



The Role of Education in Addressing HIV/AIDS in Southern Africa: A Case Study of Botswana and Eswatini (FKA Swaziland)

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Abstract: HIV/AIDS remains a significant health crisis, especially in high-prevalence regions such as Botswana and Eswatini. To address this, both countries have used formal and nonformal education to raise awareness, prevent transmission, and reduce stigmatization associated with the virus. Formal education in Botswana, for instance, has been adapted to increase years in schooling, thus enhancing student exposure to HIV/AIDS information. Eswatini introduced Comprehensive Sexual Education (CSE) and life skills programs, supported by financial incentives to mitigate enrollment barriers. Both nations have also collaborated extensively with nongovernmental organizations (NGOs), which provide nonformal educational support through testing, treatment, counseling, and community-based programs. These NGOs address educational and financial barriers for vulnerable populations, including children orphaned by HIV/AIDS, and employ community-centered initiatives to reduce stigma. This study assesses the combined influence of formal education and NGO-led nonformal initiatives within these countries' unique sociocultural and economic frameworks. Bronfenbrenner's Ecological Theory is applied to examine how educational interventions are shaped by multiple levels of social influence, such as family, community, and broader cultural values. Through examining both countries' approaches to HIV/AIDS education, this paper highlights the potential for integrated educational efforts in managing public health crises within diverse contexts.

Keywords: HIV/AIDS education, Botswana, Eswatini, formal and nonformal education, NGOs, Bronfenbrenner's Ecological Theory, cultural context, HIV/AIDS awareness, public health.

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Introduction

In the world today, the fight against HIV/AIDS remains a global concern, and to draw attention towards this fight, the world commemorates the 1st of December as the World AIDS Day. This commemoration started in 1988 with the theme "A World United Against Aids", aimed to create global awareness of the virus and honor those who had lost their lives through this virus. According to Benotsch et al. (2004) HIV/AIDS continues to affect most African countries till date. And in line with this, UNAIDS (2023) reported that Eastern and Southern Africa regions have the highest number of individuals living with HIV/AIDS. In 2022, 20.8 million out of 39 million people living with the virus worldwide were recorded in these regions (p.115). In these affected regions, Botswana and Eswatini were discovered to have high prevalence cases of HIV/AIDS (De Neve et al., 2015; Nxumalo et al., 2015).

Rationale

In the issue of HIV/AIDS, education is seen as the available "vaccine" for the "foreseeable future" (Vandemoortele & Delamonica, 2000, p.6). The article further highlighted that the education of an individual could possibly determine the level of vulnerability to HIV infection. This implies that the lack of knowledge about HIV/AIDS could lead to higher tendency of contacting the virus, as the victims would be oblivious of the preventive measures. Over the years education has been employed to create awareness of the virus most especially in countries with high prevalence of HIV/AIDS such as Botswana and Eswatini.

Therefore, this paper aims to examine how education have been used to address HIV/AIDS in Botswana and Eswatini. The rationale for using these countries as case studies arises from the need to examine how both formal and nonformal education have been used over the years, and how socio-cultural factors have

influenced their reception of HIV/AIDS education. According to UNAIDS (2023), Botswana and Eswatini are two countries in Southern Africa region with high prevalence of HIV/AIDS. However, other contrasting factors such as system of government, and economic status may differently contribute to how they received and implemented HIV/AIDS education. The former operates a democratic system of government with its economy heavily dependent on diamond mining, which contributes to categorizing it as an upper-middle income country. In contrast, the latter practices a monarchical system with an economy that depends on agriculture and textiles, which contributes to categorizing it as a lower-middle-income country (World Bank, 2024; World Bank, 2024)

Research Questions

This study is guided by a major question and several supporting minor questions:

Major Question

How have Botswana and Eswatini utilized educational methods to combat HIV/AIDS in their respective countries?

Minor Questions

- How have Botswana and Eswatini utilized their formal educational systems to create awareness about HIV/AIDS and decrease its health impact?
- How have Botswana and Eswatini utilized nongovernmental organizations (NGOs) in the development of nonformal education campaigns in the fight against HIV/AIDS?
- How does the cultural context of HIV/AIDS education differ between Botswana and Eswatini?
- How has gender impacted the success of HIV/AIDS education in Botswana and Eswatini?

