	54	4.7	140
Neno	11.2	24.1	50	*	6	(61.1)	12	4.5	43
Zomba City	19.8	41.1	47	(51.0)	9	81.5	19	5.4	39
Blantyre City	11.9	38.8	444	(47.6)	53	65.7	172	5.2	335
Education									
No education	14.1	27.9	389	(34.7)	55	60.9	109	5.8	346
Primary	16.6	34.5	4,764	38.6	789	73.8	1,646	5.5	3,857
Secondary	15.2	33.7	2,595	35.6	393	74.8	874	5.1	2,237
More than secondary	14.6	38.6	370	60.0	54	75.2	143	6.1	332
Wealth quintile									
Lowest	17.8	32.6	1,406	31.1	251	74.2	459	5.3	1,249
Second	16.1	30.4	1,421	33.1	228	71.4	432	5.6	1,202
Middle	15.0	33.1	1,603	38.4	241	72.9	530	5.0	1,326
Fourth	17.3	36.0	1,633	45.1	283	76.5	588	5.5	1,357
Highest	14.0	37.0	2,055	42.2	288	73.2	761	5.5	1,638
Total 15–49	15.9	34.1	8,118	38.4	1,291	73.7	2,771	5.4	6,773
50–54	17.5	14.9	465	7.0	81	68.9	69	5.5	429
Total 15–54	16.0	33.1	8,583	36.5	1,372	73.6	2,840	5.4	7,202

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Means are calculated excluding respondents who gave non-numeric responses.

3.14.3 Prior HIV Testing

HIV testing programmes diagnose people living with HIV so that they can be linked to care and access antiretroviral therapy (ART). Knowledge of HIV status helps HIV-negative individuals reduce risk and remain negative.

- Overall, 87% of women and 71% of men age 15–49 have ever been tested for HIV (**Table 20.1** and **Table 20.2**, respectively). Nearly all of those who had ever been tested received the test results.
- Only 45% of women and 36% of men age 15–49 were tested in the 12-month period preceding the survey and received the results of their most recent test.

Table 20.1 Coverage of prior HIV testing: Women

Percent distribution of women age 15–49 by HIV testing status and by whether they received the results of the most recent test, percentage of women ever tested, and percentage of women who were tested in the past 12 months and received the results of the most recent test, according to background characteristics, Malawi DHS 2024

Background characteristic	Percent distribution of women by testing status and by whether they received the results of the most recent test			Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the most recent test	Number of women
	Ever tested and received results	Ever tested, did not receive results	Never tested[1]				
Age							
15–24	70.7	0.8	28.5	100.0	71.5	42.2	8,757
15–19	49.8	0.9	49.4	100.0	50.6	31.8	4,445
20–24	92.2	0.7	7.0	100.0	93.0	53.0	4,312
25–29	97.9	0.4	1.8	100.0	98.2	53.7	3,199
30–39	97.7	0.5	1.8	100.0	98.2	49.5	5,213
