

The Malawi Longitudinal Study of Families and Health

Newsletter 1/2008:
Project Description



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The *Malawi Longitudinal Study of Families and Health* (MLSFH) is a collaboration of the University of Pennsylvania with the College of Medicine and Chancellor College at the University of Malawi. The MLSFH continues earlier research under the *Malawi Diffusion and Ideational Change Project* (MDICP). The goal of the MLSFH is to (1) *collect longitudinal data* in rural Malawi that provide a rare record of more than a decade of demographic, socioeconomic and health conditions in one of the world's poorer countries, and (2) *analyze* these data to investigate

- the multiple influences that contribute to HIV risks in sexual partnerships
- the variety of ways in which people manage risk within and outside of marriage and other sexual relationships;
- the possible effects of HIV prevention policies and programs; and
- the mechanisms through which poor rural individuals, families, households, and communities cope with the impacts of high AIDS-related morbidity and mortality.

The MLSFH continues to collect an unusually rich combination of *panel survey data* (with survey rounds in 1998, 2001, 2004, 2006, 2008, and ongoing data collection until 2010), *qualitative data*, *sexual and social network data*, and *biomarkers* for HIV, STIs and other health indicators. The study sites are in the North (Rumphi), Center (Mchinji) and South (Balaka) of Malawi. In 2006, the project interviewed 3,950 men and women aged 17–57. The project data, along with the project newsletter and other documentation, are publicly available at <http://www.malawi.pop.upenn.edu>.

Key Findings & Implications

¶ HIV prevalence in the study population was 9.1% for women and 4.9% for men in 2006, essentially unchanged since 2004 and somewhat below the DHS estimates for rural Malawi.

¶ Home-based HIV testing and counseling is welcomed by rural Malawians, and may reduce gender, income and rural-urban inequalities in access to VCT and ART.

¶ Large numbers of youth in rural Malawi are sexually connected, often with concurrent sexual relationships, thus providing routes through which HIV can spread rapidly.

¶ Although aggregate HIV prevalence is higher in Balaka, where many men are circumcised, there is nonetheless a protective effect of circumcision on individuals; however, this is counterbalanced by the greater frequency of marital turnover in Balaka than in the other study sites.

¶ More affluent men are significantly more likely to be HIV positive than poorer men, suggesting that wealth is a driver of the epidemic; among women 15-24, those who are married are four times more likely to be HIV+ than those who are single, suggesting that marriage, especially to relatively wealthy men, may be a risk factor.

¶ There is no “silence” about the AIDS epidemic in rural Malawi; in contrast, informal conversations about AIDS in public settings are frequent and widespread, and these social interactions causally affect risk perceptions and the adoption of prevention strategies.

¶ Strict adherence to the ABCs of prevention is not fully accepted; a compromise strategy is partner reduction, combined with the avoidance of partners who are seen as risky, and the use of condoms with bar girls and prostitutes.

¶ Correct knowledge about the epidemiology of HIV and the ABC's of prevention are widespread. But so are important misconceptions: rural Malawians *overestimate* the HIV prevalence in their communities, and they *overestimate* the risks of becoming infected through a single unprotected sexual intercourse with an HIV-positive person.

¶ Families continue to provide important safety nets that mitigate the consequences of AIDS-related mortality and morbidity; important features of these safety nets are monetary assistance and caring for those with AIDS and for orphans.

Research Team

The MLSFH is supported by an extensive multidisciplinary network of scientists at more than 40 institutions in Africa, the United States and Europe. The research team is dedicated to integrating new researchers—particularly young scholars from African countries—into its activities, and to making the results and data of the MLSFH widely available for public use. Key investigators include:

At the *Population Studies Center, University of Pennsylvania* (<http://www.pop.upenn.edu>)

- Dr. Hans-Peter Kohler, Professor of Sociology
- Dr. Susan C. Watkins, Professor of Sociology
- Dr. Jere R. Behrman, Professor of Economics

At the *University of Malawi* (<http://www.unima.mw>)

- Dr. Frank Taulo, Director, Centre for Reproductive Health, College of Medicine
- Dr. Winford Masanjala, Chair, Department of Economics, Chancellor College
- Mr. James Kaphuka, Chair, Demography Unit, Chancellor College

Selected Key Publications

Results of the MLSFH and MDICP have been published in leading demographic, sociological, economic and biomedical journals. A complete list of project publications is available at <http://www.malawi.pop.upenn.edu>. Selected key publications of the MLSFH team include:

Bignami-Van Assche, S., L.-W. Chao, P. Anglewicz, D. Chilongozi, and A. Bula (2007). The validity of self-reported likelihood of HIV infection among the general population in rural Malawi. *Sexually Transmitted Infections* 83(1), 35–40.

Chimwaza, A. and S. C. Watkins (2004). Giving care to people with symptoms of AIDS in rural sub-Saharan Africa. *AIDS Care* 16(7), 795–807.

Helleringer, S. and H.-P. Kohler (2005). Social networks, risk perceptions and changing attitudes

towards HIV/AIDS: New evidence from a longitudinal study using fixed-effect estimation. *Population Studies* 59(3), 265–282.

Helleringer, S. and H.-P. Kohler (2007). Sexual network structure and the spread of HIV in Africa: Evidence from Likoma Island, Malawi. *AIDS* 21(17), 2323–2332.

Kohler, H.-P., J. R. Behrman, and S. C. Watkins (2007). Social networks and HIV/AIDS risk perceptions. *Demography* 44(1), 1–33.

Obare, F., P. Fleming, P. Anglewicz, R. Thornton, F. Martinson, A. Kapatuka, M. Poulin, S. C. Watkins, and H.-P. Kohler (2008). Acceptance of repeat population-based voluntary counseling and testing for HIV in rural Malawi. *Sexually Transmitted Infections*, (provisionally accepted).

Poulin, M. J. (2007). Sex, money, and premarital relationships in southern Malawi. *Social Science and Medicine* 65(11), 2383–2393.

Reniers, G. (2008). Marital strategies for regulating exposure to HIV. *Demography* 45(2), 417–438.

Swidler, A. and S. C. Watkins (2007). Ties of dependence: AIDS and transactional sex in rural Malawi. *Studies in Family Planning* 38(3), 147–162.

Thornton, R. L. (2008). The demand for learning HIV status and the impact on sexual behavior: Evidence from a field experiment. *American Economic Review*, forthcoming.

Watkins, S. C. (2004). Navigating the AIDS epidemic in rural Malawi. *Population and Development Review* 30(4), 673–705.

Resources & Data

MLSFH & MDICP Project Website
<http://www.malawi.pop.upenn.edu>

Online access to MLSFH & MDICP micro-data, newsletters, working papers and project documentation; links to MLSFH & MDICP publications.

Demographic Research, Special Collections featuring the MLSFH and MDICP

<http://www.demographic-research.org>

Demographic Research Special Collection 1: *Social Interactions and HIV/AIDS in Rural Africa*, including also detailed descriptions and data-quality analyses of the project data collected during 1998–2001.

Demographic Research, Special Collection 8: *HIV/AIDS in sub-Saharan Africa*, including also detailed descriptions and data-quality analyses of the project data collected during 2004–2006.

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