Theoretical Framework

The theoretical framework for this study hinges on the ecological model, which posits that public health issues are best addressed by considering multiple levels of influence from an individual's environment. In this paper, I will be using Bronfenbrenner's Ecological Theory to underscore how the systems of the environment could shape how individuals in Botswana and Eswatini response to HIV/AIDS education. Bronfenbrenner's Ecological Theory comprises of the microsystems, the mesosystems, the exosystems, and the macrosystems. Rogoff (2003) noted that Bronfenbrenner believed that the environment is made of "one's immediate settings as well as the social and cultural contexts of relations among different settings, which includes home, school, and workplace" (p.45). Bronfenbrenner's ecological theory was further likened to a "Russian nesting doll in which a small figure nests inside a larger one inside a still larger one, and so on" (Rogoff, 2003, p.45). This illustration suggests that the overlapping and connection of the environment could influence the development of an individual. In the later part of the paper, I will discuss how these layers of environment could influence both formal and nonformal education in addressing this virus.

Literature Review

The Use of Formal Education

In the face of HIV/AIDS virus, which is prevalent among the population of the Southern African region, particularly in Botswana and Eswatini, formal education remains one of the important tools used in responding to the virus. Zinyemba et al. (2020) discovered that children who were orphaned through HIV as well as other children who were infected with the virus, tend to attain less education than any other children. The study further highlighted that HIV/AIDS hinders the education of the individuals and as such the quality of education is disrupted. Francis et al. (2019) stated that quality education is important in promoting individual rights and increasing awareness in the society. Therefore, this section will underscore how formal education have been used in Botswana and Eswatini to address HIV/AIDS.

Botswana

According to Renwick (2007), "approximately 37% of Botswana's population was HIV-positive in 2005" (p.133). The study underscored the severity of the virus in Botswana population and the urgency to mitigate the spread of HIV/AIDS. Therefore, Botswana utilized educational strategy as tools to curb the spread of the virus.

De Neve et al. (2015) highlighted that Botswana implemented a policy reform in January 1996 as an educational strategy to mitigate the spread of HIV/AIDS. The policy restructured Botswana's education system from 7-2-3 to 6-3-3. Swartland & Hartwell (1994) noted that the last year of the junior school was initially the first year of senior secondary school, as the previous 2 years allocated to junior secondary school were not enough to provide foundational skills, knowledge, and specializations for the students to advance in senior secondary school.

Therefore, the implementation of the policy led to an increase in average schooling years by approximately a year. It was believed that the more years these students spent in school, the more they gained substantial knowledge about HIV infection and prevention, thereby reducing the risk of spreading HIV in the country. Furthermore, De Neve et al. (2015) noted that the junior secondary school serves as an exit point from formal schooling and the completion of junior secondary school is required for many vocational programs, then through longer exposure to information on HIV/AIDS education, this would reduce the risk of spreading the virus.

In addition, this policy affected a certain population called the birth cohorts, specifically individuals who are supposed to have enrolled in secondary school in 1996 or later and are most unlikely to have contacted the virus through mechanisms other than schooling (De Neve et al., 2015).

Eswatini (FKA Swaziland)

This section of the paper examines existing studies on the role of formal education in raising HIV/AIDS awareness in Eswatini, formerly known as Swaziland. Given the timing of the referenced studies, the terms "Eswatini" and "Swaziland" may be used interchangeably throughout this section.

Studies have discovered that the Kingdom of Eswatini has a high prevalence of HIV/AIDS. McLaughlin et al. (2015) highlighted that Eswatini has the highest rate of HIV in the world, with over a

quarter of its adult population aged 15-49 living with the virus (p.208). UNAID (2023) also revealed that in 2022, Eswatini recorded 25.9% of adults aged 15-49 living with HIV (p.132). In line with this, Gorgen et al. (2020) stressed how education was employed to curb the spread of the HIV in Eswatini. The study noted that the “Ministry of Education provides Comprehensive Sexual Education and Information and Life Skills education within the schools’ syllabi” (p.2). These subjects were aimed towards educating students with knowledge and skills to prevent transmitting or contacting the virus. However, the study further revealed that the students had limited access to education because of financial constraints, which eventually led to low school enrollment. Poulsen (2006) highlighted that in HIV affected areas, poverty remains one of the limitations impede children from going to school. Therefore, Gorgens et al. (2020) stated that Eswatini introduced cash incentives to increase school enrollment as well as to encourage school completion. The study cited that any Eswatini student enrolled in an upgrade class would be given E700, which was approximately \$46.81. This policy was implemented for Eswatini students to gain access to HIV/AIDS education, which would make them less vulnerable to the virus.

