

Jenna Paulus
Rockford Senior High
Rockford, IA
Zimbabwe, Southern Africa - Factor 12: Human Diseases

Zimbabwe — Improving Health

Zimbabwe is short for The Republic of Zimbabwe. It is a landlocked country located in the southern part of Africa. In comparison, Zimbabwe is a little larger than the United States' State of Montana. Zimbabwe has a land area of roughly 390,757 square kilometers, with water covering only about 1 percent. It has a plethora of natural resources including gold, copper, nickel, platinum metals, iron ore, coal, and many more. Zimbabwe's population is estimated to be around 16 million people, with a growth rate of 2.32 percent. Most of Zimbabweans live in rural areas as subsistence farmers, growing crops and raising animals to feed their families. Zimbabwe is not only facing health problems, but are also dealing with environmental problems such as deforestation, air and water pollution, poor mining practices causing land degradation, and soil erosion.

Rural families living in Zimbabwe face struggles daily. Most of the rural families do not have tap water. A large amount of the roads are not well paved in rural areas and do not serve modern transportation. Road and travel situations get worse during the rainy season which is November through March. Houses are typically scattered and separated by bushes. It is not uncommon to have an older brother or sister looking after their siblings without any parents.

Some rural families are wealthier than others because they have support from their children who work in the city. Family is the base of the Zimbabwean Society. A typical family has at least two children, a wife, and a husband. Gender roles are defined within each family, in most families, women play a subordinate role. It is expected of women to serve their husbands and work for them.

Staple foods are maize, corn and sadza, which is made of cornmeal and is typically eaten with vegetables or meat. Most Zimbabweans eat 3 meals, breakfast, lunch, and dinner. Breakfast consist of porridge made of cornmeal or oatmeal, cereal, or bread and tea. Lunch and dinner are similar meals both containing sadza. Since there is no access to the sea, therefore seafood is an uncommon choice of food.

Education is seen as valuable, as it leads the way to a good job. Zimbabwe has basic education, with most people having at least three years of elementary education. Children are expected to look after their parents in their old age, therefore parents are willing to spend money on their child's education. Many people of Zimbabwe graduate with multiple degrees, but are not able to use them to better their current conditions.

The literacy rate has been increasing with over 3/4 of Zimbabweans being literate. More men than women can read and write, and men tend to complete higher levels of education. The literacy rate in rural areas is 70 percent compared to a 90 percent in the city. As a country, Zimbabwe has the highest literacy rate of 90.7 percent for the total population.

Traditionally, work is divided along gender lines. Women tend to do the domestic work such as cooking and housekeeping. They are also able to do “light” farm work such as cultivating and planting. Men mainly work outside caring for cattle, hunting, and cultivating the land. Roles are starting to change, though. Men are starting to help with tasks that were originally set aside for women and women are starting to help herd and milk cattle. Although they have a high literacy rate and an abundance of natural resources, Zimbabwe is one of the poorest countries in Africa today. They have an unemployment rate around 95 percent. Most of Zimbabweans live below the poverty line, living on less than \$1.25 per day.

The country of as a whole Zimbabwe lacks proper health care affecting the rural population the most. Many of the workers in the health field leave the country in order to find better working conditions and pay¹. Most communities do not regularly have a fully trained nurse, and it is even more rare to have a doctor. From 2000-2010, WHO (World Health Organization) reported there was about two doctors for every 10,000 people. There is not enough medicine for the people, and it is always in short supply. Zimbabwe is one of the HIV/AIDS killing zones in Africa. In 2003, there was an estimated 1.5 to 2.5 million people living with AIDS. From that number only about 23,000 people were receiving antiretroviral therapy as of 2005². [Antiretroviral therapy is the combination of medicines to slow the rate HIV makes copies of itself, and tends to more effective than using just one medicine.] As of today, there are more than one million people are currently living with HIV/AIDS. AIDS tends to affect people while at the most productive age³. In 2009, there was 1.2 million people living with HIV/AIDS. That same year roughly 83,000 people died. Only 46 percent of young women have been tested for HIV. HIV attacks the CD4 cells, and uses the cells to make more. When the virus has ruined a certain amount of cells it is known as AIDS. An individual with AIDS is easily prone to other infections. Along with HIV/AIDS, there are other diseases threatening Zimbabweans such as; malaria, diarrhea, rabies, and more. Zimbabwe has around 400,000 cases of malaria each year. Malaria is transmitted by Anopheles mosquitoes. When the female mosquito carrying the disease bites a human, the parasites are injected into the bloodstream. Once in the blood stream, the parasites go to the liver and start producing a multitude of harmful organisms. Many of the diseases that affect this area are from a lack of sanitation. Less than half of the population does not have access to proper sanitation.

