
**INTERNATIONAL JOURNAL OF CURRENT RESEARCH IN
CHEMISTRY AND PHARMACEUTICAL SCIENCES**

(p-ISSN: 2348-5213; e-ISSN: 2348-5221)

www.ijcrps.com

(A Peer Reviewed, Referred, Indexed and Open Access Journal)

DOI: 10.22192/ijcrps

Coden: IJCROO(USA)

Volume 12, Issue 4- 2025

Review Article



DOI: <http://dx.doi.org/10.22192/ijcrps.2025.12.04.002>

Parent-Daughter Mentorship in HIV Prevention for Adolescent Girls

***Emmanuel Ifeanyi Obeagu¹ and Faith Ukagwu²**

¹Department of Biomedical and Laboratory Science, Africa University, Zimbabwe.

²Department of Public Health, National Open University of Nigeria.

*Corresponding author: Emmanuel Ifeanyi Obeagu, Department of Biomedical and Laboratory Science, Africa University, Zimbabwe, E-mail: emmanuelobeagu@yahoo.com, obeague@africau.edu, ORCID: 0000-0002-4538-0161

Copyright © 2025. Emmanuel Ifeanyi Obeagu and Faith Ukagwu- This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Adolescent girls are particularly vulnerable to HIV, with social, cultural, and biological factors increasing their risk of infection. Parent-daughter mentorship has emerged as an effective strategy to improve HIV prevention for this demographic, providing a supportive environment for open communication about sexual health. This mentorship model empowers parents, particularly mothers, to share accurate information, address misconceptions, and foster healthy behaviors in their daughters. By nurturing trust and promoting positive sexual health attitudes, parent-daughter mentorship enhances adolescents' ability to make informed decisions and protect themselves from HIV. The benefits of parent-daughter mentorship extend beyond HIV education, encompassing emotional support, improved communication skills, and a reduction in risky sexual behaviors. Studies show that girls with active parental mentorship are more likely to delay sexual activity, use condoms consistently, and seek HIV testing. This relationship also strengthens family bonds, ensuring that girls feel safe and supported when navigating adolescence's challenges. Empowered with knowledge and confidence, adolescent girls are better equipped to make choices that protect their health and well-being.

Keywords: HIV prevention, parent-daughter mentorship, adolescent girls, sexual health education, empowerment

Introduction

HIV remains a major global health issue, particularly among adolescent girls and young women. The vulnerability of adolescent girls to HIV is heightened by a combination of biological, social, and economic factors. Globally, young women in sub-Saharan Africa are disproportionately affected, with HIV rates among this group significantly higher than their male counterparts. Adolescent girls face unique challenges, such as early sexual debut, gender inequality, lack of comprehensive sexual health education, and limited access to HIV prevention resources. These challenges underscore the urgent need for effective prevention strategies that address the specific risks faced by young women.¹⁻² Among the various strategies being employed to reduce HIV transmission, parent-daughter mentorship has garnered attention as a promising approach to HIV prevention. Parent-daughter mentorship involves a trusted, supportive relationship between a mother or female guardian and her daughter, where the parent provides guidance, education, and emotional support regarding sexual health. This mentorship relationship plays a critical role in promoting open communication between parents and daughters, a vital element in reducing HIV risk behaviors. Through mentorship, parents can provide accurate information about HIV transmission, prevention, and sexual health, dispelling myths and addressing misconceptions that may otherwise lead to risky behaviors.³⁻⁴ The role of parents, particularly mothers, in shaping their daughters' attitudes toward sex and HIV prevention cannot be underestimated. Mothers often serve as primary caregivers and sources of emotional support for adolescent girls, making them well-positioned to influence their daughters' understanding of sexual health and their ability to make informed decisions. By fostering an open and supportive environment, parents can help daughters navigate the complexities of adolescence, reducing the likelihood of engaging in risky behaviors such as early sexual activity and unprotected sex. When parents actively participate in their daughters' education about HIV, they empower them to make safer choices and protect themselves from infection.⁵⁻⁶

The Role of Parent-Daughter Mentorship in HIV Prevention

Adolescence is a critical period in a young person's life, marked by rapid physical, emotional, and social changes. During this time, adolescent girls face heightened vulnerability to HIV due to a combination of biological, cultural, and socio-economic factors. Peer pressure, early sexual debut, and gender-based violence further increase their risk of HIV infection. In response to these challenges, one of the most powerful strategies for HIV prevention has been parent-daughter mentorship. This mentorship not only provides young women with the knowledge they need to protect themselves but also fosters emotional support and a sense of empowerment.⁷⁻⁸ Parent-daughter mentorship creates a safe, open space where mothers or female guardians can engage in candid conversations with their daughters about sensitive topics like sexual health, relationships, and HIV prevention. In many communities, especially in sub-Saharan Africa, discussions around sexual health are often taboo, leading to misinformation and risky behaviors. Mothers, being trusted figures, are in an ideal position to bridge this gap by offering accurate, age-appropriate information about HIV transmission, condom use, and sexual health practices. By engaging in these discussions early, parents can dispel myths and provide their daughters with the necessary tools to make informed decisions about their sexual health.⁹⁻¹⁰

