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Zimbabwe, Infectious Diseases

Zimbabwe: Ending the HIV/AIDS Epidemic

Zimbabwe is one of many countries in southern Africa currently battling an HIV/AIDS epidemic. This epidemic has had a significant effect on agriculture in Zimbabwe, leaving many people hungry. It has affected the lives of almost every citizen of the country and needs to come to an end. This paper outlines many problems the nation has that are contributing to this epidemic, and solutions on how to change the fate of the country.

The government of Zimbabwe is considered a Presidential Republic. There are three branches of government: legislative, executive, and judicial. The legislative branch is held by the 120 elected officials of parliament, the executive branch is held by the president, and the judicial branch is led by the chief justice of the supreme court. The current president, Robert Mugabe has been in office since 1987. There have been new rules set to limit individuals to a maximum of two 5-year terms. These will take effect as when a new president is elected (Pariona). Mugabe has announced that he will be running in the 2018 election. He will be 94 years old at the time of the election (Mhofu).

The previous paragraph describing the government of Zimbabwe was written for the Iowa Youth Institute in October of 2017. Since then, Robert Mugabe has been peacefully overthrown, and Emmerson Mnangagwa has taken his place. Upon taking office, Mnangagwa promised to lead the government to a more democratic future. His leadership will be a significant change to the rule of Robert Mugabe, who was more of a dictator. Mnangagwa's 100-day plan included the stimulation of the economy, reinstating foreign investments, putting an end to corruption, and promoting human rights. He also promised that the September election would be peaceful and credible (Marima). With the changes Mnangagwa is proposing, the future of Zimbabwe is starting to look more promising.

Families in Zimbabwe have been significantly affected by the HIV/AIDS epidemic. The average family size is 4.1 people, but the average woman has 3 children. The reason these numbers are so close together is that AIDS has orphaned many children. About 20% of children under the age of 18 are orphaned by one or both parents. Kids who are orphaned are often left to take care of the home and their siblings. They are often thrown into the adult world much faster than they should be and suffer because of it. Children are left to do the cooking, cleaning, earning money for the family, and taking care of their siblings. The women end up getting married at a median age of 19.7 with 31% of them married before the age of 18 (Zimbabwe demographic...). The women who get married at such a young age are most likely getting married so they have another person to depend on.

The typical home in Zimbabwe is made of sun-dried bricks with a thatched roof. They are traditionally round, though there is an increasing number of rectangular homes being built (Zimbabwe). The people who live in these homes are typically still at a disadvantage, as the technology is very primitive. About 83% of urban households have electricity, while only 13% of rural households have electricity. Electricity is such an essential part of life in America it seems almost unfathomable to picture life without it. The average American would most likely be left hopeless. Another big problem for rural households is access to an improved water source. Only 70% of rural households have access to treated water. This problem is not as prevalent in urban communities as only about 5% do not have access to treated water (Zimbabwe demographic...). Clean water is one of the most important factors to staying healthy. Disease and infections can be spread quicker when they are able to be carried through untreated water.

Both traditional and modern medicines are used in Zimbabwe to fight both major and minor ailments and diseases. A common belief in Zimbabwe is that angry spirits inflict people with illnesses. Traditional medicines such as herbal remedies are used for this reason and may include a consultation with n'anga if the illness is severe enough. The n'anga are widely respected and known for their treatments for psychological problems (Zimbabwe). Zimbabwe also has a system of clinics and hospitals to treat patients, although only 6.4% of the nation's GDP was spent on the system in 2014. This has caused many physicians to leave the country resulting in the physician density to be about .07 physicians/ 1,000 people (World Factbook). With a low number of physicians to educate and treat patients, viruses like HIV are more likely to spread and take lives.

Zimbabwe spent about 8.4% of GDP on Education in 2014 (World Factbook). Education in Zimbabwe starts when a child is around seven years old (Zimbabwe). They are typically expected to be in school for about ten years (World Factbook), though primary school only takes approximately seven years. Attending secondary school generally is a bit harder for students as there are fewer schools available, resulting in a greater distance to travel, usually by foot, to attend these schools. Just as less Zimbabwe residents attend secondary school compared to primary, even less go on to attend college (Zimbabwe). Because of this cultural norm, there is no social stigma for students who choose not to pursue secondary and post-secondary education.

Maize is the most consumed grain in Zimbabwe, although millet and sorghum are popular in parts of the Zambezi Valley. Maize is ground to a flour and cooked into a porridge and is typically eaten with green vegetables or meat. The green vegetables are often grown in gardens or the wild and are prepared with onions, tomatoes, and groundnut sauce. Bread is also a staple in the diet of urban households, but not in the rural households (Zimbabwe). There is not a lot of variety in the meals eaten by Zimbabweans, as most families cannot afford much else. This consistency of diet can lead to malnutrition for certain vitamins and minerals if care isn't taken to vary one's diet.

