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Zimbabwe: Reducing Unbalanced Diets

Zimbabwe is a very beautiful country, but unfortunately, the same cannot be said about the country's way of life. Located between the Zambezi and Limpopo rivers, Zimbabwe is a landlocked country located on the Great Plateau of Southern Africa. Zimbabwe covers 150,872 square miles and is larger than the country of Japan. Most major cities of Zimbabwe are located on the Highveld, which is a central plateau with altitudes of over five-thousand feet. Zimbabwe lies on a high plateau, and its terrain consists primarily of grasslands with mountains to the east. Zimbabwe has a tropical and ever changing climate that can cause serious problems for the Zimbabwean people.

Zimbabwe is named after Great Zimbabwe, the twelfth to fifteenth-century stone-built capital of the Rozwi Shona dynasty. The name is thought to originate from *dzimba dza mabwe* which means great stone house or *dzimba waye* meaning esteemed house. San Bushmen hunters were said to be the earliest inhabitants of the area that is now Zimbabwe. When Bantu-speaking peoples migrated from the north at the end of the second century, the Sans moved on or were absorbed rapidly into the farming and cattle-herding culture of the Bantu groups. The present-day Zimbabwe can be traced to a group that moved into the area around 1200 C.E.

In a Zimbabwean family, all of the family members work to support the household. The father is considered to be the head of the family, making all final decisions and financially supporting his family, while the women care for the household and children. A typical household consists of a husband, wife, and children. In polygamous families, each wife has her own house and a share of the field, but polygamy is becoming less common due to the spread of AIDS and women opposition. Rural families will often share a household with their extended family. Extended families are very important to the people of Zimbabwe. An extended family provides people in Zimbabwe with a social safety net. Relatives can expect financial support in hard times, and people of Zimbabwe are also expected to share with their relatives in prosperous times.

The major grain consumed in Zimbabwe is maize. Zimbabweans grind the maize, and then cook the flour into a thick porridge called sadza. Sadza is served at nearly every meal. Sadza is often eaten with green vegetables grown in kitchen gardens or collected wild. Sadza can also be rolled into a ball and dipped in a sauce made of green, leafy vegetables cooked in oil with onions, tomatoes, and seasonings. Another sauce Zimbabweans dip sadza in is stewed goat meat.

The local vegetables in Zimbabwe include kale, spinach, and pumpkin. Protein can be obtained from fish or insects such as termites. Some fruits such as mangos, tangerines, bananas, melons, guavas, and papayas are often enjoyed at various times of the year. Tea is also very popular with meals and during breaks. People eat more of a Western diet in the cities, which includes meat, potatoes, and rice instead of sadza.

Education is a high priority in Zimbabwe. In the first fifteen years following the Independence of Zimbabwe, education systems were greatly expanded. Zimbabwe has one of the best education systems in Africa, and has one of the highest literacy rates in the region. Many families are willing to make serious sacrifices in order to send their children to school. However, most families cannot pay for school or the school uniforms required in most Zimbabwean schools because school fees have risen dramatically to pay for teachers' salaries and operating expenses.

In urban schools, the language of instruction is English. In rural schools, the first few years of primary school are taught in the local language, and then the language of instruction is changed to English. The school year consists of three three-month terms separated by a one-month vacation. Primary school begins at age six. Primary school lasts seven years, and is followed by national exams. The student's exam results determine their acceptance into a secondary school. Secondary school lasts six years. Students must then pass national exams to qualify for two years of precollegiate schooling. After that University acceptance is based on scores on an A-level exam.

Life in rural Zimbabwe can be extremely difficult. The life expectancy is only in the upper thirties. This is due to the lack of health training in rural schools. The first five years of a child's life is very crucial, with early childhood death being a common occurrence in Zimbabwe. Nutrition at an early age is critical to an individual's long-term health.

