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Colombia, Factor 12: Human Diseases

Colombia: Raising Awareness of HIV/AIDS Risks and Effects

In the tropical, South American country of Colombia, a huge issue is occurring. Every year, more and more people are becoming at risk to the infectious disease, Human Immunodeficiency Virus; also known as HIV. There is currently no cure, and it usually leads to Acquired Immune Deficiency Syndrome. Treatment can't guarantee survival of this disease, leaving poor countries like Colombia not able to afford risky treatments. Many factors in Colombia could be improved to help treatment and prevention of acquiring HIV. For example, access to health care is minimal in Colombia because not everyone can afford the best health care. Also, children aren't getting the best education in most parts of the country. If people in Colombia had better education and more availability to college, they will be able to get higher class jobs, making more money, for treatment as well as a lead to finding a cure. Another huge factor that gives citizens a higher risk for HIV or AIDS is that morals and awareness not being taught to people at a young age. In Colombia and areas close to it, young adults and teens are being taught that it is okay to have unprotected sex and there is a huge encouragement for drugs. These are two major ways that HIV is transmitted to others. Needles used for drugs and even unsanitary hospitals in the country are being shared. This doesn't seem like a huge issue to some people in Colombia, but it is indeed a bad problem. If people spread awareness and showed how HIV is dangerous and how it can be prevented, the rates for people with the risk in Colombia would decline. Solving the HIV problem in the area, would give citizens access to more food, as well as healthier and safer food.

A typical family size in Colombia is four people, often composed of non-nuclear members and many single mothers. The diet of an average person in Colombia is small proportioned. Most people eat many fruits and meats. Being a vegan in this country would not be an intelligent idea. Most restaurants have all dishes included with meat. A couple different foods that Colombians eat are ants and Guinea pigs. Ants are eaten in many ways in certain parts of the country: fried, grilled, dried or just how they are. A significant part of their diet is coffee, with Colombia being the 4th largest producer of coffee beans. Colombia's education is simple, and doesn't last as long as the United States'. The majority of students never attend college, and some drop out before high school. Agriculture is a big part of their culture and lifestyle, so education after high school is not usually a priority in families. Once children finish high school, their parents want them around as much as possible to work in the fields, and they see that college gets in the way. Also, teachers in schools are often under qualified and not payed well. Most schools with these types of teachers are in rural areas. Along with limited access to education, Colombia's health care system is also limited to many people in Colombia. About 20% of the population is uninsured, and of the people who are insured, they are a part of the Subsidized Regime of health care.(Giedion) The Subsidized Regime is the lower class healthcare for people who are unemployed, or have extremely low paying jobs. This program only covers extremely low complexity costs and some fatal illness treatments. This is meant for the lower class, and covers them through a proxy means test. This finds out the incomes of people and if they would be able to afford health care on their own, along with other necessities they pay for. If they can't afford good health care, they get put into this lower class health care group. Taxes of the workers

who are a part of the Contributory Regime help pay for part of the SR health care. To find out what health care you are able to receive, there is a test everyone must take, based on your employment and income. This is awful to most people in Colombia because the higher class pays for everyone else's health care through taxes, while the lower class still gets horrible health care coverage.

A typical farm in Colombia is usually 12-250 hectares, which is equivalent to about 30-618 acres. Crops grown on these farms consist of coffee, rice, tobacco, corn, sugarcane, beans, cotton and a variety of fruits. Common animals raised on farms are cattle, chickens and sheep. Agriculture practices of Colombia are organic. No chemicals are added to crops and livestock are free-ranged. In an interview with Castillo, Lutheran World Relief (LWR) Colombian program director, Don Motato said that food security meant "Food for Earth, food for the animals, and food for humans".

There are many major barriers facing a typical family, and a typical farm of Colombia. One barrier to improving agriculture productivity is climate change. Droughts, flooding and natural disasters caused by the climate can ruin crops instantly, and cost people huge amounts of money. An example of climate change was El Niño and El Niña. El Niño caused a very dry season in Colombia, which deprived some crops of water. El Niña caused the winter months to be extremely cold and lasting longer, making the crops season shorter and under developed. Climate is hard to control and can be extreme. A second barrier is to the living wage. The unemployment rate and gender wage gap both contribute to a worker making the living wage in Colombia. In Colombia, the unemployment rate is 11.9% and changes drastically all the time. A lot of Colombians don't have enough education or training for jobs that pay enough to provide for their family. Another barrier is the gender wage gap. "The wage gap against women is 11% in Colombia" (Baron, Cepeda). Policies need to address this specific situation and fight for more equal education choices and wages for women in this part of the world. A third barrier is accessing food markets and adequate nutrition in Colombia. According to the World Food Programme, 43% of Colombians consider themselves food insecure and lack in basic nutrition. 1.3 billion out of 2.5 billion tons of food is wasted in Colombia because of contamination due to heat, pests, and water damage. Workers trafficking food from farms to grocery stores are not being as cautious as they should be, and many foods are lost or ruined along the way.

