

NCD DIAGNOSIS & TREATMENT FOR YOUTH IS A FAMILY ISSUE

SUBMITTED BY PARTNERS IN HEALTH

IN THE RURAL DISTRICT of Neno in the Southwestern corner of Malawi, most community members are subsistence farmers. While the district of Neno has developed in the last few years, poor, rural communities face challenges in accessing healthcare, especially during the rainy season. Partners In Health (PIH) has been working and partnering with the Malawi Ministry of Health since 2006 in Neno District, where they have been supporting the expansion of integrated non-communicable disease (NCD) services at the community and clinic level.

Over three years ago, Sheila began to experience unusual symptoms such as weight loss and dizziness. Her mother took her to the local clinic, but after initial testing for malaria and other common infections, clinicians were unable to come to a diagnosis. After continued weight loss, Sheila's parents took her to the hospital, and Sheila was eventually diagnosed with Type 1 diabetes. For children and young adults like Sheila, Type 1 diabetes is a severe condition. Among rural, poor communities, Type 1 diabetes is an endemic disease, particularly in Sub-Saharan African that also has the highest global rates of early mortality due to Type 1. In rural settings, access to treatment, care, essential medicines like insulin, and social support is vital to ensure that someone like Sheila can survive and thrive in her community.

While the diagnosis was shocking, her parents were coached and taught extensively by medical providers on the specific treatment for Type 1 diabetes and how it can be managed at home. With PIH's support and services provided by Neno District Hospital and the community NCD program, a community health worker checks in daily with Sheila and accompanies her to her clinic visits. She has been monitoring Sheila closely over the last three years and makes sure that Sheila and her family have what they need to manage Sheila's diabetes.

Sheila's mother, Chimwemwe, has also been helping to take care of Sheila. She ensures that Sheila receives two doses of insulin per day in her upper arm – and is an avid timekeeper in case Sheila accidentally loses track of time and does not make it home in time for her evening injection. She also prepares nutritious foods, such as brown bread, whole grain porridge, and groundnut flour that are ready

immediately following Sheila's injection. Besides the daily routine of being a caregiver, Chimwemwe must be able to recognize and respond any time Sheila's blood sugar drops and she begins to sweat or become dizzy.

While Sheila's condition is manageable, everyone in her family is affected. Her mother, as her sole caregiver, is unable to work or leave the house when Sheila needs an injection or other care. Chimwemwe explains that she is "the one who learned how to inject her from the hospital. It's only me in this house, so in my movements, it's always at the back of my mind that I must go back home to give her medication." Therefore, Chimwemwe makes sure that other family members are able to attend important family gatherings in her place so that she can prioritize Sheila's care.



Shelia Chipenge:
14-year old living
with type 1 diabetes
in Neno District,
Malawi

Photo by David Murdock for
Partners In Health

Before Sheila was diagnosed, Sheila and Chimwemwe did not know that a young person could have diabetes and live a long productive life. As Chimemwe notes, managing a chronic condition like diabetes is very different than malaria. But thanks to her supportive family, her community health workers, and access to medicines and consistent care, Sheila is able to manage her condition and thrive at home and in school. She is currently in the 8th grade and enjoys playing with her friends. She hopes to become a nurse when she finishes school so she can "save sick people's lives."

