

An investigation for health and economic  
impact of HIV/AIDS in Mangochi District  
households (*Semi Urban and Rural  
areas*):*A Cohort Study*

By

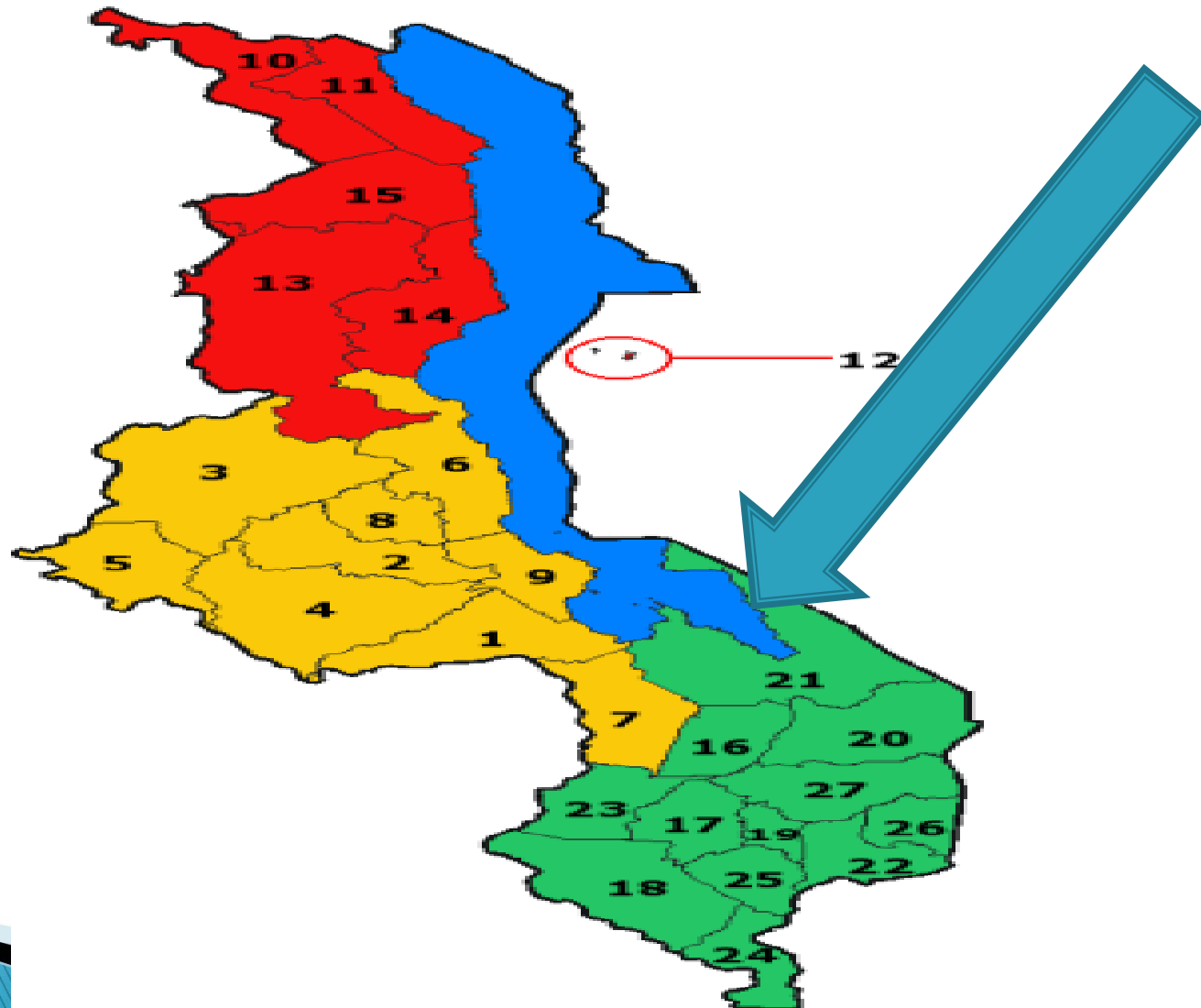
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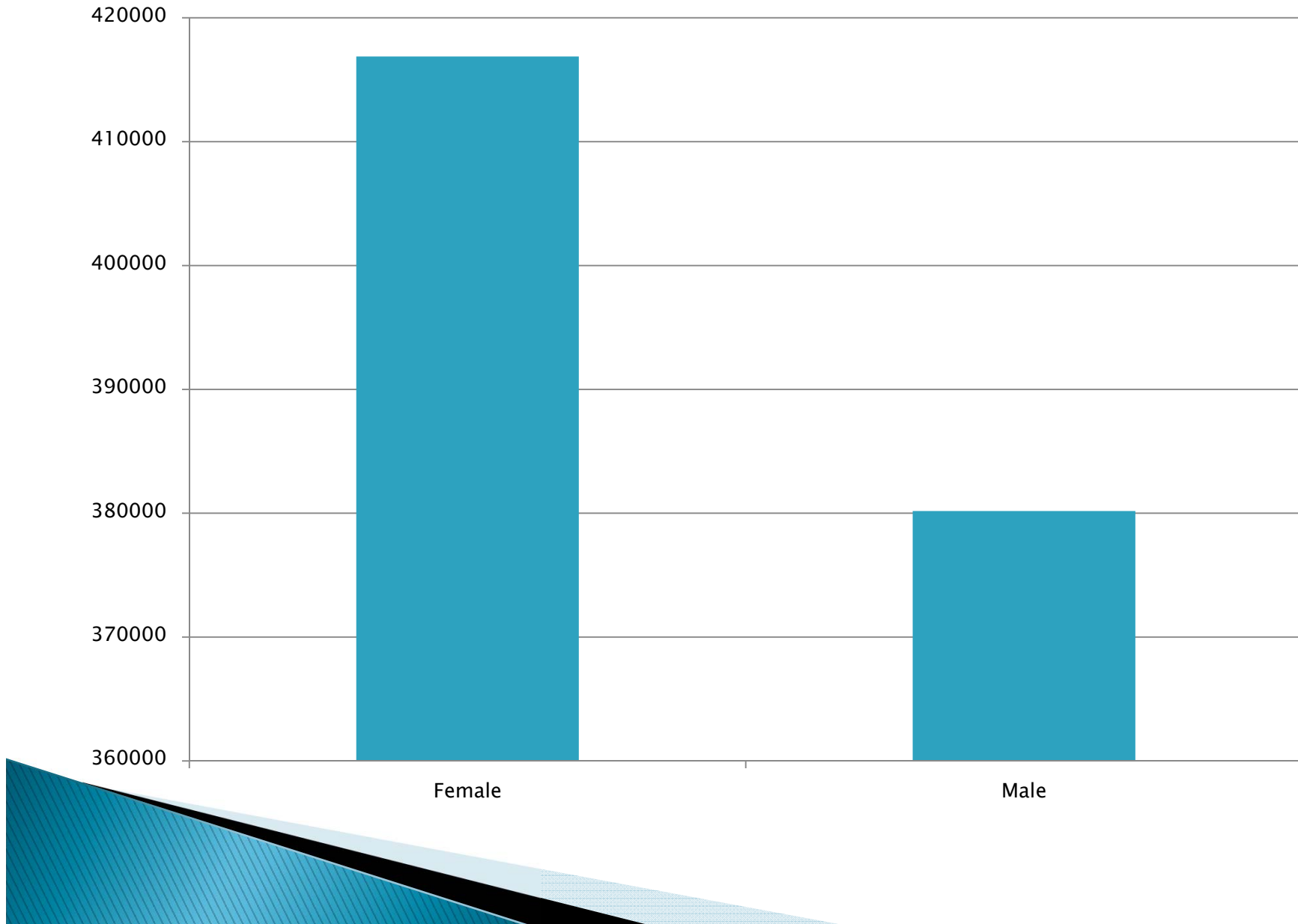


