

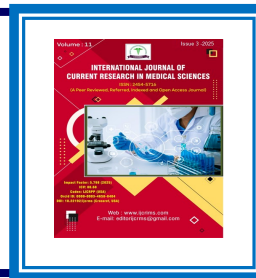


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From the Classroom to the Community: The Role of Schools in HIV Mentorship

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Abstract

The increasing prevalence of HIV among adolescents underscores the need for comprehensive prevention strategies, with schools emerging as key players in addressing this challenge. This review article explores the role of schools in HIV mentorship, emphasizing the impact of peer-led mentorship programs in promoting HIV education, awareness, and prevention among young people. Schools offer a unique setting for mentorship, where adolescents can access accurate information, challenge misconceptions, and receive emotional support regarding HIV and sexual health. Peer mentors, often trained older students, play an instrumental role in fostering open conversations and providing relatable guidance, which is vital for influencing behavior change. Peer mentorship programs within schools are shown to have a positive impact on HIV prevention by empowering students to adopt safer sexual practices, seek HIV testing, and support their peers in accessing health services. These programs also help reduce the stigma surrounding HIV, creating a more supportive and inclusive school environment. Additionally, peer mentors benefit from leadership development and the opportunity to become advocates for HIV prevention, extending the impact of the program beyond the classroom into the broader community. However, the success of these programs depends on overcoming challenges such as cultural resistance, limited resources, and the need for trained mentors.

Keywords: HIV prevention, schools, mentorship, adolescent health, community engagement.

Introduction

Adolescents are among the most vulnerable groups in the global HIV epidemic, with many facing heightened risks due to factors such as limited access to sexual health education, peer

pressure, and risky sexual behaviors. According to the World Health Organization (WHO), adolescents and young people account for a significant proportion of new HIV infections, particularly in sub-Saharan Africa. As the primary

institutions where young people receive both formal education and social support, schools provide an invaluable setting for addressing these risks. In recent years, there has been growing recognition of the role that schools can play in HIV prevention, not just as places of learning, but as platforms for promoting health education, fostering healthy behaviors, and building peer support networks.¹⁻² One of the most promising approaches to HIV prevention within schools is the implementation of peer mentorship programs. These programs involve older students or trained mentors providing guidance and education to their younger peers, creating a supportive environment for open discussions about sexual health, HIV prevention, and safe sexual practices. Peer mentorship is effective because it leverages the trust and relatability between students, making it easier to break through the barriers of shame and stigma that often surround HIV discussions. By fostering positive relationships between mentors and mentees, these programs help to normalize conversations about HIV and empower young people to make informed decisions about their health.³⁻⁴

The integration of HIV mentorship into school curricula and extracurricular activities provides students with more than just knowledge; it offers them an emotional support system that extends beyond the classroom. HIV mentorship programs within schools can be particularly impactful in addressing the psychological aspects of HIV prevention, such as reducing the fear and stigma that often accompany discussions about the virus. Mentors act as role models, offering guidance not only on how to prevent HIV transmission but also on how to navigate relationships, self-esteem, and personal responsibility. This holistic approach encourages students to take ownership of their health and make informed choices about their sexual behaviors, thereby contributing to long-term behavior change.⁵⁻⁶ In addition to promoting safe sexual behaviors, school-based HIV mentorship programs can help students develop important life skills. Mentors are often trained to provide not only health education but also emotional support, leadership development, and advocacy skills. These programs give students the opportunity to build self-confidence, communication skills, and leadership abilities that

are crucial both within and outside the context of HIV prevention. By involving students as active participants in the HIV education process, mentorship programs create a sense of empowerment, allowing them to contribute to their communities as knowledgeable advocates for HIV prevention.⁷⁻⁸

