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### **Malawi: Educating to End the HIV/AIDS Epidemic**

Malawi has a subtropical climate, which is relatively dry and very seasonal. The warm and rainy season stretches between the months of April and November, during which, 95% of the year's precipitation takes place. Malawi is a landlocked country that is 45,747 miles in size, which is about the size of Pennsylvania. It is bordered to the north by Tanzania, to the east and south, southwest by Mozambique, and the rest of the country is bordered by Zambia. On the eastern border of Malawi is the ninth largest lake in the world, Lake Nyasa, also known as Lake Malawi, which is 376 miles long. (Kalinga)

Malawi's population is 18.6 million, of that 84% is rural and 16% is urban. Malawi's government is a presidential democracy. An average family in Malawi is 4.5 people, and women head three out of every ten households. An average house is built with mud bricks and has a dirt floor. The homes also have thatched roofs, which often require many repairs. (World Bank staff)

A typical family grows most of their food, but sometimes they purchase it from local farmers markets. Most families cook their food on a tripod made with three stone legs, and a flat stone top. The typical diet of Malawians consists of *nsima*, which is a thick starchy meal that resembles porridge. Their diets also consist of maize; occasionally they will dine on potatoes but rarely meat, due to expense. Many fruits including mangos, melons, oranges, bananas, and pineapple are plentiful. (Dolph)

The average farm is .47 hectares, which is equivalent to 1.16 acres. Malawi's major crop is maize, and their export crops are tobacco, tea, cotton, coffee, and sugar, along with maize. Roads in Malawi are in decent condition considering the state of the country. However, roads are not as important for the nation as others, as most farmers are subsistence farmers that grow what they need for their own families. In turn, Malawi has very few local markets due to many people being under the poverty line, and the crops families grow are mainly to support their families and the need to make ends meet. (Food and Agriculture Organization of the United Nations)

84% of people live in rural areas, and eleven million (about 69%) of those people are involved in farming and other agriculture-related jobs. 80% of jobs are agriculture-related, such as a farmer, and roughly 14% of jobs are split between the career fields of nursing, carpentry, motor mechanics, welding, and printing. The remaining 6% represents the unemployed population. The average daily wage in Malawi is 962 Malawian Kwachas, which is equivalent to \$1.33 in US dollars. (Our Africa)

Poverty is a major concern of Malawi. However, that poverty presents itself as a major health

concern for the nation. 75% of Malawians are HIV/AIDS positive, because of sexual violence, lack of sexual education, and healthcare resources.

Healthcare in Malawi is free, but there is a pyramid of importance in their hospitals. Social hierarchy still exists in what should be this unbiased system. However, the main hospitals in the major cities are at the top of the pyramid, receiving all of the supplies they might need. Then, the smaller city hospitals receive most of the supplies that they might need. Finally, the village hospitals, which receive almost none of the basic medical supplies, such as bandages and gauze, the village hospitals usually go weeks at a time without these vital supplies. (UNAIDS, Malawi Healthcare Organization)

In 2016, there were roughly 36,000 new HIV infections and approximately 24,000 AIDS-related deaths. The main populations in Malawi with HIV prevalence are sex workers, with about 25% of workers infected. Homosexual males make up the second largest group of HIV carriers, with a prevalence of about 17%. About 11% of people living in Malawi are infected with AIDS. The amount of people with HIV and AIDS has steadily dropped from about 1,000,000 people to about 850,000 people in about the last 10 years. The younger adult population is still a concern, as 50% of new infections being among the 15-17-year-olds. (UNAIDS)

More and more people are becoming aware of whether or not they are infected with HIV or Aids. About 70% of 15-59-year-olds are aware if they have the disease. Of that 70% approximately 90% are seeking treatment and about 90% are virally suppressed. Most cases of HIV and AIDS are found among the rural population. About 13% of women and about 8% of men are infected with HIV or AIDS. Approximately 4% of young women and about 2.5% of young men are infected. 50% of new HIV infections are found in children. Malawi has a low life expectancy of fifty-three years, which means the older generation is affected just as much, if not more, by HIV and AIDS, with the infection rates dropping from about 98,000 cases in 2005 to about 36,000 cases in 2016. There are 670,000 orphans in Malawi due to HIV and AIDS-related deaths. It is estimated that HIV and AIDS affect 17.4% of the urban population and 8.9% of the rural population. Poverty affects the infected population by creating a lack of resources, food insecurity, and inadequate access to water, among other things. (Malawi National AIDS Commission)