One of the significant benefits of parent-daughter mentorship is its ability to break down the barriers of stigma and silence surrounding HIV. The stigma associated with HIV often leads to feelings of shame, fear, and confusion, which can prevent young girls from seeking help or understanding their risks. Through mentorship, parents can provide a non-judgmental space where daughters feel safe asking questions and discussing their concerns. This open line of communication helps to normalize conversations about HIV and encourages daughters to view it as a preventable condition, not something to be feared or hidden. In doing so, it empowers young women to take proactive steps in protecting themselves from HIV.¹¹ Furthermore,

mentorship nurtures a deep emotional connection that strengthens the trust between parent and daughter. This relationship provides a platform for daughters to navigate the pressures of adolescence, such as peer pressure and societal expectations. In many cases, adolescent girls face intense pressures to conform to norms that may encourage early sexual activity or unhealthy relationships. By providing consistent emotional support, parents can help their daughters build resilience, develop self-esteem, and foster a sense of self-worth that protects them from exploitative situations. A strong, supportive parent-daughter relationship also equips young women with the confidence to say no to unsafe sexual practices, negotiate condom use, and delay sexual debut—critical steps in reducing HIV transmission.¹²⁻¹³

Benefits of Parent-Daughter Mentorship in HIV Prevention

Parent-daughter mentorship serves as a pivotal strategy for HIV prevention, particularly for adolescent girls who are at an increased risk of HIV infection due to a range of social, cultural, and biological factors. One of the most significant benefits of this mentorship is the creation of a safe and open space for conversations about sexual health. In many cultures, discussions surrounding sex and HIV are often met with silence or discomfort, leaving young girls vulnerable to misinformation or a lack of knowledge about how to protect themselves. Parent-daughter mentorship helps break these barriers by fostering trust and communication between mothers or female guardians and their daughters. Through this mentorship, parents can provide accurate, timely, and culturally sensitive information that empowers daughters to make informed decisions regarding their sexual health.¹⁴ One of the key advantages of parent-daughter mentorship is the opportunity for parents to instill protective behaviors that directly reduce the risk of HIV transmission. Research has shown that adolescent girls who have open conversations with their mothers about HIV and sexual health are more likely to delay sexual debut, use condoms consistently, and seek regular HIV testing. These behaviors are essential in lowering

the risk of contracting HIV and other sexually transmitted infections (STIs). Parents, especially mothers, have the unique ability to guide their daughters through the complexities of sexual relationships, helping them understand consent, safe sex practices, and the importance of protecting themselves from HIV. This proactive approach, rooted in a supportive and educational relationship, empowers young girls to prioritize their health and well-being.¹⁵⁻¹⁶

Another significant benefit of parent-daughter mentorship is the emotional support it provides. Adolescence is a time of considerable emotional turbulence, with young girls often grappling with issues related to self-esteem, body image, and peer pressure. These factors can influence their sexual choices and increase their susceptibility to HIV. Through mentorship, parents offer not only practical advice but also emotional guidance. A supportive relationship with a parent provides adolescent girls with a foundation of self-confidence, resilience, and emotional stability that can help them resist peer pressure and make healthier decisions. Having a trusted adult to confide in can significantly reduce the feelings of isolation and confusion that may lead to risky sexual behaviors. As a result, daughters are more likely to value their health, engage in safe sexual practices, and avoid situations that might compromise their well-being.¹⁷⁻¹⁸ Moreover, parent-daughter mentorship creates a strong foundation for lifelong health-promoting behaviors. The skills and attitudes developed through these mentorship relationships often extend beyond HIV prevention, influencing how young women approach other areas of health and well-being. Girls who grow up in environments where sexual health discussions are normalized are more likely to carry these attitudes into adulthood. They are also more likely to become informed, responsible health advocates for themselves and their communities. In this way, mentorship serves as an investment in the long-term health of adolescent girls, encouraging them to develop positive habits and attitudes that can prevent HIV transmission and contribute to overall wellness.¹⁹⁻²⁰ Finally, parent-daughter mentorship has broader societal implications. As parents—especially mothers—play a central role in shaping

the values and behavior of their children, these mentorship relationships can have a ripple effect, influencing not just individual families but communities as a whole. By promoting open conversations about HIV, sexual health, and prevention within families, mentorship helps reduce the stigma surrounding HIV and fosters a culture of education and understanding. When parents mentor their daughters, they not only equip them with the tools needed to prevent HIV but also contribute to a larger societal shift toward healthier, more informed communities. As these young women grow up and become mothers themselves, they are more likely to pass down the same knowledge and practices to the next generation, creating a cycle of HIV prevention that are both sustainable and impactful.²¹⁻²²

