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Lesotho, Infectious Diseases

Lesotho: Improving a Nation's Health

South Africa is a sizably resourceful country with a total area of about 1.22 million square kilometers and a population of over 59 million people. But within it is the smaller country of Lesotho where good supplies, like medical assistance, don't usually come around as much as they do in other places.

Agriculture plays a tremendous role in the lives of Basothos (people in Lesotho), but this aspect of their lives has been, to some extent, compromised by their health statuses. Basothos aren't able to live long enough to run their farms because of the multiple detrimental factors that are causing them to die out so soon from disease. Right after eSwatini, Lesotho has the second-highest occurrence of HIV in the world making it an ideal place to have better healthcare services there for those people than what is already offered. While Basothos do have access to multiple clinics and a few hospitals, the healthcare provided is not enough to say that it is actually improving their health. Additionally, women sometimes have to resort to drastic, often intimate, measures to survive when they don't have many resources like food for example. Regardless of what resources women do and don't already have, some men believe that women don't have the right to refuse them of anything, including sex. This aspect accounts for the factors that are increasing the amount of HIV occurrences that is damaging their communities and especially takes a toll on those who play a role in cultivation. Actions like providing specific, more affordable healthcare and giving Lesotho's women their voices back by educating the people more about HIV need to be taken to address the nation's medical disparities so that they can not only better the lives of their people, but also their agricultural sustenance.

Lesotho is a small country with a population of 2.051 million people and is entirely surrounded by South Africa which means that it has no direct access to the oceans (Lesotho, 2020). Their government is based on a parliamentary constitutional monarchy where they have a king and a prime minister, but the prime minister holds the majority of the power in the government, including affairs pertaining to agriculture. Having only 28.2 percent of the nation urbanized and a moderate climate with an adequate rainfall occurring throughout the year from October to April, the rest of the 71.8 percent is rural land that is very suitable for the 77.64 percent of land that's been cultivated and provides them with stability (Lesotho, 2020). While it doesn't account for a lot of the country's total income, agriculture is still a big part of Basotho life especially in exportation since the mohair and wool used to make clothing comes from the different goats that the farmers raise make up 40 percent of the country's main exports (Lesotho Exports, 2020). With the average farmer having about 1.3 hectares (which is equivalent to 1.5 soccer fields) of land to work off of, most tend to also grow staple crops like corn, wheat, and/or sorghum for eating since they're fairly easy to plant (Lesotho, 2020). Lesotho's cultivation keeps the people in fair standings, but it's not always like that since there are times when people have to take drastic actions to stay afloat which can impact the medical side of the situations they deal with. This is especially true within the rural communities where access to specific tools is often limited.

The typical family has about 3 to 4 members who reside in rectangular or circular hut houses that consist of 2 to 3 one room houses; the parents' room and the dining room are in the larger house while the kitchen, childrens' rooms, and etc. are in the others (Lesotho Average Household Size, 2019). For their meals, they typically make staple crops like corn and wheat into porridges like pap-pap while also making sorghum into homemade beer (Ethnic Food of Lesotho, 2018). They also eat seasonal fruits and vegetables that they grow and meats like chicken to keep their diets balanced. Basothos mainly eat chicken for protein since other livestock like cattle and goats are only eaten at special occasions like weddings and funerals (Ethnic Food in Lesotho, 2018). For families in Lesotho, education isn't hard to come by since they have both primary and secondary schools in the surrounding areas, but there are multiple hardships that children face while attending school that causes them to drop out, this is especially true for girls. Girls face challenges like lacking the proper knowledge of basic sanitation and what to do during their menstruation cycles or, if they go to schools or live in communities that don't have water readily available, they run the risk of being raped by strange men (Agents of change: Children in Lesotho bring improved sanitation from classrooms to communities, 2017). Not all children in the country have gone through this experience to have caught HIV, some are just born with it. Additionally, while some of the youth make up a small percentage of people infected by HIV in Lesotho, it shouldn't have to be that they have to seek care for something that could've been prevented if people were to be more educated and take into account the consequences of their actions.