In addition, McLaughlin et al. (2015) stressed that participatory method in education should be encourage among students. This means that students are actively involved in shaping their lives and the lives of the community. The voice of these children is recognized in developing the curriculum and their learning experiences. This method would foster an inclusive learning environment, in which the students could discuss HIV/AIDS education. Also, this approach is important in addressing socio-cultural issues associated with HIV/AIDS education in Eswatini. For instance, the content of the curriculum was developed in such a way that it was relatable to the people in the community, in that when it is been taught in class, the students understood and participated in the class. This in the end created awareness of the virus and reduced the stigma associated with the virus. The study further stressed that due to the virus; the role of the teachers was extended beyond their educational duties to include counselling and caregiving. Therefore, there is need to provide necessary training and resources for them to be effective in the classroom. Teachers are driver of change in the face of HIV/AIDS, so they need to feel heard, supported, and trusted in order to make right decisions in the classroom (McLaughlin et al., 2015).

The Role NGOS in Nonformal Education on HIV and AIDS

As of today, HIV/AIDS remains a global threat. And in combating this threat, the role of nongovernmental organizations remains crucial in the fight, especially in the Eastern and Southern African regions. Throughout Africa, NGOs play a critical role in the delivery of HIV prevention services (Benotsch et al., 2004). The study further emphasized the different nonformal educational initiatives employed by the government to educate society on HIV/AIDS. This section of my paper will cover how Botswana and Eswatini use NGOs to create HIV/AIDS education.

Botswana

Renwick (2007) cited that in 2000, President Festus Mogae of Botswana had earlier called for urgent assistance from international bodies in tackling HIV/AIDS in the country. The president stated that Botswana was threatened with extinction. With this, the importance of NGOs in addressing HIV/AIDS in Botswana can

never be overemphasized, as these organizations have collaboratively worked towards curbing the spread of HIV/AIDS in the country. In December 2020 (as cited in Frescura et al., 2022), UNAIDS set a target called the 95-95-95 goal which was aimed at ensuring that 95% of people living with HIV know their status, 95% of those are on treatment, and 95% of those treated have suppressed viral loads. And according to the 2023 UNAIDS Global AIDS Update UNAIDS (2023), Botswana is one of the five countries in the Southern Africa region that have reached the 95-95-95 targets in 2022, with a score of 96-93-92 (p.23). In Botswana, NGOS have served important instruments for addressing the issue of HIV/AIDS. These NGOS have supported initiatives that provides HIV testing, treatment, counseling, and education. Through these programs, these organizations have ensured that the infected groups as well as the public have received necessary treatment and education (MEASURE Evaluation, 2018). The article further stated the “Treat All” policy which was implemented to treat both the citizens and non-citizens of Botswana (p.11). Organizations discovered that the citizens of the country could get infection if they get intimate with the non-citizens, hence the later should be included in the treatment policy.

Renwick (2007) highlighted that the “Three Ones” principles was reified into the Botswana’s national strategy (p.142). These principles comprise of one national AIDS action framework which means that to maintain unity, cohesion and to coordinate multiple organizations involved in the fight against HIV/AIDS in Botswana, all efforts should align under a single national strategy. The second principle is called one national AIDS coordinating authority, which means that the implementation of the national strategy should be supervised by a single body to promote unity and ensure coordination across all organizations. The last principle is one monitoring authority which means that to promote accountability and ensure that the progress is measured, there should be a single evaluation and monitoring system (Renwick, 2007). Through these principles, NGOS have increased the efficacy of HIV/AIDS education in Botswana as they work to incorporate international standards into national strategies.

Eswatini

Poulsen (2006) highlighted the importance of education as one of the “primary weapons in the fight against HIV/AIDS (p.48). The study also emphasized that effective educational strategies can also be used either through the formal or nonformal channels. The impact of educational intervention was also expanded and improved to reach learning environment and community needs. Poulsen (2006) emphasized the role of the community-based support initiative called Save the Children program which was implemented to help orphans and vulnerable children. In the past, this program was formed in Swaziland to create awareness about HIV/AIDS and the rights of children, and to show support who have been affected by HIV/AIDS. The aim of these interventions was also to aid children who do not have access to quality formal education due to financial constraints as well as those segregated from the society because of the disease.

