

Mason Meyer
Charles City High School
Charles City, Iowa
Botswana, Factor 12: Human Diseases

Medical Facilities in Botswana

Throughout the history of mankind, there have been many problems that people have encountered. These challenges create a setback for a specific amount of time, and then regular life is restored when the problem is fixed. From neighborhoods in New Orleans restoring faith after Hurricane Katrina to families battling cancer, these complications are present everywhere. But living in the United States has covered up most of the worldwide problems that people face. In many parts of the world people are dying as a result of numerous situations that our American societies cannot even imagine. Who are we to sit back and watch? It is inevitable that such situations would impact the whole world. Recognizing these issues and finding a way to help people should be a priority.

Botswana is a landlocked country in southern Africa, approximately the size of Texas. It covers 224,607 square miles and has a population of only 2,182,719 people. The eastern part of the country is where over 57 percent of the people live, mostly because of the Kalahari Desert that covers almost all the rest of the nation.

The Republic of Botswana is considered to be one of the more developed and more educated countries in Africa. They offer free education all the way up to college, which contributes to an 80% literacy rate. The country also has an abundance of natural resources. These resources are exported out to produce over half of the government revenue. Although there are many great opportunities in this small Saharan country, there are hardships too. Many of the people of Botswana live in urban areas, where they have farmed for generations. Within the last decades they have seen less food and more poverty. Botswana has the third highest HIV prevalence in the world. With over 21.9% of the people living in this country with HIV, it is a major problem keeping the citizens alive and well.

Living in the country of Botswana can be very difficult. Most children will go to school from the age of five to the age of 15. School for the children would be considered the easiest part of the day. Once they get home, the real work begins. Children must help their family prepare the food for meals and take care of the animals that they raise. Traditionally, most families in Botswana raise livestock to support their family. The challenge for the children and men is working throughout the day to be sure the animals have feed and water, or else the animals will die and there will be no money to live on. Local food includes pap (made from corn meal), seswa (boiled beef), sorghum, stew made from either beef or chicken, cooked beet salad, and chakalaka. It is also popular to have cooked greens alongside the meat.

The women of the family will work during the day helping to raise the sparse crops and take care of the animals. If the women were lucky, they would get a job as a secretary in the businesses in the larger towns. Both men and women are paid \$.64 per hour as their minimum wage.

Only about 0.7% of total land area can be farmed which has resulted in families moving into urban areas. 62% of the population is now living in urban areas. With this migration, there is less production, meaning the farmers must be more efficient in their practice. This extremely small amount of land available for production agriculture is one of the greatest challenges.

Traditional views of male dominance are general in Botswana. The way the law is written allows the men to physically abuse their wives for what they believe as wrongdoing. Abuse in a marriage is acceptable.

Sexual harassment and rape of women are very common. Rape is especially serious considering the prevalence of HIV/AIDS.

The average life expectancy for Botswana in 2012 was 37 years. The largest change in life expectancy was for the women where the average age fell from 60 years in 1980 to 37 years in 2012. The infant mortality rate in 2005 was 54.58 per 1,000 live births. For every 100,000 live births, 300 women died in pregnancy or childbirth as of 1998. Clearly, this is a huge problem that brings me right into the main points of HIV/AIDS.

The factor I chose was Human Diseases. As we talked about earlier, this is a major concern not only in Botswana, but in all of the third world countries. In 2005, Botswana was the second highest prevalence rate in the world for diseases. Many organizations reached out to help this country that was in need. Now today, a recent study shows that this country is third highest prevalence rate for HIV. The high rates of infection come even though many efforts in many communities have tried to defeat the HIV epidemic through educational programs. They also have citywide condom distribution and treatment for sexually transmitted diseases. When the first outbreaks of these diseases were recorded, it seemed like primarily an urban problem. Now, it is spreading like wildfire throughout the entire country and affecting one out of every three adults in Botswana.

Do not be tricked by the numbers. Yes this country has thrived in helping their citizens, but the fight is not over. Sub-Saharan Africa, including Botswana, makes up only 10% of the world's population, but an astonishing 64% of the world's AIDS population is in this region. Many people are still in need of help. These diseases affect the food security in many ways. The impacts are related to the everyday tasks at hand of living with a family. The HIV/AIDS pandemic is producing multiple problems in the agriculture industry, for example, the loss of labor and the loss of other forms of household assets.

So how can we solve the problem of diseases spreading and people dying? The first way to stop the diseases is the funding. In the mid-2000s, Botswana was showing improvement in their health practices due to funding from various organizations whose goals are to help countries in need. Now that the prevalence rate of HIV/AIDS is showing a downward trend, the money has suddenly disappeared. Do people really think the fight is over? One way to help this cause is to balance the national spending. Over 40% of the government budget is getting poured into economic services. All they would need is 5-10% of government monies to help fund health services. With this money there will be more opportunity to locate more facilities and treat more people.

In a recent study, Sally Blower, director of the Center for Biomedical Modeling at the UCLA Semel Institute for Neuroscience and Human Behavior was quoted saying "Stopping the HIV pandemic is one of the greatest challenges facing the global community." A step to solving this problem could be adding more locations where women and children can get health assessments, treatments, and preventative measures. Many people would not like this because of the possibility of public humiliation. A simple pill every month could be a start to the process. Regular appointments and examinations could stop the disease from spreading. Most children and women in developed countries would get the proper treatment to secure the disease and let them live longer. Implementing these simple practices could save many lives and lower the prevalence rates in countries who are struggling with the HIV/AIDS diseases.

Another approach to reduce the spread of the disease is to have stricter laws on sexual harassment and rape. In the Botswana culture it is acceptable for the male to take the women as their right and their property. Most of the men in this country are fine with having sex with unmarried teens and young adults. The women of the country have no say in what is going on in this situation.

The final piece to the puzzle could be the safe sex awareness. It is important to begin sex education when children are young. Many times have there been situations where both parents have died from these diseases, and then the child is orphaned. Once orphaned, the child is no longer able to get the proper education. Many households have an older child taking on the responsibility of a parent and raising their siblings. The less educated of the house is now the leader of the house, creating a “how can we survive” situation.

It is vital that the people of this nation become aware of the safe sex practices. Government funding will help with the awareness and the building of facilities that would benefit everyone. The way to fix this problem comes down to two things: We can continue on the path we are on right now and be content that it will take several years to see improvement; or we can take the proper steps to helping the citizens of this world control these diseases. The problem will only become worse if we do not act in the right way.

Sally Blower ,who was mentioned earlier, said in her time studying worldwide effects of HIV/AIDS, “Since results from clinical trials have shown that antiretroviral drugs are effective in protecting individuals against HIV, the big question now is how best to use them.” If we use the power of education and construct health facilities, we should be able to prevent the spreading of this disease.

As we have talked about the problems we face, you can see the connection between HIV/AIDS, agriculture production, and food security. The longer you live, the healthier you will be and the more you will be able to work. Typically, the quantity and quality of food available to a household will decline as productive family members become sick or die. It is going to take an international, multi-country plan to help defeat this problem. We may have the technology to overcome these obstacles.

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