As of 2018, 23.6 percent or 340,000 people in Lesotho are living with HIV and with their country having the second-highest occurrence of it in the world it's hard to say that the situation is not getting any better (HIV and AIDS in Lesotho, 2020). The obvious factor of these occurrences is the social stigma of men having relations with other men, but there are many other factors contributing to this rise in the disease. For instance, there are not enough healthcare facilities that care for their specific health situation. While the government has set it up to where public healthcare is free for those that can't afford healthcare, it is not exactly helping the people any more than what's already done. There are plenty of clinics in both urban and rural communities, but they are not specifically targeted towards helping people with HIV. Even the clinics that do somewhat help people with HIV are not helping everyone, they only help the ones that they have personal relationships with (Lesotho's ailing public health system, 2011). People have had to go to private clinics or the hospital and pay more out of their pockets just to get the proper medical care that they need (Lesotho's ailing public health system, 2011). This is especially hard on the people living in rural areas that have to walk miles just to get to a medical facility that specializes or has specialists that particularly care for HIV patients. Another factor aiding the growing number of HIV cases is that many men in the country believe that women do not have the right to refuse them or say no to them if they want them to do something, including any sexual activities. This has been a problem that women and girls have faced for decades and even though women head the majority of households, it does not change the mens' respect for them. With this especially being a problem when young girls have to venture out in search of water for their families or schools, it has contributed to one of the reasons as to why some dropout of school, all because they simply don't want to be raped. It takes an irreversible toll on them and is also sad that in other cases women have to resort to drastic sexual measures just to get by.

The increasing prevalence of HIV in Lesotho has taken its toll on the Basothos by gradually reducing

life expectancies, taking the voices of women that have been accosted and mistreated, as well as taking the food and money out of people's pockets to pay for treatment. The average life expectancy in Lesotho is 52.95 years old while the average life expectancy of people around the world is 71. People infected by HIV tend to gradually lose the amount of stamina, endurance, and money that a person not infected by the disease would have. Hypothetically speaking, if a typical farmer was to be infected by the disease, than in a matter of months, he would not have the same physical drive nor money that he did before to get out and tend to his land like he needs to, instead he would spending his assets trying to get medical care to get better. This would ultimately be detrimental to him as well as others that live off of his sustenance since the disease will eventually leave him without enough money to sustain the crops. If other people and farmers are going through the same situation then how else will these people be able to get the nourishment they need unless they go out in search of it in other places that do have food. With the drought that happened from 2014 to 2016, many were food insecure and had turned to radical measures as a way to get food, actions like selling their daughters for marriage to get some sort of bridal price or, primarily for women, perform sexual acts (Lesotho links climate shock to HIV infection rates, 2019). The mistreatment of women has aided to the rising number of cases the disease has and with the Basothos not being as educated in the disease as they should have been when it was first detected, the number is just going to become greater unless something is really done about it.

To properly address the problems that Lesotho is facing amongst its people with food insecurity, one has to thoroughly examine and fix the medical disparities that are causing food instabilities within the rural communities. The first part that needs to be corrected is that there needs to be more private/specialized clinics that are affordable and within people's reach. Public healthcare is already free for underprivileged Basothos which is great for those that need general care, but it doesn't do much for people who need specific medical attention for a particular health problem or disease like HIV (Lesotho's ailing public health system, 2011). It causes those that have enough money to go out of their way to get treatment, while the rest are left to do nothing; as one resident put it, "Though this private clinic is expensive, it's much better than our local clinic" (Lesotho's ailing public health system, 2011). To fix this, there needs to be more medical funding in the economy so that some clinics can become specialized clinics and that private healthcare can become more affordable for those that need it. The money to do so would come from the military's funding since there is little need for them in Lesotho. Lesotho has put 698 million Loti (USD \$52.6 million) into the funding of their military, it's useless since the country is surrounded by a larger country who has one of the most powerful militaries in Africa that has about 17 times more soldiers than them (How Lesotho could abandon its army and put the money to better use, 2018). Instead of being lone militaries they should join forces to form one sole military so that if outside powers try to attack them then both countries will step up to take on the enemy as a unit. The military wouldn't have to have all its funding taken away but at least a good chunk of it would go into medical needs of the country. The money would be used to fund the renovations of some general clinics into private HIV-related clinics as well as the medical expenses for people who can't afford private healthcare. Additionally, to solve the problem of the possibility of money running out due to how many people need private healthcare, there will be a certain cut off point for who it will be free for and who it won't be totally free for. Those who fall too far below the poverty line will have free private healthcare, while others who are in the middle

(below the poverty line but don't have enough to be on the line) or right on the poverty line will have to only pay a fraction of the typical private healthcare price depending on their money and family situation. Families will eventually be able to afford both proper healthcare and food again and not force them to settle for one or the other.

