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Strengthening Family Bonds: Mentorship at Home for HIV Awareness in Young Women

By

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Abstract: This review explores the role of family-based mentorship in raising HIV awareness among young women, a group disproportionately affected by the epidemic. Despite the growing awareness of HIV prevention in public health programs, many young women, particularly in low-resource settings, continue to lack essential knowledge about the virus, its transmission, and preventive measures. Family mentorship presents a unique opportunity to educate young women in a safe, supportive environment, leveraging the trusted relationships between caregivers and children. This review highlights the potential of family-driven mentorship programs, focusing on how they can foster better HIV understanding, reduce stigma, and encourage positive health behaviors. The review also identifies key challenges in implementing mentorship programs for HIV awareness at home, including cultural barriers, stigma surrounding sexual health discussions, and gaps in knowledge among family members. Many caregivers feel uncomfortable discussing HIV, either due to personal discomfort or a lack of accurate information. These challenges underscore the importance of providing targeted training and resources for families to enable them to effectively engage in HIV education and mentorship. Overcoming these barriers requires community-driven initiatives that empower both caregivers and young women through comprehensive education and support systems.

Keywords: HIV awareness, mentorship, young women, family bonds, prevention strategies

Introduction

The global HIV epidemic continues to disproportionately affect young women, particularly in sub-Saharan Africa and other resource-limited regions. Young women aged 15-24 years are at a higher risk of acquiring HIV due to various factors, including biological susceptibility, limited access to sexual health education, gender-based violence, and social inequalities. While many efforts have been made to raise awareness through public health campaigns, there remains a significant gap in HIV knowledge and prevention among this group. One critical yet often overlooked approach to tackling this challenge is the role of family mentorship in HIV education, where caregivers, parents, or family members provide guidance and support in addressing sexual health issues.¹⁻² In many societies, families are the first source of information and support for young people, especially in cultures where discussing sexual health and HIV is stigmatized or taboo. Family-based mentorship creates a unique opportunity to foster HIV awareness in a safe, trusted environment, free from the judgment and fear that can often accompany public health interventions. When family members—whether parents, older siblings, or extended relatives—act as mentors, they can play a key role in shaping attitudes, behaviors, and knowledge related to HIV prevention. The home environment becomes a space where young women can openly discuss HIV and other sexual health concerns, empowering them to make informed decisions about their health.³⁻⁴ The significance of mentorship at home lies in its ability to address the gaps left by traditional educational methods. School-based programs or community outreach efforts often lack the personal touch and sustained engagement that family mentorship provides. In contrast, mentorship within the family is continuous and integrated into daily life, making it an ideal setting for addressing complex issues like HIV. Through regular conversations, families can challenge myths, debunk misconceptions, and provide accurate, up-to-date information on HIV prevention, testing, and treatment. Moreover, family mentorship can directly target the cultural and societal norms that contribute to the vulnerability of young women, addressing factors such as gender inequality, early marriage, and lack of autonomy in sexual decision-making.⁵⁻⁶

The Importance of Family Mentorship in HIV Awareness

Family mentorship is a powerful and often underutilized tool in the fight against HIV, especially when it comes to young women. While many HIV awareness campaigns focus on school-based education, peer groups, and community outreach, the home environment remains one of the most influential and formative settings for imparting knowledge about HIV prevention. Families, particularly parents or caregivers, are among the first individuals with whom young people interact and learn about personal health and safety. As trusted sources of guidance, family members have a unique opportunity to provide young women with the necessary information, emotional support, and practical skills needed to understand HIV risks and prevention strategies.⁷⁻⁸ One of the key advantages of family mentorship is the trust and continuity that exist within the family unit. Unlike other educational settings that may provide one-time interventions, mentorship at home creates a space for ongoing dialogue. These conversations can evolve as young women grow, helping them develop a deeper understanding of their health needs, including sexual and reproductive health, and empowering them to make informed decisions throughout their lives. Families, especially parents, can engage in open discussions about HIV, debunk myths, and challenge misconceptions, which is critical in reducing stigma and fear surrounding the disease. This consistent engagement ensures that young women are not left to navigate the complexities of HIV prevention on their own or rely on misinformation from peers or external sources.⁹⁻¹⁰

