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Malawi, A Country in Need

Malawi is a country in southern central Africa, in the Great Rift Valley, on the western shore of Lake Nyasa or better known as Lake Malawi. Its capital is Lilongwe and its official languages are English and Nyanja. Malawi has the current population of 19,726,015, with 17.17% being urban and 82.83% being rural. Malawi is a democratic country with a multi party system. Malawi has had three different presidents so that means they have experienced three different types of political leaderships over the period of about forty years. Malawi is 21% cultivated. Its major crops are tobacco, tea, cotton, groundnuts, sugar, and coffee. The major export in Malawi is tobacco. The average farm size in Malawi is 0.7 hectares. Malawi has a “tropical climate or (subtropical at high altitudes), with a hot and rainy season from mid - November to April”. Malawi also has a cool and dry season from mid - May to mid - August. (Phiri, n.d.)

Family is very important to the Malawian culture. The bigger the family the better for all. They typically consist of 4.5 members and extended family all living together in huts made of sticks and mud or housed together with extended family members. Women play a major role in families. They lead three out of ten families while men are out working. Their preferred diet consists of cornmeal called nsima, a type of porridge that is eaten at least two times a day with fruit such as pineapples, mangoes, and bananas. Although vegetables are not a popular part of their diet, fish is a major part of their diet. A large freshwater lake, Lake Malawi, consisting of many fish species provides some food for the communities (Kadzamira et al, 2021). However, education is not a priority. When it comes to reading and writing, students in Malawi are outperformed by students across some areas of Africa. The quality of education is low because of an unreliable infrastructure, poor hygiene, and ineffective teaching (Hinteregger, 2017). Due to a lack of educational funding by the country’s government, high dropout rate, lack of teachers, overcrowded classrooms, students in early childhood perform low in reading and math (Hinteregger, 2017). This lack of education increases the likelihood of poverty. According to

Hinteregger (2017), “Only 35 percent of children in Malawi complete primary school. Many children don’t remain in school because of having to find employment due to poverty. Young girls are less educated because of marrying in their teenage years, having babies, and living with HIV/AIDs.” More of the population in the urban areas are more likely to have electricity, improved sanitation, and drinking water than the rural areas. For example, electricity is used by 4% of the rural population compared to at least 49% of the urban population . (Hinteregger, 2017) . Because Malawi is one of the most impoverished countries in the world, healthcare is not the best. Actually, it’s one of the worst in the world. There is very little money for healthcare facilities and people find it complicated to travel long distances to visit the facilities that are available. (Hinteregger, 2017). A lack of appropriate healthcare creates an increase in diseases.

The HIV/AIDs epidemic has drastically affected the country of Malawi. From 1985 to 2001, about a half a million people died of this disease. Young adults, especially women, are affected at a rate of two times more than the opposite sex in the age group of 19-24. In 2005, a high percentage (50%) of working people died from this disease which affected the structures of the economy (Mwale, 2002). A study conducted by the Malawian Ministry of Health (MMH) found that a higher proportion of women were more affected by this disease than men. More than 50% of sexworkers endure this disease. Food security is highly impacted because economically productive people aged 15-49 are mostly affected by AIDS. Many are unable to continue working and some die. Families are driven to a greater depth of poverty because there is little to no income for the home. Some families are unable to provide the basic necessities for themselves (Mwale, 2002). Tobacco is one crop grown in the country, however, some family members often spend time away from work taking care of sick members of their families or at expensive funerals putting dead family members to rest. Traditional funerals can last a week, and some as long as 365 days. This slows the production of the crop as well as a loss of financial resources. Sicknesses caused by the disease affects workers ability to work and puts huge constraints on its agricultural systems (Ngwira, et al , 2001).

Although the HIV/AIDS epidemic is a challenge, some services have been put in place to prevent the transmission of the disease through education, information, and communication. The National

HIV/AIDS Strategic Framework was created with some strategic actions to promote testing, management and care, and support for orphans and widows. In general the objective of the National HIV/AIDS Strategic Framework was to “reduce the incidence of HIV and other sexually transmitted diseases. A few oppositions to the response was determining how to make the healthcare system better in the country and keeping the group of women and children that were at a high risk of contracting the disease safe and protected (Mwale, 2002). Due to the global pandemic of HIV/AIDS, Former President Barack Obama created the National HIV/AIDS Strategy (NHAS) for the United States of America to help attack this epidemic. The three main objectives were “reducing the number of new infections, increasing access to care and optimizing health outcomes for people living with HIV; and reducing HIV-related health disparities” (Crowley, 2010). Not only was a national strategy to be implemented, the national government also committed a prevention fund in the amount of \$30 million dollars along with a panel consisting of people from every level of government to review, assess, and give advice in making the NHAS a success (Crowley, 2010).