The Role of Schools in HIV Prevention

Schools play a crucial role in HIV prevention by providing adolescents with the knowledge, skills, and support needed to make informed decisions about their sexual health. They serve as key institutions for reaching young people at a formative stage in their lives, when they are learning about relationships, sexuality, and personal responsibility. With the increasing rate of HIV infections among adolescents, especially in regions like sub-Saharan Africa, schools offer a unique opportunity to combat the epidemic through education and community-building. The role of schools in HIV prevention is not only about imparting factual knowledge but also creating an environment that encourages open dialogue, reduces stigma, and fosters healthier social norms.⁹⁻¹⁰ The formal and informal settings within schools provide numerous opportunities for integrating HIV education. In the classroom, students can learn about HIV transmission, prevention methods, and the importance of testing and treatment. These lessons equip students with the tools they need to protect themselves and others from the virus. Furthermore, schools provide a supportive environment where students can access resources such as counseling services, peer support groups, and health professionals who can offer guidance on HIV-related issues. Importantly, schools also serve as a space for teachers and staff to model healthy behaviors and create a positive, non-judgmental atmosphere where students feel comfortable discussing their concerns.¹¹

Peer mentoring programs in schools are particularly effective in reaching adolescents. By leveraging the trust between students, peer mentorship allows older students to educate younger peers about HIV prevention in a relatable and non-threatening manner. Peer mentors can break down barriers that often prevent young

people from seeking information or help, such as embarrassment or fear of judgment. These mentorship programs also encourage a sense of responsibility and leadership among the mentors, who gain confidence and communication skills while positively influencing the behavior of their peers. Peer-led initiatives can be more effective than traditional teacher-led approaches, as they resonate more strongly with students who may be more inclined to listen to their peers rather than adults.¹²⁻¹³ Furthermore, schools can address the emotional and psychological aspects of HIV prevention. Adolescence is a time of significant physical, emotional, and social development and young people may experience confusion, pressure, or anxiety related to sexuality. School-based HIV prevention programs can provide a safe space for students to ask questions, express concerns, and receive guidance. This emotional support is essential in reducing the stigma that surrounds HIV and sexual health issues. It can also help foster healthier attitudes towards HIV-positive individuals and encourage students to adopt safer behaviors in their own lives.¹⁴

The Impact of Peer Mentorship on HIV Prevention

Peer mentorship plays a vital role in HIV prevention, particularly among adolescents, by creating a platform for open communication, trust, and shared learning experiences. Peer mentors, typically older students or individuals close in age to the mentees, provide a relatable and supportive source of information about HIV transmission, prevention, and health resources. This peer-to-peer approach is effective because it breaks down the barriers that often prevent young people from seeking information or assistance from adults, such as embarrassment, fear of judgment, or a lack of trust in authority figures. Peer mentorship programs offer adolescents a space to ask questions, share experiences, and receive guidance in a way that feels comfortable and non-threatening.¹⁵⁻¹⁶ One of the key benefits of peer mentorship in HIV prevention is its ability to foster a sense of community and support among students. In many communities, HIV-related stigma can make individuals feel isolated or ashamed, preventing them from seeking help or discussing their concerns openly. Peer mentors

can combat this stigma by normalizing conversations about HIV and encouraging safe, healthy behaviors. By being role models and advocates for HIV prevention, peer mentors influence their peers to adopt safer sexual practices, seek HIV testing, and support one another in the face of health challenges. These programs also provide an opportunity for mentors to develop leadership, communication, and advocacy skills, further enhancing their ability to educate and support their peers.¹⁷⁻¹⁸

