Zimbabwe- Problems Of Underdev Essay, Research Paper

In the modern world it has become very common to classify countries in one of two categories: developed, and underdeveloped. One country, which is still considered to be underdeveloped, is Zimbabwe. Zimbabwe is located in southeastern Africa, and is bordered by five different countries leaving no access to the Indian coast. Zimbabwe does however have access to both the Zambezi and Limpopo rivers, which feed into the Indian Ocean, though neither is necessarily easily navigable by boat. There is an abundance of minerals in Zimbabwe, and also a respectable amount of commercial agriculture, however the economy has yet to progress to its full potential. This has much to do with the political turbulence that the country has experienced in the past thirty years, but is affected more so by the social inequality that has predominated for much of its history. Even with the social and political setbacks that Zimbabwe has been forced to face, the economy has done decently, but that has failed to alleviate many of the symptoms of underdevelopment that are still painfully apparent.

Underdevelopment may occur in various forms and have various causes, but the symptoms of underdevelopment are easily distinguishable. The most easily recognizable symptoms of underdevelopment are: problematic population growth, high birth and death rates, high infant mortality rates, and short life expectancies. Disease, famine, starvation, and malnutrition are also all red flags that hint to underdevelopment, as well as: low per-capita gross national product, overcrowded urban areas, poor overall health and sanitation, inefficient farming, and many other indicators. Zimbabwe still exhibits many of these symptoms in spite of the growing economy. Among those symptoms are: a short life expectancy rate; an average of 37.78 years for males and females, a high infant mortality rate; 62.25 deaths per 1,000 live births, an high unemployment rate; 50%, and an extremely high inflation rate; 59.9%. (www.odci.gov/cia/publications, 2000, p.3-7).

Anyway you look at it, Zimbabwe is still far from attaining the distinction of being a developed country, however there are many obvious causes this problem. Most importantly, Zimbabwe has been plagued by droughts, racial inequality, political mistakes, and devastating diseases. With an economy that is largely based on agriculture- it is estimated that 28% of their GDP is agriculturally based (www.odci.gov/cia/publications, 2000, p.6), and more than one half of the labor and one fourth of the formally employed are engaged directly in agriculture (www.brittanica.com, 2001, p.2)- the occurrence of a drought not only affects the food supply, but also impacts the already shaky economy.

In recent years Zimbabwe has been forced to face many droughts: throughout the 1980 s and again in 1992 (DeBlij & Muller, 2000, p.373) (www.brittanica.com, 2001, p.1), which drastically hurt the economy. These droughts also resulted in a large-scale social conflict stemming from the resulting land re-distribution in which land belonging to wealthy white commercial farmers was re-distributed to poorer black subsistence farmers. The economy took another blow recently when the government intervened in the civil war that has been raging in the nearby Democratic Republic of the Congo. This also hurt the people of Zimbabwe because it has already drained hundreds of millions of dollars from their already struggling economy.

Most importantly though Zimbabwe has been plagued by various diseases that have had a severe impact on life in this South African nation. Zimbabwe has the highest AIDS infection rate in the world (www.odci.gov/cia/publications, 2000, p.5), and has also suffered from Malaria, shistosomiasis, and tuberculosis. Beyond those seriously life threatening diseases, both pneumonia and measles have cited as major causes of death (www.brittanica.com, 2001, p.2). These diseases have had an immense impact on life in Zimbabwe; life expectancies have dropped significantly, already high infant mortality rates are on the rise, and the distribution of population by both gender and age has been greatly affected (www.odci.gov/cia/pulications, 2000, p.3).

These disastrous diseases have any number of causes, ranging from poor health care, low vaccination rates, less than ample hospital availability, bad nutrition, and very little AIDS education to simple poor sanitation. Whatever the cause, disease has played a major role in Zimbabwe s economic stagnation, social turmoil, and overall underdevelopment. Even though vaccination rates are on the rise for diphtheria, measles, polio, and tetanus (www.usaid.gov/countries/zw/zimb.txt, 1994), they are still not up to par, and could be greatly improved. Even more astonishing are the rates for access to potable water and adequate sanitation in rural areas, which are a far cry from those of the developed world (www.usaid.gov/countries/zw/zimb.txt, 1994).

