INTERNATIONAL JOURNAL OF CURRENT RESEARCH IN CHEMISTRY AND PHARMACEUTICAL SCIENCES
(p-ISSN: 2348-5213: e-ISSN: 2348-5221)
www.ijcrcps.com
(A Peer Reviewed, Referred, Indexed and Open Access Journal)
DOI: 10.22192/ijcrcps Coden: IJCROO(USA) Volume 12, Issue 4- 2025

Review Article

DOI: http://dx.doi.org/10.22192/ijcrcps.2025.12.04.005

Educators as Mentors: Strengthening HIV Awareness among Young Women

***Emmanuel Ifeanyi Obeagu**
Department of Biomedical and Laboratory Science, Africa University, Zimbabwe.
*Corresponding authour: 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

Abstract

HIV remains a significant global health concern, disproportionately affecting young women due to gender inequalities, stigma, and limited access to healthcare. Education is a powerful tool in HIV prevention, with educators serving as mentors who provide young women with accurate information, guidance, and support in making informed health decisions. By integrating HIV awareness into school curricula and fostering open discussions, educators can help reduce misinformation and promote safe behaviors. Beyond traditional teaching, educators play a crucial mentorship role by addressing social and psychological factors influencing HIV vulnerability. They encourage critical thinking, equip young women with negotiation skills for safer relationships, and challenge harmful gender norms that contribute to HIV risks. Additionally, mentorship fosters trust and confidence, creating a supportive environment where young women feel empowered to seek healthcare services, including testing and treatment.

Keywords: Educators, Mentorship, HIV Awareness, Young Women, Public Health

Introduction

HIV remains a pressing global health challenge, disproportionately affecting young women due to a combination of biological, socio-economic, and cultural factors. According to UNAIDS, young women aged 15–24 account for a significant percentage of new HIV infections, particularly in sub-Saharan Africa, where gender inequality and limited access to education and healthcare exacerbate their vulnerability. Addressing this public health issue requires comprehensive strategies, including education-driven interventions that equip young women with the knowledge and skills necessary to protect themselves. Educators, who have direct and consistent access to young women, play a critical role in mentoring and guiding them toward informed health choices.[1-2] Schools provide an ideal setting for implementing HIV awareness programs, as they reach a large number of young women at a formative stage in their lives. Education is widely recognized as a key determinant of health, and when HIV-related topics are integrated into school curricula, students are better prepared to understand risks, prevention strategies, and the importance of early testing and treatment. However, beyond formal instruction, mentorship by educators offers a more personalized approach, allowing young women to develop confidence in discussing sensitive health topics and seeking appropriate support.[3-4] The role of educators extends beyond classroom instruction to mentorship, where they help shape young women's perceptions, behaviors, and attitudes regarding HIV. Through mentorship, educators can address misinformation, promote self-advocacy, and instill critical thinking skills necessary for navigating relationships and societal pressures. By fostering a supportive and stigma-free environment, educators can encourage young women to make proactive decisions about their health, including practicing safe behaviors and seeking medical services when needed.[5]

The Role of Educators in HIV Awareness

1.Mentorship and Guidance

Educators serve as mentors who provide young women with accurate and evidence-based information on HIV prevention, transmission, and treatment. Many young women may not have access to reliable sources of information about sexual and reproductive health due to cultural taboos or limited healthcare services. By fostering open discussions and creating a safe space for dialogue, educators can help students overcome fears and misconceptions about HIV. Mentorship also allows educators to guide young women in making informed decisions about their health, relationships, and personal well-being.[6]

2. Curriculum Integration for Comprehensive HIV Education

A well-structured curriculum that includes HIV education is essential in empowering young women with the knowledge necessary to prevent infection. Incorporating topics such as safe sex practices, abstinence, condom use, and pre-exposure prophylaxis (PrEP) into health education ensures that students receive comprehensive information. Furthermore, including discussions on gender equality, sexual rights, and consent can help young women navigate societal pressures and make informed choices regarding their sexual health. When HIV education is seamlessly integrated into school curricula, it normalizes discussions around the topic and reduces stigma.[7-8]

3. Encouraging Safe Practices and Health-Seeking Behavior

Beyond classroom learning, educators can actively promote safe practices by encouraging young women to adopt behaviors that reduce their risk of HIV infection. This includes advocating for regular HIV testing, linking students to youth-friendly healthcare services, and addressing barriers that may prevent access to medical care. Educators can also provide information about available community health programs, support groups, and resources for HIV prevention and treatment. By emphasizing the importance of early detection and treatment adherence, educators help young women take proactive steps toward maintaining their health.[9-10]

