

<https://doi.org/10.46344/JBINO.2025.v14i03.23>

MENTORSHIP AND POLICY ADVOCACY: STRENGTHENING HIV PREVENTION EFFORTS FOR YOUNG WOMEN

*Emmanuel Ifeanyi Obeagu

Department of Biomedical and Laboratory Science, Africa University, Zimbabwe, E-mail: emmanuelobeagu@yahoo.com,
obeagu@africau.edu, ORCID: 0000-0002-4538-0161

ABSTRACT

HIV prevention for young women requires a multifaceted approach that combines mentorship and policy advocacy to address both individual and systemic barriers. This review explores the roles of mentorship and policy advocacy in strengthening HIV prevention efforts, focusing on how personalized support and systemic change can empower young women to make informed decisions about their sexual health. Mentorship provides young women with the knowledge, confidence, and skills needed to navigate the complexities of HIV prevention, while policy advocacy works to remove structural obstacles and ensure equitable access to healthcare and resources. Mentorship programs offer a personalized, supportive environment where young women can gain vital information about HIV prevention, build self-esteem, and develop the resilience necessary to avoid risky behaviors. By fostering trust and open communication, mentors help mentees make empowered decisions about their health and well-being. In parallel, policy advocacy plays a critical role in shifting the societal and legislative frameworks that perpetuate gender inequality, limited healthcare access, and stigma, thus creating a more supportive environment for HIV prevention.

Keywords: *Mentorship, HIV Prevention, Policy Advocacy, Young Women, Empowerment*

Introduction

The global HIV epidemic continues to disproportionately affect young women, particularly in sub-Saharan Africa, where young women are up to eight times more likely to acquire HIV compared to their male counterparts. Despite significant advancements in HIV prevention strategies, young women face unique social, economic, and cultural barriers that impede their access to HIV-related education, prevention tools, and healthcare services. As a result, tailored approaches are essential to address their specific needs and empower them to make informed decisions about their health. Two critical approaches to strengthening HIV prevention efforts for young women are mentorship and policy advocacy. These strategies work synergistically to equip young women with the skills and knowledge they need to protect themselves from HIV while also working to create systemic changes that remove barriers to access and support [1-3]. Mentorship programs have been shown to be effective in providing young women with personal guidance, emotional support, and information on HIV prevention. Mentors—who may be peers, community leaders, or healthcare professionals—offer a space for young women to discuss issues they may not feel comfortable addressing with their families or peers. This trusted relationship fosters a sense of security and empowerment, which encourages young women to adopt protective behaviors, seek HIV testing, and adhere to preventive health practices. Mentorship also helps build confidence and resilience, which are critical qualities in

navigating complex social and relational dynamics that may contribute to HIV risk, such as gender-based violence, economic dependency, and limited access to education [4-6].

While mentorship is a powerful tool at the individual level, policy advocacy is equally important for addressing the broader structural factors that influence HIV risk among young women. Advocacy efforts aim to influence laws, policies, and practices that affect the health and rights of young women, particularly in relation to sexual and reproductive health services. By pushing for comprehensive sex education in schools, improving healthcare access, and addressing gender inequalities, policy advocacy creates an environment that supports young women's autonomy and access to HIV prevention resources. Without systemic policy changes, mentorship efforts may be limited in their scope, as young women may still face barriers in accessing services or navigating legal and societal constraints [7-8]. The integration of mentorship and policy advocacy offers a holistic solution to HIV prevention for young women. Mentors can help guide young women in understanding their rights and the importance of engaging in advocacy efforts that promote gender equality and access to healthcare. For example, mentors can encourage young women to participate in youth-driven campaigns or speak out against stigma and discrimination in their communities. In turn, these policy advocacy efforts can amplify the impact of mentorship programs, creating a feedback loop where individuals are empowered to influence the policies that

affect their lives. This synergistic approach holds great potential for reducing HIV transmission rates and improving the overall health and well-being of young women [9-11].