Moreover, peer mentorship programs have been shown to contribute to behavior change in adolescents. Studies indicate that adolescents who participate in peer-led HIV prevention programs are more likely to engage in safer sexual practices, use condoms consistently, and seek HIV testing and counseling services. The impact of peer mentorship extends beyond education; it also addresses the social dynamics of adolescent life, where peers have a significant influence on each other's decisions. When peers encourage one another to make healthier choices, they help reinforce positive behaviors that can reduce the risk of HIV transmission. Peer mentorship programs also provide an outlet for adolescents to discuss sensitive topics such as relationships, consent, and sexual health, which are crucial for building comprehensive HIV prevention knowledge.¹⁹ The influence of peer mentorship is particularly strong in communities where traditional methods of HIV education, such as classroom lectures, may face cultural or societal resistance. In such contexts, peer-led initiatives can be more effective in reaching adolescents, as the mentorship dynamic allows for a more personalized, informal exchange of information. Peer mentors, often viewed as trusted figures by their peers, are better positioned to challenge misconceptions and encourage open discussions in a way that feels less intimidating than formal education sessions. As a result, peer mentorship creates an environment where adolescents feel empowered to take responsibility for their sexual health and make informed decisions.²⁰⁻²¹

Additionally, peer mentorship fosters a supportive network that extends beyond the individual level. By working together in groups or through organized activities, peer mentors can strengthen

the community's overall capacity for HIV prevention. These programs often create a ripple effect, where the knowledge and attitudes passed on by mentors spread throughout the peer group, leading to broader behavioral changes within the community. This collective shift in attitudes and behaviors can have a significant impact on reducing HIV transmission rates, particularly in high-risk adolescent populations.²² While peer mentorship has proven to be a powerful tool in HIV prevention, its success depends on several factors, including the quality of mentor training, the availability of resources, and the level of community support. Mentors must be adequately trained to provide accurate information, manage sensitive topics, and offer emotional support. They should also be equipped with the skills to handle difficult situations, such as providing guidance on sexual consent, addressing stigma, or encouraging HIV testing. Furthermore, for peer mentorship to be effective, it requires ongoing support from schools, health organizations, and local communities. When properly implemented, peer mentorship programs can significantly contribute to reducing the incidence of HIV among adolescents and empower them to take control of their health and well-being.²³

Challenges to Implementing HIV Mentorship in Schools

Implementing HIV mentorship programs in schools presents a range of challenges that can hinder their effectiveness and sustainability. These challenges stem from both external factors, such as cultural attitudes and community norms, and internal factors, such as resource limitations and the capacity of schools to integrate these programs into their curricula. Below are some of the key challenges that must be addressed to ensure the successful implementation of HIV mentorship programs in schools.

Cultural and Societal Resistance

One of the primary challenges to implementing HIV mentorship programs in schools is the cultural resistance to discussing topics such as sexuality and HIV. In many communities, particularly in conservative or religious societies,

there may be a significant stigma associated with HIV education. Parents, educators, and community leaders may view discussing sexual health, HIV, and prevention methods as inappropriate or uncomfortable, especially when it involves young people. This resistance can lead to reluctance in adopting HIV mentorship programs, with schools and communities fearing backlash or criticism. Overcoming these cultural barriers requires sensitization efforts, including educating parents and community members about the importance of comprehensive sexual health education and HIV prevention, and demonstrating the positive impact that these programs can have on young people's well-being.²⁴

Limited Resources and Funding

Another significant challenge is the lack of resources and funding to support HIV mentorship programs in schools. These programs require adequate financial investment for various components, such as the development of educational materials, training mentors, and organizing activities. However, many schools, particularly those in low-income or rural areas, may face budget constraints that make it difficult to implement such programs effectively. Without sufficient funding, schools may struggle to provide training for mentors, develop quality resources, or create a sustainable structure for mentorship initiatives. Inadequate resources can also impact the ability to reach all students, particularly those in remote or underserved areas, limiting the program's potential impact. Governments, NGOs, and international organizations must recognize the need for investment in HIV prevention programs and work to secure funding for these initiatives.²⁵