4. Challenging Stigma and Dispelling Misinformation

HIV-related stigma remains a significant barrier to awareness and prevention. Many young women face discrimination, fear, and social exclusion due to misinformation about HIV transmission and treatment. Educators play a vital role in dispelling myths by providing scientifically accurate information and fostering inclusive conversations. By addressing common misconceptions—such as the belief that HIV only affects certain groups or that it can be spread through casual contact—educators help reduce fear and discrimination, creating a more supportive environment for individuals living with or at risk of HIV.[11]

5. Empowering Young Women Through Life Skills and Critical Thinking

In addition to providing information, educators can mentor young women in developing life skills that enable them to make informed health choices. Teaching negotiation skills, self-confidence, and decision-making strategies empowers young women to advocate for their well-being and resist peer pressure. Moreover, educators can encourage young women to question societal norms that contribute to gender inequality and increase their vulnerability to HIV. By equipping students with critical thinking skills, educators enable them to assess risks, challenge harmful stereotypes, and take control of their own health and future.[12-13]

Challenges in Implementing HIV Awareness Programs

HIV awareness programs are critical in the fight against the HIV epidemic, especially in vulnerable populations. Despite the global advancements in HIV prevention, education, and treatment, there are still significant challenges in implementing these programs effectively. These challenges are often multi-dimensional, involving cultural, societal, economic, and logistical barriers that can hinder the reach and impact of HIV awareness initiatives.[14]

1. Cultural and Religious Barriers

One of the most prominent challenges in implementing HIV awareness programs is the presence of cultural and religious barriers. In many communities, discussions surrounding sexual health, HIV, and preventive measures like condom use or PrEP (pre-exposure prophylaxis) are viewed as taboo. These cultural stigmas can prevent open dialogues about HIV and its transmission, especially among young people, women, and marginalized groups. For example, in some societies, the belief that HIV is only associated with certain behaviors, such as drug use or sex work, leads to the stigmatization of individuals who are perceived as "at risk" and the denial of the fact that HIV can affect anyone. Religious views may also influence how HIV awareness programs are received. In regions where conservative religious teachings prevail, the promotion of condom use or sex education may conflict with moral teachings, creating resistance from religious leaders, parents, and policymakers. As a result, individuals in these communities may not have access to essential HIV education, exacerbating the spread of the virus.[15-16]

2. Misinformation and Myths about HIV

Misinformation and myths surrounding HIV continue to be significant barriers to effective HIV awareness. Common misconceptions—such as the idea that HIV can be transmitted through casual contact, like shaking hands, or that it is a death sentence with no hope for treatment—perpetuate fear and confusion. These myths are often fueled by a lack of proper education and the absence of accurate, science-based information about HIV transmission and treatment. Without adequate knowledge, individuals are more likely to engage in high-risk behaviors, such as unprotected sex or sharing needles, that increase their vulnerability to HIV. Moreover, these myths contribute to stigma, making people living with HIV feel ashamed or isolated. This stigma may prevent individuals from seeking testing, treatment, and counseling services, further complicating the efforts of HIV awareness programs.[17-18]

3. Socioeconomic Inequalities

Economic and social disparities also pose challenges to the implementation of effective HIV awareness programs. In many low-income regions, access to education and healthcare is limited, making it difficult for people to receive accurate HIV information and preventive resources. Schools may lack the infrastructure to integrate comprehensive sexual education into their curricula, and healthcare facilities may be underfunded or understaffed, hindering the availability of HIV testing, treatment, and counseling services. Moreover, people in economically disadvantaged communities may be more vulnerable to HIV due to factors such as limited access to contraception, lack of healthcare coverage, and the inability to afford medications like antiretroviral drugs (ARVs) or PrEP. These socioeconomic factors increase the difficulty of reaching populations with HIV awareness programs and make it harder for individuals to follow through with prevention strategies or seek treatment when needed.[19-20]

4. Political and Policy Challenges

Political and policy challenges can significantly affect the success of HIV awareness programs. In many countries, HIV prevention initiatives face resistance due to political agendas or policy restrictions. Some governments may prioritize other health issues over HIV, neglecting to allocate adequate funding or resources to HIV education and prevention programs. Furthermore, political opposition to comprehensive sexual education programs often results in a lack of institutional support for HIV awareness. In countries where the government imposes restrictions on discussing sexual health or LGBTQ+ rights, HIV programs targeting high-risk groups, such as men who have sex with men (MSM) or sex workers, may be marginalized or outright banned. Without political will or support for HIV programs, it becomes increasingly difficult to implement effective prevention strategies at the national or local level.[21]

5. Stigma and Discrimination

Stigma remains one of the greatest challenges in HIV awareness efforts. People living with HIV often face discrimination from their communities, including healthcare providers, employers, and even family members. This stigma is rooted in misconceptions about how HIV is transmitted and fears about social exclusion. Discrimination discourages people from accessing HIV-related services, including testing, counseling, and treatment, due to concerns about being judged or ostracized. In some instances, fear of stigma prevents individuals from disclosing their HIV status, which can delay treatment and result in poor health outcomes. The stigma surrounding HIV also extends to the programs themselves, where community members may resist engaging with HIV awareness initiatives due to fear of being associated with the virus.[22]