The Role of Mentorship in HIV Prevention for Young Women

The role of mentorship in HIV prevention for young women is crucial as it provides a personalized and supportive environment that fosters both education and empowerment. Mentorship programs offer young women the opportunity to receive tailored guidance and advice, helping them make informed decisions about their sexual health and HIV prevention. These programs create a safe space where young women can freely discuss their concerns, experiences, and questions about HIV without fear of judgment or stigma. This supportive relationship between mentor and mentee builds trust, which is essential in addressing sensitive topics such as HIV transmission, safe sexual practices, and HIV testing [12-13]. Mentors, often drawn from the community or health professionals, serve as role models who not only impart knowledge about HIV prevention but also empower young women to develop the confidence and self-esteem necessary to navigate the challenges they face. In many cases, mentors help young women to understand their rights regarding sexual and reproductive health, encouraging them to take proactive steps such as getting tested for HIV, using protection during sex, and seeking out healthcare services. The mentor's guidance is particularly valuable in helping young women overcome barriers such as fear, misinformation, and

societal taboos, which may prevent them from engaging in preventative behaviors or seeking support when needed [14-15]. In addition to providing information and emotional support, mentorship programs also promote the development of critical life skills that are essential in HIV prevention. These skills include assertiveness, decision-making, and communication, which help young women navigate difficult situations, such as peer pressure, relationships, or exposure to gender-based violence. Effective mentorship can empower young women to recognize risky behaviors and make decisions that protect their health and well-being. Moreover, mentors often help mentees build a network of support, encouraging connections with other young women who share similar experiences and can offer solidarity, creating a sense of community and belonging [16-17]. Furthermore, mentorship programs contribute to fostering a sense of agency among young women, encouraging them to advocate for themselves and others in the fight against HIV. Through mentorship, young women gain the tools to not only protect themselves but also to engage in their communities by spreading awareness about HIV prevention, reducing stigma, and promoting gender equality. By empowering young women to become leaders in HIV prevention efforts, mentorship programs create a ripple effect, where the knowledge and skills gained are passed on to others, thus multiplying the impact of these initiatives[18-19].

Policy Advocacy for HIV Prevention and Empowerment

Policy advocacy plays a crucial role in HIV prevention and the empowerment of young women by influencing legislative and societal frameworks that govern access to healthcare, education, and rights. While individual mentorship programs can provide essential knowledge and support to young women, policy advocacy works at a larger scale, aiming to address systemic barriers and create an enabling environment for effective HIV prevention. This advocacy focuses on influencing laws, policies, and practices that affect young women's ability to access HIV prevention tools, reproductive health services, education, and other critical resources necessary for safeguarding their health [20-21]. One of the primary goals of policy advocacy in HIV prevention is to ensure that young women have equal access to comprehensive sex education and HIV prevention programs. In many parts of the world, young women face significant barriers to receiving accurate and non-judgmental information about HIV and safe sexual practices. These barriers often stem from cultural taboos, gender inequality, and lack of adequate healthcare infrastructure. Advocacy efforts work to push for policies that provide inclusive, age-appropriate, and evidence-based sexual and reproductive health education in schools, communities, and health centers. Such education helps young women understand their rights, sexual health, and HIV prevention strategies, empowering them to make informed decisions [22-23].

In addition to education, policy advocacy also addresses the legal and structural