Major crops in Zimbabwe are maize, cotton, soybeans, wheat, and tobacco (Abstract). Even though maize is one of the major crops, only half the amount of maize needed to meet the needs of the people of Zimbabwe was produced. To meet the needs of the people and livestock of Zimbabwe 1.8 million tons of maize needs to be grown. During the 2012-13 growing season, only 798,500 tons were produced (Zimbabwe's Farmers...) on the 10.34% of the land in Zimbabwe that is arable (World Factbook). This shortage makes it even harder for households infected by HIV and AIDS because the people caring for the infected spend more time trying to find a way to put food on the table than taking care of the sick.

The HIV/AIDS epidemic has dramatically affected the production of agriculture due to the fewer number of people able to work and the inconsistency of farm income. This further contributes to lower productivity and decline in yields and agricultural output (Abstract). The decrease in yields is a factor that is contributing to the hunger shared by many Zimbabweans as there is not enough maize to go around. Another effect the decline in yields has had on farmers in Zimbabwe is the reduction in cash crops that can be sold for profit. Many farmers have gone to producing substance crops, just to have food to survive. The farmers end up not having any crops to market, which means they do not make a profit, thus reducing the funds available for non-food essential items such as healthcare (Impact on Agriculture).

A great deal of the solutions recommended by many experts for Zimbabwe to improve conditions has been adopted by Mnangagwa within his first 100 days in office. Emmerson Mnangagwa has already introduced free, state medical care for children and elderly (Marima). This is the first step in putting an end to the HIV/AIDS epidemic that has swept the nation. This solution could be taken further by including everyone in the country under the free, state medical care. This would allow everyone to have a better chance of receiving the medical attention they need to prevent infectious diseases such as HIV. To do this, the government would most likely have to double the amount of GDP they spend on health care, which is currently at 6.4%. While this seems like it could be a significant issue and take money from other areas, this could actually be fairly easy. Mnangagwa is working to put an end to corruption within the government and is working on returning \$1.3 billion worth of stolen money (Marima). By ending government corruption and reclaiming lost funds, more money will be usable by the government to fund projects like free health care.

One specific problem free, state medical care will create is the demand for trained medical professionals. With only .07 physicians/ 1,000 people (1 physician/ 14,285 people) (World Factbook), it would be nearly impossible for infected people to see the doctor before their condition worsened. If a doctor were able to see 2 patients/ hour, 14 hours/ day, 365 days a year, they would only be able to see 10,220 patients once a year. This problem may be helped by a more stable government. In the past, Robert Mugabe had encouraged the black people of the country to force

white farmers off their lands. This was thought to be the solution to the marginalization of blacks under British control (Zimbabwe White Farmers...). Under the new president, whites have been able to return to Zimbabwe. With improved racial tolerance, new possibilities for doctors in Zimbabwe from other countries is a real possibility. A larger number of doctors willing to work in the country would make it easier for people to visit the doctor.

Another way to make this solution even stronger is to improve the transportation system within the country. This is another project Mnangagwa has been working on since he has taken office. He has given \$400 million to a South African company who will supply hundreds of train wagons and locomotives for the National Railways of Zimbabwe (Marima). The improvements of the transportation system will open up more efficient ways for prescriptions medications to be transported throughout the country. This will allow for easier access to the necessary means to prevent and control the spread of these harmful diseases. Improved transportation could also make the trip to a doctor more convenient. People in rural communities most likely have trouble getting to a physician, because it would require them to travel a long distance to see them. If people in rural communities were able to cut down on travel time, they might be more likely to seek medical attention.

Another solution would be to increase the education about these infectious diseases such as HIV/AIDS. With better access to physicians and pharmaceuticals, pairing treatment and education would be a practical solution for preventing the spread of HIV. The more people know about the treatment and prevention of infectious diseases the better. An educated person is more likely to avoid activities in which they could contract the disease if they know what it is, how it spreads, and how it can affect them later. They may also be more likely to seek medical attention if they think they have already contracted the condition and have hope for treatment.

While these are all long-term solutions, a short-term solution is needed to treat people quickly. One short-term solution would be for the government to work with and subsidize non-governmental organizations to provide accessible care immediately. These organizations could set up stations around the nation with help from the Zimbabwe military to treat people while the government works to implement a new healthcare and education system. The organizations would be most effective if they collaborate with the government and each other to spread out around the country to regionally supply the necessary care to everyone. After the epidemic is under control, the government can take back over the care of these people using their new healthcare system.

In conclusion, the HIV/AIDS epidemic is a continuing problem in Zimbabwe. The good news is that the biggest problem in controlling the epidemic was the government run by Robert Mugabe, which was peacefully overthrown by Emmerson Mnangagwa. Mnangagwa is working to bring change to Zimbabwe's government. Along with those changes, free, state medical care, doubling the GDP

spent on healthcare, more trained medical professionals, an improved transportation system, a better education, and work with non-governmental organizations the HIV/AIDS epidemic would come to an end. While these solutions require a lot of work, they will bring results, which is what Zimbabwe needs.

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