40–49	96.0	0.7	3.3	100.0	96.7	39.8	3,680
Marital status							
Never married	48.7	0.5	50.8	100.0	49.2	28.4	4,505
Ever had sex	72.4	0.7	26.9	100.0	73.1	44.1	2,175
Never had sex	26.5	0.4	73.1	100.0	26.9	13.7	2,330
Married or living together	96.4	0.7	2.9	100.0	97.1	50.4	12,600
Divorced/separated/ widowed/nullified	96.3	0.6	3.1	100.0	96.9	49.0	3,745
Residence							
Urban	85.7	0.5	13.8	100.0	86.2	44.9	3,706
Rural	86.2	0.7	13.2	100.0	86.8	45.5	17,143
Region							
Northern	82.5	0.5	17.0	100.0	83.0	42.0	2,717
Central	84.0	0.7	15.3	100.0	84.7	39.9	8,800
Southern	89.1	0.6	10.3	100.0	89.7	51.6	9,332
District/city							
Chitipa	80.2	0.4	19.5	100.0	80.5	37.0	260
Karonga	83.0	0.6	16.3	100.0	83.7	49.4	448
Nkhata Bay	84.7	0.5	14.8	100.0	85.2	40.0	309
Rumphi	87.3	0.5	12.1	100.0	87.9	37.0	228
Mzimba	81.2	0.7	18.1	100.0	81.9	40.9	1,094
Likoma	82.4	1.1	16.5	100.0	83.5	35.5	22
Mzuzu City	82.3	0.0	17.7	100.0	82.3	44.8	356
Kasungu	84.7	0.6	14.7	100.0	85.3	34.8	1,006
Nkhotakota	87.4	0.4	12.2	100.0	87.8	45.6	469
Ntchisi	82.0	1.4	16.6	100.0	83.4	35.1	311
Dowa	82.9	1.2	15.9	100.0	84.1	41.0	814
Salima	86.3	0.4	13.3	100.0	86.7	54.4	592
Lilongwe	80.7	0.6	18.7	100.0	81.3	37.8	1,956
Mchinji	83.3	0.5	16.1	100.0	83.9	41.3	581
Dedza	82.1	1.8	16.1	100.0	83.9	32.9	964
Ntcheu	87.6	0.2	12.2	100.0	87.8	41.8	839
Lilongwe City	86.9	0.1	13.0	100.0	87.0	42.0	1,268
Mangochi	89.4	1.0	9.6	100.0	90.4	57.8	1,281
Machinga	88.2	0.5	11.2	100.0	88.8	48.8	938
Zomba	88.6	0.8	10.6	100.0	89.4	45.6	853
Chiradzulu	89.6	0.4	10.1	100.0	89.9	44.8	495
Blantyre	90.1	0.2	9.7	100.0	90.3	48.4	547
Mwanza	87.9	1.3	10.8	100.0	89.2	46.9	133
Thyolo	92.4	0.2	7.4	100.0	92.6	56.6	907
Mulanje	92.2	0.1	7.6	100.0	92.4	55.3	964
Phalombe	90.4	0.6	9.0	100.0	91.0	59.2	558
Chikwawa	88.5	0.8	10.7	100.0	89.3	50.0	541
Nsanje	83.4	1.1	15.5	100.0	84.5	51.4	265
Balaka	90.2	0.2	9.6	100.0	90.4	52.7	510
Neno	90.6	0.9	8.5	100.0	91.5	62.6	137
Zomba City	87.6	0.4	12.0	100.0	88.0	49.7	122
Blantyre City	84.4	1.0	14.6	100.0	85.4	44.1	1,080
Education							
No education	91.3	1.0	7.7	100.0	92.3	43.1	1,488
Primary	84.9	0.8	14.4	100.0	85.6	44.8	13,581
Secondary	86.9	0.2	12.9	100.0	87.1	47.3	5,184
More than secondary	93.5	0.5	6.0	100.0	94.0	48.3	596
Wealth quintile							
Lowest	86.6	0.9	12.5	100.0	87.5	45.7	4,124
Second	86.9	0.6	12.5	100.0	87.5	46.8	3,941
Middle	86.5	0.7	12.8	100.0	87.2	45.5	3,987
Fourth	85.6	0.7	13.7	100.0	86.3	45.9	3,992
Highest	85.0	0.4	14.6	100.0	85.4	43.4	4,805
Total	86.1	0.6	13.3	100.0	86.7	45.4	20,849

