

# Neglect and the Construction of Scarcity in Malawi: Uncovering the Hidden History of Health Care

Malawi, a landlocked country in southeastern Africa, has faced significant challenges in providing quality health care to its citizens for decades. The country has consistently ranked among the lowest in the world in health care outcomes, with high rates of infant mortality, maternal mortality, and preventable diseases such as malaria, tuberculosis, and HIV/AIDS.

While many factors have contributed to Malawi's health care crisis, one underlying cause that has often been overlooked is the history of neglect and the construction of scarcity. This article explores the ways in which colonialism, economic policies, and social inequality have shaped the distribution of health care resources in Malawi, leading to the current state of affairs.



## No More to Spend: Neglect and the Construction of Scarcity in Malawi's History of Health Care

★★★★★ 5 out of 5

Language : English  
File size : 5836 KB  
Text-to-Speech : Enabled  
Screen Reader : Supported  
Enhanced typesetting : Enabled  
Word Wise : Enabled  
Print length : 292 pages  
Lending : Enabled

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## **Colonial Neglect and the Legacy of Scarcity**

The roots of Malawi's health care crisis can be traced back to the colonial era. During British rule, health care was primarily focused on the needs of the white settler population, while the health of the African majority was largely ignored. Hospitals and clinics were established in urban centers, but rural areas were left without access to basic health services.

The colonial government also failed to invest in the training of Malawian health care professionals. As a result, the country had very few doctors and nurses at the time of independence in 1964. This legacy of neglect created a severe shortage of qualified health care providers that continues to plague the country today.

## **Economic Policies and Structural Adjustment**

After independence, Malawi's health care system was further weakened by a series of economic policies that prioritized short-term economic growth over investment in social services. In the 1980s and 1990s, the country implemented structural adjustment programs prescribed by the International Monetary Fund (IMF) and the World Bank.

These programs required Malawi to reduce government spending, including on health care. As a result, the government was forced to close hospitals and clinics, lay off health care workers, and reduce funding for essential medicines and supplies. The scarcity of health care resources created by these policies made it even more difficult for Malawians to access the care they needed.

## **Social Inequality and the Unequal Distribution of Health Care**

Social inequality is another major factor that has contributed to the construction of scarcity in Malawi's health care system. The country has a long history of economic and social disparities, with the majority of the population living in poverty. This inequality has resulted in unequal access to health care, with the poor and marginalized being the most affected.

For example, a study by the World Health Organization found that the richest 20% of Malawians are five times more likely to have access to essential health services than the poorest 20%. This disparity is due to a number of factors, including the fact that the poor are more likely to live in rural areas where health care facilities are scarce, and they are less likely to be able to afford private health insurance.

### **The Impact of Neglect and Scarcity on Health Outcomes**

The neglect and construction of scarcity in Malawi's health care system has had a devastating impact on the health of its citizens. The country has one of the highest infant mortality rates in the world, with 55 infants dying out of every 1,000 live births. Maternal mortality is also high, with 459 women dying out of every 100,000 live births.

Preventable diseases such as malaria, tuberculosis, and HIV/AIDS are also major killers in Malawi. In 2019, there were an estimated 1.1 million cases of malaria in the country, resulting in over 2,000 deaths. Tuberculosis is also a major public health problem, with an estimated 15,000 new cases each year. HIV/AIDS remains a major challenge, with an estimated 1.2 million Malawians living with the virus.

The neglect and construction of scarcity in Malawi's health care system is a complex and multifaceted issue that has deep roots in the country's

colonial past, economic policies, and social inequality. The consequences of this neglect have been devastating, with the country facing some of the worst health outcomes in the world.

Addressing this crisis requires a comprehensive approach that includes increasing investment in health care, training more health care professionals, and reducing poverty and social inequality. Only by addressing the underlying causes of neglect and scarcity can Malawi hope to improve the health of its citizens and build a more just and equitable society.



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