Moreover, family mentorship has the ability to address gender-specific risks and vulnerabilities that disproportionately affect young women in many societies. In many cultures, young women face higher risks of HIV due to social norms that limit their autonomy, such as early marriage, pressure to engage in unprotected sex, and economic dependencies that make negotiating safe sex difficult. Family mentors can address these issues directly by providing a safe space where young women feel supported in expressing their concerns. Family mentorship can empower young women to develop a stronger sense of self-worth and agency, allowing them to challenge harmful cultural practices and make decisions

that protect their health. When family members are actively engaged in these discussions, they can model respectful and healthy relationships, fostering an environment where young women feel empowered to make decisions about their bodies and relationships.¹¹⁻¹²

In addition, family mentorship offers a more personalized approach to HIV education. Each family is unique, and the dynamics within each home may influence the type of mentorship provided. Caregivers can tailor their conversations to the specific needs, interests, and challenges faced by the young women they mentor. This personalized attention ensures that the information shared is relevant and meaningful, increasing the likelihood that young women will retain the information and apply it to their lives. Furthermore, mentorship within the family can include practical guidance on how to access HIV testing, treatment, and prevention services, making it easier for young women to take proactive steps in managing their health.¹³ The role of family mentorship extends beyond simply disseminating information about HIV prevention. It also provides an emotional support network that can help young women navigate the challenges associated with HIV-related stigma and fear. In many communities, stigma surrounding HIV still persists, and young women who are at risk may feel isolated, ashamed, or reluctant to seek help. Family mentorship provides a compassionate and non-judgmental space where young women can talk about their concerns, ask questions, and receive encouragement. This emotional support is crucial in fostering resilience, promoting self-care, and reducing the likelihood of engaging in risky behaviors due to a lack of understanding or support. In this way, family mentorship plays a pivotal role in not only educating young women about HIV but also in supporting their overall well-being and health.¹⁴⁻¹⁵

Challenges in Implementing Mentorship for HIV Awareness

While family mentorship offers a promising approach to increasing HIV awareness and prevention among young women, several challenges can impede its effectiveness. One of the most significant barriers is the persistent stigma surrounding HIV. In many cultures, discussing HIV and sexual health remains a taboo topic, especially within families. Parents and caregivers may feel uncomfortable addressing these issues with their children, either due to personal discomfort or because of societal pressures that discourage open dialogue about sexuality. This stigma can prevent meaningful conversations from taking place, leaving young women without accurate information and perpetuating misconceptions about HIV transmission, prevention, and treatment.¹⁶⁻¹⁷ Another challenge is the lack of knowledge and misinformation among family members. Many caregivers may not have adequate knowledge of HIV, especially regarding the latest prevention strategies, testing methods, or treatment options. In some cases,

caregivers themselves may hold misconceptions about HIV transmission, believing that the virus can be spread through casual contact, such as hugging or sharing utensils. These misconceptions can further fuel stigma and limit the ability of family mentors to provide accurate, reliable guidance. Additionally, caregivers may feel unprepared to have conversations about sexual health with their children, especially if they themselves were not educated about HIV prevention in their youth. The lack of proper education and training among family members hinders the effectiveness of mentorship and can contribute to a cycle of misinformation.¹⁸⁻¹⁹

