

*A Deeper Look..... looking into the lives of people and projects that are making a difference in Malawi.....*

## Retiring Gracefully

*Dr Grace Malenga – hailed as Malawi's first female doctor and a long-serving paediatrician has just retired. She talks to Baljit Cheema about her life and work and why in retirement she plans to attend funerals and eavesdrop on neighbours.*

Five hours drive from Blantyre, close to Nkhotakota, I find myself on a narrow dirt track leading into a small village of mainly mud and thatch houses. I spot Dr Grace Malenga outside her modest brick and iron-roof house; wearing a traditional chitenje and dukhu she looks very much at home. Grace retired in March 2007, just before her 60th birthday, having worked for 35 years in Malawi as a physician and paediatrician. For the past 6 years she was also Director of the Malaria Alert Centre in Blantyre.

She goes off to make tea in the tiny kitchen, crossing a yard ankle-deep in freshly harvested groundnuts. On the bookshelf, I spot Bill Clinton's autobiography. Her husband Edward (a recently retired agronomist) sits reading 'The End of Poverty' by Jeffrey Sachs. I imagine that a well-deserved retirement of leisurely ease is about to begin for Grace...but I am quite wrong.

Grace is still chairman of the Malawi Medical Council and is vice-chair of the Country Co-ordinating Mechanism for the Global Fund Programme for Malawi. In addition she is buzzing with energy and enthusiasm having finally begun her long-awaited "retirement project". She tells me "I have retired from active medical practice but I am continuing with passive medical practice by actually trying to understand medicine from the community perspective."

For years Grace watched as health questionnaires and community surveys claimed to represent the true opinion of ordinary Malawians. She strongly suspects that they are some way off the mark and that many responses are simply what people feel health workers want them to say. So she has decided the best way to hear the true voice of the people is to live among them.

Grace has hit upon a rather unconventional forum at which to discover what village people really think about health – the funeral. Traditionally funerals involve large gatherings of family, friends and neighbours and as she talks of wanting deliberately to overhear "unsolicited conversations" I get an image of Grace-Undercover Malawi's very own embedded medical reporter.

Grace believes that conversations at funerals and other village gatherings will provide true insights into what people really think about illnesses and health facilities. Sadly there are plenty of funerals in the remote rural area where she lives and just that morning she and her husband have been to the funeral of a neighbour's baby.

So what has she learnt so far? "I am quite amazed actually by how in the year 2007 so much disease is attributed to witchcraft in Malawi." Grace feels this may be a crucial and little explored part of the puzzle regarding public reaction to HIV related deaths in Malawi. She thinks that people can understand gradual and obvious AIDS related deaths such as 'Slims Disease' but the more sudden infection-related



deaths particularly in children who otherwise look well are simply not accepted. At the funeral Grace has learnt that the family are asking a Medicine-Man to tell them who caused the child's death. "Because things don't just happen" Grace says "witchcraft has to be there".

The fact that Grace plans to carry on trying to improve health care in Malawi is no surprise to those who know her. Her working life has been an example of enduring commitment and service to her country - often at the cost of family and home life. She is clear that she could never have achieved what she has without the support of her husband Edward, her two daughters and the rest of her family.

Grace's childhood on Likoma Island sounds idyllic –the eldest of ten children she had her fair share of household chores but found plenty of time for swimming, fishing and running wild with her girlfriends. But at 14, she was sent to secondary school on the mainland.

The journey from Likoma to Malosa Mission School would take two or three days depending on boat, train and bus schedules. And so began a period of many years when Grace was to be far from home and the family she adored. She doesn't remember hard or lonely times at school though – more a feeling of excitement and adventure.

At 18, she completed her 'O'-levels before studying 'A'-level's at Blantyre Secondary School. In 1967, at the age of 20, Grace was awarded a British Council Scholarship to study Medicine at Bristol University in the UK. Unable to afford flights home, she only visited her family once in five years.

Were there times when she felt sad or isolated? The answer is no, she had many friends and was never short of offers of homes and families to spend the holidays with. Was it

difficult in that era being to be an African woman studying medicine in what must have been a male dominated white environment? Again, no. Certainly there were more boys than girls but she remembers everyone as welcoming, friendly and unbiased.

As the interview progresses I hear upbeat answers like these again and again. I find Grace almost relentlessly positive, never indulging even a whiff of self-pity. The only time I see incomprehension and raw pain at the hand life has dealt her is when she talks of the death of her only son (who died in a car accident at the age of 18). Talking to Grace is like inhaling a powerful tonic, an uplifting blend of 50 per cent gritty-fortitude and 50 per cent optimism. One can't help but feel a rather measly mortal in comparison with her integrity, humility and sheer goodness.

At a very early stage Grace showed a characteristic that would reveal itself time and again: her commitment to Malawi. She completed her medical studies in 1972 but rather than stay in the UK and work for even one year to get UK registration (and earn some serious money), she returned to Malawi.

Why did she return rather than take the great financial and professional opportunity that was open to her? She simply says: "I just wanted to come home." Having been assured that a year of internship in Malawi would allow her UK registration, she followed her heart back to her beloved country and family.

On her return Grace was hailed as the first female Malawian doctor. There was "a lot of fuss" she says in the newspapers and magazines and a film of her graduation was even shown in cinemas. Typically modest Grace maintains that she knew of two other women Malawian doctors although neither returned to work in Malawi.

