

<https://doi.org/10.46344/JBINO.2025.v14i04.06>

EMPOWERING WOMEN AND GIRLS: GENDER-SENSITIVE STRATEGIES FOR HIV PREVENTION IN AFRICA

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ABSTRACT

The HIV epidemic in sub-Saharan Africa continues to disproportionately affect women and girls, who face unique biological, socio-economic, and cultural vulnerabilities that increase their risk of infection. Gender inequalities, including limited access to education, economic dependence, and gender-based violence, contribute significantly to the persistent rise of HIV cases among this population. Addressing these structural drivers is essential to creating effective and sustainable HIV prevention strategies. Gender-sensitive approaches are increasingly recognized as key to combating the epidemic among women and girls. These strategies include comprehensive sexuality education, economic empowerment initiatives, legal reforms to protect women's rights, and community-based interventions that challenge harmful gender norms. The active engagement of men and boys, coupled with multi-sectoral collaboration, enhances the success of these interventions by promoting shared responsibility and fostering an environment conducive to behavior change.

Keywords: Gender empowerment, HIV prevention, Sub-Saharan Africa, Women's health, Gender-sensitive strategies

Introduction

The HIV epidemic remains one of the most pressing public health crises in sub-Saharan Africa, with women and girls disproportionately affected. According to UNAIDS, adolescent girls and young women account for over 60% of all new HIV infections in the region. This imbalance is not merely a reflection of biological susceptibility but is largely driven by gender-based disparities in education, income, access to health services, and power relations in society. In this context, HIV prevention efforts that do not address gender inequities risk being incomplete and ineffective [1-2]. Gender-sensitive HIV prevention acknowledges that women and girls experience distinct vulnerabilities that are shaped by deeply rooted cultural, social, and economic structures. Traditional gender norms often limit women's autonomy over their bodies and health decisions, making it difficult to negotiate safe sex or access preventive services. Furthermore, many girls are subjected to child marriage, gender-based violence, and educational exclusion—conditions that increase their exposure to HIV while simultaneously reducing their resilience to cope with infection risks [3]. Socio-economic dependency is another critical factor that limits women's agency in preventing HIV. Many women in rural and underserved communities lack the financial resources to prioritize healthcare or leave relationships that put them at risk. In such environments, transactional sex becomes a survival mechanism, further increasing HIV exposure. These realities call for a holistic response that goes beyond individual behavior change and targets the systemic inequalities that shape women's health outcomes [4].

Health systems themselves can be unwelcoming or inaccessible for women and girls. Barriers such as stigma, poor provider attitudes, long distances to clinics,

and inadequate integration of sexual and reproductive health services undermine women's ability to seek prevention tools like pre-exposure prophylaxis (PrEP), HIV testing, and counseling. Moreover, health programs are often designed without input from women themselves, resulting in interventions that fail to reflect their lived experiences or priorities [5]. In response to these challenges, gender-sensitive HIV prevention strategies aim to empower women and girls through targeted interventions that address both immediate health risks and underlying structural barriers. These include providing comprehensive sexuality education, supporting girls' secondary school completion, enforcing laws that protect against gender-based violence, and investing in economic empowerment programs such as microfinance and vocational training. By centering the needs and voices of women, these strategies work toward a more equitable and effective HIV response [6].

The Burden of HIV on Women and Girls in Africa

The burden of HIV in sub-Saharan Africa falls disproportionately on women and girls, particularly adolescent girls and young women aged 15–24 years. According to UNAIDS, this group is more than twice as likely to contract HIV compared to their male peers. The reasons for this disparity are multifaceted, rooted in both biological and socio-structural vulnerabilities. Women's greater physiological susceptibility to HIV during heterosexual intercourse, coupled with their limited control over sexual and reproductive health decisions, creates a fertile ground for the spread of the virus [7]. Cultural and gender norms further compound the burden. In many African societies, patriarchal structures often place women in subordinate roles, where they may have little negotiating power in relationships. This

power imbalance inhibits their ability to insist on condom use or refuse unwanted sexual advances. Harmful practices such as early marriage, bride price, and widow inheritance expose young girls and women to older, often HIV-positive partners, while also discouraging open conversations around sexual health [8]. Gender-based violence (GBV) is another significant driver of HIV among women and girls. Survivors of sexual violence, including rape and intimate partner violence, are at heightened risk of acquiring HIV due to forced and often unprotected intercourse. GBV also has long-term consequences, such as trauma, stigmatization, and reluctance to access health services, all of which undermine prevention efforts. In many cases, women fear repercussions from their partners or communities if they seek HIV testing or treatment [9].

