Linkages Between Young People's Physical Mobility, Health And Well-being: Studies From Rural And Urban Malawi

Drs E. Robson[1,2], A. Munthali[2], G. Porter[1], K. Hampshire[1]

1 Department of Anthropology, Durham University, Durham, UK
2 Centre for Social Research, University of Malawi, Chancellor College, Zomba, Malawi

Email contacts: e.robson@africa-online.net; munthali65@yahoo.com

University of Malawi

Durham University

Introduction

Children and youths under 18 years have received little attention in transport & mobility studies and transport policy in low income countries. This is a serious omission, given that children and young people comprise over half the population of many poor countries. Improving mobility and access to health facilities for girls and boys has massive implications for their subsequent livelihood potential. It is crucial to many of the Millennium Development Goals, notably, reduced child mortality, promoting gender equality and empowering women.

Objectives

•To investigate the linkages between young people's health, well-being, mobility and mobility potential in Malawi.

•To compare the impact of mobility and transport constraints on young people's health and well-being across diverse types of geographical location within Malawi.

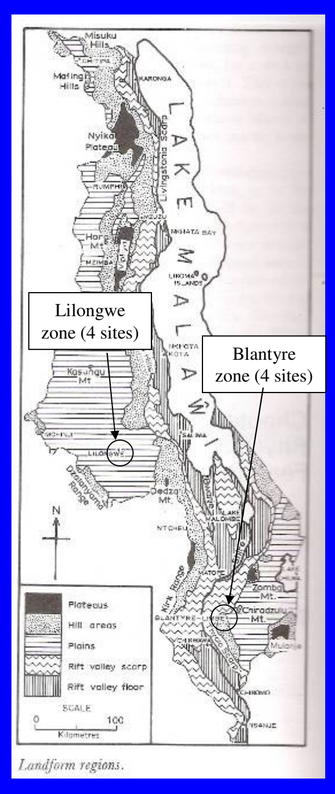
Setting

Eight communities:
- **Urban**
- **Peri-urban**
- **Rural**
- **Remote rural**

In two regions/ agro-ecological zones:

•**Lilongwe Plains**

•**Blantyre Shire Highlands**



Landform regions.

Methods

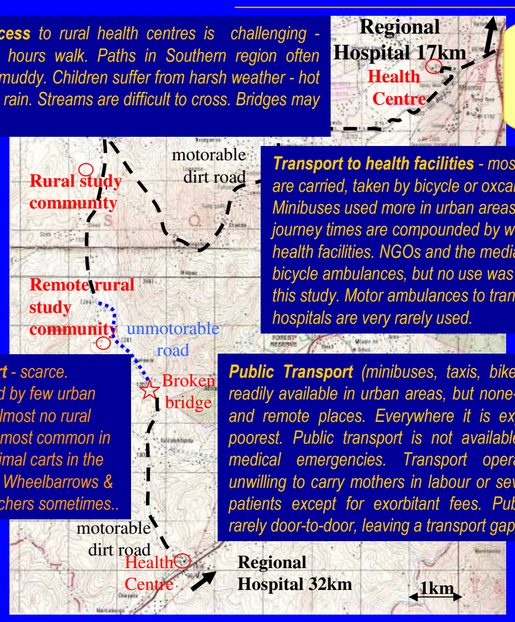
Intensive **qualitative ethnographic research** with children and adults - approximately 49 in-depth interviews (some with accompanied walks), 9 focus groups, 4 life histories and 4 load weighing sessions in each of eight communities. Data collection was conducted mostly in Chichewa from Nov. 2006 to Jul. 2008. This collection of over **500 transcripts** is complemented by maps, photographs, aerial photos, newspaper cuttings, researchers' ethnographic diaries and essays written by school children.

Focus groups with boys & girls in and out of school, male and female parents/ grandparents explored the health problems faced by young people, how they access treatment, the transport and other obstacles they face.

Individual in-depth interviews with key informants (including HSAs, TBAs, traditional healers, NGO volunteers, teachers), parents and children discussed health issues, treatments pursued and travel to health centres.

