Young At Heart

Meme Airah Schikwambi proves that age really is just a number
By Sheena Magelina

About HIV in 1992. This was because right after independence, the priority of the government was to do away with the apartheid system and the different institutions that had been set up. But as the cases grew in number, the hospitals became too small, and we realised that it was quickly becoming an issue that needed more attention.

In the beginning HIV was a difficult issue to address, because it became politicised. People called HIV the ‘returnees’ disease’. There was a stigma attached to it. Something important that we started doing was raising awareness of the importance of home-based care for HIV patients. We also taught the patients’ families who visited them in hospital about how to maintain their own health – and also that healthcare was a community affair. To stay healthy, they needed assistance not only from family members, but also from the community as a whole.

SN: What did you see as major challenges after your return to Namibia?

AS: As the former president of Mozambique used to say: To rebuild a country is more difficult than to fight and liberate it. While in exile we learnt that there would never be enough health workers, because a country’s health personnel as well as the logistical requirements are determined by the national budget. Namibia is a vast, sparsely populated country and you wouldn’t in which village to position a new clinic so that most people can have access to it.

SN: What solutions did the Ministry of Health introduce to address these issues?

AS: They introduced community mobilisation and participation, so that communities could select people who they respected to be trained in various health areas and could then take information back to their communities. Also emphasis was put on the prevention of diseases rather than on curing them. We did that in exile, where we didn’t have facilities to treat chronically ill patients. The apartheid primary healthcare system was also mainly directed at poorer black Namibians. But this was wrong. Primary healthcare is important for everybody, from the remotest village to State House.

SN: And how did you improve yourself as a nurse?

AS: In 1992 I registered at the University of Namibia (UNAM) for an advanced course in Nursing Science. I wanted to know if my medical experiences in exile were similar to what was taught at UNAM, but the instructors kept telling me to stop using my general knowledge and to just stick to what was written in the text books – the same books that were used in the apartheid system. I thought it was time to move away from that framework, but I did the course anyway and graduated 1994. In 1997, I enrolled at the Boston University in Massachusetts for a Master in Public Health and passed with Honours. I also received awards for always reminding the faculty with healthcare issues to put women and children’s needs first, and not because their needs were different.

SN: How old were you when you decided to study further?

AS: I was already over fifty years old.

SN: So it’s never too late to improve yourself?

AS: Never (laughs) During apartheid we were so deprived that I took this as a once in a lifetime opportunity.

SN: Which important health matter should all people know?

AS: To become or to stay healthy we need to focus on prevention, using natural products as much as possible. We should also include young people in discussions about health and their bodies. The culture of not talking to our children about sex should end. Everything I know I learnt from my father, and men today should not say that this is work for men and that work for women. Other important issues are abortion and baby dumping. Also here we should strive to look at the cause and not just deal with the effects.

SN: Where do you get all your energy?

AS: Energy! (laughs) Exercise, eat well. Work and talk with people, and always find time to read. Watch the news, be aware of what is happening in our world and how you can play a positive role.