Poulsen (2006) emphasized the factors that could contribute to children dropping out of school. These factors were, “lack of money, lack of support from home, the need to work, worrying about what is happening at home, neglect or abuse from foster families and poor parenting skills of foster families” (p.51). The study further highlighted ways in which the community-based

program called Save the Children, provided help for the affected ones. The organization made food available for school children, provided grants for orphans as well as implementing school fee exemption to encourage schooling. Furthermore, these improved schooling and the quality of education in Swaziland. These strategies were aimed to provide access to education for all children.

In addition, Save the Children program was aimed at encouraging community participation as committees that were set up were members of the locality. These committees ensured that care and support were given to those that were marginalized in the community. Dlamini (2020) also emphasized that more of participatory approaches and less of practitioner approaches should be encourage when responding to the issue of HIV/AIDS in Eswatini. The study further stated that in Eswatini, orphans and vulnerable children are called “*Bantfwana Benmmange*” which means children of the community. Therefore, in order to reduce stigma and build sense of community living, the people of the community were encouraged and supported to take care of these children.

Benotsch et al. (2004) highlighted the role of NGOS in addressing the virus in Eswatini. The study stressed that NGOS provided immediate “HIV preventive services to vulnerable groups such as commercial sex workers, prisoners, street children, immigrants and other stigmatized or disadvantaged segments of the community” (p.321). The study noted that these NGOS were staffed and funded by community members, which gave the organizations adequate knowledge and understanding of how to better serve the people in the community. In addition, NGOS played a significant role in alienating financial constraints faced by these children. According to Poulsen (2006), Save the Children provided financial supports to encourage school enrollment among students who were in need. This support was targeted to ensure that education remained accessible to all children. This also was initiated to discourage transactional sex as young children who were in need tend to engage in sexual practices in exchange for money. Gorgens et al. (2020) added that NGOS provided cash incentives to schools who were financially incapable to attend school.

Cultural Context in HIV/AIDS Education

This section will examine how cultural practices could influence the reception of HIV/AIDS in Botswana and Eswatini.

Botswana

According to Nleya & Segale (2015), “myths, superstitions, beliefs, misconceptions, and attitudes about HIV/AIDS exist in Botswana” (p.226). The study cited how the Setswana cultural beliefs and practices contributed to individuals responded to HIV/AIDS education. For instance, infidelity was associated to the cause of HIV/AIDS- people who were infected were alleged to be unfaithful to their partners. Another instance was that students did not really believe that AIDS exists, because the symptoms of the virus were like those of other diseases. The article further highlighted other beliefs that HIV can be transmitted through mosquito bites or that HIV/AIDS can be cured by having sexual intercourse with a virgin, which deeply undermine the educational messages intended by the program. Additionally, misconceptions that drinking a lot of water post-intercourse can prevent sexually transmitted diseases or that vaginal baths prevent pregnancy highlight the gap between cultural beliefs and medical facts, which

the program attempts to bridge. Also, the students in Botswana believed that condoms have worms because they decay after use, so they should not be worn consistently. These cultural beliefs have unconsciously created stigma in the society, as infected individuals were forbidden to speak freely (Nleya & Segale, 2015). In addition, Renwick (2007) noted that stigma exists in most workplaces in Botswana, as HIV/AIDS is seen as taboo.

Eswatini

According to McIntyre et al. (2009), cultural practices such as polygamy, wife inheritance in which the wife of a deceased man is inherited by the brother of her late husband and restricted inheritance laws for women can escalate the spread of HIV/AIDS in Eswatini. As emphasized by Poulsen (2006), the prevalence of polygamy in Eswatini influences family dynamics and the distribution of resources, which in turn affects children's education and their vulnerability to HIV/AIDS. For instance, households with multiple wives and numerous children tend to stretch the resources among the family members, making it difficult for all children to receive adequate support for their educational needs. Poulsen (2006) noted that these could lead to the spread of the virus in which the resources in the family would be used for healthcare or other expenses leaving out the education of the children.

Another prominent challenge to HIV/AIDS education is stigma. Cultural traditions in Eswatini hinder individual from speaking about their HIV status, this could reduce the success of educational initiatives. The individuals were unwillingly to sort out the knowledge and assistance that would help prevent the spread of the virus due to the fear of being ostracized (Poulsen, 2006).