Training and Capacity Building for Mentors

The success of HIV mentorship programs heavily depends on the training and preparedness of the mentors. In many schools, there may be a lack of qualified staff or trained older students to serve as mentors. Providing appropriate training to mentors is essential for ensuring they can deliver accurate, sensitive, and engaging HIV prevention messages. Mentors need to be equipped with not

only knowledge about HIV transmission, prevention, and treatment but also with the skills to handle sensitive topics, manage challenging conversations, and provide emotional support. The absence of a structured and effective mentor training program can lead to the dissemination of inaccurate information or an inability to address the complex needs of adolescents. Ensuring that mentors are adequately trained requires time, effort, and resources, which may not always be available in schools.²⁶

Lack of Support from Teachers and School Administration

For HIV mentorship programs to be effective, they require the support and cooperation of school administrators, teachers, and staff. However, in some cases, there may be a lack of buy-in from school leadership. School administrators may view HIV mentorship as a secondary priority, especially when compared to academic goals. Teachers may also feel uncomfortable or inadequately prepared to address HIV-related topics in the classroom, leading to reluctance in supporting or integrating these programs into the school environment. It is essential to foster an understanding among educators and administrators of the critical role schools play in HIV prevention and the long-term benefits of mentorship programs in promoting the health and well-being of students. Support from the school leadership is necessary for ensuring that mentorship programs are given the time, resources, and attention they need to succeed.²⁷

Student Engagement and Participation

Engaging students in HIV mentorship programs can also pose challenges. Adolescents are often reluctant to participate in HIV-related education or prevention programs due to the social stigma surrounding HIV and sexual health. Peer pressure, fear of being labeled, or embarrassment can prevent students from joining these programs or fully engaging with the content. In addition, students may lack the motivation to participate in programs that they perceive as irrelevant or that do not align with their immediate concerns or interests. To overcome these challenges, it is essential to design mentorship programs that are interactive, engaging, and tailored to the specific

needs and interests of adolescents. Including students in the planning and delivery of the programs can help ensure they are more relatable and better received by the target audience.²⁸

Monitoring and Evaluation

Monitoring and evaluating the effectiveness of HIV mentorship programs in schools can be challenging. These programs require robust mechanisms for assessing their impact on students' knowledge, attitudes, and behaviors related to HIV prevention. Without proper monitoring, it can be difficult to determine whether the program is achieving its goals or to identify areas for improvement. Schools may lack the capacity or expertise to conduct rigorous evaluations, and the data collection process can be time-consuming and resource-intensive. Furthermore, in some settings, the sensitive nature of HIV-related issues can make it difficult to gather accurate data or ensure confidentiality, which can impact the validity of the evaluation process. To overcome this challenge, schools must work with health professionals, researchers, and organizations that specialize in HIV prevention to develop effective monitoring and evaluation strategies.²⁹

Policy Implications for Implementing HIV Mentorship Programs in Schools

The implementation of HIV mentorship programs in schools carries significant policy implications that can enhance the effectiveness, reach, and sustainability of these initiatives. Policymakers, educators, and public health officials must collaborate to create an enabling environment that supports the integration of HIV prevention programs into the school system. Several key policy considerations are essential to ensure the success and scalability of these programs.

1. Integration of HIV Education into National Curricula

For HIV mentorship programs to be effective, HIV education must be included as part of the formal school curriculum. Policymakers should prioritize HIV prevention as a fundamental

component of health education at all educational levels. By mandating the inclusion of comprehensive HIV education in the national curriculum, schools can ensure that all students receive accurate, age-appropriate information about HIV transmission, prevention, and treatment options. This integration will not only create a solid foundation for HIV mentorship programs but will also normalize discussions around HIV, reducing stigma and promoting open dialogue. Additionally, such policy changes would make HIV prevention education more consistent across schools and communities, ensuring that students in different regions have access to the same level of education and support.³⁰