barriers that disproportionately affect young women in accessing HIV-related healthcare services. For example, many young women in some regions face obstacles such as the lack of confidentiality in healthcare settings, which discourages them from seeking HIV testing or treatment. Furthermore, restrictive laws that limit access to contraceptives, HIV treatment, or harm reduction programs can exacerbate the vulnerability of young women to HIV. Advocacy for policy changes that prioritize youth-friendly health services, increase access to HIV testing and prevention tools, and remove barriers to care is essential in reducing HIV transmission rates among young women. Effective policy changes can also help mitigate the stigma and discrimination that young women face in healthcare settings, enabling them to access services with dignity and respect [24-26]. Policy advocacy also intersects with gender equality, as young women's vulnerability to HIV is often compounded by societal norms that perpetuate gender-based violence, economic dependence, and limited autonomy. Advocacy for gender-sensitive policies seeks to address these underlying inequalities by promoting laws and programs that protect young women from violence, discrimination, and exploitation. By empowering young women with the legal and social tools to protect themselves, policy advocacy helps create a safer environment where they can make decisions regarding their sexual health without fear of coercion, abuse, or societal judgment. Gender equality in policy is therefore integral to both HIV prevention and the broader

empowerment of young women [27-28]. Moreover, policy advocacy can strengthen mentorship efforts by creating a supportive policy environment where mentorship programs are funded, supported, and integrated into national HIV prevention strategies. Advocates can work with governments and international organizations to ensure that mentorship initiatives are prioritized and expanded, especially in areas with high HIV prevalence. This policy support can lead to the scaling up of mentorship programs that provide critical HIV prevention education and emotional support, ultimately empowering more young women to take charge of their health [29-30].

Key Strategies for Integrating Mentorship and Policy Advocacy

Integrating mentorship and policy advocacy offers a powerful approach to strengthening HIV prevention efforts for young women. By combining personalized guidance with systemic change, this dual strategy can create an environment where young women are both empowered at the individual level and supported by a broader societal framework that promotes health equity and access to services. The following are key strategies for effectively integrating mentorship and policy advocacy in HIV prevention for young women:

1. **Empowering Mentors to Advocate for Policy Change:** One of the most effective strategies for integrating mentorship with policy advocacy is to empower mentors themselves to become advocates for systemic change. Mentors can be trained not only to provide HIV prevention education and support to their mentees

but also to engage in advocacy efforts that push for policy changes related to HIV prevention, sexual and reproductive health, and gender equality. This could include mentors advocating for improved healthcare access, comprehensive sex education in schools, or legal reforms that protect young women from gender-based violence. By actively involving mentors in advocacy, young women are encouraged to see the connection between personal empowerment and societal change [31-32].

2. **Fostering Collaborative Partnerships Between Mentors and Policymakers:**

Building strong collaborations between mentorship programs and policymakers is essential for creating a holistic HIV prevention strategy. Policymakers and government agencies can work with mentorship programs to ensure that the needs of young women are represented in HIV-related policies. This could involve incorporating the voices of young women, particularly those from marginalized groups, into policy discussions, and ensuring that mentorship programs are included as part of national or regional HIV prevention plans. By fostering these partnerships, mentors can play a role in influencing policies that directly benefit young women and ensure that their experiences are reflected in decision-making processes [33-34].

3. **Mentorship Programs as Platforms for Advocacy:**

Mentorship programs can also serve as platforms for policy advocacy, where mentees are encouraged to take an active role in advocating for changes that support HIV prevention and empowerment. For example, mentors can

guide young women in identifying and addressing local challenges related to HIV prevention, such as lack of access to healthcare or education. Mentees can be involved in community-level advocacy initiatives, such as organizing awareness campaigns, participating in youth-led forums, or lobbying for policy changes that promote gender equality and better healthcare access. This active engagement not only empowers young women but also amplifies their voices in policy discussions, helping to ensure that their needs are addressed [35-36].

4. **Integrating Mentorship into Policy**

Advocacy Campaigns: Integrating mentorship directly into policy advocacy campaigns can significantly enhance the impact of both approaches. By aligning mentorship programs with ongoing advocacy campaigns, mentors and mentees can work together to promote specific policy goals. For example, if the goal is to increase access to HIV prevention tools for young women, mentorship programs can partner with organizations or government bodies working to expand such access. Mentors can help inform and mobilize young women to participate in campaigns, attend policy meetings, or contribute to media campaigns that highlight the importance of HIV prevention for young women. This integrated approach ensures that mentorship is not just an individual intervention but part of a larger movement for systemic change [37-38].