[1] Includes respondents who have not heard of HIV or who refused to answer questions on testing

Table 20.2 Coverage of prior HIV testing: Men

Percent distribution of men age 15–49 by HIV testing status and by whether they received the results of the most recent test, percentage of men ever tested, and percentage of men who were tested in the past 12 months and received the results of the most recent test, according to background characteristics, Malawi DHS 2024

Background characteristic	Percent distribution of men by testing status and by whether they received the results of the most recent test			Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the most recent test	Number of men
	Ever tested and received results	Ever tested, did not receive results	Never tested[1]				
Age							
15–24	48.8	1.4	49.8	100.0	50.2	26.6	3,981
15–19	31.9	1.4	66.7	100.0	33.3	16.3	2,297
20–24	71.8	1.4	26.8	100.0	73.2	40.6	1,685
25–29	87.1	1.6	11.3	100.0	88.7	47.4	1,110
30–39	91.0	0.7	8.4	100.0	91.6	45.3	1,743
40–49	91.5	0.9	7.6	100.0	92.4	42.2	1,284
Marital status							
Never married	43.8	1.3	54.9	100.0	45.1	22.6	3,606
Ever had sex	54.5	1.6	43.9	100.0	56.1	29.5	2,430
Never had sex	21.8	0.7	77.5	100.0	22.5	8.3	1,176
Married or living together	91.3	1.1	7.6	100.0	92.4	46.8	4,177
Divorced/separated/ widowed/nullified	81.7	1.1	17.2	100.0	82.8	43.8	336
Residence							
Urban	70.7	0.7	28.7	100.0	71.3	35.9	1,534
Rural	69.6	1.3	29.1	100.0	70.9	35.9	6,584
Region							
Northern	61.5	1.7	36.8	100.0	63.2	31.4	1,128
Central	70.6	1.0	28.5	100.0	71.5	35.3	3,614
Southern	71.8	1.2	26.9	100.0	73.1	38.1	3,377
District/city							
Chitipa	59.7	0.3	40.0	100.0	60.0	27.9	108
Karonga	60.6	3.4	36.0	100.0	64.0	36.1	194
Nkhata Bay	48.7	1.0	50.3	100.0	49.7	19.1	124
Rumphi	70.8	3.2	26.0	100.0	74.0	40.4	96
Mzimba	59.1	1.6	39.3	100.0	60.7	27.8	462
Likoma	61.2	0.0	38.8	100.0	61.2	23.2	8
Mzuzu City	77.1	0.8	22.1	100.0	77.9	45.0	137
Kasungu	69.6	1.2	29.2	100.0	70.8	31.0	489
Nkhotakota	66.9	0.9	32.2	100.0	67.8	39.5	183
Ntchisi	64.0	2.9	33.1	100.0	66.9	25.7	155
Dowa	62.6	1.5	35.9	100.0	64.1	30.3	365
Salima	71.2	1.6	27.2	100.0	72.8	40.1	184
Lilongwe	74.5	1.1	24.4	100.0	75.6	40.7	804
Mchinji	72.3	0.4	27.2	100.0	72.8	27.6	233
Dedza	67.8	0.0	32.2	100.0	67.8	28.6	368
Ntcheu	74.8	0.5	24.8	100.0	75.2	41.4	275
Lilongwe City	73.0	0.6	26.4	100.0	73.6	39.0	558
Mangochi	71.1	3.9	24.9	100.0	75.1	43.1	382
Machinga	69.8	2.4	27.8	100.0	72.2	33.2	302
Zomba	75.0	1.1	23.9	100.0	76.1	39.1	311
Chiradzulu	75.7	0.0	24.3	100.0	75.7	40.9	185
Blantyre	70.6	0.8	28.6	100.0	71.4	31.5	236
Mwanza	65.9	0.0	34.1	100.0	65.9	43.1	46
Thyolo	70.9	1.9	27.2	100.0	72.8	38.7	326
Mulanje	72.2	0.7	27.1	100.0	72.9	42.6	377
Phalombe	74.6	0.4	25.0	100.0	75.0	44.0	196
Chikwawa	83.0	0.4	16.5	100.0	83.5	52.2	218
Nsanje	70.3	0.5	29.2	100.0	70.8	38.4	95
Balaka	74.4	0.5	25.1	100.0	74.9	32.5	162
Neno	76.2	1.1	22.8	100.0	77.2	50.9	50
Zomba City	78.0	0.5	21.5	100.0	78.5	45.0	47
Blantyre City	63.0	0.5	36.5	100.0	63.5	24.2	444
Education							
No education	71.0	3.0	26.0	100.0	74.0	32.1	389
Primary	62.7	1.4	35.8	100.0	64.2	32.4	4,764
Secondary	80.2	0.6	19.1	100.0	80.9	40.7	2,595
More than secondary	87.0	0.0	13.0	100.0	87.0	52.6	370
Wealth quintile							
Lowest	69.4	1.6	29.0	100.0	71.0	37.9	1,406
Second	69.4	1.6	29.0	100.0	71.0	33.6	1,421
Middle	66.5	1.3	32.3	100.0	67.7	34.8	1,603
Fourth	71.1	1.1	27.7	100.0	72.3	36.9	1,633
Highest	72.1	0.6	27.3	100.0	72.7	36.3	2,055
Total 15–49	69.8	1.2	29.0	100.0	71.0	35.9	8,118
50–54	86.7	1.2	12.1	100.0	87.9	36.7	465
Total 15–54	70.7	1.2	28.1	100.0	71.9	36.0	8,583

[1] Includes respondents who have not heard of HIV or who refused to answer questions on testing

REFERENCES

Bradley, S. E. K., T. N. Croft, J. D. Fishel, and C. F. Westoff. 2012. *Revising Unmet Need for Family Planning*. DHS Analytical Studies No. 25. Calverton, Maryland, USA: ICF International.

Van Lerberghe, W., and V. De Brouwere. 2001. Of Blind Alleys and Things That Have Worked: History's Lessons on Reducing Maternal Mortality. In: De Brouwere, V., and W. Van Lerberghe, eds. *Safe Motherhood Strategies: A Recent Review of the Evidence.* Antwerp: ITG Press, 7–33.

World Health Organization (WHO). 2003. *The World Health Report 2003: Shaping the Future*. Geneva: WHO. https://apps.who.int/iris/handle/10665/42789.

World Health Organization (WHO). 2006a. *Standards for Maternal and Neonatal Care in Health Facilities.* Geneva: WHO. https://www.who.int/publications/i/item/9789241511216.

World Health Organization (WHO). 2006b. *Child Growth Standards*. Geneva: WHO.

World Health Organization (WHO) and United Nations Children's Fund (UNICEF). 2021. *Indicators for Assessing Infant and Young Child Feeding Practices: Definitions and Measurement Methods*. Geneva: WHO. https://www.who.int/publications/i/item/9789240018389.