Gender Disparities in HIV/AIDS Education

Gender disparities is another factor that influences the response to HIV/AIDS in Africa generally. In this section, I will be discussing gender in relation to cultural context as well as its influence on HIV/AIDS education in Botswana and Eswatini.

Botswana

Gender dynamics significantly affect the effectiveness of HIV/AIDS education in Botswana. Cultural norms support male dominance and often place women in positions where they cannot negotiate safer sex practices. This gender imbalance is deeply embedded within the local sexual culture, which tends to view women's sexuality primarily through the lens of male needs and desires. As a result, women often find themselves unable to advocate for condom use or to negotiate the terms of sexual encounters (Ntseane & Preece, 2005). Botswana women remain under the authority of the male figures in their lives; this strips them of the power to control decisions about sexuality (Renwick, 2007). The content of HIV/AIDS education in Botswana does not adequately address the power imbalances between men and women. It fails to empower women to assume more active roles in protecting themselves from the virus. Consequently, these educational programs did not significantly alter the high rates of infection among women or challenge the existing power hierarchies that contribute to the spread of HIV/AIDS (Ntseane & Preece, 2005).

Eswatini

The study by Poulsen (2006) noted that boys were pressured to drop out of school due to the death of either their fathers or

grandfathers. They would venture into herding cattle or transporting sand. While the girls get cash incentives to encourage them to complete and enroll in school (Gorgens et al., 2020).

there are lots of programs and interventions designed to create gender balance. However, the males get fewer programs, which makes them less aware of HIV/AIDS education. The women are taught how to protect themselves from the virus, leaving behind their partners, who also need the training. This is a result of the belief that women engage in transactional sex in which they are involved in sexual activities in exchange for money, to survive economically in the society. Poulsen (2006) further stated that the school became a dangerous place for the girls because they were sometimes raped and abused by the teachers. The study by Francis et al. (2019) suggested that gender disparity was created by a lack of necessary discussion about sexuality and hindering access to health knowledge, which in the end impeded the goal of HIV education in Eswatini.

The media plays a pivotal role in addressing HIV/AIDS in Southern Africa, particularly in Botswana and Eswatini. Media channels, including television, radio, print, and digital platforms, are instrumental in disseminating vital information about HIV/AIDS prevention, treatment, and support services. They help in raising awareness, reducing stigma, and promoting behavioral change by providing accurate and accessible information to the public. Media campaigns in Botswana and Eswatini have been crucial in educating the public about HIV/AIDS, ensuring that even those in remote areas are informed about transmission, prevention methods such as condom use and safe sex practices, and the importance of regular testing (UNAIDS, 2019). Furthermore, the media can challenge misconceptions and negative stereotypes by sharing stories of people living with HIV/AIDS (PLWHA), promoting empathy, and highlighting successful treatment outcomes. This helps in normalizing the condition and encouraging more people to seek testing and treatment (Panos Institute Southern Africa, 2018).

The Role of Media

Behavior change communication (BCC) through the media has been effective in encouraging safe practices among the population. Educational programs and public service announcements (PSAs) provide comprehensive information about how to live healthily with HIV, the importance of antiretroviral therapy (ART), and the need for ongoing medical care and support (Schiavo, 2013). Media outlets also play a critical role in advocating for better policies and increased funding for HIV/AIDS programs by highlighting gaps in the healthcare system and showcasing successful interventions (Barnett & Whiteside, 2006). Additionally, the media engages youth through social media platforms, offering an interactive space where they can access information anonymously (UNAIDS, 2018). By collaborating with NGOs and government agencies, the media amplifies its message, leading to more comprehensive efforts in combating HIV/AIDS (Rosenberg, 2012). The media also monitors and evaluates the impact of HIV/AIDS programs, ensuring resources are used effectively (Scalway, 2010). In culturally diverse regions like Botswana and Eswatini, the media tailors messages to resonate with different cultural groups, involving community leaders to endorse and spread health messages (Parker et al., 2004). By leveraging its wide reach and influence, the media significantly contributes to the fight against HIV/AIDS, leading to

increased awareness, reduced stigma, and ultimately, a reduction in the prevalence of HIV/AIDS in these countries.

Discussion

The findings will be discussed using Bronfenbrenner's Ecological Theory. This ecological theory examines the overlapping of the different elements in the environment and how they shape the development of the individual. The theory provides a detailed analysis of how different layers of the environment interact and influence the reception of HIV/AIDS education in Botswana and Eswatini.