The generational gap between parents and young women can also present a challenge in implementing effective mentorship. Parents may struggle to relate to the issues that young women face in today's world, especially as they navigate complex social, cultural, and technological landscapes. The advent of social media and online platforms, where misinformation about HIV can spread rapidly, means that young women may encounter information that contradicts the guidance provided by their families. Furthermore, traditional gender norms and expectations may limit the scope of discussions in families, with certain topics deemed inappropriate or uncomfortable for conversation. This gap can lead to a disconnect between the needs of young women and the mentorship provided by their caregivers.²⁰⁻²¹ Economic and logistical barriers further complicate the implementation of family-based mentorship for HIV awareness. In many low-income communities, families may face challenges in accessing healthcare services, HIV testing, and educational resources. Caregivers may be too preoccupied with financial struggles or day-to-day survival to prioritize or engage in HIV education at home. Additionally, the lack of access to educational materials or community-based resources means that family mentors may not have the tools they need to facilitate effective conversations about HIV. Without structured support and access to relevant resources, family mentorship efforts may lack the necessary foundation to be successful.²²⁻²³ There is the challenge of ensuring sustainability and long-term impact. Mentorship within the family is not a one-time intervention but a continuous process that requires ongoing support, encouragement, and guidance. Without community-based initiatives to back family mentorship efforts, such as regular training sessions for parents and caregivers, these efforts may lose momentum over time. Furthermore, as young women grow older, their needs and concerns evolve, and mentorship must adapt accordingly. Without a clear strategy for ongoing mentorship and periodic updates on HIV prevention and treatment, family mentorship may fail to maintain its relevance or effectiveness in the long run.²⁴⁻²⁵

Effective Strategies for Enhancing Family-Based HIV Mentorship

To enhance the effectiveness of family-based HIV mentorship, several strategies must be implemented that

address both the practical and cultural challenges faced by families. These strategies focus on empowering family members with accurate information, creating a supportive environment for open dialogue, and fostering a continuous, sustainable process of mentorship. By tailoring these approaches to the unique needs of each community, family-based mentorship can become a powerful tool for improving HIV awareness and prevention, particularly among young women.

1. Comprehensive Education and Training for Family Members:

One of the first and most critical strategies is to provide comprehensive education and training for family members, especially parents and caregivers. It is essential that family mentors are equipped with accurate, up-to-date information on HIV transmission, prevention, testing, and treatment. Training should also include ways to approach sensitive topics like sexual health, gender-based violence, and stigma. For caregivers who may feel uncomfortable or ill-prepared to have these discussions, workshops or community-based programs can provide practical tools for initiating and navigating conversations with young women. Family members should be empowered not only to communicate the facts about HIV but also to address their own misconceptions and reduce the stigma surrounding the virus.²⁶

2. Culturally Sensitive Approaches to Mentorship:

Effective family-based HIV mentorship must be culturally sensitive, recognizing and respecting the unique traditions, values, and norms of different communities. It is crucial that mentorship programs avoid a one-size-fits-all approach and instead adapt to the specific cultural context in which they are implemented. For example, in some communities, traditional gender roles or religious beliefs may influence how HIV prevention is perceived. Mentorship programs should be designed to address these factors by involving community leaders, religious figures, and cultural mentors in HIV education. This will help ensure that the message resonates with family members and that mentorship efforts are aligned with cultural expectations, making it easier for families to accept and adopt the information provided.²⁷

3. Encouraging Open and Safe Communication Within the Family:

Creating a safe and open space for communication is essential to the success of family-based mentorship. Families must be encouraged to build trust and openness, allowing young women to express their questions, concerns, and fears about HIV without fear of judgment or punishment. To facilitate this, mentorship programs should emphasize the importance of active listening, empathy, and emotional support. By creating an environment where young women feel comfortable discussing their health and sexuality, families can help reduce feelings of shame and stigma. Additionally,

mentorship programs can include activities that encourage family bonding and communication, such as family counseling or interactive HIV awareness workshops. These activities not only strengthen the family unit but also ensure that HIV education becomes a continuous and integrated part of family life.²⁸

4. Utilizing Peer Mentorship and Support Networks:

Peer mentorship can be a powerful tool in complementing family-based HIV mentorship. Older siblings, cousins, or family members who are more comfortable discussing HIV can be trained to mentor younger family members. Peer mentors are often seen as more approachable, especially when discussing sensitive topics like HIV, making them effective in bridging the communication gap between young women and older generations. Furthermore, peer mentorship helps normalize the conversation about HIV and sexual health within the family, creating a sense of shared responsibility for education. Community-based support networks, where families can connect with others who are also engaged in HIV mentorship, can further enhance the impact of family-based efforts. These networks provide a platform for families to exchange experiences, share resources, and offer mutual support.²⁹⁻³⁰