# BACKGROUND

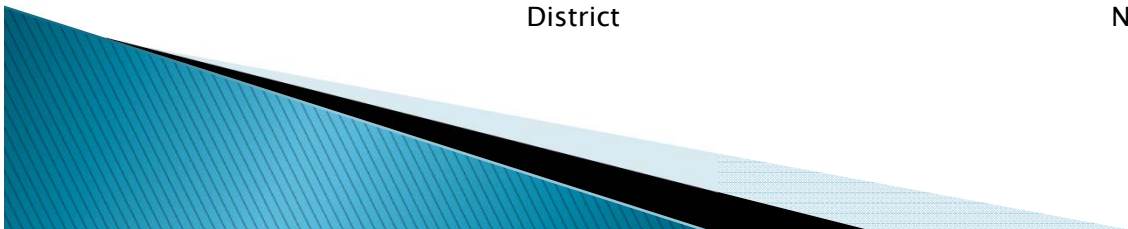
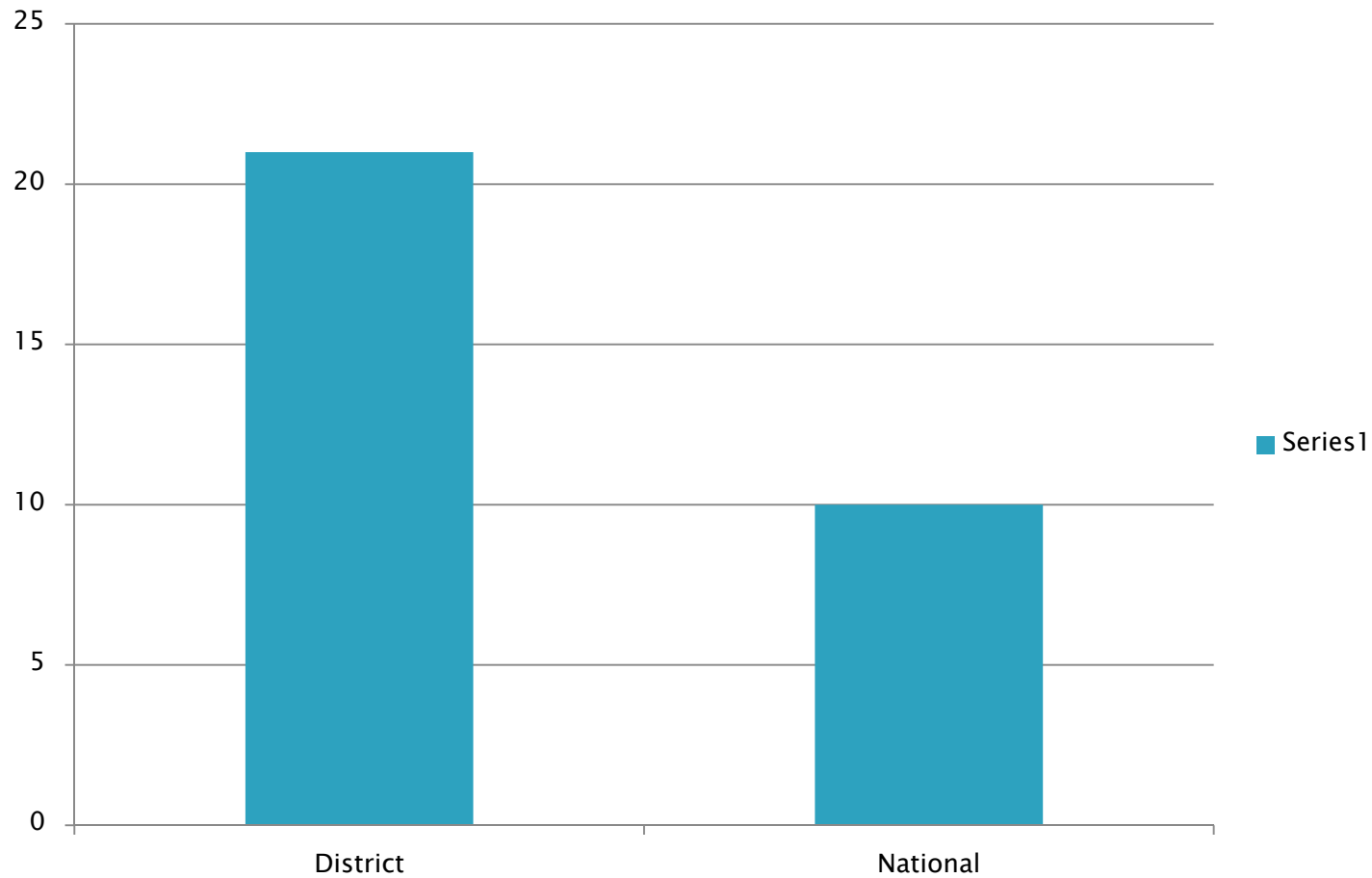
## Map of Malawi-Mangochi District