Appendix A DZALEKA REFUGEE CAMP

Table A1 Results of the household and individual interviews

Number of households, number of interviews, and response rates, Dzaleka refugee camp 2024

Result	Total
Household interviews	
Households selected	720
Households occupied	691
Households interviewed	681
Household response rate[1]	98.6
Interviews with women age 15–49	
Number of eligible women	825
Number of eligible women interviewed	738
Eligible women response rate[2]	89.5
Household interviews in subsample	
Households selected	360
Households occupied	354
Households interviewed	351
Household response rate in subsample[1]	99.2
Interviews with men age 15–54	
Number of eligible men	407
Number of eligible men interviewed	330
Eligible men response rate[2]	81.1

[1] Households interviewed/households occupied
[2] Respondents interviewed/eligible respondents

Table A2 Background characteristics of respondents

Percent distribution of women and men age 15–49 by selected background characteristics, Dzaleka refugee camp 2024

Background characteristic	Women			Men		
	Weighted percent	Weighted number	Unweighted number	Weighted percent	Weighted number	Unweighted number
Age						
15–19	24.4	180	170	22.6	70	77
20–24	24.2	179	177	22.4	70	71
25–29	13.5	99	105	20.2	63	54
30–34	15.6	115	111	14.7	46	44
35–39	10.4	76	85	10.4	32	36
40–44	7.3	54	59	5.2	16	21
45–49	4.6	34	31	4.4	14	13
Self-reported health status						
Very good	27.2	201	217	50.6	157	143
Good	31.5	232	257	39.6	123	141
Moderate	32.1	237	205	9.8	30	32
Bad	6.4	48	45	0.0	0	0
Very bad	2.8	21	14	0.0	0	0
Religion						
Catholic	18.7	138	137	21.8	68	54
CCAP[1]	4.0	29	20	2.8	9	8
Anglican	1.8	13	12	1.5	5	3
Seventh Day/Baptist	2.8	21	19	3.5	11	17
Pentecostal	51.2	378	394	46.7	145	168
Other Christian	14.6	108	107	12.7	39	43
Muslim	5.1	37	38	11.0	34	23
No religion	0.2	1	3	0.0	0	0
Other	1.6	12	8	0.0	0	0
Ethnic group						
Chewa	12.4	91	65	9.6	30	23
Tumbuka	0.2	2	2	0.0	0	0
Lomwe	0.3	2	1	0.8	3	2
Yao	0.6	4	2	0.7	2	1
Ngoni	0.8	6	5	1.4	4	2
Other Malawian	0.2	1	2	0.5	1	2
Other country	85.5	631	661	87.0	271	286
Marital status						
Never married	38.4	283	290	48.9	152	166
Married	49.0	362	335	44.2	137	121
Living together	2.1	16	18	4.7	15	23
Divorced/separated	5.4	40	49	2.0	6	5
Widowed	4.2	31	38	0.0	0	0
Nullified	0.9	7	8	0.3	1	1
Residence						
Rural	100.0	738	738	100.0	311	316
Region						
Central	100.0	738	738	100.0	311	316
District/city						
Dowa (camps)	100.0	738	738	100.0	311	316
Education						
No education	19.6	144	122	4.3	13	16
Primary	43.6	322	322	42.6	133	119
Secondary	31.4	231	251	38.0	118	141
More than secondary	5.5	40	43	15.0	47	40
Total 15–49	100.0	738	738	100.0	311	316
50–54	na	na	na	na	19	14
Total 15–54	na	na	na	na	330	330

Note: Education categories refer to the highest level of education attended, whether or not that level was completed.
Na = not applicable
[1] Church of Central Africa Presbyterian

Table A3 Current fertility

Age-specific and total fertility rates, the general fertility rate, and the crude birth rate for the 3 years preceding the survey, Dzaleka refugee camp 2024

Age group	Total
10–14	(15)
15–19	64
20–24	222
25–29	216
30–34	263
35–39	(158)
40–44	(48)
TFR (15–49)	4.9
GFR	168
CBR	36.9

Notes: Age-specific fertility rates are per 1,000 women. Rates are for the period 1–36 months preceding the interview. Rates for the 10–14 age group are based on retrospective data from women age 15–17.
TFR: total fertility rate, expressed per woman
GFR: general fertility rate, expressed per 1,000 women age 15–44
CBR: crude birth rate, expressed per 1,000 population

Table A4 Teenage pregnancy

Percentage of women age 15–19 who have ever had a live birth, percentage who have ever had a pregnancy loss, percentage who are currently pregnant, and percentage who have ever been pregnant, Dzaleka refugee camp 2024

	Percentage of women age 15–19 who:				
Background characteristic	Have ever had a live birth	Have ever had a pregnancy loss[1]	Are currently pregnant	Have ever been pregnant	Number of women
Total	15.2	0.7	1.3	16.8	180

[1] Stillbirth, miscarriage, or abortion

Table A5 Fertility preferences by number of living children

Percent distribution of currently married women age 15–49 by desire for children, according to number of living children, Dzaleka refugee camp 2024

	Number of living children[1]							
Desire for children	0	1	2	3	4	5	6+	Total
Have another soon[2]	*	(7.7)	17.3	(7.4)	6.6	3.8	15.4	12.3
Have another later[3]	*	(63.2)	55.0	(41.2)	24.6	7.8	11.3	31.2
Have another, undecided when	*	(5.6)	1.8	(4.0)	1.6	3.1	0.5	2.4
Undecided	*	(9.1)	13.0	(14.2)	15.9	25.0	18.1	16.0
Want no more	*	(12.1)	8.3	(26.9)	32.7	43.5	38.1	26.5
Sterilised[4]	*	(0.9)	0.0	(4.5)	10.1	7.5	5.2	4.4
Declared infecund	*	(1.5)	4.5	(1.9)	8.5	9.3	11.5	7.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	13	48	75	41	48	64	87	377