The second part that needs to be implemented is to make it to where women, particularly the ones that live in rural communities, can feel safer whenever they go out in search of water or go out in general and to give them their voices back. Allowing volunteers and different organizations to come out and fund the building of clean water stations in close proximity to where these people live would provide these women with safer ways of getting water. However, whenever they're going out to do or get other things it is not necessarily safe since they run the risk of being accosted by men because of their lack of respect for them. Fixing this issue brings us into the third and final part, to educate the people of the growing HIV prevalence and its detrimental effects on their society. Regardless of if they know them or not, women need to speak out against these men that've done these treacherous things to them and put them in prison. Next, the prisoners and the rest of the population need to be educated on HIV and sexual behaviors, similar to the route that Uganda took to reverse their HIV rates. In the 90s, Uganda had one of the highest HIV rates at 30%, but brought it down to 5% by 2001 by reforming the country's sexual behaviors with an approach using "ABC" (A-abstinence, B-be faithful, and C-use condoms) (HIV/AIDS prevention in Uganda: why has it worked?, 2005). Uganda didn't think that providing condoms was all they'd have to do, they took the time to inform their people of the disease and the effects. By implementing this Ugandan structure, Lesotho could be able to reverse its HIV rates as well which could increase life expectancy, lower mortality rates, and help people to think before they do anything legally/ illegally sexual with someone.

With making these sort of proposals there are bound to be conflicting views as to why they need to go about their situation the way I've suggested. This isn't an issue that can be fixed so easily, but to at least sit down as a country and discuss how and if we should continue this plan of action for their medical disparities. In order to do this you would have to get on the deeper level of getting community leaders to have this conversation within their communities then report back to district leaders on the higher level and so on and so forth. Conducting the conversation this way would get the people on a general base of the position that people would be in when passing this motion or declining it. This way would provide the Lesotho people with a way to say that their thoughts and expressions over the situation have been heard while also letting them know that the majority rules. The majority would rule, but those who opposed it would need time to accept it which is why we would also gradually move into the full effect of it by introducing this in phases so that the Basotho's won't feel like their country going on a downhill spiral when this is actually providing a change for the greater good of their own health and wellness.

Lesotho is a small country with big problems, but it is viable. The agriculture sector is good, but it could be better if the people were to receive better medical help. Women are disrespected to the point where they're raped. Local medical care is basic and not good enough for those with certain diseases like HIV. Affordable and privatized clinics, getting justice for women, and educating the population need to be implemented to save this nation. Utilizing the ideas that I have suggested could reverse the

toll HIV has had on them and revitalize their health and food security.

Works

Cited

“A crisis in Lesotho: Children without families.” (2004, March 22). Retrieved June 14, 2020.

https://www.unicef.org/infobycountry/lesotho_20016.html

“Agents of change: Children in Lesotho bring improved sanitation from classrooms to communities.” (2017, October 26). Retrieved June 14, 2020.

https://www.unicef.org/infobycountry/lesotho_100943.html

l

Editor, A. (2019, January 25). “Lesotho study links climate shock to HIV infection rates.” Retrieved June 14, 2020.

<https://africatimes.com/2019/01/25/lesotho-study-links-climate-shock-to-hiv-infection-rates/>

Genius, Steven J. and Genius, Shelagh K. “HIV/AIDS prevention in Uganda: why has it worked?”.

Postgraduate Medical Journal,
2005;81:615-617.

Harris, G. T. (2019, November 13). “How Lesotho could abandon its army and put the money to better

use.” Retrieved June 14, 2020.

<https://theconversation.com/how-lesotho-could-abandon-its-army-and-put-the-money-to-better-use-106179>

“HIV and AIDS in Lesotho.” (2020, April 23). Retrieved June 14, 2020.

<https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/lesotho>

o

IRIN, P. (2011, October 07). “Lesotho's ailing public health system.” Retrieved June 14, 2020, from

<https://www.theguardian.com/global-development/2011/oct/07/lesotho-ailing-public-health-system>

Lapierre, L. (2019, January 15). "Ethnic Food of Lesotho". Retrieved June 14, 2020.

<https://traveltips.usatoday.com/ethnic-food-lesotho-36010.html>

Legum, C., Cobbe, J., & Guy, J. (2020, May 21). "Lesotho." Retrieved June 14, 2020.

<https://www.britannica.com/place/Lesotho>

"Lesotho Average Household Size". (2019, December 11). Retrieved June 14, 2020.

<https://www.arcgis.com/home/item.html?id=ad3afd20833e4cdc954822b383fc571a>

"Lesotho Exports" (2020). Retrieved June 14, 2020. <https://tradingeconomics.com/lesotho/exports>

Matobo, Thope A., Khoeli, Makhala B., and Mpemi, Regina M. *The Impact of HIV and AIDS on*

Agriculture and Food Security in Lesotho. Roma: National University of Lesotho, 2006. Digital.

"Lesotho". (2020). Retrieved June 15, 2020. <http://www.fao.org/family-farming/countries/lso/en/>