Zimbabwe lacks in a good healthcare system. Malaria, cholera, and schistosomiasis are very widespread in Zimbabwe. 14.3 percent of people in Zimbabwe ages fifteen to forty-nine have AIDS/HIV, giving Zimbabwe one of the world's highest rates of HIV and AIDS. Rural areas often lack plumbing and sanitation systems. Rural clinics are available, but are usually understaffed and poorly supplied. Mission hospitals and clinics offer better care, but people often turn to traditional healers to help with certain illnesses. Most people don't have the money needed for proper healthcare.

The life of a rural farmer in Zimbabwe can be a difficult one. Farmers often farm small plots of land, and the plots often aren't big enough to support their family. There is a lack of land available to farmers in Zimbabwe partially due to the multiple land reforms in which the government attempted to redistribute the land. In 2000, a plan was implemented to take 50,000 square kilometers, nearly half the land, from white Zimbabweans, churches, non-profits, and other organizations not owned by the government. This program is referred to as the Fast Track Resettlement. Whites were often forcefully removed from their land with no compensation. Because the individual land plots are now so small, farmers cannot produce enough food to store and supply. What little food is produced is consumed by the family, leaving no profit or income for the farmer and their family.

The people of Zimbabwe used to produce much of their own food, except in years where drought affects maize and wheat production. The staple food crop in Zimbabwe is maize, and other cereal crops include barley, millet, sorghum, and wheat. Zimbabwe used to be one of the world's biggest exporters, with tobacco being the largest export crop. Some other main exports were sugar and cotton, and in years of surplus, maize. Due to the multiple land reforms and poor climate, Zimbabwe no longer is a big exporter. Zimbabwe now has to import what they used to export. However, Zimbabwe is now the world's third largest rose exporter because of the rise in horticulture. The main crops of Zimbabwe are corn, cotton, wheat, coffee, sugarcane, and peanuts, and the main animals raised are cattle, sheep goats and pigs.

Agriculture is the backbone of Zimbabwe's economy. It provides employment and income for sixty to seventy percent of the population. Agriculture supplies sixty percent of the raw materials required by the industrial sector and contributes forty percent of total export earnings. When agriculture performs poorly, the rest of the economy suffers. There have been many barriers in agricultural productivity. Market liberalization reforms led to a large increase in an agricultural production costs particularly for feeds, fertilizer, transport costs, and agricultural equipment compared with prices of agricultural produce. Accumulated interest rates now form one of the largest components of production costs for commercial farmers. The hoped-for diversification resulting from market reforms has not happened because of limited appropriate technology options in the various farming regions, lack of access to capital, lack of markets, absence of any farmer advisory services, and the disruptive nature of land invasions.

Zimbabwe is no longer a self-sufficient country, because it relies heavily on foreign aid and food contributions. Maize was once one of Zimbabwe's main exports, but now it is one of their main imports.

This is partially due to the geography of Zimbabwe. Only 32,237 out of 390,757 square kilometers are arable. Due to the tropical climate, it is very possible to have floods and severe droughts, and both can cause severe problems. Another barrier for improving agriculture is the lack of capital. Without sufficient money to purchase modern farm equipment, it is nearly impossible for farmers to keep up with the ever-increasing demand of the continent. The majority of agriculture labor is done by hand or with the help of animals. With the lacking technology and the failure to modernize, it looks like Zimbabwe will indefinitely stay in its current position.

Unemployment is also becoming a very serious problem in Zimbabwe. Unemployment is the lack of any means of contributing to the country's gross domestic product. The Zimbabwe National Statistics Agency has declared the country's unemployment rate at 10.7 percent (Dube). Only eleven percent of Zimbabweans are in the formal sector. Unemployment in Zimbabwe is caused by many factors. Some of these factors include slow investment and growth, weak export performance, poor macroeconomic policy environment, population growth rate, and geography because there is no direct access to the sea.