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] The number of living children includes a woman's current pregnancy.
[2] Wants next birth within 2 years
[3] Wants to delay next birth for 2 or more years
[4] Includes both female and male sterilisation

Table A6 Current use of contraception according to background characteristics

Percent distribution of currently married women and sexually active unmarried women age 15–49 by contraceptive method currently used, Dzaleka refugee camp 2024

Background characteristic	Any method	Any modern method	Modern method: Female sterilisation	IUD	Injectables	Implants	Pill	Male condom	Other[1]	Any traditional method	Traditional method: Rhythm	Traditional method: Withdrawal	Not currently using	Total	Number of women
CURRENTLY MARRIED WOMEN															
Total	36.9	33.1	4.4	0.2	16.3	6.7	1.7	1.7	2.1	3.8	2.4	1.4	63.1	100.0	377
SEXUALLY ACTIVE UNMARRIED WOMEN[2]															
Total	(45.4)	(45.4)	(1.1)	(0.0)	(29.5)	(2.1)	(3.6)	(7.0)	(2.1)	(0.0)	(0.0)	(0.0)	(54.6)	100.0	42

Note: If more than one method is used, only the most effective method is considered in this tabulation. Figures in parentheses are based on 25–49 unweighted cases.
[1] "Other" includes but is not limited to male sterilisation, emergency contraception, female condom, the standard days method, and the lactational amenorrhoea method.
[2] Women who have had sexual intercourse within 30 days preceding the survey

Table A7 Need and demand for family planning among currently married women

Percentage of currently married women age 15–49 with unmet need for family planning, percentage with met need for family planning, percentage with met need for family planning who are using modern methods, percentage with demand for family planning, percentage of the demand for family planning that is satisfied, and percentage of the demand for family planning that is satisfied with modern methods, Dzaleka refugee camp 2024

Background characteristic	Unmet need for family planning	Met need for family planning (currently using): All methods	Met need for family planning (currently using): Modern methods[2]	Total demand for family planning[3]	Number of women	Percentage of demand satisfied[1]: All methods	Percentage of demand satisfied[1]: Modern methods[2]
Total	(47.0)	(45.4)	(45.4)	(92.4)	42	(49.2)	(49.2)

Note: Numbers in this table correspond to the revised definition of unmet need described in Bradley et al. 2012. Figures in parentheses are based on 25–49 unweighted cases.
[1] Percentage of demand satisfied is met need divided by total demand.
[2] Modern methods include female sterilisation, male sterilisation, IUD, injectables, implants, pill, male condom, female condom, emergency contraception, the standard days method, the lactational amenorrhoea method, and other modern methods.
[3] Total demand is the sum of unmet need and met need.

Table A8 Early childhood mortality rates

Neonatal, postneonatal, infant, child, and under-5 mortality rates for the 5-year period preceding the survey, Dzaleka refugee camp 2024

Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-5 mortality ($_5q_0$)
0–4	5	10	15	3	18

[1] Computed as the difference between the infant and neonatal mortality rates

Table A9 Maternal care indicators

Among women age 15–49 who had a live birth and/or a stillbirth in the 2 years preceding the survey, percentage who received antenatal care (ANC) from a skilled provider for the most recent live birth or stillbirth, percentage with four or more ANC visits for the most recent live birth or stillbirth, percentage who took any iron-containing supplements during pregnancy, and percentage whose most recent live birth was protected against neonatal tetanus; among all live births and stillbirths in the 2 years before the survey, percentage delivered by a skilled provider and percentage delivered in a health facility; and among women age 15–49 with a live birth or stillbirth in the 2 years preceding the survey, percentage who received a postnatal check during the first 2 days after giving birth, Dzaleka refugee camp 2024

	Women who had a live birth and/or a stillbirth in the 2 years preceding the survey					Live births and stillbirths in the 2 years preceding the survey			Women who had a live birth and/or a stillbirth in the 2 years preceding the survey	
Background characteristic	Percentage receiving antenatal care from a skilled provider[1]	Percentage with 4+ ANC visits	Percentage who took any iron-containing supplements during pregnancy[2]	Percentage whose most recent live birth was protected against neonatal tetanus[3]	Number of women	Percentage delivered by a skilled provider[1]	Percentage delivered in a health facility	Number of births	Percentage with a postnatal check during the first 2 days after birth[4]	Number of women
Total	94.7	77.7	73.2	90.5	241	99.1	97.7	258	73.1	241

Notes: If more than one source of assistance was mentioned, only the provider with the highest qualifications is considered in this tabulation. Stillbirths are foetal deaths in pregnancies lasting 28 or more weeks. When pregnancy duration is reported in months, stillbirths are foetal deaths in pregnancies lasting 7 or more months.