These poor health conditions have had many repercussions in the development of the nation. With such a low life expectancy, the population distribution consists mainly of children and adolescents, who have yet to take complete advantage of Zimbabwe s relatively decent educational system, and therefore cannot take jobs in the service sector and other more advanced fields. This limits many people in the workforce to less mentally demanding jobs in the labor force such as farming or mining. Not to say that Zimbabwe s mining and farming sectors are not integral parts of the economy; the mineral deposits in the Great Dyke region and beyond contain large quantities of copper, gold, asbestos, coal, iron, and most importantly chromium (of which Zimbabwe is a world leading producer), and commercial agriculture produces large quantities of tobacco, tea, cotton, and many other products, however in order to fully employ these resources and reach full economic potential, there needs to exist educated entrepreneurial minds to organize and orchestrate such activity.

In order to significantly alter the population distribution through improving health and medicine, many steps would have to be taken. My plan to assist Zimbabwe on its path towards development would include two phases, which would realistically more than a few years to complete. The first preliminary steps would simply be methods of generating funds in order to later divert them towards health and medicine. First, President Robert Mugabe would have to withdraw most or all of Zimbabwe s support in the civil war in the Democratic Republic of the Congo, and free up reasonable amounts of government funds to be spent more wisely within the borders of his own country. Next, I would have the minimum wage income raised, which has been a national issue for quite some time. By raising national minimum wages, the working population of Zimbabwe would have more disposable income, which in turn would lead to an increase in spending. Since Zimbabwe has a fairly self-sufficient economy (they developed a large manufacturing base prior to 1980 due to sanctions imposed against Rhodesia- or current day Zimbabwe), in increase in spending would greatly bolster the economy, thus generating more tax revenues, which could then be diverted to health care spending.

Once sufficient funds had been accumulated, I would move on to phase two of my plan. I would increase health care funding from the current, depressing amount of approximately 6.2% (www.healthnet.org/hnet/zim.html, 1999) to somewhere nearer 10-15%. Though this may detract from other social programs, the amount of funding could be decreased slightly within five or ten years, once the AIDS education had taken root, at which time the knowledge would most likely be common knowledge and be passed from generation to generation. I would also begin extending the reaches of hospitals and general health care, reaching farther into the impoverished rural areas, and upgrading resources and facilities in the already standing locations. Vaccinations would increase to levels at least close to those of developed countries once the sufficient facilities had been constructed, and mobile vaccination units may also make rounds through far reaching rural communities, providing not only vaccinations but condoms and AIDS education.

AIDS education would also become a definite part of the educational process, starting as early as elementary school, and continuing through college. This would have an extremely large impact on the spread of AIDS and HIV, because many of the sexual practices in Zimbabwe increase the risk of transmission far beyond the risk involved in normal intercourse: It is not uncommon for woman to use their fingers, cloth, paper, or cotton wool to swab the vagina walls immediately before, and during intercourse to achieve so-called dry sex, which is favored by many men. Some women also insert detergents and substances from traditional healers- such as herbs, and rarely, soil on which a baboon has urinated- to induce an inflammatory reaction that dries, warms, and tightens the vagina. (www.sciam.com/2000/0500issue/0500ezzel.html, 2000, p.3) . If such practices as those listed above are taking place, AIDS will continue to spread at such an alarming rate, and simple monogamy and condom use could realistically decrease transmission rates to near zero.

Once the general population was educated, and condoms were made widely available for little or no charge, I think that AIDS rates would stop their dramatic growth, and Zimbabwe may have a chance at progressing to the next level of development. In order for that to happen, other diseases would need to be addressed through vaccinations, and overall nutrition would have to improve. I am by no means saying that by simply following my two phase plan, Zimbabwe will be guaranteed prompt and steady development, however in a paper of this length, I was only able to address one significant problem that has been hindering development. Realistically, there are many more problems that Zimbabwe needs to address before making the transition, such as land distribution, developing a distinct core area, and restructuring their government. However, I really believe that by first addressing the most pressing issues of disease and health, they will be taking the first steps toward getting their economy back on track and ultimately achieving the distinction of a distinguished nation.

BIBLIOGRAPHY

www.abcnews.go.com/reference/countries/ZI.html

www.britannica.com/eb/article?eu=125385&tocid=0

www.britannica.com/eb/article?eu=367375&tocid=0

www.britannica.com/eb/article?eu=117942&tocid=44143

deBlij, H. J. and Muller, Peter O. Geography: Realms, Regions, and Concepts. New York: John Wiley & Sons Inc., 2000

www.healthnet.org/hnet/zim.html

Nelson, Harold D. Zimbabwe: A Country Study. Washington D.C.: United States Government, 1983

www.odci.gov/cia/publications

www.polisci.com/world/nation/ZI.htm

www.sciam.com/2000/0500issue/0500ezzel.html

www.usaid.gov/countries/zw/zimb.txt