2. Funding and Resource Allocation

A critical policy issue for the success of HIV mentorship programs is securing adequate funding. Governments and educational institutions must allocate funds specifically for the development, implementation, and monitoring of these programs. This includes providing resources for the training of mentors, the creation of educational materials, and the integration of HIV mentorship into existing school structures. Policy should also prioritize funding for ongoing support and supervision to ensure that the programs are sustainable over time. Additionally, it is important that resources be equitably distributed, ensuring that schools in underserved or rural areas, where HIV-related stigma may be more pronounced, are not left behind. Targeted funding can also address the specific needs of high-risk populations, such as adolescent girls and marginalized communities.³¹

3. Training and Professional Development for Educators

To ensure the success of HIV mentorship programs, educators and school staff must be adequately trained in HIV prevention, sexual health education, and the management of sensitive topics. Policymakers should implement professional development programs for teachers that focus on equipping them with the knowledge and skills needed to support HIV mentorship initiatives. Training programs should cover topics such as addressing HIV stigma, fostering an

inclusive and non-judgmental environment, and recognizing signs of vulnerability among students. Well-trained educators can act as key allies in promoting the success of mentorship programs, providing the necessary support to mentors and students. Policy changes should therefore prioritize the professional development of educators to enhance the overall impact of HIV education in schools.³²

4. Community and Parental Engagement

Policy must also focus on community and parental involvement in HIV prevention programs. Community support is critical to overcoming cultural resistance and stigma associated with HIV education. Policymakers should promote initiatives that engage parents, caregivers, and local leaders in HIV mentorship programs, ensuring they understand the importance of HIV education for young people. School-based HIV programs should also include informational sessions for parents to address any concerns they may have. Public awareness campaigns at the community level can help shift attitudes and reduce resistance to HIV mentorship programs. Furthermore, policies that encourage open communication between schools, families, and community organizations will foster a holistic approach to HIV prevention, where support systems extend beyond the school environment.³¹

5. Monitoring, Evaluation, and Accountability

Policymakers must establish clear mechanisms for monitoring and evaluating the effectiveness of HIV mentorship programs in schools. This involves developing policies that require regular assessment of the programs' impact on student behavior, knowledge retention, and the reduction of HIV-related stigma. Evaluation tools should be designed to capture data on the reach of the programs, the effectiveness of mentor training, and any changes in students' sexual health behaviors. The results from these evaluations can inform future policy decisions, helping to improve program delivery and ensure that HIV mentorship programs remain relevant and effective. Additionally, accountability measures should be put in place to ensure that schools adhere to program standards and that the resources

allocated for HIV prevention are being used effectively.³²

6. Support for Adolescent-Specific Needs

Policies should also be tailored to address the unique needs of adolescents, particularly in relation to sexual health education and HIV prevention. Adolescents are at a critical stage of their development, making them especially vulnerable to HIV infection. Therefore, policy should emphasize the importance of providing HIV mentorship programs that are designed to meet the developmental and emotional needs of young people. These programs should foster safe spaces where adolescents can discuss sexual health issues freely, without fear of judgment. Additionally, policies should support the provision of youth-friendly health services, including HIV testing and counseling, within schools or community-based settings. This comprehensive approach will ensure that mentorship programs align with the broader goals of adolescent health and well-being.³²

Conclusion

HIV mentorship programs in schools play a vital role in shaping the sexual health education landscape for young people, particularly adolescents. Through peer mentorship, these programs provide an opportunity to educate students on HIV prevention, reduce stigma, and empower them with the knowledge and skills to make informed decisions about their sexual health. Schools, as central institutions in young people's lives, are uniquely positioned to deliver comprehensive HIV prevention education and to create supportive environments where open discussions about HIV can take place. However, the success of such programs depends on a combination of strategic planning, adequate resources, cultural sensitivity, and community engagement.