Microsystem

According to Bronfenbrenner (as cited in Rogoff, 2003, p.46) this has to do with the individual's immediate setting that includes the school and home. In this phase, the individuals' response to HIV/AIDS education is being influenced by their immediate environment. For instance, in Eswatini, where polygamy is accepted, the family tends to stretch the resources among each member of the family. In a case where a boy is part of the family, he tends to drop out of school because the family could not afford to send him school. Also, in the female case, she tends to lean towards transactional sex as a way of providing for herself and her family (Poulsen, 2006). In the case of stigma in the family, Botswanan student tends to drop out of school due to shame, especially for those children who had lost their parents to HIV.

Mesosystem

According to Bronfenbrenner (as cited in Rogoff, 2003, p.47), the mesosystem is the interactions among the microsystems in which the individual is involved. This level mirrors the interaction between various microsystems, and how it influences an individual life. This phase tends to act like a bridge between the individual and his immediate environment, facilitating interactions that significantly impact an individual's development and experiences. This level reveals how NGOs collaborate with schools to leverage education for the main purpose of educating students on HIV, demonstrating how external organizations support educational frameworks. For instance, the cash incentives that were implemented were a collaborative effort between NGOs and schools to encourage school enrollment and completion among females in Eswatini. In Botswana, Grepin (2015) commented that there is an existing relationship between socioeconomic factors and health outcomes, emphasizing the importance of considering these broader factors in public health and education strategies for HIV prevention.

Exosystem

According to Rogoff (2003) "the exosystem relates the microsystem in which children are involved to settings in which children do not directly participate, such as parents' workplaces" (p.47). This phase consists of the wider community, society, and other structures that might not directly influence individuals but affect their microsystems. In both Botswana and Eswatini, national policies and the activities of NGOs shape the resources available for HIV/AIDS education and the strategies employed. For instance, the "Treat All" policy that was implemented in Botswana, directly influenced how educational and health initiatives was used to address HIV/AIDS (MEASURE Evaluation, 2018).

Macrosystem

“Macrosystem is the organization and ideology of pervasive social institutions of the culture or subculture” (Rogoff, 2003 p.47). this system comprises of the cultural and societal norms as well as ideas present in all other systems. The involvement and the reception of HIV/AIDS education in both Botswana and Eswatini are significantly impacted by cultural norms and beliefs. According to Poulsen (2006), Eswatini tradition regards masculinity over femininity which influenced individuals’ perspectives of sexual health education. Cultural beliefs have stigmatized people in such a way that they are scared to disclose their status or seek treatment.

Conclusion

The main goal of this study is to explore the importance of education in addressing HIV/AIDS in Eswatini and Botswana. This paper includes findings from sources such as primary and secondary, with emphasis on education and its importance and how some factors in the environment influence its acceptance.

According to Vandemoortele (2000), an individual’s vulnerability to HIV/AIDS can be determined by the level of education the individual has. The findings show that the two countries Botswana and Eswatini have implemented adequate educational strategies that align with societal structures and cultures, stating the significant relationship between education and the environment at large as posited by Bronfenbrenner (Poulsen, 2006). Formal education in Botswana has been used for extending curricular activities to encourage the extension of school time, which is believed to provide the required knowledge to mitigate the spread of HIV/AIDS among young people (De Neve et al., 2015). Also, the introduction of Comprehensive Sexual Education and the introduction of cash incentives to motivate school enrollment in Eswatini have marked significant efforts in educational-based HIV prevention strides (Gorgens et al., 2020).

However, the study also discovered that there are challenges that are persistent such as cultural stigma that impede the full effectiveness of these interventions in education. Despite some considerable progress, the level of engagement and awareness about HIV/AIDS remain unequal across males and females, and various societal segments in the two countries (Ntseane & Preece, 2005).

Addressing the cultural sensitivity and gender inclusivity gaps, along with intervention for the educational system’s capacity to adapt to the HIV/AIDS evolving dynamics is crucial (Poulsen, 2006). Future efforts should be geared towards these areas to ensure that education remains an effective tool for fighting against HIV/AIDS. In addition to this, Vandemoortele (2000), highlights education as the major vaccine that can be used to tackle HIV/AIDS and is most likely to be the only panacea that is available for the foreseeable future.

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