[1] Skilled provider includes doctor/clinical officer/medical assistant and nurse/midwife.

[2] Iron tablets and syrup

[3] Includes mothers with two injections during the pregnancy of their most recent live birth, or two or more injections (the last within 3 years of the most recent live birth), or three or more injections (the last within 5 years of the most recent live birth), or four or more injections (the last within 10 years of the most recent live birth), or five or more injections at any time prior to the last live birth

[4] Includes women who received a check from a doctor, midwife, nurse, community health worker, or traditional birth attendant

Table A10 Vaccinations by background characteristics

Percentage of children age 12–23 months and children age 24–35 months who received specific vaccines at any time before the survey (according to a vaccination card or the mother's report), percentage fully vaccinated (basic antigens), percentage fully vaccinated according to the national schedule, and percentage who received no vaccinations, Dzaleka refugee camp 2024

	Children age 12–23 months																		Children age 24–35 months		
		DPT-HepB-Hib			OPV[1]					Pneumococcal			Rotavirus								
Background characteristic	BCG	1	2	3	0	1	2	3	IPV	1	2	3	1	2	Measles-rubella 1	Fully vaccinated (basic antigens)[2]	Fully vaccinated according to national schedule[3]	Number of children	Measles-rubella 2	Fully vaccinated according to national schedule[4]	Number of children
Total	98.8	100.0	97.3	91.6	97.8	99.5	91.1	84.0	96.2	94.1	90.3	86.6	98.4	96.5	90.3	79.8	74.1	129	68.1	33.8	80

Note: Children are considered to have received the vaccine if it was either written on the child's vaccination card or reported by the mother. For children whose vaccination information is based on the mother's report, date of vaccination is not collected. The proportions of vaccinations given during the first and second years of life are assumed to be the same as for children with a written record of vaccination.
BCG = bacille Calmette-Guérin
DPT = diphtheria-pertussis-tetanus
HepB = hepatitis B
Hib = *Haemophilus influenzae* type b
OPV = oral polio vaccine
IPV = inactivated polio vaccine
[1] OPV 0 is the polio vaccination given at birth.
[2] BCG, three doses of DPT-HepB-Hib, three doses of polio vaccine (excluding polio vaccine given at birth), and one dose of measles-rubella vaccine
[3] BCG, three doses of DPT-HepB-Hib, four doses of polio vaccine, one dose of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and one dose of measles-rubella vaccine
[4] BCG, three doses of DPT-HepB-Hib, four doses of polio vaccine, one dose of IPV, three doses of pneumococcal vaccine, two doses of rotavirus vaccine, and two doses of measles-rubella vaccine

Table A11 Treatment for acute respiratory infection, fever, and diarrhoea

Among children under age 5 who had symptoms of acute respiratory infection (ARI) or had a fever during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, and among children under age 5 who had diarrhoea during the 2 weeks preceding the survey, percentage for whom advice or treatment was sought, percentage given a fluid made from oral rehydration salt (ORS) packets or given prepackaged ORS fluid, percentage given zinc, percentage given ORS and zinc, and percentage given ORS, zinc, and continued feeding, Dzaleka refugee camp 2024

	Children with symptoms of ARI[1]		Children with fever		Children with diarrhoea					
Background characteristic	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Number of children	Percentage for whom advice or treatment was sought[2]	Percentage given fluid from ORS packet or pre-packaged ORS fluid	Percentage given zinc	Percentage given ORS and zinc	Percentage given ORS, zinc, and continued feeding[3]	Number of children
Total	81.5	63	81.1	56	73.1	46.8	22.1	19.2	15.1	84

[1] Symptoms of ARI include short, rapid breathing that is chest-related and/or difficult breathing that is chest-related.
[2] Includes advice or treatment from the following sources: public sector, Christian Health Association of Malawi/mission/Islamic Health Association of Malawi, private medical sector, nongovernmental organisation, Malawi AIDS Counselling and Resource Organisation, youth drop-in centre, and shop. Excludes advice or treatment from a traditional practitioner, church, or relative/friend.
[3] Continued feeding includes children who were given more, the same as usual, or somewhat less food during the diarrhoea episode.

Table A12 Nutritional status of children

Percentage of children under age 5 classified as malnourished according to three anthropometric indices of child growth: height-for-age, weight-for-height, and weight-for-age, Dzaleka refugee camp 2024

	Height-for-age[1]				Weight-for-height				Weight-for-age			
Background characteristic	Percentage below -3 SD	Percentage below -2 SD[2]	Mean *z* score (SD)	Number of children	Percentage below -2 SD[2]	Percentage above +2 SD	Mean *z* score (SD)	Number of children	Percentage below -3 SD	Percentage below -2 SD[2]	Mean *z* score (SD)	Number of children
Total	9.4	38.2	-1.5	213	1.3	6.7	0.7	213	1.2	4.5	-0.3	215

Note: Each of the indices is expressed in standard deviation units (SD) from the median of the WHO Child Growth Standards.
[1] Recumbent length is measured for children under age 2; standing height is measured for all other children
[2] Includes children who are below -3 SD from the WHO Growth Standards population median
[3] Includes children whose mothers are deceased
[4] For women who are not interviewed, information is taken from the Household Questionnaire. Excludes children whose mothers are not listed in the Household Questionnaire.