References

1. Mark M. The international problem of HIV/AIDS in the modern world: a comprehensive review of political, economic, and social impacts. *Res Output J Public Health Med.* 2024; 42:47-52.
2. Rodrigo C, Rajapakse S. HIV, poverty and women. *International Health.* 2010; 2(1):9-16.
3. Bekker LG, Alleyne G, Baral S, Cepeda J, Daskalakis D, Dowdy D, Dybul M, Eholie S, Esom K, Garnett G, Grimsrud A. Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society—Lancet Commission. *The Lancet.* 2018; 392(10144):312-358.
4. Idele P, Gillespie A, Porth T, Suzuki C, Mahy M, Kasedde S, Luo C. Epidemiology of HIV and AIDS among adolescents: current status, inequities, and data gaps. *JAIDS Journal of Acquired Immune Deficiency Syndromes.* 2014; 66:S144-153.
5. Zhang J, Ma B, Han X, Ding S, Li Y. Global, regional, and national burdens of HIV and other sexually transmitted infections in adolescents and young adults aged 10–24 years from 1990 to 2019: a trend analysis based on the Global Burden of Disease Study 2019. *The Lancet Child & Adolescent Health.* 2022; 6(11):763-776.
6. Saul J, Bachman G, Allen S, Toiv NF, Cooney C, Beamon TA. The DREAMS core package of interventions: a comprehensive approach to preventing HIV among adolescent girls and young women. *PloS one.* 2018;13(12):e0208167.
7. Obeagu EI, Obeagu GU. CD8 Dynamics in HIV Infection: A Synoptic Review. *Elite Journal of Immunology,* 2024; 2(1): 1-13
8. Obeagu EI, Obeagu GU. Implications of B Lymphocyte Dysfunction in HIV/AIDS. *Elite Journal of Immunology,* 2024; 2(1): 34-46
9. Echefu SN, Udosen JE, Akwiwu EC, Akpotuzor JO, Obeagu EI. Effect of Dolutegravir regimen against other regimens on some hematological parameters, CD4 count and viral load of people living with HIV infection in South Eastern Nigeria. *Medicine.* 2023; 102(47):e35910.
10. Njenga R, Shilabukha K. Secondary school life skills education and students' sexual reproductive health in Kenya: Case Study of Ruiru Sub-County. *Gender statistics for evidence-based policies on women's*