Loadweighing at boreholes, maizemills and along key routes measured the loadweights proportional to bodyweights that may cause health problems for young porters

***Physical Access** to rural health centres is challenging - often several hours walk. Paths in Southern region often steep, rocky, muddy. Children suffer from harsh weather - hot sun, torrential rain. Streams are difficult to cross. Bridges may be broken.*



***Transport to health facilities** - most children walk, are carried, taken by bicycle or oxcart in rural areas. Minibuses used more in urban areas. Lengthy journey times are compounded by waiting times at health facilities. NGOs and the media promote bicycle ambulances, but no use was encountered in this study. Motor ambulances to transfer to regional hospitals are very rarely used.*

***Own Transport** - scarce. Vehicles owned by few urban inhabitants & almost no rural ones. Bicycles most common in rural areas. Animal carts in the Central region. Wheelbarrows & makeshift stretchers sometimes..*

***Public Transport** (minibuses, taxis, bike taxis) is more readily available in urban areas, but none-existent in rural and remote places. Everywhere it is expensive for the poorest. Public transport is not available for night-time medical emergencies. Transport operators may be unwilling to carry mothers in labour or severely ill/ injured patients except for exorbitant fees. Public transport is rarely door-to-door, leaving a transport gap.*

"Sometimes young women fail to go to hospital because it's very far and a pregnant woman cannot ride a bicycle so sometimes they are unable to hire ox-carts, sometimes even giving birth at roadsides" (TBA, rural village, central region)

Results

There are clear connections between aspects of physical access in contrasting locations including distance, nature of terrain and physical obstacles; freedom to travel; availability, cost, regularity, and reliability of own/public transport. There is also a diversity of connections between young people's mobility constraints, porterage burdens and their health and well-being.

***Socio-Economic Factors** influence access to health services, transport & mobility. Girls are less free than boys to travel far or alone because of fears of safety (even rape). Girls have greater burdens of domestic porterage & other household chores than boys, so are less able to travel from home. Children may be deterred from going to health facilities because they lack soap or clothes and fear ill treatment by medical staff.*

"People here can't afford to pay for minibus especially when transporting loads so they employ children…Also because the bridge is out of service hence children are more involved in carrying loads from where the minibuses stop to their homes" (school boys' focus group, urban Lilongwe)

***Poterage Burdens** — children in urban & rural areas carry heavy loads (water, firewood, maize, farm produce, fodder, charcoal, fertiliser etc) for domestic reproduction & income generation. While contributing to household survival portering can cause many health problems (headaches, neckaches, backpain etc) for young bodies.*

"Twice a week I carry charcoal to market and once a week I take maize to the maize mill. We don't sleep at the maize mill, we come back the same day. For the market we may go very early in the morning or overnight. We sleep outside a store. We walk all the way. I get tired, body pains and mostly pains in my legs" (12 yr old out-of-school girl, remote rural village, Southern region)

Conclusions

Young people have a range of health-related mobility experiences both across varied geographical locations and within different locational contexts, which reflect various factors such including age, gender, birth-order, socio-economic status, patterns of health service and transport provision.

Recommendations

There is a need for further research on the potentially significant implications of Malawi's enormous **transport gap** (and consequent demands for young people's labour as pedestrian porters, especially in remoter rural locations) for their health and well-being. Greater use of non-motorised transport e.g. handcarts, bicycle trailers could be a solution.

Research into Policy

Twice yearly **Consultative Group** meetings invited policy makers participation including:
•Government Ministries of Health, Transport; Education; Youth; Gender & Child Welfare; Department of Road Traffic.
•Local & international NGOs concerned with children and health
•Transport organisations & donors e.g. DFID

This research is part of the '***Ana ndi Mayendedwe***' project in Malawi conducted by the **Centre for Social Research, Chancellor College**. It is part of a multi-country research project: '***Children, Transport & Mobility in Sub-Saharan Africa: Developing a child-centred evidence base to improve policy and change thinking across Africa***' funded by the UK government through the **ESRC-DFID** joint scheme.

E·S·R·C ECONOMIC & SOCIAL RESEARCH COUNCIL

DFID Department for International Development

Background Note

This poster reports only a small part of a larger project which also has a child researcher component and a quantitative survey component which will be extended to Malawi's northern region in 2009.

Project website: www.dur.ac.uk/child.mobility