6. Inadequate Training for Educators and Healthcare Providers

The lack of properly trained educators and healthcare providers also hampers the success of HIV awareness programs. Educators and healthcare professionals must be equipped with accurate, up-to-date knowledge about HIV transmission, prevention, and treatment. However, in many regions, especially in rural or under-resourced areas, healthcare workers and educators may not receive adequate training on HIV, limiting their ability to educate their communities effectively. Furthermore, many educators may lack the skills to address sensitive issues related to HIV, such as sexual health, relationships, and gender dynamics. Inadequate training can also result in the dissemination of incorrect information or the perpetuation of harmful myths, which only further undermine HIV prevention efforts.[23-24]

7. Lack of Community Engagement and Support

A key aspect of any successful HIV awareness program is the active involvement of the community. However, in many cases, programs fail to gain the support of local communities, resulting in poor participation and engagement. Community

leaders, including religious leaders, parents, and elders, may not fully understand or support the need for HIV education, making it difficult to mobilize community-wide efforts. Involving community members in the design and implementation of HIV awareness programs is crucial to ensuring that these initiatives are culturally sensitive and relevant. However, this level of engagement is often absent, leading to programs that are perceived as irrelevant or out of touch with local realities. Without community buy-in, HIV awareness programs may struggle to make a meaningful impact.[24]

Strategies for Strengthening HIV Awareness through Mentorship

The fight against HIV is ongoing, and one of the most promising approaches to curbing its spread and empowering vulnerable populations is through mentorship programs. Mentorship, in this context, involves guidance and support from trusted individuals who provide accurate information, promote positive behavior change, and foster a safe space for open discussions about sexual health. In particular, mentorship can be a powerful tool for strengthening HIV awareness, especially among young people, women, and other at-risk groups. While the challenges in HIV awareness are significant, there are several strategies that can be employed to harness the power of mentorship and create lasting, positive changes in how individuals and communities understand and respond to HIV. These strategies focus on enhancing the capacity of mentors, expanding access to information, and creating supportive environments where HIV-related stigma is challenged.[25]

1. Educating Mentors with Comprehensive HIV Training

The first step to creating effective mentorship programs is ensuring that mentors are well-equipped with accurate and up-to-date information about HIV, its transmission, prevention, and treatment. A mentor's ability to provide clear, factual, and non-judgmental advice can significantly influence how mentees perceive HIV-related issues. Training programs should cover not only the biological aspects of HIV but also the social determinants that influence the spread of the virus, such as poverty, gender inequality, and lack of access to healthcare. Moreover, mentors need to be trained in communication skills, particularly in addressing sensitive topics like sexual health, consent, and HIV testing, which can be difficult for mentees to discuss. Empowering mentors with this knowledge ensures that they can act as reliable, credible sources of information for young people or other vulnerable individuals in their care.[26]

2. Fostering Safe, Open Conversations

One of the biggest barriers to effective HIV awareness is the stigma surrounding the virus, which can make it difficult for people, especially young individuals, to seek help or ask questions. Mentors have the unique ability to provide a safe space for individuals to discuss their concerns, without fear of judgment or ridicule. To create this safe space, mentors should encourage open, honest conversations about HIV, free from the shame or fear that often accompanies discussions about sexual health. By normalizing conversations about HIV and sexual health, mentors can reduce the stigma and discomfort surrounding these topics. Mentees who feel comfortable discussing their concerns are more likely to seek HIV testing, use protection, and take preventive measures seriously. Furthermore, mentors can model respectful, empathetic communication, fostering an environment where mentees feel empowered to ask questions, share personal experiences, and seek advice. This helps to create trust, which is essential for effective mentorship.[27]

3. Peer-to-Peer Mentorship Models

Peer mentorship is one of the most effective strategies for engaging young people in HIV awareness. Adolescents and young adults are often more likely to listen to and learn from their peers rather than authority figures, making peer mentorship a powerful tool for HIV education. Peer mentors, who are themselves educated about HIV, can share their knowledge, experiences, and insights with their peers in a relatable and approachable manner. Peer-to-peer mentorship

programs allow for open discussions about HIV risk factors, testing, and prevention strategies in a way that feels authentic and relevant to the mentees' lives. These programs can be particularly effective in schools, community centers, and youth organizations, where young people gather. By fostering an environment where young people are both the mentors and mentees, these programs can increase engagement and encourage participants to take ownership of their HIV prevention and awareness efforts.[28]

