

WHAT IS THE CONTRAST BETWEEN EDUCATION AND THE TREATMENT PROVIDED FOR THE POPULATION IN A MEDC AND A LEDC?

Case Study:



0.60%

VS



17.80%

Percentage of overall people living with HIV/AIDS (from 2009)

Since 1986, the creation of the Welfare Reform Law, 100 million US dollars have been spent on education of HIV and AIDS in school. By 2007, over 2 billion US dollars have been spent on education of this matter.

Education provided for the population

HIV and sex education exist in schools as part as the 'Wider Life Orientation curriculum' which started in 2002. According to a comparative risk assessment, in South Africa the biggest factor contributing to the amount of people with HIV is unsafe sex.

Some states have rejected federal funding for these programmes. The level of education in HIV received by children in the USA varies by the state's regulation and the type of school attended. In some schools, HIV is a compulsory topic in sex education where in others it is just additional information, in some,

Problems with Education System

Although there is education, due to the lack of training of teachers and the unwillingness of teachers, the quality of HIV/AIDS education provided for the population is very bad. Training is hindered due to that these program's training usually take place outside of school

children may even leave school without knowing anything about HIV. In twenty-five states, HIV/ STD education is compulsory within sex education. Although, this type of education encourages people to have sex until they are married, but does not teach people how to prevent pregnancy and protect themselves against sex transmitted diseases. Studies have shown that this type of education is very ineffective. In 2009 before his presidential election , Obama pledged to replace abstinence only education with funds for programmes that could “prove they delay sexual activity, increase contraceptive use and reduce teen pregnancy.” However, in 2010, the funding for the education was only around \$50 million a year.

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In surveys, teachers report that they feel very uncomfortable in teaching a curriculum that contradict to their own values, their religion and beliefs. Other problems include that teachers feel like the things taught in these courses can be disadvantages to home life of students, and teachers feeling that poor role models at home did not help reinforce HIV prevention messages received in school.

South Africa also has an extremely high dropout rate, which also has a lot to do with the effectiveness in the education of HIV and sex. This could mean that is is more necessary to direct prevention programs toward younger kids in school as more of them will be in education and before most are sexually active.

Antiretroviral treatment is available to anyone with good medical insurance in the USA. For those who are without insurance, or are not insured for their condition, there are a number of options available to help fund treatment. Consistency of care for people living with HIV in the US is very low, with one study showing that only a fifth of US-based HIV-positive people are engaged in out-patient care. It is estimated that in the US, the average cost of a HIV treatment for lifetime is \$367,134 per person. The National Strategy places a strong emphasis on the impact of the health care bill on future HIV treatment. US AIDS Drug Assistance Program, which is widely known as ADAP, aims to provide treatment for the poorest people funded by the Ryan White CARE Act. Although it was critically underfunded for many years. As of March 2011, there were 7,261 people on waiting lists in a total of 11 states. The cost from ADAP is estimated at \$2.7 billion USD over 5 years. early can expect a near normal life expectancy.

Treatment

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In a sense, the USA's got a better education program and better treatment fund. Although South Africa is improving on both aspects, this might be because of it's huge HIV rate.