Poverty and economic dependency leave women and girls particularly vulnerable. Many are forced into transactional sex or early marriage due to financial constraints. Without stable income or education, they are less likely to afford or access HIV prevention services. Furthermore, female-headed households are often economically disadvantaged, and women working in informal sectors may lack health insurance or access to government-run health services, making preventive care unaffordable or inaccessible [10]. Limited access to education also plays a critical role in perpetuating the HIV burden. Girls who drop out of school early are more likely to engage in high-risk behaviors or be married off young, both of which increase their vulnerability to HIV. Conversely, educational attainment is associated with delayed sexual debut, greater autonomy, and improved knowledge about HIV prevention. Unfortunately, persistent gender inequalities continue to limit educational opportunities for many girls in

Africa, especially in rural or conflict-affected areas [11-12].

Gender-Sensitive Strategies for HIV Prevention

Addressing the HIV epidemic among women and girls in Africa requires gender-sensitive strategies that go beyond conventional biomedical interventions. These strategies must respond to the unique challenges faced by females, including limited autonomy, gender-based violence, economic dependence, and barriers to education and healthcare. A gender-sensitive approach recognizes that successful prevention must be rooted in social justice, equity, and empowerment [13-15]. One of the cornerstone strategies is the provision of comprehensive sexuality education (CSE) tailored to the realities of girls and young women. CSE equips young people with knowledge about their bodies, sexual rights, safe sex practices, and HIV prevention methods such as condom use and pre-exposure prophylaxis (PrEP). When delivered in age-appropriate and culturally relevant ways, CSE helps delay sexual debut, reduce risky behaviors, and foster healthy relationships. Importantly, it challenges harmful gender stereotypes that perpetuate silence and shame around sexuality [16-18]. Economic empowerment initiatives have also shown great promise in reducing women's vulnerability to HIV. Programs offering vocational training, microfinance opportunities, and financial literacy not only improve women's economic independence but also strengthen their bargaining power in relationships. When women can support themselves and their families, they are less likely to engage in transactional sex or remain in abusive relationships. Studies from several African countries show that economically empowered women are more likely to negotiate condom use and access healthcare services [19-23].

Legal and policy reforms are critical to the protection of women's rights and the creation of enabling environments for HIV prevention. Laws that prohibit child marriage, criminalize gender-based violence, and ensure equal access to education are fundamental to reducing HIV risk. In addition, national HIV prevention strategies should explicitly incorporate gender analysis and include targets for reducing the gender gap in infection rates. Legal empowerment also involves making women aware of their rights and providing access to legal support when these rights are violated [24-27]. Community-based interventions are another essential component of gender-sensitive HIV prevention. These initiatives engage local leaders, men, boys, and families to challenge entrenched norms that limit women's agency. For example, involving men in discussions about gender equality and sexual health helps to dismantle toxic masculinity and promote mutual respect in relationships. Faith-based and traditional institutions, which are often influential in African communities, can also be powerful allies in advocating for women's health and rights [28-31]. Improving access to female-centered HIV prevention tools is crucial. This includes expanding the availability and awareness of PrEP, female condoms, and HIV self-testing kits. Health services must also be made more accessible and welcoming to women through respectful, confidential, and non-judgmental care. Integrating HIV prevention with reproductive health, maternal care, and family planning services creates a holistic approach that meets women's diverse health needs in one setting [32-34].

Challenges in Implementation

Despite the clear value of gender-sensitive strategies in HIV prevention, their implementation across Africa faces numerous challenges that hinder

effectiveness, scalability, and sustainability. These obstacles are rooted in structural inequalities, limited resources, cultural resistance, and fragmented health systems—each playing a role in restricting access to services and slowing progress in reversing the gendered impact of the epidemic [35-37]. A significant barrier is the deeply entrenched gender norms and patriarchal cultural systems that dominate many communities. In such environments, efforts to empower women may be met with resistance from men, traditional leaders, or even from women themselves who fear social backlash. Programs that promote female autonomy in sexual health decisions can clash with societal expectations of female submission and silence. This cultural pushback can hinder outreach, reduce participation, and threaten the safety of women engaging in empowerment initiatives [38-40]. Stigma and discrimination remain powerful deterrents to accessing HIV services. Women and girls who seek information, testing, or prevention tools such as condoms or PrEP may be labeled as promiscuous or morally deviant. For young girls in particular, visiting clinics for sexual and reproductive health services often carries a stigma, discouraging early and preventive engagement. Healthcare providers themselves may harbor judgmental attitudes, thereby compromising confidentiality and reinforcing societal prejudices [41-42].

