

## Poverty exacerbates and prolongs illness...

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Ruth Gawani came out the door bent double, with an ailing and aching back, indicating a life of hard labour. She looks much older than her 69 years with her purple top was hanging almost as loosely as the skin from her old thin frame. She greeted us with a toothless smile and settled painfully down in the sun. With arthritic hands she started to pull corn off a mealie cob until it was a bare husk.

Inside in a dark, unlit room – without electricity – and nothing on the walls bar a clock and a neck tie hanging on nails, sat her bed ridden husband Style Gawani. Their bed was a thin mat on the floor. The stark room cramped with four chairs and a settee was Style's prison. Diagnosed with diabetes in 2004, Style, a herbalist and healer, used to go to hospital as an out-patient to get medication, but he stopped going two months ago because he can't afford the transport. Despite the fact that his son, Chief Chibade, presides over their village near Muloza in southern Malawi, with 2 300 families under his care, the Gawani's are not spared the effects of poverty and chronic food shortages. Not only do they not earn enough money to afford transport to hospitals for check-up's and medication, they are also unable to afford the foods required to follow dietary recommendations for a diabetic person. As a result, Style, at 73 continues to find diabetes, a controllable condition, totally debilitating. According to Malawian government statistics chronic food shortages are experienced by 50 percent of the population - but the southern region of Malawi is the poorest and the most susceptible to drought. Within the rural areas of the south 31,5 percent of the population is considered ultra poor and 64,4 percent poor said Boniface Msiska, Action Aid International regional coordinator for southern Malawi. The problem of food security in the Mulanje tea-growing district is exacerbated by the fact that a lot of land in the area is used by large tea estates, leaving little land for subsistence farming in the region. "For those who are lucky enough to have land, the outcome has not been good," said Jean Chipyoza, a community psychiatric nurse who works for Project for Health Opportunities for People Everywhere (Project HOPE) in Mulanje, adding that the previous three to four years had been drought years. The Gawani's do have a piece of land, but the chief's wife explained that they do not harvest much due to lack in inputs like fertilizer. She supplements their income by doing piece work and picking tea on the estates. Tea picking brings in K1 800 a fortnight but work is not always available. Although Chief Chibade knows the herbalist trade and was able to take over from his father they are getting fewer and fewer patients now that Style is sick. The Chief also runs a timber business to support the extended family, but they are still unable to afford to pay transport costs of K540 return, times two - for someone to assist Style to go to the hospital in Blantyre where medication is free. The other option is to go to the nearby Mulanje Mission Hospital where 180 tablets, "a month's supply," said Style, are available for K980. This begs a questioning of Malawian government policy on providing free medication, and why medication is available free in the cities, but at cost in the rural areas. If it was free at the Mulanje Mission Hospital, chances are that Style would continue to receive his medication. Ruth added, in a shaky voice, that her major problem is preparing a diabetic diet for Style. "He should be eating specific foods – no sugar, no salt," she said. "But it has been a problem to adjust and eat something that is not tasty." He is also supposed to take milk regularly, said Ruth, but it is not sustainable even with help from the extended family – a sad illustration of how poverty prolongs and exacerbates illness. In a country with a current life expectancy of 37 and where, according to the latest Human Development Reports, the probability of a male surviving to the age of 65 is was a mere 23,3 percent in 2003, perhaps Style is one of the lucky ones. In Malawi the 2002 public health expenditure was 4 percent of Gross Domestic Product, or \$48 per capita, with one physician per 100 000 people. Certainly a situation that needs addressing. This article has not been published. All rights available - please enquire on [info@sharondavis.co.za](mailto:info@sharondavis.co.za)