HIV/Aids have stigma attached to it that adversely affects the welfare and health of people affected by it. This stigma frightens some people to the point that they may not want to find out if they are HIV positive or negative, seek treatment, or remain in care. Those at risk of contracting HIV may be less influenced to get tested and look for ways to prevent HIV and openly discuss safe ways to have sex with sexual participants. “HIV stigma drives acts of discrimination in all sectors of societies, including healthcare, education, the work place, the justice system, families, and communities”(Standing Up To Stigma, 2020). About 10 adults with HIV in America have communicated that they have experienced unfavorable emotions about themselves concerning their HIV situation. This is the stigma they have internalized that can lead to “depression, isolation, and feelings of shame (Standing Up to Stigma, 2020). This stigma that they have internalized influences their decisions to continue prescribed medication or treatment for HIV.

Our role in lessening the stigma attached to HIV/Aids is quite important. We can stand up for those adversely affected by the stigma by providing support. We can learn the truth about HIV/AIDS and correct any misconceptions and present correct information by speaking out with positive words that enable those affected to speak out for themselves and

educate others (Standing Up To Stigma, 2020). The Centers for Disease Control and Prevention (CDC) took action by developing a Stop HIV Stigma pledge card. The card is used “to commit to helping create and sustain communities that promote awareness, understanding, and acceptance of people with HIV (Ways To Stop HIV Stigma and Discrimination, 2021),

One solution I would recommend in addressing the epidemic is to increase access to treatment and making treatment available in both rural and urban areas of the country. All around Africa, the Project Hope organization was created to confront crucial health issues by placing a focus on minimizing mortality rates of both mother and child and the weight of burdens caused by HIV/Aids. Some of the main priorities of Project Hope in Africa is to increase the availability of healthcare and provide the necessary regimen for needless populations, increase the likelihood of individuals to receive the help and care they need, and develop better testing and diagnosis of not only HIV/Aids, but other diseases like high blood pressure and tuberculosis . Project Hope is working in Malawi and other African countries to make the impact of HIV/AIDs less severe on children and those that provide care through programs that provide support intervention and care for those affected. They are working to discover treatment, increase the availability of quality healthcare in labs, and prescribing a course of medical treatment that people will devote themselves to doing. They also help provide the health services needed by providing tools and much needed items to clinics and hospitals and significant training and skills needed by workers in the health care that produces success throughout the community (Our Work: Health Programs in Africa Project Hope, 2021).

Another solution is utilizing services provided by a charity called Ripple Africa. One of the main priorities of this charity is to work along with the local people of each community to supply them with the necessary tools that would enable them to be their own solution to the problems they face in their own community. HIV/AIDs, the number one killer, is one of the contributing factors to life expectancy in Malawi being around 65 years for men and women. Most of the people in the country do not take the necessary steps to prevent being infected with HIV/AIDs. The government provides a national health service that is free to all. This service is granted at the local, rural, and district level, with most services provided at the district level. “There has been progress in the number of AIDs-related deaths since 2010, with a 55% decrease, from

29,000 deaths to 13,000 deaths. The number of new HIV infections has also decreased, from 55,000 to 38,000 in the same period” (Healthcare in Malawi Africa, 2021). The lack of assistance at the local level could be due to the lack of transportation in the community. The government can help by providing more public transportation to local areas so people can get to healthcare facilities that are quite a distance away and get the treatment and services, testing and diagnosis needed (Malawi, the Warm Heart of Africa, 2021). According to Valdiserri (2012), a strategy to increase testing would be to begin a campaign that includes posting advertisements on public transportation, put up billboards, and make announcements on the radio systems. This campaign will not only promote testing for HIV, but for other diseases transmitted through sex. Another strategy would be to offer testing at community events, festivals, shopping markets, national park visits, and other areas where people gather in the community. The World Health Organization (WHO) presented another suggestion for treatment for HIV, self-testing. Self-testing is a means of testing when people are at a greater risk of HIV and are not able to go to clinics or hospitals (Innovative WHO HIV testing recommendations aim to expand treatment coverage, 2019). Opening more healthcare facilities means increasing the number of healthcare workers in these areas that would provide services needed to meet these goals of self-testing, posting advertisements, and testing at large events within the community. The United Nations could provide support from other non-profit organizations, ambassadors, and global advocates. This project could be funded by the local government, international donations, and from Global Fund to Fight AIDS. The local government of Malawi would play a major role in implementing the project by first making a commitment to addressing the epidemic and communicating to the community and other stakeholders this commitment and developing a plan of action that includes health and preventative policies along with legal measures. The work of sustaining this project has already begun through Project Hope. Since 2016, Project Hope has reached almost 160,000 individuals through testing, counseling, assisting families, health management, and education. It has effectively addressed the population of people in the country that was more susceptible to getting the disease (Our Work: Health Programs in Africa Project Hope, 2021).

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