Resource limitations present another major challenge. Many African countries operate under strained healthcare budgets with competing priorities. Gender-sensitive programs, which often require additional training, community outreach, and inter-sectoral collaboration, may be viewed as less urgent than broader public health interventions. As a result, these programs may suffer from underfunding, poor implementation, and inadequate

monitoring and evaluation. This leads to gaps in service coverage and limits the potential for scale-up [43-44]. Weak health systems infrastructure can also affect the delivery of gender-sensitive HIV prevention. In rural or underserved areas, clinics may be understaffed, lack basic supplies, or be too far for many women to access without significant time or expense. Long wait times, lack of privacy, and poor integration of HIV services with other reproductive health offerings all create a hostile environment for female-centered care. The absence of youth-friendly services further alienates adolescent girls, a critical population in prevention efforts [45-46]. Another critical issue is the lack of female participation in program design and policymaking. Many HIV prevention strategies are developed without adequate consultation with women and girls from affected communities. As a result, programs may fail to reflect their lived realities, needs, or preferences. Gender-sensitive approaches demand that women be actively involved not only as beneficiaries but as leaders, advocates, and designers of change [47]. Coordination gaps among stakeholders—including governments, NGOs, donors, and community organizations—can result in fragmented programming. Without alignment and long-term collaboration, efforts risk duplication, inefficiency, and limited impact. Effective implementation of gender-sensitive strategies requires harmonized policies, multi-sectoral partnerships, and consistent political will to prioritize women's health and rights within national HIV agendas [48-49].

Conclusion

The fight against HIV in Africa cannot be won without placing women and girls at the center of prevention strategies. The disproportionate burden of HIV on females—particularly adolescent girls and

young women—stems from a complex interplay of biological, cultural, economic, and structural factors. Addressing these root causes requires a shift from generic interventions to gender-sensitive strategies that empower women, uphold their rights, and respond to their unique needs and realities. Comprehensive sexuality education, economic empowerment, legal reform, and access to female-controlled prevention tools are not only essential interventions but also foundational pillars for promoting gender equality and long-term public health gains. However, implementation of these strategies continues to face major challenges, including cultural resistance, stigma, limited funding, weak healthcare infrastructure, and insufficient female representation in policy-making. Overcoming these obstacles demands sustained political will, inter-sectoral collaboration, and a commitment to engaging communities—especially men and boys—in redefining norms around gender and sexuality.

References

1. Payagala S, Pozniak A. The global burden of HIV. *Clinics in dermatology*. 2024; 42(2):119-127.
2. Stelzle D, Rangaraj A, Jarvis JN, Razakasoa NH, Perrin G, Low-Beer D, Doherty M, Ford N, Dalal S. Prevalence of advanced HIV disease in sub-Saharan Africa: a multi-country analysis of nationally representative household surveys. *The Lancet Global Health*. 2025; 13(3):e437-146.
3. Ten Brink D, Martin-Hughes R, Bowring AL, Wulan N, Burke K, Tidhar T, Dalal S, Scott N. Impact of an international HIV funding crisis on HIV infections and mortality in low-income and middle-income countries: a

- modelling study. The Lancet HIV. 2025; 12(5):e346-354.
4. Obeagu El, 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.
5. Obeagu El, Obeagu GU. Mental Health and Psychosocial Effects of natural disaster on HIV Patients. Sciences. 2024; 4(1):38-44.
6. Gao TY, Zhao LK, Liu X, Li HY, Ma YT, Fang W, Wang XL, Zhang C. Disease burden of AIDS in last 30-year period and its predicted level in next 25-years based on the global burden disease 2019. BMC Public Health. 2024; 24(1):2384.
7. Carter A, Zhang M, Tram KH, Walters MK, Jahagirdar D, Brewer ED, Novotney A, Lasher D, Mpolya EA, Vongpradith A, Ma J. Global, regional, and national burden of HIV/AIDS, 1990–2021, and forecasts to 2050, for 204 countries and territories: the Global Burden of Disease Study 2021. The Lancet HIV. 2024; 11(12):e807-822.
8. Li XC, Zhang YY, Zhang QY, Liu JS, Ran JJ, Han LF, Zhang XX. Global burden of viral infectious diseases of poverty based on Global Burden of Diseases Study 2021. Infectious Diseases of Poverty. 2024; 13(05):53-67.
9. Yermukhanova L, Kuzembayev M, Salkhanova A, Narymbayeva N, Tazhiyeva A, Makhanbetkulova DN, Afshar A. Exploring socio-economic dimensions in HIV research: a comprehensive bibliometric analysis (1992–2024). Global Health Action. 2025; 18(1):2474787.
10. Mobaderi T, Kazemnejad A, Salehi M. Clustering and modeling joint-trajectories of HIV/AIDS and tuberculosis mortality rates using bayesian multi-process latent growth model: A global study from 1990 to 2021. BMC Infectious Diseases. 2025; 25(1):330.
11. Obeagu El, Obeagu GU. Implications of B Lymphocyte Dysfunction in HIV/AIDS. Elite Journal of Immunology. 2024; 2(1):34-46.
12. Echefu SN, Udosen JE, Akwiwu EC, Akpotuzor JO, Obeagu El. 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.
13. Obeagu El, Obeagu GU. Platelet-Driven Modulation of HIV: Unraveling Interactions and Implications. Journal home page: <http://www.journalijar.com>. 2024;12(01).
14. Xu F, Xiong Y, Gu M, Wan L, Wang Y. Interventions to prevent mother-to-child transmission in breastfeeding mothers with HIV: a systematic review and meta-analysis of randomized controlled trials. Revista do Instituto de Medicina Tropical de São Paulo. 2024; 66:e45.
15. Yin X, Wang W, Chen H, Mao Q, Han G, Yao L, Gao Q, Gao Y, Jin J, Sun T, Qi M. Real-world implementation of a multilevel interventions program to prevent mother-to-child transmission of HBV in China. Nature Medicine. 2024; 30(2):455-462.
16. Astawesegn FH, Mannan H, Stulz V, Conroy E. Understanding the uptake and determinants of prevention of mother-to-