5. **Monitoring and Evaluating the Impact of Integrated Approaches:**

To ensure that the integration of mentorship and policy advocacy is effective, it is

crucial to establish clear mechanisms for monitoring and evaluation. This involves assessing the impact of mentorship programs on young women's knowledge, attitudes, and behaviors regarding HIV prevention, as well as measuring the influence of advocacy efforts on policy changes. Data collected through these evaluations can provide valuable insights into the effectiveness of integrated strategies, help refine existing programs, and advocate for scaling up successful approaches. Monitoring and evaluation also allow for accountability and transparency, ensuring that mentorship and policy advocacy efforts are delivering tangible results for young women [39-40].

Conclusion

Integrating mentorship and policy advocacy represents a powerful and holistic approach to enhancing HIV prevention efforts for young women. By combining the personalized, empowering support of mentorship programs with systemic policy change, we can create an environment where young women are equipped with both the knowledge and the resources to protect themselves from HIV. Mentorship plays a critical role in building self-esteem, providing education, and fostering confidence, while policy advocacy works to eliminate the structural barriers that hinder access to healthcare and prevention tools. The collaboration between mentors and policymakers, as well as the involvement of young women in advocacy initiatives, ensures that HIV prevention efforts are not only effective but also sustainable. When mentorship programs actively engage in policy

advocacy, they amplify the voices of young women and contribute to shaping policies that prioritize their health and well-being. This synergy helps to address the root causes of HIV vulnerability, such as gender inequality, limited access to education, and societal stigma.

References

1. Yirsaw AN, Mengistie BA, Getachew E, Mekonnen GB, Shibabaw AA, Chereka AA, Kitil GW, Wondie WT, Lakew G. Prevalence of pulmonary tuberculosis and associated factors among adults living with HIV/AIDS in Ethiopia, systematic review and meta-analysis. *BMC Infectious Diseases*. 2025; 25(1):49.
2. Gayatri AA, Nugraha PP. The relationship between hepcidin levels, CD4 counts, and complete blood count parameters with tuberculosis infection in patients with human immunodeficiency virus. *Intisari Sains Medis*. 2025; 16(1):73-80.
3. Nuraeni S, Alfian SD, Puspitasari IM. Examining the prevalence and associated factors of sexually transmitted infections in people living with HIV/AIDS at a community health center in Bandung City, Indonesia. *HIV/AIDS-Research and Palliative Care*. 2025:29-37.
4. Adiningsih S, Widiyanti M, Hermawan A, Idrus HH, Fitrianingtyas R. Low cluster of differentiation 4+ T-cell count associated with thrombocytopenia among people living with human immunodeficiency virus-1 receiving antiretroviral in West Papua. *Journal of Medical Microbiology*. 2025; 74(1):001958.
5. Konstantinidis I, Zou RH, Papageorgiou SN, Ronit A, Drummond MB, Kunisaki KM, Crothers K, Nouraie SM, Morris A. Effect of Human Immunodeficiency Virus on Lung Function and Structure: A Systematic Review and Meta-Analysis. *Annals of the American Thoracic Society*. 2025; 22(2):274-284.
6. Ifeanyi OE, Obeagu GU. The Values of CD4 Count, among HIV Positive Patients in FMC Owerri. *Int. J. Curr. Microbiol. App. Sci*. 2015; 4(4):906-910.
7. Obeagu EI, GU EE. Understanding the Intersection of Highly Active Antiretroviral Therapy and Platelets in HIV Patients: A Review. *Elite Journal of Haematology*. 2024; 2(3):111-117.
8. 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
9. Obeagu EI, Obeagu GU. Platelet-Driven Modulation of HIV: Unraveling Interactions and Implications. *Journal home page: <http://www.journalijar.com>*. 2024; 12(01).
10. 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.
11. Obeagu EI, Obeagu GU. Implications of B Lymphocyte Dysfunction in HIV/AIDS. *Elite Journal of Immunology*, 2024; 2(1): 34-46
12. Tailor LS, Angell J, Hasan S, Low S, Willis N, Mutsinze A, Chitiyo V, Kuchocha P, Logie CH. Bolstering Access to HIV-Related Health care in Zimbabwe Among Young Mothers Living With HIV: Lessons Learned on HIV Health Promotion From Zvandiri's Young Mentor Mother Program. *Health*