Table A13 Infant and young child feeding (IYCF) indicators

Percentage of children fed according to various IYCF practices, Dzaleka refugee camp 2024

Indicator	Indicator numerator and denominator	Value
Early initiation of breastfeeding[1]	Percentage of children born in the last 2 years who were put to the breast within 1 hour of birth	79.9
	Number of children born in the last 2 years	258
Exclusive breastfeeding under 6 months	Percentage of children age 0–5 months who were fed exclusively with breast milk during the previous day	68.4
	Number of youngest children age 0–5 months living with the mother	85
Minimum dietary diversity 6–23 months	Percentage of children age 6–23 months who were fed foods and beverages from at least 5 out of 8 defined food groups during the previous day	23.2
	Number of youngest children age 6–23 months living with the mother	153
Sweet beverage consumption 6–23 months	Percentage of children age 6–23 months who were given a sweet beverage during the previous day	26.2
	Number of youngest children age 6–23 months living with the mother	153
Unhealthy food consumption 6–23 months	Percentage of children age 6–23 months fed unhealthy foods during the previous day	8.1
	Number of youngest children age 6–23 months living with the mother	153

[1] Includes children born in the 2 years preceding the survey regardless of whether the children are living or dead at the time of interview

Table A14 Household possession of insecticide-treated nets

Percentage of households with at least one insecticide-treated net (ITN); average number of ITNs per household; and percentage of households with at least one ITN per two persons who stayed in the household last night, Dzaleka refugee camp 2024

Background characteristic	Percent- age of households with at least one ITN[1]	Average number of ITNs[1] per household	Number of households	Percent- age of households with at least one ITN[1] for every two persons who stayed in the household last night[2]	Number of households with at least one person who stayed in the household last night
Total	38.8	0.6	681	12.5	678

[1] An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. In the In the MMIS 2014, MMIS 2012, and MDHS 2010 this was known as a long-lasting insecticidal net (LLIN).
[2] De facto household members.

Table A15 Use of insecticide-treated nets by children and pregnant women

Percentage of children under age 5 who slept under an insecticide-treated net (ITN) the night before the survey; among children under age 5 in households with at least one ITN, percentage who slept under an ITN the night before the survey; percentage of pregnant women age 15–49 who slept under an ITN the night before the survey; and among pregnant women age 15–49 in households with at least one ITN, percentage who slept under an ITN the night before the survey, Dzaleka refugee camp 2024

	Children under age 5 in all households		Children under age 5 in households with at least one ITN[1]		Pregnant women age 15–49 in all households		Pregnant women age 15–49 in households with at least one ITN[1]
Background characteristic	Percentage who slept under an ITN[1] last night	Number of children	Percentage who slept under an ITN[1] last night	Number of children	Percentage who slept under an ITN[1] last night	Number of pregnant women	Number of pregnant women
Total	32.1	608	69.1	283	43.5	70	35

Note: Table is based on children and pregnant women who stayed in the household the night before the interview. Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment.

Table A16 Use of intermittent preventive treatment (IPTp) by women during pregnancy

Percentage of women age 15–49 with a live birth and/or a stillbirth in the 2 years preceding the survey who received one or more doses of SP/Fansidar, received two or more doses of SP/Fansidar, and received three or more doses of SP/Fansidar during the pregnancy that resulted in the last live birth or stillbirth, Dzaleka refugee camp 2024

Background characteristic	Percentage who received one or more doses of SP/Fansidar	Percentage who received two or more doses of SP/Fansidar	Percentage who received three or more doses of SP/Fansidar	Number of women with a live birth and/or a stillbirth in the 2 years preceding the survey
		LIVE BIRTHS		
Total	85.2	83.8	75.7	241

Table A17 Children with fever and care seeking for, diagnosis of, and treatment of fever

Percentage of children under age 5 with fever in the 2 weeks preceding the survey; among children under age 5 with fever, percentage for whom advice or treatment was sought, percentage who had blood taken from a finger or heel; and among children under age 5 with fever who took any antimalarial drug, percentage who took any artemisinin-based combination therapy (ACT), Dzaleka refugee camp 2024

	Children under age 5		Children under age 5 with fever			Children under age 5 with fever who took any antimalarial drug
Background characteristic	Percent- age with fever in the 2 weeks preceding the survey	Number of children	Percentage for whom advice or treatment was sought[1]	Percentage who had blood taken from a finger or heel for testing	Number of children	Number of children
Total	10.2	549	81.1	55.8	56	12

Note: Figures in parentheses are based on 25–49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
[1] Includes advice or treatment from the following sources: public sector, Christian Health Association of Malawi/mission/Islamic Health Association of Malawi, private medical sector and nongovernmental organisation NGO sector. Excludes advice or treatment from church, relative/friend.