- child transmission of HIV services in East Africa: Mixed methods systematic review and meta-analysis. Plos one. 2024; 19(4):e0300606.
- 17.Sari TB, Sudirham. Prevention of mother-to-child transmission of HIV infection in Nigeria: what are the barriers?. Journal of Public Health. 2025; 47(1):e171-172.
- 18.Tshivhase L, Setshedi FM, Moyo I. Approaches for prevention of mother-to-child transmission of HIV services during coronavirus disease 2019. Health SA Gesondheid. 2024; 29(1).
- 19.de Lannoy LH, Fuentes A, Santos PC, Coelho R, Miranda AE. HIV in pregnant woman and children: Mother- to- child transmission of HIV in the Brazilian land border from 2010 to 2021. International Journal of Gynecology & Obstetrics. 2024; 166(1):90-98.
- 20.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):1-5.
- 21.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):111-7.
- 22.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):906-10.
- 23.Nwosu DC, Obeagu EI, Nkwuocha BC, Nwanna CA, Nwanjo HU, Amadike JN, Ezemma MC, Okpomeshine EA, Ozims SJ, Agu GC. Alterations in superoxide dismutase, vitamins C and E in HIV infected children in Umuahia, Abia state. International Journal of Advanced Research in Biological Sciences. 2015; 2(11):268-271.
- 24.Parindra IK, Menap M, Khalik LA. Optimization of Hospital Health Services: Insights from Recent Literature. Bioscientist: Jurnal Ilmiah Biologi. 2024; 12(2):1636-1655.
- 25.Leitch S, Wei Z. Improving spatial access to healthcare facilities: an integrated approach with spatial analysis and optimization modeling. Annals of Operations Research. 2024; 341(2):1057-1074.
- 26.World Health Organization. Strategy for optimizing national routine health information systems: strengthening routine health information systems to deliver primary health care and universal health coverage. World Health Organization; 2024.
- 27.Tripathi S, Sukumaran R, Cook TS. Efficient healthcare with large language models: optimizing clinical workflow and enhancing patient care. Journal of the American Medical Informatics Association. 2024; 31(6):1436-1440.
- 28.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.
- 29.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