- Promotion Practice.
2024:15248399241278974.
13. Abu Hassan Shaari A. Resilience in Muslim Women Living with HIV. In Muslim Women's Lived Experiences and Intersectional Identities: A Global Perspective 2025: 197-217. Cham: Springer Nature Switzerland.
14. Amaka NS. Intersectionality in education: addressing the unique challenges faced by girls of colour in STEM pathways. International Research Journal of Modernization in Engineering Technology and Science. 2024; 6(11):3460.
15. Obeagu EI, Obeagu GU. CD8 Dynamics in HIV Infection: A Synoptic Review. Elite Journal of Immunology, 2024; 2(1): 1-13
16. Obeagu EI, Obeagu GU. Maternal Influence on Infant Immunological Responses to HIV: A Review. Elite Journal of Laboratory Medicine, 2024; 2(1): 46-58
17. Muza E, Naidoo J. 'We don't openly discuss these things': Cultural complexities in teaching about sexuality and HIV in South Africa. Culture, Health & Sexuality. 2024; 26(1):16-29.
18. Alageel S, Alomair N. Are the Arab Gulf States ready for HIV/AIDS discussions? A qualitative thematic analysis. Sexuality research and social Policy. 2024; 21(4):1314-1323.
19. Diko M. People Living with HIV/AIDS are Nothing to be Afraid of: A Critical Discourse Analysis (CDA) of HIV/AIDS Stigmas and Mythologies in One Selected IsiXhosa Short Story. Critical Arts. 2024:1-5.
20. Obeagu EI, Obeagu GU. Understanding B Lymphocyte Functions in HIV Infection: Implications for Immune Dysfunction and Therapeutic Strategies. Elite Journal of Medicine, 2024; 2(1): 35-46
21. Obeagu EI, Obeagu GU. Mental Health and Psychosocial Effects of natural disaster on HIV Patients. Sciences. 2024;4(1):38-44.
22. Arreola S, Padilla M, Arnold EA, Danley D, Lightfoot M, Woods WJ, Neilands TB. Mentoring Early-Career Investigators of HIV/STI Health Disparities Research: A Study Examining the CAPS Visiting Professors Program. Health Education & Behavior. 2025; 52(2):207-218.
23. Juárez-Campos K, Sierra-Barajas N, Crabtree-Ramírez B. The role of Women in Leadership, Academia & Advocacy in the field of HIV. Current Tropical Medicine Reports. 2024:1-7.
24. Sannigrahi S, Raj MB, Seenappa B, Sharma AA, Reddy S, Nobbay E, Kant A, Sk SK, Dhailwal BK, Ganapathi L, Shet A. "I can be a source of motivation": Perspectives from stakeholders of the I'mPossible fellowship, a peer-led differentiated service delivery model for adolescents with perinatally acquired HIV in India. medRxiv. 2025:2025-2033.
25. Humphrey J, Carlucci JG, Wanjama EK, Naanyu V, Muli L, Alera JM, Were E, McGuire A, Nyandiko W, Zimet G, Songok JJ. Implementing WHO's Differentiated Service Delivery Model for Pregnant and Breastfeeding Women and Infants Living with HIV: Insights from Kenyan Healthcare Providers. International Journal of Maternal and Child Health and AIDS. 2025; 14.
26. Obeagu EI, Ubosi NI, Uzoma G. Storms and Struggles: Managing HIV Amid Natural Disasters. Int. J. Curr. Res. Chem. Pharm. Sci. 2023;10(11):14-25.
27. Obeagu EI, Obeagu GU. Human Immunodeficiency Virus and tuberculosis infection: A review of prevalence of