- economic empowerment, health and gender-based violence. 2017:118-131.
11. Visser MJ. Life skills training as HIV/AIDS preventive strategy in secondary schools: evaluation of a large-scale implementation process. SAHARA: Journal of Social Aspects of HIV/AIDS Research Alliance. 2005; 2(1):203-216.
 12. Botvin GJ, Griffin KW. Life skills training: preventing substance misuse by enhancing individual and social competence. New directions for youth development. 2014; 2014(141):57-65.
 13. Obeagu EI, Obeagu GU. Platelet-Driven Modulation of HIV: Unraveling Interactions and Implications. Journal home page: <http://www.journalijiar.com>. 2024;12(01).
 14. Obeagu EI, Anyiam AF, Obeagu GU. Unveiling B Cell Mediated Immunity in HIV Infection: Insights, Challenges, and Potential Therapeutic Avenues. Elite Journal of HIV, 2024;2(1): 1-15
 15. Obeagu EI. Understanding the Intersection of Highly Active Antiretroviral Therapy and Platelets in HIV Patients: A Review. Elite Journal of Haematology. 2024; 2(3):111-117.
 16. Lwamba E, Shisler S, Ridlehoover W, Kupfer M, Tshabalala N, Nduku P, Langer L, Grant S, Sonnenfeld A, Anda D, Eyers J. Strengthening women's empowerment and gender equality in fragile contexts towards peaceful and inclusive societies: A systematic review and meta-analysis. Campbell systematic reviews. 2022; 18(1):e1214.
 17. Lwamba E, Ridlehoover W, Kupfer M, Shisler S, Sonnenfeld A, Langer L, Eyers J, Grant S, Barooah B. PROTOCOL: Strengthening women's empowerment and gender equality in fragile contexts towards peaceful and inclusive societies: A systematic review and meta-analysis. Campbell Systematic Reviews. 2021; 17(3):e1180.
 18. Chi X, Hawk ST, Winter S, Meeus W. The effect of comprehensive sexual education program on sexual health knowledge and sexual attitude among college students in Southwest China. Asia Pacific Journal of Public Health. 2015; 27(2):NP2049-2066.
 19. Akuiyibo S, Anyanti J, Idogho O, Piot S, Amoo B, Nwankwo N, Anosike N. Impact of peer education on sexual health knowledge among adolescents and young persons in two North Western states of Nigeria. Reproductive health. 2021; 18:1-8.
 20. Hamdanieh M, Ftouni L, Al Jardali BA, Ftouni R, Rawas C, Ghotmi M, El Zein MH, Ghazi S, Malas S. Assessment of sexual and reproductive health knowledge and awareness among single unmarried women living in Lebanon: a cross-sectional study. Reproductive Health. 2021; 18:1-2.
 21. Anyiam AF, Arinze-Anyiam OC, Ironi EA, Obeagu EI. Distribution of ABO and rhesus blood grouping with HIV infection among blood donors in Ekiti State Nigeria. Medicine. 2023; 102(47):e36342.
 22. Obeagu EI, Obeagu GU, Buhari HA, Umar AI. Hematocrit Variations in HIV Patients Co-infected with Malaria: A Comprehensive Review. International Journal of Innovative and Applied Research, 2024; 12 (1): 12-26
 23. Obeagu EI, Obeagu GU. Assessing Platelet Functionality in HIV Patients Receiving Antiretroviral Therapy: Implications for Risk Assessment. Elite Journal of HIV, 2024; 2(3): 14-26
 24. Ifeanyi OE, Uzoma OG, Stella EI, Chinedum OK, Abum SC. Vitamin D and insulin resistance in HIV sero positive individuals in Umudike. Int. J. Curr. Res. Med. Sci. 2018;4(2):104-8.
 25. Najjuma SM, Yates HT. Economic empowerment for enhanced health equity: A qualitative study of women living with HIV in Wakiso District, Uganda. Affilia. 2024; 39(4):644-663.
 26. Campbell C, Scott K, Nhamo M, Nyamukapa C, Madanhire C, Skovdal M, Sherr L, Gregson S. Social capital and HIV competent communities: the role of community groups in managing HIV/AIDS in rural Zimbabwe. AIDS care. 2013; 25(sup1):S114-122.
 27. Bluthenthal RN, Palar K, Mendel P, Kanouse DE, Corbin DE, Derosé KP. Attitudes and beliefs related to HIV/AIDS in urban religious congregations: Barriers and opportunities for HIV-related interventions. Social science & medicine. 2012; 74(10):1520-1527.

28. Wagner C, Gossett K, Hasnain M, Linsk N, Rivero R. Integration of the national HIV curriculum in medicine, nursing, and pharmacy programs in the United States. BMC Medical Education. 2025; 25(1):1-0.
29. Feyissa GT, Woldie M, Munn Z, Lockwood C. Exploration of facilitators and barriers to the implementation of a guideline to reduce HIV-related stigma and discrimination in the Ethiopian healthcare settings: A descriptive qualitative study. PLoS One. 2019; 14(5):e0216887.
30. Eholié SP, Aoussi FE, Ouattara IS, Bissagnéné E, Anglaret X. HIV treatment and care in resource-constrained environments: challenges for the next decade. Journal of the International AIDS Society. 2012; 15(2):17334.
31. Parker R, Aggleton P. HIV-and AIDS-related stigma and discrimination: A conceptual framework and implications for action. InCulture, society and sexuality 2007: 459-474. Routledge.
32. Djellouli N, Quevedo-Gómez MC. Challenges to successful implementation of HIV and AIDS-related health policies in Cartagena, Colombia. Social Science & Medicine. 2015; 133:36-44.

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