Table A18 Knowledge about HIV prevention methods among young people

Percentage of young women and young men age 15–24 with knowledge about HIV prevention, Dzaleka refugee camp 2024

	Women age 15–24		Men age 15–24	
Background characteristic	Percentage with knowledge about HIV prevention[1]	Number of women	Percentage with knowledge about HIV prevention[1]	Number of men
Total	38.1	359	47.3	140

[1] Knowledge about HIV prevention means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and rejecting two common misconceptions about transmission or prevention of HIV: HIV can be transmitted by mosquito bites and a person can become infected by sharing food with a person who has HIV.

Table A19.1 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Women

Among all women age 15–49, percentage who had sexual intercourse with more than one sexual partner in the past 12 months and percentage who had intercourse in the past 12 months with a person who neither was their husband nor lived with them; among women having more than one partner in the past 12 months, percentage reporting that a condom was used during most recent intercourse; among women who had sexual intercourse in the past 12 months with a person who neither was their husband nor lived with them, percentage who used a condom during most recent sexual intercourse with such a partner; and among women who ever had sexual intercourse, mean number of sexual partners during their lifetime, Dzaleka refugee camp 2024

	All women			Women who had 2+ partners in the past 12 months		Women who had intercourse in the past 12 months with a person who neither was their husband nor lived with them		Women who ever had sexual intercourse[1]	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Percentage who had intercourse in the past 12 months with a person who neither was their husband nor lived with them	Number of women	Percent- age who reported using a condom during most recent sexual intercourse	Number of women	Percentage who reported using a condom during most recent sexual intercourse with such a partner	Number of women	Mean number of sexual partners in lifetime	Number of women
Total	2.0	13.0	738	0.0	15	30.5	96	2.6	562

[1] Means are calculated excluding respondents who gave non-numeric responses.

Table A19.2 Multiple sexual partners and higher-risk sexual intercourse in the past 12 months: Men

Among all men age 15–49, percentage who had sexual intercourse with more than one sexual partner in the past 12 months and percentage who had intercourse in the past 12 months with a person who neither was their wife nor lived with them; among men having more than one partner in the past 12 months, percentage reporting that a condom was used during most recent intercourse; among men who had sexual intercourse in the past 12 months with a person who neither was their wife nor lived with them, percentage who used a condom during most recent sexual intercourse with such a partner; and among men who ever had sexual intercourse, mean number of sexual partners during their lifetime, Dzaleka refugee camp 2024

	All men			Men who had 2+ partners in the past 12 months		Men who had intercourse in the past 12 months with a person who neither was their wife nor lived with them		Men who ever had sexual intercourse[1]	
Background characteristic	Percentage who had 2+ partners in the past 12 months	Percentage who had intercourse in the past 12 months with a person who neither was their wife nor lived with them	Number of men	Percentage who reported using a condom during most recent sexual intercourse	Number of men	Percentage who reported using a condom during most recent sexual intercourse with such a partner	Number of men	Mean number of sexual partners in lifetime	Number of men
Total 15–49	12.2	32.5	311	(29.1)	38	89.2	101	3.5	247
Total 15–54	11.8	30.9	330	(28.3)	39	89.3	102	3.5	266

Note: Figures in parentheses are based on 25–49 unweighted cases.
[1] Means are calculated excluding respondents who gave non-numeric responses.

Table A20.1 Coverage of prior HIV testing: Women

Percent distribution of women age 15–49 by HIV testing status and by whether they received the results of the most recent test, percentage of women ever tested, and percentage of women who were tested in the past 12 months and received the results of the most recent test, Dzaleka refugee camp 2024

	Percent distribution of women by testing status and by whether they received the results of the most recent test						
Background characteristic	Ever tested and received results	Ever tested, did not receive results	Never tested[1]	Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the most recent test	Number of women
Total	66.3	0.1	33.6	100.0	66.4	35.3	738

[1] Includes respondents who have not heard of HIV or who refused to answer questions on testing

Table A20.2 Coverage of prior HIV testing: Men

Percent distribution of men age 15–49 by HIV testing status and by whether they received the results of the most recent test, percentage of men ever tested, and percentage of men who were tested in the past 12 months and received the results of the most recent test, Dzaleka refugee camp 2024

	Percent distribution of men by testing status and by whether they received the results of the most recent test						
Background characteristic	Ever tested and received results	Ever tested, did not receive results	Never tested[1]	Total	Percentage ever tested	Percentage who have been tested for HIV in the past 12 months and received the results of the most recent test	Number of men
Total 15–49	61.2	0.0	38.8	100.0	61.2	24.1	311
Total 15–54	62.6	0.0	37.4	100.0	62.6	23.6	330

[1] Includes respondents who have not heard of HIV or who refused to answer questions on testing