Currently in Malawi condoms are the most used protection from HIV and AIDS and other sexually transmitted diseases. One of the main reasons so many people have HIV and AIDS in Malawi is the spread between mother and child during pregnancy, referred to as mother to child transmission (or MTCT). One way that helps reduce the risk of infecting the children is having a cesarean section, and not breastfeeding the child. Some of the easiest ways to prevent getting HIV and AIDS is to get tested regularly, use condoms, have less risky sex, and limit the number of sexual partners. (Malawi National AIDS Commission)

Sexual violence is also a major problem; a 2011 report estimated that only 3% of all sexual abuse cases involving children were reported. In 2014 the government of Malawi implemented a plan to help fight against gender-based violence (GBV). The nation's action plan is to be

reevaluated in 2020; its main focuses are to prevent GBV by addressing the root causes and to promote the transformation of harmful social crimes. They also want to promote an early referral system that identifies violence and reduces its impact and continuation. (UNICEF)

One of the easiest and most cost-effective solutions for preventing HIV and AIDS is education. If more people in Malawi become educated on how to prevent getting HIV and AIDS, or what to do if they become infected, I feel as if the rate of infection will continue on the downhill trend. One of the weaknesses of this solution is that the current educational system is so lacking that it is unclear how they will be educated and how they will respond to the education. The education needs to be directed at providing Malawians with reasonable responses to the health problem. Simply telling citizens to avoid sexual intercourse will be ineffective. Moreover, the occurrence of sexual violence means that for many, sexual activity is forced and not an act of individual choice.

Education is free, but not compulsory. Most children begin school at the age of six years old and finish when they are around fourteen years old. Some children begin their education but never finish due to poverty and other family commitments. (RIPPLE Africa) Any attempts to educate citizens about AIDS will only be effective if it can reach all citizens.

Another solution is providing free condoms for families. One strength to this is they won't have to worry about whether or not they can afford them. Additionally, this would lower the rate of infection. One of the weaknesses is not all people believe in using. Some do not trust that condoms are, in fact, effective means to limit sexual infections. Others are against the use of any birth control method. Also, people might not be aware of where to get them, and some might not even be aware that they are free.

Getting information out to the people will present a huge challenge for Malawi, as the current situation fails to provide citizens with many basic needs, let alone communication about government initiatives. For example, two in three people have access to clean water, and 9.6 million people (about half of their population) do not have access to a toilet. Additionally, only 11.9% of people have access to electricity. People in Malawi have access to phones, but they are very expensive (four cents per minute). (World Bank, Chitsonga)

A third solution is providing treatment at a lower cost, or free for people who can't afford treatment. One of the major strengths of this solution is providing help for people below the poverty line receive treatment. This is important because most people below the poverty line can afford basic supplies, let alone expensive medical care.

These solutions may not meet all the needs of the country, but I think they will, together, provide a great starting point to help reduce the number of people infected with HIV and AIDS in Malawi.

I would recommend starting by educating people about HIV and AIDS. If someone doesn't know how to properly use a condom or where to receive treatment, what would be the use of those solutions?

The first step in my plan would be to develop an education program such as a presentation disclosing all of the things they need to know, from what HIV and AIDS are, how to properly use a condom and other protection methods, to know where to receive treatment. The Internet is free in most of the country so an online education program or video is an option. One of the downfalls to that though is whether or not people have access to cell phones and computers. The United Nations and World Bank both have programs that they manage in Malawi, so I would feel comfortable if either of those organizations managed this project. Malawi's government, foreign aid, non-profit organizations, and other donations could fund this project. Community members may be certified to educate others on how to stay safe from HIV and AIDS, and others may be educated. The government could help with funding and also the distribution of supplies. Non-profit organizations can also help with funding and provide supplies such as condoms and educational handouts.

Malawi currently has a few policies regarding HIV and AIDS, which include equal access to information regarding different topics. Some cultural things that need to be taken into consideration are whether or not the people believe in the use of condoms and other prevention methods. Also whether or not people believe in medicine and the things it can do for you, another is whether or not they would accept learning about HIV and AIDS from another community member. This project can be sustainable if the organization in charge of it was proactive in reaching out to the community and providing all or most of the supplies necessary such as condoms and resources necessary for treatment.

In conclusion, I believe that the number of HIV and AIDS cases in Malawi can be substantially reduced by proper education, access to prevention supplies such as condoms, cheaper treatment, and also educational materials. In developed countries such as the United States, I think people take things such as condoms and other prevention methods are taken for granted.

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