Due to lack in economic development, malnutrition is a very serious problem in Zimbabwe, especially among children. One in three children suffers from chronic malnutrition. About 12,000 children under the age of five die in Zimbabwe yearly as a result of malnutrition (Gonah). Zimbabwe's malnutrition rates are similar to those of other countries in the region. Thirty-nine percent of the population of Zimbabwe is undernourished, and 50,000 children in Zimbabwe are underweight. Fifty percent of the population is in need of food aid, and 18,000 tons of food are needed for food aid.

When a child is malnourished, his or her chances of fighting other diseases such as HIV and AIDS, pneumonia, measles, and diarrhea are compromised. Without adequate nutrition a child can fail to thrive, affecting early development, encouraging disease, and eventually reducing abilities of the brain in adulthood. The lack of access by many women and children to basic social services and protections has contributed to their malnutrition vulnerability, which has also been increased by high levels of poverty and the HIV and AIDS pandemic in Zimbabwe. The collapses of the farming sector, health sanitation, and water services, the economic and political crisis, and Cholera have all contributing to malnutrition. Malnutrition at an early age can cause a spiraling effect that deepens the influence of poverty and entraps individuals and societies in what is known as the "cycle of poverty" (Bradshaw). If a child experiences malnutrition or poor fetal growth within the first two years of life, the associated health consequences may irreversibly jeopardize adult health. Malnutrition also affects cognitive development and intellectual capacity, which are factors that contribute to poor educational performance.

Income poverty, due to unemployment, low wages, or lack of education, can lead to household food insecurity and lack of health services. People of low socioeconomic status are most vulnerable to food insecurity because they don't have the money to afford nutritional food sources. Households that cannot attain nutritious foods due to income poverty are most associated with the inadequate diet and diseases leading to malnutrition.

Malnutrition is a major cause of illness and disease. Severe malnutrition can result in many disease-related consequences and increased healthcare costs. In low-income households, the majority of the total household income is usually spent on food, so even the lowest out-of-pocket healthcare service can severely diminish the remaining income to be used for food supply, further maintaining the issue of food insecurity. Many adults living in low-income countries such as Zimbabwe cannot afford to be sick because healthcare costs are too high, transportation costs to healthcare facilities accumulate, and taking days off of work means lost productivity and lost wages.

Many of the adult men living in Zimbabwe rely on manual labor to earn an income. Reduced lean body mass and symptoms of fatigue can lead to poor work performance and limited productivity. Iron

deficiency has been recognized as a barrier to economic development because it impairs the work performance of many men and women.

Climate changes have a major affect on malnutrition in Zimbabwe. Climate changes in Zimbabwe can reduce agricultural productivity and increase food prices, raising the risk of hunger and malnutrition. In times of drought there is food shortage, increasing food insecurity. Most Zimbabwean families don't have much money for food as it is, so in times of drought or flood, when food prices rise, it is even harder for the families to get the food they need to survive. Even if they can get food, they often can't get all of the nutrients they need to have a well balanced diet.

Malnutrition remains a common problem and leading cause of many deaths including those related to HIV and AIDS. Limited progress will be made in reducing illness and death unless nutritional issues are considered as essential aspects of human well being. High levels of malnutrition depict food insecurity in Zimbabwe. Despite achievements in nutritional improvement made in the past through food security, much of this progress has been destroyed by recurrent droughts, poor economic environment, and HIV and AIDS.

Malnutrition is a growing problem in Zimbabwe. Trends show there is a general increase in malnutrition in Zimbabwean women (Nutrition in Zimbabwe). This also indicates there is chronic food insecurity. The increased levels of malnutrition is associated with the continuing economic downturn, increased levels of poverty, adverse weather patterns, food insecurity, and the impact of HIV and AIDS.

Reducing malnutrition in Zimbabwe would benefit the country in many ways. It would increase the life expectancy of the people of Zimbabwe. It would also help to reduce diseases in Zimbabwe. When people are under nourished they are more susceptible to diseases If they had the nutrients they need they wouldn't be as prone to diseases. If there was better nutrition in Zimbabwe there wouldn't be as many deaths from malnutrition and Zimbabwe would be a much better place to live in.