5. Access to Resources and Ongoing Support:

For family-based mentorship to be sustainable, it is vital to ensure ongoing access to resources and support. Families may need continuous access to educational materials, counseling services, and HIV-related health resources to keep them informed and engaged. Community health organizations can play a crucial role in providing these resources, as well as offering follow-up support to ensure that family mentors remain motivated and equipped to continue their efforts. Regular workshops, online platforms, or local health clinics can serve as valuable resources for families, providing updated information, HIV testing opportunities, and guidance on navigating the healthcare system. Additionally, mentorship programs should encourage regular check-ins with families to assess progress, address challenges, and provide additional support as needed.³¹⁻³²

Conclusion

Family-based mentorship offers a promising and impactful approach to enhancing HIV awareness and prevention, particularly for young women who are often at higher risk due to social, cultural, and gender-specific factors. By harnessing the unique influence of families, we can create a more supportive, personalized, and continuous method of education that complements other public health initiatives. However, to maximize the effectiveness of family mentorship, it is essential to address key challenges such as stigma, misinformation, and the generational gap in communication. Strategies like providing comprehensive education and training,

fostering open and safe communication, and ensuring access to resources are crucial in overcoming these obstacles. Moreover, culturally sensitive approaches that respect and align with community values are necessary for mentorship programs to succeed. Engaging community leaders, peer mentors, and local organizations will help strengthen these efforts and ensure that the message of HIV prevention resonates on a deeper level. Peer mentorship, in particular, can bridge the communication gap and help normalize conversations about sexual health and HIV within the family setting, creating an environment of trust and support. This holistic approach ensures that mentorship becomes a continuous process rather than a one-time intervention, enabling young women to feel empowered to make informed decisions about their health and well-being.

References

1. Mark, M. (2024). 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*, 42, 47-52.
2. Rodrigo, C., & Rajapakse, S. (2010). HIV, poverty and women. *International Health*, 2(1), 9-16.
3. Bekker, L. G., Alleyne, G., Baral, S., Cepeda, J., Daskalakis, D., Dowdy, D., ... & Beyrer, C. (2018). Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society—Lancet Commission. *The Lancet*, 392(10144), 312-358.
4. Idele, P., Gillespie, A., Porth, T., Suzuki, C., Mahy, M., Kasedde, S., & Luo, C. (2014). Epidemiology of HIV and AIDS among adolescents: current status, inequities, and data gaps. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 66, S144-S153.
5. Zhang, J., Ma, B., Han, X., Ding, S., & Li, Y. (2022). 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*, 6(11), 763-776.
6. Saul, J., Bachman, G., Allen, S., Toiv, N. F., Cooney, C., & Beamon, T. A. (2018). The DREAMS core package of interventions: a comprehensive approach to preventing HIV among adolescent girls and young women. *PloS one*, 13(12), e0208167.
7. Obeagu, E. I., & Obeagu, G. U. (2024). CD8 Dynamics in HIV Infection: A Synoptic Review. *Elite Journal of Immunology*, 2(1), 1-3.
8. Obeagu, E. I., & Obeagu, G. U. (2024). Implications of B Lymphocyte Dysfunction in HIV/AIDS. *Elite Journal of Immunology*, 2(1), 34-46.
9. Echefu, S. N., Udosen, J. E., Akwiwu, E. C., Akpotuzor, J. O., & Obeagu, E. I. (2023). 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*, 102(47), e35910.
10. Njenga, R., & Shilabukha, K. (2017). 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*, 118-131.
11. Visser, M. J. (2005). 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*, 2(1), 203-216.
12. Botvin, G. J., & Griffin, K. W. (2014). Life skills training: preventing substance misuse by enhancing individual and social competence. *New directions for youth development*, 2014(141), 57-65.
13. Obeagu, E. I., & Obeagu, G. U. (2024). Platelet-Driven Modulation of HIV: Unraveling Interactions and Implications. *Journal home page: <http://www.journalijar.com>*, 12(01).
14. Obeagu, E. I., Anyiam, A. F., & Obeagu, G. U. (2024). Unveiling B Cell Mediated Immunity in HIV Infection: Insights, Challenges, and Potential Therapeutic Avenues. *Elite Journal of HIV*, 2(1), 1-5.
15. Obeagu, E. I., & Akinleye, A. A. (2024). Blood Transfusion in HIV: Balancing Hematologic Benefits and Viral Risks. *Lifeline Medicine*, 2(2), 22-29.
16. Lwamba, E., Shisler, S., Ridlehoover, W., Kupfer, M., Tshabalala, N., Nduku, P., ... & Snilstveit, B. (2022). Strengthening women's empowerment and gender equality in fragile contexts towards peaceful and inclusive societies: A systematic review and meta-analysis. *Campbell systematic reviews*, 18(1), e1214.
17. Lwamba, E., Ridlehoover, W., Kupfer, M., Shisler, S., Sonnenfeld, A., Langer, L., ... & Barooah, B. (2021). 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*, 17(3), e1180.
18. Chi, X., Hawk, S. T., Winter, S., & Meeus, W. (2015). 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*, 27(2), NP2049-NP2066.
19. Akuiyibo, S., Anyanti, J., Idogho, O., Piot, S., Amoo, B., Nwankwo, N., & Anosike, N. (2021). Impact of peer education on sexual health knowledge among adolescents and young