# ▶ Mangochi District Population, 2008: 797,061



▶ District HIV/AIDS prevalence rate versus National prevalence rate



- HIV/AIDS is spreading rapidly in Malawi and it imposes a heavy financial burden on the individuals, households and the society
- Notable Households are severely affected by (HIV/AIDS)
- Health and economic impacts have not been quantified in controlled cohort studies in some Districts like Mangochi.



# AIMS/RATIONALE

- ▶ Compare changes in households' incomes and expenditures, in semi urban and rural setting



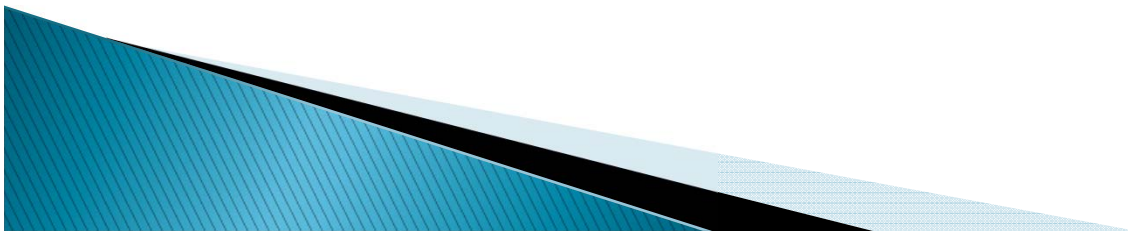
- ▶ Compare the physical, logistic and economic burdens of illness between households affected by HIV and unaffected neighbouring households.

# METHODS

- ▶ Controlled cohort design, with individual- and household-level data from households affected and unaffected by HIV
- ▶ The closest unaffected neighbouring household, in one semi urban and one rural area
- ▶ Subjects known to have HIV were asked by Centre staff for informed verbal consent for their households to take part in the study



- ▶ Eligible affected households were then visited
- ▶ Unaffected households were then identified
- ▶ Data were collected using interviewer-administered questionnaires.
- ▶ The design of the instrument– literature review of household impact research methods, focus group interviews with Semi structured.







- ▶ The questionnaire included questions on the demographic, economic and health in all
- ▶ Statistical analyses were conducted at household and individual levels with Stata
- ▶ Income and expenditure had positively skewed distributions and were logarithmically transformed before linear regression
- ▶ Changes in income and expenditure over 3 months were analysed in linear regression models using analysis of covariance



# RESULTS

- ▶ Baseline information ( Demographic and Economic)
- ▶ Affected 192  1010 members
- ▶ 212 unaffected  884 members.
- ▶ Of the Total 96% were followed up, providing repeated measure data on 94% of baseline individuals.
- ▶ Affected households' incomes per person were about half of, and their expenditures per person were about a third lower than, unaffected.



- ▶ Members of affected households, compared to members of unaffected households, were independently more likely to be continuously ill (adjusted odds ratio 2.1, 95% CI (1.3–3.4 at follow up), and to die ( 3.4, 95% CI 1.0–11), mainly due to infectious diseases
- ▶ Affected households were poorer than unaffected households at baseline (relative income per person 0.61, 95% CI 0.49–0.76).
- ▶ The expenditure and income decreased more rapidly in affected than in unaffected households (baseline–adjusted relative expenditure 0.9, 95% CI 0.75–0.99 and income 0.88, 95% CI 0.75–1.05).



# CONCLUSION

- ▶ HIV appeared to affect income more than expenditure, presumably because HIV imposes additional costs on households, most important of which are health care and funeral costs.
- ▶ In one poor rural and one semi urban area of the Mangochi District, households affected by HIV had a higher burden of illness and were substantially poorer than their neighbours.



Thank you very much for your attention