30. Airaoje OK, Ogunbola O, Falobi F, Obada A, Eric M. Scoping Review on Factors Associated with Continuity of Treatment among People Living with HIV in Nigeria. *Biomedical Journal of Scientific & Technical Research*. 2024; 57(3):49283-49292.
31. Kamenshchikova A, Peters CM, Nöstlinger C, Rice B, Ford N, Ravasi G, Burns F, Parczewski M, Hoebe CJ, Dukers N, Seedat F. Interventions to ensure access to and continuity of HIV care for international migrants: an evidence synthesis. *The Lancet HIV*. 2024; 11(12):e873-884.
32. Joseph P, Sun R, Guiteau C, Juste MA, Dorvil N, Vilbrun S, Secours R, Severe K, Raymond P, Cetoute F, Baptiste WJ. Continuity of care during severe civil unrest with a model of community-based HIV care: a retrospective cohort study from Haiti. *The Lancet Regional Health–Americas*. 2024; 37.
33. 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.
34. Nwosu DC, Nwanjo HU, Okolie NJ, Ikeh K, Ajero CM, Dike J, Ojiegbe GC, Oze GO, Obeagu EI, Nnatunanya I, Azuonwu O. Biochemical Alterations in Adult HIV Patients on Antiretroviral Therapy. *World Journal of Pharmacy and Pharmaceutical Sciences*. 2015; 4(3):153-160.
35. Boakye DS, Kumah E, Adjorlolo S. The fight for an AIDS-free world: confronting the stigma, reaching the marginalized. *Annals of Global Health*. 2024; 90(1).
36. Endalamaw A, Gilks CF, Ambaw F, Shiferaw WS, Assefa Y. Explaining inequity in 2025, July Edition | www.jbino.com | Innovative Association Publication
- knowledge, attitude, and services related to HIV/AIDS: a systematic review. *BMC Public Health*. 2024; 24(1):1815.
37. 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):104-118.
38. Obeagu EI, Scott GY, Amekpor F, Ofodile AC, Edoho SH, Ahamefula C. Prevention of New Cases of Human Immunodeficiency Virus: Pragmatic Approaches of Saving Life in Developing Countries. *Madonna University journal of Medicine and Health Sciences*. 2022; 2 (3): 128-134
39. Mustanski B, Queiroz A, Merle JL, Zamantakis A, Zapata JP, Li DH, Benbow N, Pyra M, Smith JD. A systematic review of implementation research on determinants and strategies of effective HIV interventions for men who have sex with men in the United States. *Annual review of psychology*. 2024; 75(1):55-85.
40. Idiong HM, Ekanem AM, Nwanja E, Idiong PE, Udofia EA. An assessment of the implementation of the HIV workplace policy in Akwa Ibom State: a cross-sectional descriptive study. *BMC Health Services Research*. 2025; 25(1):459.
41. Mody A, Sohn AH, Iwuji C, Tan RK, Venter F, Geng EH. HIV epidemiology, prevention, treatment, and implementation strategies for public health. *The Lancet*. 2024; 403(10425):471-492.
42. Wulandari LP, Lubis DS, Kurniati DP, Sumintang K, Ardrini DA, Mariani P, Januraga PP, Camellia A, Laksmi NM, Mahmudah L, Ong JJ. Challenges to integrating programs for the elimination of mother-to-child transmission of HIV, syphilis, and hepatitis B into antenatal care:

- Experiences from Indonesia. PLOS Global Public Health. 2024; 4(3):e0002977.
43. Obeagu EI, Akinleye CA. Promoting social integration: blood transfusions and improved social well-being in HIV patients. Elite Journal of Public Health. 2024; 2(7):25-34.
44. Beecroft A, Vaikla O, Pant Pai N. Digital HIV self-testing as an exemplar: a perspective on benefits, challenges, and opportunities. Expert Review of Molecular Diagnostics. 2024; 24(10):913-925.
45. Cuadros DF, Huang Q, Mathenjwa T, Gareta D, Devi C, Musuka G. Unlocking the potential of telehealth in Africa for HIV: opportunities, challenges, and pathways to equitable healthcare delivery. Frontiers in Digital Health. 2024; 6:1278223.
46. O'Neil AM, Quinn KG, Algiers OH, John SA, Hirshfield S, Kallies KJ, Petroll AE, Walsh JL. Telehealth challenges, opportunities, and policy recommendations for rural older adults living with HIV in the United States. Journal of Aging & Social Policy. 2024:1-9.
47. Gandhi RT, Landovitz RJ, Sax PE, Smith DM, Springer SA, Günthard HF, Thompson MA, Bedimo RJ, Benson CA, Buchbinder SP, Crabtree-Ramirez BE. Antiretroviral drugs for treatment and prevention of HIV in adults: 2024 recommendations of the International Antiviral Society–USA panel. Jama. 2025; 333(7):609-628.
48. Del Castillo JG, Elias MJ, Miguens I, Espinosa B, Juárez R, Lozoya LP, Trenc P, Manzanares JA, Marchena MJ, Rodríguez R, Cabrera N. Decalogue to promote the implementation and improvement of recommendations for the early diagnosis of HIV in Emergency Departments. Enfermedades infecciosas y microbiología clínica (English ed.). 2024; 42(5):267-271.
49. Agaba CD, Namuli A, Ainomugisha B, Tibaijuka L, Ninsiima M, Ngonzi J, Akatukwasa C, Owaraganise A. Providers and women's perspectives on opportunities, challenges and recommendations to improve cervical cancer screening in women living with HIV at Mbarara Regional Referral Hospital: a qualitative study. BMC Women's Health. 2024; 24(1):392.