- persons in two North Western states of Nigeria. *Reproductive health*, 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, A. F., Arinze-Anyiam, O. C., Ironi, E. A., & Obeagu, E. I. (2023). Distribution of ABO and rhesus blood grouping with HIV infection among blood donors in Ekiti State Nigeria. *Medicine*, 102(47), e36342.
 22. Obeagu, E. I., & Obeagu, G. U. (2024). Hematocrit variations in HIV patients co-infected with malaria: A comprehensive review.
 23. Obeagu, E. I., & Obeagu, G. U. (2024). Assessing Platelet Functionality in HIV Patients Receiving Antiretroviral Therapy: Implications for Risk Assessment. *Elite Journal of HIV*, 2(3), 14-26.
 24. Ifeanyi, O. E., Uzoma, O. G., Stella, E. I., Chinedum, O. K., & Abum, S. C. (2018). Vitamin D and insulin resistance in HIV sero positive individuals in Umudike. *Int. J. Curr. Res. Med. Sci*, 4(2), 104-108.
 25. Najjuma, S. M., & Yates, H. T. (2024). Economic empowerment for enhanced health equity: A qualitative study of women living with HIV in Wakiso District, Uganda. *Affilia*, 39(4), 644-663.
 26. Campbell, C., Scott, K., Nhamo, M., Nyamukapa, C., Madanhire, C., Skovdal, M., ... & Gregson, S. (2013). Social capital and HIV competent communities: the role of community groups in managing HIV/AIDS in rural Zimbabwe. *AIDS care*, 25(sup1), S114-S122.
 27. Bluthenthal, R. N., Palar, K., Mendel, P., Kanouse, D. E., Corbin, D. E., & Derose, K. P. (2012). Attitudes and beliefs related to HIV/AIDS in urban religious congregations: Barriers and opportunities for HIV-related interventions. *Social science & medicine*, 74(10), 1520-1527.
 28. Wagner, C., Gossett, K., Hasnain, M., Linsk, N., & Rivero, R. (2025). Integration of the national HIV curriculum in medicine, nursing, and pharmacy programs in the United States. *BMC Medical Education*, 25(1), 422.
 29. Feyissa, G. T., Woldie, M., Munn, Z., & Lockwood, C. (2019). 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*, 14(5), e0216887.
 30. Eholié, S. P., Aoussi, F. E., Ouattara, I. S., Bissagnéné, E., & Anglaret, X. (2012). HIV treatment and care in resource-constrained environments: challenges for the next decade. *Journal of the International AIDS Society*, 15(2), 17334.
 31. Parker, R., & Aggleton, P. (2007). HIV-and AIDS-related stigma and discrimination: A conceptual framework and implications for action. In *Culture, society and sexuality* (pp. 459-474). Routledge.
 32. Djellouli, N., & Quevedo-Gómez, M. C. (2015). Challenges to successful implementation of HIV and AIDS-related health policies in Cartagena, Colombia. *Social Science & Medicine*, 133, 36-44.