One of the biggest factors affecting food availability in Colombia is HIV and AIDS. For example, food consumption has dropped 40% in homes suffering from HIV. So along with the 43% of Colombia not consuming proper nutrition, HIV causes them to eat even less food." When people are suffering from malnutrition, it even makes the disease easier to get, or makes it worse if you already have it. AIDS has killed 7 million agriculturists since 1985 in the 25 hardest hit countries" (Johannesburg). 20% of people in Colombia are at risk of HIV, however this rate is increasing, and 47% of the Urban population are living with the disease (HIV in emergencies). Men are commonly more at risk of acquiring HIV. This affects families because typically the man living in Colombian homes are making the most income, and providing while the women stay at home and don't have good education. The families struggle while trying to take care of their livestock, and sometimes must sell them since they can no longer take care of them or themselves. Some family members will move to other areas in search for extra money and work, which makes contracting the disease easier. Also, SR health care doesn't cover HIV/AIDS treatments or even testing for it. So, many Colombians live with HIV and don't know it, simply because they can't afford to be tested. If people aren't aware that they have this disease then it can be spread easier.

Improving health care could improve this because people could be tested for HIV, and prevent transferring it. Also, if health care covers immunizations for HIV, less people would be at risk, and less families would be impacted.

Population growth has a direct relation to HIV/AIDS. Population growth has slowed down in areas with high rates of people at risk of HIV. The disease is the 2nd most frequent cause of death in Colombia, and the 3rd most costly. With the disease being expensive, more people are entering the lower class and falling deeper into. However, if population increases in poor countries like Colombia, more people could be at risk, the unemployment rate will rise and more problems can occur causing more homes afflicted with HIV/AIDS.

By addressing the issue, we can improve food security for the average Colombian family. First of all, if Colombia's SR health insurance offers more benefits like vaccinations, testing for diseases, and treatments, then more people will be aware if they have HIV and can contain the disease easier. Also, they will live longer with treatment so then they can provide and take care of their family longer. With the provider of the house around more, homes afflicted with HIV will receive better nutrition. Another benefit is that workers and food transporters will be able to work longer and there will be more people for those jobs, so less food is wasted and lost. A local project that communities in Colombia could do is finding experts on the disease, and talk to high schools, hospitals, nursing programs, and families about how to prevent HIV and how to deal with it as well. Families can partake in the action, by talking to their kids and families about how important food security really is and how big mistakes can lead to HIV, which can lead to even worse things like starvation of their families, and death. Organizations similar to the Family Health International (FHI) and The Global Fund to Fight AIDS, Tuberculosis and Malaria could visit Colombian communities and give information or even donate money to these countries to support agriculture. Agriculture and farming is a huge deal in Colombia and if people donated money to farms and workers, food would be less contaminated and more people could work on farms, provide safer food transportation and cleaner stores to the Colombian citizens, who all deserve it.

In conclusion, HIV/AIDS is a giant problem in Colombia and is not getting better. Every year, more and more people are becoming at risk to the infectious disease, killing and weakening the population. Treatment won't stop the death caused by HIV, so poor countries like Colombia are not able to afford these risky treatments. Many factors in Colombia could help more people become treated, and prevented from acquiring HIV. For example, access to health care is minimal in Colombia because not everyone can afford the best health care. Also, children aren't getting good education in most parts of the country. If people in Colombia had better education and more availability to college, they will be able to get higher class jobs, making more money, for treatment and providing for families, as well as finding a cure. Another huge factor that gives citizens a higher risk for HIV or AIDS is the morals and awareness not being taught to people at a young age. In Colombia and areas close to it, young adults and teens are being taught that it is okay to have unprotected sex and there is a huge encouragement for drugs. These are two major ways that HIV is transmitted to others. Needles used for drugs and even in poor hospitals in the country are being shared. If people were more educated in the medical field, needles would not be reused or unsterile, and this wouldn't be the huge problem it is today. Once people step in and help Colombia in the many ways they need it, diseases like HIV would become rarer, basic nutrition needs would not be a problem, and there would be one less country in need of our help.

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