Challenges in Implementing Parent-Daughter Mentorship

While parent-daughter mentorship has proven to be a valuable tool in HIV prevention, its implementation faces several significant challenges. One of the primary obstacles is the deeply rooted cultural and societal taboos surrounding discussions of sex and sexual health. In many communities, especially those with conservative or traditional values, open conversations about sexuality are considered inappropriate or even shameful. Parents, particularly mothers, may feel uncomfortable discussing topics like HIV prevention, sexual health, and contraception with their daughters due to cultural norms or fear of judgment from others in their community. This discomfort can create barriers to the establishment of open, trusting communication, which is essential for effective mentorship. As a result, daughters may be left without accurate information and are at risk of making uninformed decisions that increase their vulnerability to HIV.²³⁻²⁴ Another significant challenge in implementing parent-daughter mentorship is the generational gap in communication. Many mothers may find it difficult to relate to the experiences, challenges, and pressures that their adolescent daughters face. The rapid pace of societal change, especially with the rise of digital media and evolving social norms, means that young people today may encounter new

risks and influences that their parents did not face in their own youth. This generational divide can lead to misunderstandings and ineffective communication. For instance, a mother may struggle to provide relevant, contemporary advice on how to navigate peer pressure, internet safety, or online dating, which are all potential avenues through which adolescent girls may be exposed to risky sexual behaviors. To overcome this, mentorship programs must provide training and resources to equip parents with the tools they need to engage in meaningful conversations with their daughters that address modern-day challenges.²⁵⁻²⁶

Parental knowledge and confidence also present a significant barrier to the success of parent-daughter mentorship. Many parents, particularly in lower-resource settings, may lack access to reliable, up-to-date information about HIV, sexual health, and prevention strategies. Without sufficient knowledge, parents may feel ill-equipped to guide their daughters effectively, which can hinder the effectiveness of mentorship. In some cases, parents may themselves harbor misconceptions or lack a full understanding of HIV transmission and prevention methods, which can further perpetuate misinformation. Additionally, even if parents are willing to engage in mentorship, they may not feel confident in their ability to address sensitive issues or may struggle to navigate the complexities of sexual health education. These challenges highlight the importance of providing parents with proper education, training, and resources to ensure that they are equipped to mentor their daughters in a way that is both accurate and supportive.²⁷⁻²⁸ Furthermore, the lack of structured, community-based mentorship programs is a significant barrier to the widespread implementation of parent-daughter mentorship for HIV prevention. In many areas, particularly rural or underserved regions, resources for such programs are limited. Without organized initiatives, it becomes difficult for parents to access the support they need to engage in effective mentorship. Even in more urban settings, mentorship programs may not be easily accessible due to logistical challenges such as transportation, time constraints, or a lack of awareness about available resources. For programs to succeed, they

must be community-driven, culturally sensitive, and tailored to the specific needs and circumstances of the families involved. Additionally, engaging local leaders, healthcare workers, and educators in supporting and promoting these programs can increase their reach and impact.²⁹ Finally, resistance from both parents and daughters themselves can pose challenges to the successful implementation of mentorship programs. In some cases, adolescent girls may resist their parents' attempts to discuss sexual health, perceiving these conversations as invasive or unnecessary. Peer pressure, curiosity, and the desire for independence can lead some girls to reject advice from their parents in favor of information from friends or the internet, which may not always be accurate. On the other hand, some parents may view HIV prevention programs as unnecessary or may be unaware of the urgency of addressing adolescent sexual health. This resistance can stem from misconceptions, fear, or a lack of understanding about the potential consequences of HIV. To address this, mentorship programs must not only educate parents but also engage adolescent girls in a way that is relatable and non-judgmental, encouraging them to see the value of parental guidance and to take ownership of their sexual health.³⁰