Not long after her return, Grace married Edward Malenga whom she had known since primary school. Over the next few years the family moved from Blantyre to Chikwawa and then to Mulanje in 1977. Grace was happy working as District Health Officer (DHO) in Mulanje, their home was near by and they now had a three-year-old son. It was then that Edward discovered a secret that Grace had been trying to keep from him.

"As a DHO I would have adverts sent to me and I would keep these and I would ignore them and one Sunday I remember Edward came to the office and he was somehow looking through my inbox and he saw this scholarship advertised and said 'why are you not applying?'" Grace knew that if she was to proceed with her career she would need postgraduate training overseas but with a young child she had been postponing the decision. Now Edward literally stood over her while she completed the application form – reassuring her that he would look after their son.

By 1979, when Grace had to leave for her Masters in Paediatrics in Nairobi, the departure was even more heart-rending as she was now leaving behind not just her son and husband but also a one-year-old daughter. She recalls "That was very tough I remember arriving in Nairobi and getting into this hotel room and standing there looking at the mirror and feeling how daft I was and really crying. I cried for quite sometime as I thought 'now what am I doing coming here

for four years and leaving that one-year-old at home it was tough."

But at least she was in Africa so she was able to visit home once a year. She recalls her first visit home from Nairobi "the painful thing I remember is my one-year old daughter (who would apparently say 'my mum is in Kenya') when I came back a year later she refused to be carried by me, she screamed and went back to her nanny and it was then I felt really really bad."

Grace returned in 1983 and worked at Mulanje District Hospital until 1988 when she was transferred to Blantyre to work as Regional Health Officer for Southern Malawi. During this time increasing numbers of refugees began to arrive from Mozambique and so in 1989 she took a post with UNHCR as Health Coordinator for the Refugee Programme.

The UNHCR programme ended in 1995 and once again I find myself amazed by her career path. She was offered a lucrative overseas job with UNHCR but chose to stay in Malawi and work for the College of Medicine and Queen Elizabeth Central Hospital on a considerably smaller university salary.

Grace recalls: "I was offered the possibility of a [UNHCR] position in other countries but I refused and I remember a friend of mine saying 'Hey Grace the [UNHCR] Representative thinks you are crazy he says you can apply for any international post' and I said I don't want to work outside Malawi, I would like to work in Malawi – and apparently he thought I was very odd."

**"I refused to go elsewhere because I wanted to continue to work in Malawi because..."**

Frankly so do I. She was almost 50 years old; she had children in secondary school who would soon need financial support for university; she had perhaps 10 years of salary-earning ahead before facing life on a minuscule government pension (by comparison to UN standards) and she was saying no to prestigious post with a life of privilege and financial security. Why? She laughs. For her the choice was easy. "I refused to go elsewhere because I wanted to continue to work in Malawi because..." she hesitates trying to find the right words to explain the power that binds her to her homeland "I guess I have almost a morbid affinity for Malawi – maybe that's what I'll call it!"

So why have so many other Malawian doctors gone overseas and not returned? This is a question Grace struggles with for a while and I sense that her inner diplomat is battling with her desire to speak plainly. "I guess if I have to put it simply the problem is certainly one of money. To be able to run one's family, educate children and the like. And I will be the first to admit – having insisted on working in Malawi I probably haven't given my children the kind of education I would have wanted to give them."

Whilst Grace fully accepts the need to consider one's family needs she is sad that this means that Malawi loses most of its well-trained doctors. "I just feel there is too much emphasis on this money issue at the expense of serving the country. I

think Malawi needs us; it is Malawians who can make Malawi better in the end really. If we expect that we can only come and work in Malawi when Malawi is better without knowing how and when will Malawi become better then it becomes difficult. On the other hand I can understand people thinking about their personal gain first and country gain second. I can understand it.”

Can she see a solution? “The only solution I see is it has to be the individual’s wish to come and work under these difficult situations and to forgo their children’s nice education etcetera. And then maybe it becomes asking for too much of an individual.” She ponders on what this means in reality before adding “And then if you ask me how many people are there with those kind of views? Well if you told me that there are none I wouldn’t be surprised.”

So does she have any advice for young Malawian doctors just starting out? She is quick to answer and her strength of feeling is clear. “I think now there is too much emphasis on ‘what is in it for me?’ I see medicine becoming more commercialised.”

She feels that there is an almost undignified haste to find status and prestige from their job. “I think the medical profession is a calling and OK the doctor in the West is one of the professionals that is quite high up in the social ladder

but the young doctors are too keen to find their place in that higher social structure almost to the disadvantage of the patients.”

Grace laments the premature entry of young medics into the private health system. “I just want the young physicians to realise that their profession is one of offering service to the community above all and if in the process they can rise to the social strata they deserve then fine but that should not be the primary aim.”

We have been talking for more than two hours. I ask Grace if it will be hard to adjust to village life after the bustle of a busy job and city life? On the contrary “I guess I’m a villager really and I’m married to a villager and we are just comfortable in a village setting.”

As I am leaving, Grace confides “even when I went abroad to work for a week or two – there would be times I would take myself away from that hotel, actually right away and I would take myself in thoughts to here. I would actually leave that hotel room and be sitting where we are now and wondering is the sun shining is it pouring, is it ...”

Her voice trails off as she looks around with a smile at her home in Malawi ‘the warm heart of Africa’ that has maintained its place in her heart throughout her life.