

The Malawi Longitudinal Study of Families and Health

Newsletter 2013-1:
MLSFH Summary
1998–2012



Project Description

The *Malawi Longitudinal Study of Families and Health (MLSFH)* is one of very few long-standing publicly-available longitudinal cohort studies in a sub-Saharan African (SSA) context. It provides a rare record of more than a decade of demographic, socioeconomic and health conditions in one of the world's poorest countries, and has been the basis of more than 150 publications/working papers. A newly released *MLSFH Cohort Profile*, available as PSC Working Paper 2013-06 (http://repository.upenn.edu/psc_working_papers/46), provides an up-to-date summary. With data collection rounds in 1998, 2001, 2004, 2006, 2008, 2010 and 2012 for up to 4,000 individuals, the MLSFH permits researchers to investigate the multiple influences that contribute to HIV risks in sexual partnerships, the variety of ways that people manage risk within and outside of marriage, the possible effects of HIV prevention policies and programs, and the mechanisms through which poor rural individuals and families cope with the impacts of high morbidity and mortality that are often—but not always—related to HIV/AIDS. The MLSFH been used to document (a) the influence of social networks on HIV-related behaviors and perceptions, (b) the HIV prevention strategies employed by individuals in rural high-HIV prevalence contexts, (c) the relationship between life-course transitions and HIV infection risks, (d) the acceptability of HIV testing and counseling (HTC) and the consequences of HTC on subsequent behaviors, and (e) the health and well-being of individuals facing multiple challenges resulting from high disease burdens and widespread poverty.

MLSFH Summary

The MLSFH is based in three districts in Malawi—Rumphu in the North, Mchinji in the Center, and Balaka in the South—and major MLSFH data collection has been conducted in 1998, 2001, 2004,

2006, 2008, 2010 and 2012. The MLSFH began in 1998 with a sample of ever-married women aged 15–49 and their spouses. In 2001, respondents were re-interviewed, along with any new spouses since 1998. In 2004, in addition to re-interviewing the 1998 and 2001 study population and new spouses, the MLSFH added a sample of approximately 1,000 adolescents aged 15–24 to compensate for the aging of the initial MLSFH sample and the underrepresentation of unmarried individuals at adolescent and young adult ages. During the 2008 MLSFH round, a sample of parents of the original MLSFH respondents was added to the MLSFH to increase the suitability of the MLSFH for studying intergenerational aspects and the health of older individuals in Malawi. This study population was re-interviewed in 2010. The 2012 MLSFH round was restricted to mature adults, defined as individuals aged 45 and over. The sample size, age ranges, gender distribution and follow-up rates of the MLSFH 1998–2012 are as follows:

MLSFH	N	Age (percentile)	
		25th	75th
1998	2,597	25	42
2001	2,546	28	44
2004	3,261	22	43
2006	3,431	24	44
2008	4,036	27	53
2010	3,798	28	54
2012	1,266	50	67

MLSFH	Prop female	N from previous round	% re-inter
			viewed at next round
1998	0.59	–	75.0
2001	0.62	1,949	73.5
2004	0.55	1,872	78.1
2006	0.55	2,546	76.8
2008	0.58	2,635	74.8
2010	0.59	3,020	90.3†
2012	0.57	1,266	–

† among mature adults eligible for 2012 MLSFH

Strengths of the MLSFH include that the MLSFH cohort was selected to represent the rural population of Malawi, where the majority of Malawians live in conditions that are similar to those in the rural areas of other countries in high HIV prevalence: health conditions are poor, health facilities and schools are over-burdened and under-staffed, standards of living are low and nutritional needs of adults, children and the elderly are often not met. In addition, strengths of the MLSFH data include the relatively large sample size, generally high data quality, the longitudinal design covering more than a decade of health conditions and socioeconomic changes in a rural SSA context with high HIV prevalence, and the broad focus of the MLSFH that provides information about health (including biomarkers for HIV), social networks, social and economic contexts, sexual behaviors, marriage and marital transitions and household structures and dynamics.

The *MLSFH Cohort Profile*, available as PSC Working Paper 2013-06 (http://repository.upenn.edu/psc_working_papers/46), provides detailed information about the sampling for the MLSFH, the refreshment of the MLSFH sample over time, and the procedures for HIV testing and counseling that were implemented as part of the MLSFH. It also reports comparisons of the MLSFH study populations with nationally representative datasets, analyses of attrition in the MLSFH sample, and it includes discussions of some specific features of the MLSFH data that have been widely used across many MLSFH-based papers.

MLSFH Data Access

A *public-use version* of the MLSFH data without identifying individual or village information are made publicly available with some delay after data collection. MLSFH data up to 2010 (MLSFH 6) can currently be requested on the project website at <http://www.malawi.pop.upenn.edu>. These data are also processed for inclusion at the ICPSR at the University of Michigan. Researchers inter-

ested in using MLSFH data that have not (yet) been made available as part of the MLSFH public use data files can submit a two-page proposal (including an analysis plan and IRB plan) to the MLSFH principal investigator (<mailto:hpkohler@pop.upenn.edu>). If deemed scientifically sound and not overlapping with ongoing MLSFH research projects, researchers will then be asked to sign a Data Use Agreement to be able to access and utilize the MLSFH data that are not part of the public-use data sets. All analyses of the restricted MLSFH data are conducted in collaboration with members of the MLSFH study team.

Project Website

<http://www.malawi.pop.upenn.edu>

Online access to MLSFH micro-data, newsletters, working papers and project documentation. A MLSFH Mailing List is available for researchers working with or interested in the MLSFH.

MLSFH Partners

The MLSFH is conducted by the [Population Studies Center](#) at the University of Pennsylvania, in collaboration with the [College of Medicine](#) at the University of Malawi and [Invest in Knowledge \(IKI\)](#) in Zomba, Malawi. The College of Medicine has been the partner institution for the MLSFH since 1998, and it is among the leading medical and public health research and training institutions in SSA. IKI has been a collaborator of the MLSFH since 2006, and has extensive experience in the implementation of complex data collection in Malawi. In fact, IKI was founded by members of the MLSFH research team, and it has become a very strong research organization working with us on NIH funded projects, as well as with several other research teams on projects for the World Bank, DFID, Rand Corporation, and Gates Foundation. IKI represents one of several “*success stories*” of past capacity building by the MLSFH research team in Malawi.

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