Country profile

Malawi

GEOGRAPHY

Malawi, meaning “flames of fire”, is named after the shimmering effect of Lake Malawi in the sun. It is a long and narrow landlocked country in south-eastern Africa, roughly twice the size of Tasmania. An extension of the Great Rift Valley runs north to south along the eastern part of the country. Lake Malawi, which accounts for one-fifth of the total territory, lies in this valley. Three-quarters of the land area is made up of plateaus of different altitudes. The high plateaus are cooler and wetter than the hot and humid Rift Valley region.

PEOPLE

Most of Malawi’s rapidly growing population live in rural areas and depend on agriculture for their livelihood. The people are almost all descendants of various African ethnic groups. Lilongwe is the capital, but Blantyre has more people. Chichewa and English are the main languages used, though other local languages are also spoken. The main religious groups are Christian, Muslim and traditional animists.

HISTORY

The Twa and Fula people inhabited this region before 2000 BC. Bantu-speaking people drove them out by the 4th century. In the 14th century, the Malawi people migrated from the north-west. Later, the Chewa Empire developed a thriving trade in gold, ivory and slaves, but disintegrated in the early 1800s. After David Livingstone’s explorations in 1859, Scottish missionaries arrived, followed by traders. British commercial interests clashed with Arab and Portuguese traders, but in 1891 the British Government established a protectorate, which became known as Nyasaland. Reverend John Chilembwe led an unsuccessful campaign for independence in 1915. In 1953, the British created the Central African Federation of Northern and Southern Rhodesia (now Zambia and Zimbabwe) and Nyasaland. The Malawi Congress Party under Dr Hastings Kamuzu Banda successfully campaigned against federation and swept to power in the 1961 elections. Malawi became an independent state in 1964 and a republic two years later. Since a new constitution was devised in 1994, Malawi has held multi-party elections every five years.

ECONOMY

Agriculture dominates Malawi’s economy. It employs most of the paid workforce and supports more than 80 percent of the population. Agricultural output increased dramatically after independence, but the growth has been mainly in plantation agriculture, assisted by government incentives and foreign capital. Since 2007 the country has made progress in achieving economic growth as part of programs instituted by the government in 2005.
Tobacco is the leading export crop, followed by tea, sugar and cotton. Major food crops are maize, cassava and millet. Most rural families have too little land (50 percent have less than one hectare) to produce sufficient food and too little income to buy extra. According to UNICEF, a quarter of the population runs out of food only five months after the harvest. Women and men are being encouraged to set up small businesses to increase their income. Many women work long hours in the fields, as well as tending their own vegetable gardens and fetching water and wood.

Grave food shortages have resulted from drought and the encouragement of farmers to grow tobacco on land formerly used to produce food. The small manufacturing sector mainly processes agricultural products, but also produces cement and building materials.

LIVING CONDITIONS

The staple diet is based on white maize, cooked into a stiff porridge and eaten with vegetables and occasionally fish, chicken or meat. Children become malnourished because one or two meals of porridge a day fills their stomachs but does not provide adequate nutrition.

Traditional rural homes are mud-walled thatched huts. These are gradually being replaced by brick houses with tin roofs. Approximately three-quarters of the people have access to a safe water source, but improper water storage and inadequate hygiene often results in illness.

Health problems include malaria, tuberculosis, bilharzias and gastro-intestinal complaints. Sadly, one in 10 children dies before reaching the age of five. The government has promoted immunisation and basic healthcare, but services for the rural population are limited.

It is estimated that 12 percent of adult Malawians are HIV-positive. HIV and AIDS takes a devastating toll on the community. Not only is life expectancy now at around 54 years, the pandemic is debilating the workforce, leaving thousands of children orphaned and placing enormous strain on the country’s health services. After years of silence, authorities have spoken out about the crisis.

Comparatively speaking...

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>MALAWI</th>
<th>AUSTRALIA</th>
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<tbody>
<tr>
<td>Population</td>
<td>15.7 million</td>
<td>21.5 million</td>
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<tr>
<td>Urban population</td>
<td>19.8%</td>
<td>89.1%</td>
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<tr>
<td>GNI per capita (US$ PPP)</td>
<td>$911</td>
<td>$38,692</td>
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<td>Population with an improved water source</td>
<td>80%</td>
<td>100%</td>
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<tr>
<td>Adult literacy rate (% age 15 and above)</td>
<td>72.8%</td>
<td>99%</td>
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<tr>
<td>Population living on less than US$1.25 (PPP) a day</td>
<td>73.9%</td>
<td>0%</td>
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<tr>
<td>Under-5 mortality rate (per 1,000 live births)</td>
<td>100</td>
<td>6</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>54.6 years</td>
<td>81.9 years</td>
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A program to tackle HIV and AIDS was launched in 2004, with then-President Muluzi revealing that his brother had died from the disease.

EDUCATION

Over a quarter of the adult population is illiterate. Equipping the next generation with skills to enable them to earn an income is important for the future of Malawi. Primary education is free, but it is not uncommon to have classes of over 100 students. A shortage of qualified teachers is exacerbated by the impact of HIV and AIDS.

Some children do not go to school because their help is needed at home or in the fields. Of those children who do attend primary school, few continue to secondary level. Girls are significantly less likely to continue.

WORLD VISION AUSTRALIA IN MALAWI

- assists sponsored children, their families and communities with basic needs such as access to healthcare, clean water and sanitation, and educational opportunities;
- provides training for farmers to increase food production and adopt sustainable methods;
- supports the community with literacy programs, vocational training and village banking which help young people and adults to increase their incomes;
- provides medical supplies to improve health services;
- provides emergency supplies for people affected by seasonal drought or flood.