- associated factors. *Int. J. Adv. Multidiscip. Res.* 2023;10(10):56-62.
28. Obeagu EI, Obeagu GU. Maternal Eosinophilic Responses in HIV-Positive Pregnant Women: Unraveling Immunological Dynamics for Improved Maternal-Fetal Health. *Elite Journal of Immunology*, 2024; 2(1): 47-64
29. Obeagu EI, Obeagu GU. Eosinophil-Associated Changes in Neonatal Thymic T Regulatory Cell Populations in HIV-Infected Pregnancies. *Elite Journal of Health Science*. 2024; 2(1):33-42.
30. Obeagu EI, Obeagu GU. The Impact of Erythropoietin on Preeclampsia in HIV-Positive Women: A Review . *Elite Journal of Nursing and Health Science*, 2024; 2(1):21-31
31. Obeagu EI. Empowering Progress: Impactful Innovations in HIV Prevention in Africa. *Elite Journal of Public Health*. 2024; 2(3):63-77.
32. Dabla V. The Complex Intersection of Gender-based Violence (GBV) and HIV Infection: To Understand Beyond the Obvious. *Journal of AIDS and HIV Treatment*. 2024; 6(1):54-5.
33. Wiehe SE, Nelson TL, Hawryluk B, Andres UM, Aalsma MC, Rosenman MB, Butler MS, Harris M, Moore K, Scott CD, Gharbi S. Unlocking success: community engagement for enhanced HIV care outcomes. *Research Involvement and Engagement*. 2024; 10(1):127.
34. Nilsson Schönnesson L, Dahlberg M, Reinius M, Zeluf-Andersson G, Ekström AM, Eriksson LE. Prevalence of HIV-related stigma manifestations and their contributing factors among people living with HIV in Sweden—a nationwide study. *BMC Public Health*. 2024; 24(1):1360.
35. Nawfal ES, Gray A, Sheehan DM, Ibañez GE, Trepka MJ. A systematic review of the impact of HIV-related stigma and serostatus disclosure on retention in care and antiretroviral therapy adherence among women with HIV in the United States/Canada. *AIDS Patient Care and STDs*. 2024; 38(1):23-49.
36. Ng'oda M, Gatheru PM, Oyeyemi O, Busienei P, Karugu CH, Mugo S, Okoth L, Nampijja M, Kiwuwa-Muyingo S, Wado YD, Kitsao-Wekulo P. Mentorship in health research institutions in Africa: A systematic review of approaches, benefits, successes, gaps and challenges. *PLOS Global Public Health*. 2024; 4(9):e0003314.
37. Aphane RL, Mazibuko K, Dlamini Y, Mndebele T, Beza A, Musie MR. Midwives' views regarding implementation on prevention of vertical transmission HIV programme at Tshwane antenatal clinics. *International Journal of Africa Nursing Sciences*. 2025:100846.
38. Neel AH, Rodríguez DC, Sikazwe I, Pillay Y, Barron P, Pereira SK, Makakole-Nene S, Bennett SC. HIV programme sustainability in Southern and Eastern Africa and the changing role of external assistance for health. *Health policy and planning*. 2024; 39(Supplement_1):i107-117.
39. Dzinamarira T, Moyo E. Expanding technical assistance: a call for a more nuanced approach for sustainable HIV programs in Sub-Saharan Africa. *International Journal of Infectious Diseases*. 2024; 146:107135.
40. Gantayat N, Baer J, Gangaramany A, Kretschmer S, Surana R, Samona A, Mukamba N, Jere B, Chinsenga T, Prasad R, Goetschius S. Developing a framework for understanding policy decision-making

behaviors in the transition of an HIV prevention program towards sustainability: a case study from Zambia's voluntary medical male circumcision program. Gates Open Research. 2024; 8:18.

