Understanding how women and men make health decisions, individually and within couples, is critical to increasing the use of existing health promoting and disease prevention technologies. While technologies to improve sexual and reproductive health and reduce morbidity and mortality (such as highly-effective contraception, and inexpensive rapid tests to diagnose HIV and antiretroviral medications to extend the life of HIV-positive individuals) exist, some individuals who would benefit are nevertheless not utilizing them. The lower-than-expected utilization of many health technologies worldwide led to the development of the UTHA Cohort Study.

Purpose
- This community-based project, conducted via home-based visits, aims to understand factors associated with diminished health among men and women living in rural Malawi. The Cohort Study's Wave 1 is designed to measure health behaviors and risks relating to HIV testing and care, family planning, and safe childbirth, as well as many other self-reported measures of health.
- The UTHA Cohort Study is being developed to serve as a platform to test clinical and community-based interventions to respond to health needs. Our long-term goal is to create interventions to improve health decision making and thereby reduce risk for adverse outcomes.

Methods
- Using a comprehensive census of the study catchment area, we randomly selected 11 village clusters to achieve our desired sample size. Researchers went door-to-door throughout selected communities, and invited all women aged 15-39, and their male partners, to participate in a survey.
- Between July 2014 through February 2015, 1030 women and 442 men were interviewed. We used electronic data capture on tablet computers to reduce paper burden and ensure real-time data sharing.

Results
- Nearly all people in the CLI catchment area are from the Chewa ethnic group and speak Chichewa. Like much of rural Malawi, most are subsistence farmers, cultivating maize and vegetables on their own or rented land.
- The majority of households have one or two adults (20% and 70%, respectively) residing in them. A quarter of households (24%) have no children, while most have one, two, or three or more children (23%, 21% and 32%).
- Overall, educational attainment among adults is low. Among women, 20% attended no school; 31% completed fourth grade or less. For men, 10% attended no school; 24% completed fourth grade or less.
- Homesteads are made primarily from brick and mud with thatch or metal roofs, and are grouped in villages. No one in the catchment area has running water in their homes: 72% rely on a bore hole (deep, covered well with pump) and 26% get water from an unimproved well (no cover, no pump); 2% rely on swamps or streams.
- We are currently analyzing the full Cohort Study Wave 1 survey data.

Next steps
- With a large baseline sample, and a research team embedded in and supported by local communities, the UTHA Cohort Study is well-positioned to conduct successive, prospective waves of data collection.
- The Cohort Study's Wave 2 (starting May 2015), will collect biological samples from participants, test them in in-country laboratories, and establish the prevalence of HIV and several other infectious diseases. These data will permit us to assess associations between modifiable decision-making competencies, sexual and reproductive health behaviors, and biological outcomes.