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There are many programs in Zimbabwe trying to reduce malnutrition. The World Food Programme has partnered with the Government of Zimbabwe to ensure those most vulnerable have enough to eat until the next harvest. There are 1.6 million people, which is almost one fifth of the rural population, being assisted by the World Food Programme and the Government of Zimbabwe until the next harvest in April 2013. The Government has set aside 35,000 metric tons of grain from the Strategic Grain Reserve towards humanitarian assistance, and the World Food Programme is complementing this with oil and mixed pulses, as well as providing transportation of the grains from areas of surplus to areas where it is needed.

In addition to food distributions, the World Food Programme is providing cash transfers to some 300,000 people in areas of Zimbabwe with functioning local markets so they can purchase their own cereal. This not only provides greater flexibility and individual choice, but also boosts the local economy. The World

Food Programme has been able to respond to this year's food insecurity crisis in Zimbabwe and feed families because of the support it receives from many other countries.

Action Against Hunger is another organization trying to help reduce malnutrition in Zimbabwe. They are monitoring and analyzing the food insecurity situation in Zimbabwe, developing traditional farming activities, optimizing natural resources and making them available to the people, distributing tools, phytosanitary products, small animals such as goats, and seeds, raising awareness of alternative farming methods, and promoting healthy foodstuffs. They are also renovating water points, drilling-wells and wells to ensure access to drinking water, setting up hygiene education sessions, and setting up managing committees for water points. Other things they are doing are providing support for people living with HIV or AIDS, setting up nutritional gardens, and providing educational sessions on nutrition and diseases such as malaria, HIV, and AIDS. This program does most of these things in the small communities and rural areas, where people need the most help. This program is successful because they help the people most vulnerable so that everybody has the help they need to live and survive.

Zimbabwe has an ever changing climate, and they often have troubles with droughts and floods. I think that Zimbabweans should consider growing perennial crops, such as asparagus and blueberries, because they conserve water. Perennial crops also conserve soil nutrients and on-farm energy uses because they keep their roots intact and grow fruit from year to year. Perennial crops save farmers the time and energy of replanting and nurturing young plants. This agricultural practice could provide the farmer with a crop for income, and also food for the farmer and their family.

There are also some other ways the farmers in Zimbabwe can conserve water. Zimbabweans can conserve water through rainwater harvesting and wastewater recycling. Rainwater harvesting is the accumulation and storing of rainwater. The water can be stored for later use such as drinking water, water for livestock, or water for plants or crops. Wastewater recycling is when you collect and then treat wastewater to be used again in the same place that it came from. So, you are using the same water over and over again, and not wasting any water. I think that these two methods of conserving water could greatly help Zimbabwe in times of drought.

I also think that we need to help modernize Zimbabwe. A lot of the farmers do not have the equipment needed to run a sufficient farm. If we help them receive the tools and equipment they need it will help them with their agricultural productivity. If they had the right equipment they would be able to grow more crops more efficiently, so they would have more crops to sell. This will help to reduce food insecurity because it will provide the farmer with a greater income.

There are many programs in Zimbabwe that are trying to reduce malnutrition, but I think that we can do more. I think that with the help of other countries, Zimbabwe can fix this problem. Malnutrition is a growing problem and it can't be fixed all by itself. It needs the help of many individuals all aiming for the same goal; to end malnutrition in Zimbabwe. However, this problem won't end overnight. It will take time, but if we take the time to fix it, I think we will be very pleased with the end result. I think there are many different options Zimbabwe should consider to help end this problem of malnutrition, and there are a lot of things taking place right now helping to end this growing problem. We all need to put our ideas together and into actions in order to end this growing problem of malnutrition. Once we do that I truly think that we can reduce, and with time, end malnutrition in Zimbabwe. Zimbabwe is a very beautiful place and I believe that it deserves to be a beautiful place to live in as well.

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