Over seventy percent of the people depend on agriculture for their living. Maize or corn is the staple food crop, with millet, wheat, and barley grown for the local market. Some other commonly grown crops are soybeans and peanuts/groundnuts. The most valuable crop to Zimbabweans is tobacco. Most of the land is under equipped and underutilized. Approximately 4,500 white commercial farmers control one-third of the productive land. Commercial farming produces over ninety percent of the crops. Large-scale commercial farmers grow cash crops such as tobacco, cotton, sugar, tea, coffee, and more. Black farmers and peasants have produced around seventy percent of the maize and cotton each year. For a long time beef was an important export, until there was an outbreak of foot and mouth disease. After the outbreak of the foot and mouth disease, the export quota for beef expired from which strict requirements were set to control the disease, which Zimbabwe could not afford. A survey in 1997 conducted by Zimbabwe Farmers' Union showed a decline of almost fifty percent in agricultural output from households that were affected by AIDS in comparison to households unaffected. Due to illness and death related to AIDS, smallholder and commercial farms production of maize went down 61 percent. For this same reason other crops such as cotton, vegetables and groundnut were cut in half. Food insecurity increases with the loss of labor and income. The households affected by HIV/AIDS lack time, money, and labor which are all needed when farming⁴. A decrease in agricultural labor force is the result of a decline in crop variation, yields, and soil fertility⁵.

Zimbabwe's economy is lacking. Because of this lacking, the health system takes a hard hit. Many public hospitals are having shortages of everything including: medicine, equipment, staff, and more. It is likely that select illnesses will not be treated, along with certain accidents or emergencies. Very few people receive treatment for HIV, resulting in many deaths. HIV/AIDS are spread by bodily fluids, largely contracted by unprotected sex.

Since there is such a large number of people who have HIV/AIDS, it affects their lifestyles. Because of this amount, less people have been in the agriculture field, and are becoming too sick to work. When the number of agriculture workers goes down, farms become less productive, hurting everyone, and causing food shortages. This found to be common in women. They are getting too sick to work or leaving work to care for family members and relatives. The amount of AIDS deaths directly affect the number of agricultural workers. Since most deaths occur when workers are in the most productive years, it leaves less experienced workers resulting in reduced productivity. In order to reduce the prevalence, treatment programs for HIV/AIDS have increased. For treatments to work effectively, it requires people to receive adequate nutrition. With treatments such as drugs, people have been known to sell their medication to buy food. The impact of AIDS is not only a problem in the healthcare sector, it is now a problem for all other sectors. The disease is causing a decline in human development, which is then reversing gains previously made in the country, socially, and economically⁶.

Education also receives an impact due to AIDs. Due to sickness and death, the amount of experienced teacher will be reduced. Parents may choose to keep their children out of school in order to care for the sick, take care of the house, and even work. When a family member becomes ill, the families income is reduced due to the loss or reduction of one income. This causes the family to not be able to afford other things. Other things include school, causing children to drop out, because it is unaffordable. This is an example of why it is important to educate people within the school system.

My proposal to assist the health care system and facilities would be tough. I would start by educating the country about HIV/AIDS by speaking to the school systems and to have talks related to this issue . I would also work with organizations in Zimbabwe to help educate the adults not in school. Organizations such as ZAN (Zimbabwe AIDS Network), New Start Centre. The New Start Centre allows people testing for only fifty Zimbabwean dollars, and the Zimbabwe Red Cross. Some improvements will be left up to individuals as a choice or lifestyle change. Such changes would be choosing to listen to the advice of using protection, having one partner with whom they are sexually active with, thus reducing the amount of polygamist relationships, resulting in fewer new cases of HIV. Free health care clinics would be held to help spread knowledge about how HIV is transmitted and spread. With these clinics I am hoping to educate the public for the better safety of everyone.

Hospitals being understaffed is more difficult to solve, as you need a certain level of education. I would talk to the government about having an incentive program for people choosing the medical field, and continuing to work in hospitals. One incentive would be for those working in hospitals, that they would get help from the government paying off college debt, since they are helping solve a bigger problem. Another incentive would be more benefits and better health coverage to staff members. Once there is adequate staff in the hospitals, medicines can improve. By having other countries help in the beginning it would allow Zimbabwe to slowly gain momentum to the end goal of being more self-reliant. Zimbabwe can work with donor funded projects to bring in medicines, such as Vitamin Angels. Vitamin Angels helps at-risk places gain access to life changing vitamins and minerals. Along with the help of Vitamin Angles, occupants would also receive essential supplements they miss due to food shortages.

After getting these supplements people will have improved daily intake of vitamins and minerals resulting in improved their health, which in turn would lead to more people farming, increasing the production through the country.

By working with the Red Cross, I would suggest talking to larger, more funded hospitals around the world, seeking their used equipment. When larger hospitals acquire newer technology and equipment, it would be beneficial to lower income hospitals to receive their older, but usable equipment, this would improve the lower income hospitals sustainability. With the success of this project we will have equipment to assist in more crucial accidents and emergencies.

To summarize my proposal, the basis would be education. Educating the people of Zimbabwe would begin with lifestyle choices in regards to HIV/AIDS. Working with various organizations such as the Zimbabwe Red Cross, Zimbabwe AIDS Network, and New Start Centre are ways to educate citizens in regards to lifestyle choices. Education would also include helping the people of Zimbabwe with their farming practices to help improve food quality. Government involvement would be necessary to attract medical personnel and to keep them working in the hospitals and clinics. Government officials of Zimbabwe could work with other country's officials in getting medical equipment technologies upgraded in Zimbabwe. This proposal will take some time and work, but can be achieved to help the people of Zimbabwe.

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