Implementation Strategies for Effective Parent-Daughter Mentorship

Implementing an effective parent-daughter mentorship program in HIV prevention requires a multifaceted approach, addressing both the unique challenges and the opportunities for impact within families and communities. One of the most essential strategies is providing comprehensive education and training for parents. This is particularly crucial in regions where access to accurate sexual health information is limited. Parents, especially mothers, may feel ill-equipped to discuss HIV prevention and sexual health with their daughters due to cultural taboos or a lack of knowledge. Structured educational sessions, workshops, or community-based seminars can help equip parents with the knowledge and confidence they need to have open and informed conversations about HIV. These sessions should cover essential topics such as HIV

transmission, prevention methods, the importance of condom use, and healthy relationship dynamics, helping parents become proactive mentors who can guide their daughters safely through adolescence.³¹ Another key strategy for effective implementation is creating a supportive, culturally sensitive framework that acknowledges and respects the values and norms of the community. Cultural sensitivity is critical to overcoming resistance to mentorship programs. In many communities, especially in more conservative regions, there may be significant stigma attached to discussing sexual health openly, particularly between parents and their daughters. Mentorship programs must be designed in a way that aligns with local traditions and values while still delivering crucial information about HIV prevention. This could include involving local leaders, religious figures, or community elders who can endorse the program and lend credibility to its message. By integrating mentorship into the community's broader cultural context, programs are more likely to gain acceptance and engagement, increasing their effectiveness in reaching families.³²

Peer involvement is another important component for fostering open communication and trust. Young girls are often more willing to accept advice from their peers, especially if those peers have already gone through similar experiences. Peer mentors who are older adolescents or young women can play an essential role in facilitating parent-daughter conversations about HIV prevention. These peer mentors can be trained to work alongside parents, providing a relatable perspective that resonates with daughters. Peer-led education can also help normalize discussions about sexual health among adolescent girls, reducing the stigma that often surrounds these topics. This strategy not only supports daughters in understanding the importance of HIV prevention but also empowers older adolescents to take on leadership roles within their communities.³⁰ Incorporating digital tools and media into parent-daughter mentorship programs can further enhance their reach and effectiveness. In today's increasingly connected world, many adolescent girls turn to the internet for information on sexual health. Unfortunately, the information they find is not always reliable, and they may be

exposed to harmful myths or misleading advice. Mentorship programs can leverage digital platforms—such as social media, online forums, or educational websites—to provide accurate, youth-friendly information. Interactive tools such as videos, quizzes, and digital stories can make learning about HIV prevention more engaging for both parents and daughters. Online platforms also offer a convenient way for parents to access resources, ask questions, and engage in discussions with experts, even if they live in remote areas where in-person programs are less accessible. Digital tools can help bridge knowledge gaps and ensure that mentorship reaches a wider audience.³¹ Lastly, creating a structured, ongoing support system for both parents and daughters is essential for long-term success. Mentorship should not be a one-time intervention but a continuous process that adapts to the changing needs of both parents and daughters as they navigate adolescence. Regular follow-up sessions, check-ins, and opportunities for continued learning can help reinforce the messages of HIV prevention and ensure that the communication between parents and daughters remains strong. Support groups or community-based networks can also provide a sense of shared experience, where parents can learn from each other's challenges and successes, and daughters can bond with peers who are going through similar experiences. Establishing a support system within the mentorship program ensures sustainability, fosters accountability, and encourages ongoing dialogue about sexual health, ultimately strengthening HIV prevention efforts in the community.³²

Conclusion

Parent-daughter mentorship plays a vital role in HIV prevention for adolescent girls, offering a powerful tool for creating informed, empowered, and health-conscious young women. While the implementation of such programs presents challenges, such as cultural taboos, generational communication gaps, and limited access to resources, these obstacles can be overcome with well-structured, culturally sensitive, and community-supported strategies. By equipping parents with the knowledge, tools, and confidence

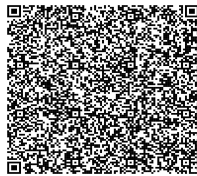
to have open, supportive conversations with their daughters about sexual health, mentorship programs can foster strong, trusting relationships that encourage healthy decision-making and reduce the risk of HIV transmission. The benefits of parent-daughter mentorship extend beyond just HIV prevention; they contribute to the overall well-being and empowerment of adolescent girls, building self-confidence, emotional resilience, and a sense of responsibility for their health. These mentorship programs also promote broader societal change by reducing stigma, encouraging open discussions about sexual health, and fostering a culture of mutual respect and education.

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.journalijar.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. In Culture, 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.

Access this Article in Online	
	Website: www.ijcrps.com
	Subject: Health Sciences
Quick Response Code	
DOI: 10.22192/ijcrps.2025.12.04.002	

How to cite this article:

Emmanuel Ifeanyi Obeagu and Faith Ukagwu (2025). Parent-Daughter Mentorship in HIV Prevention for Adolescent Girls. Int. J. Curr. Res. Chem. Pharm. Sci. 12(4): 10-17.
DOI: <http://dx.doi.org/10.22192/ijcrps.2025.12.04.002>