4. Utilizing Digital Platforms for Mentorship

In today's digital age, the reach of mentorship can be significantly expanded through online platforms. Digital mentorship programs, which use social media, messaging apps, and virtual meetings, allow mentors to connect with individuals who might not have access to in-person programs, especially those in rural or marginalized communities. These platforms provide a unique opportunity to overcome geographic and logistical barriers to HIV awareness. Mentors can use digital tools to host webinars, share informative content, and engage in real-time conversations about HIV-related topics. Additionally, social media platforms allow mentors to reach a wider audience, engaging young people who may not attend traditional mentorship sessions but who are active online. Digital mentorship can also provide anonymity for those who are hesitant to discuss HIV in person, making it easier for individuals to ask questions and seek advice without fear of exposure.[29]

5. Incorporating HIV Testing and Prevention Into Mentorship Activities

Mentorship programs can be most effective when they move beyond education and actively engage mentees in preventive measures. Encouraging and facilitating HIV testing is one of the most impactful actions mentors can take. By normalizing HIV testing as part of regular health check-ups, mentors can help reduce fear and anxiety surrounding the process, making it an easier step for mentees to take. Incorporating HIV prevention strategies into mentorship activities, such as promoting condom use, educating about PrEP (pre-exposure prophylaxis), and discussing the benefits of regular HIV testing, can further empower individuals to make informed decisions about their health. Mentors can also provide resources and referrals to local testing sites or clinics, ensuring that mentees have access to the services they need to protect themselves from HIV.[30]

6. Addressing Gender-Specific Needs in HIV Mentorship

Gender plays a significant role in shaping vulnerability to HIV, with women and girls often facing higher risks due to biological, social, and economic factors. As such, mentorship programs should be tailored to address the unique challenges faced by different gender groups. Female mentors can offer specific support to young women by addressing issues such as gender-based violence, unequal power dynamics in relationships, and the importance of sexual and reproductive health. Mentorship for young women should include empowerment strategies, focusing on building self-esteem, encouraging autonomy in sexual decision-making, and providing information on women's health rights. Additionally, male mentors can be encouraged to support young men in challenging traditional gender norms, promoting respectful relationships, and addressing risky behaviors, such as substance use or unprotected sex, that can increase HIV risk.[31]

7. Engaging Parents and Communities in Mentorship Programs

While mentors play an essential role in HIV education, parents and communities must also be engaged to ensure the success of HIV awareness initiatives. Mentors can facilitate workshops or discussion groups for parents, helping them to better understand HIV, its transmission, and the importance of supporting their children in making informed decisions about sexual health. By educating parents and involving them in mentorship programs, mentors help to create a more supportive environment for young people to make healthy choices regarding HIV prevention. Furthermore, community leaders, including religious and cultural leaders, can be brought into mentorship programs to

reduce stigma and increase collective support for HIV education.[32]

Conclusion

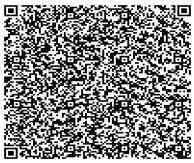
Strengthening HIV awareness through mentorship is a powerful and sustainable strategy to combat the ongoing HIV epidemic, particularly among vulnerable populations such as young people, women, and marginalized communities. By empowering mentors with accurate knowledge, communication skills, and a deep understanding of the social and cultural dynamics surrounding HIV, mentorship programs can create safe spaces for open dialogue, reduce stigma, and encourage healthy behaviors. Peer-to-peer mentorship models, digital platforms, and gender-sensitive approaches can enhance the reach and relevance of HIV awareness programs, ensuring that they resonate with individuals on a personal level. Additionally, involving parents, communities, and local leaders in mentorship initiatives ensures a holistic approach that fosters long-term, community-wide engagement in HIV prevention.

References

1. Mark M. The international problem of HIV/AIDS in the modern world: a comprehensive review of political, economic, and social impacts. Res Output J Public Health Med. 2024; 42:47-52.
2. Rodrigo C, Rajapakse S. HIV, poverty and women. International Health. 2010; 2(1):9-16.
3. Bekker LG, Alleyne G, Baral S, Cepeda J, Daskalakis D, Dowdy D, Dybul M, Eholie S, Esom K, Garnett G, Grimsrud A. Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society—Lancet Commission. The Lancet. 2018; 392(10144):312-358.
4. Idele P, Gillespie A, Porth T, Suzuki C, Mahy M, Kasedde S, Luo C. Epidemiology of HIV and AIDS among adolescents: current status, inequities, and data gaps. JAIDS Journal of Acquired Immune Deficiency Syndromes. 2014; 66:S144-153.
5. Zhang J, Ma B, Han X, Ding S, Li Y. Global, regional, and national burdens of HIV and other sexually transmitted infections in adolescents and young adults aged 10–24 years from 1990 to 2019: a trend analysis based on the Global Burden of Disease Study 2019. The Lancet Child & Adolescent Health. 2022; 6(11):763-776.
6. Saul J, Bachman G, Allen S, Toiv NF, Cooney C, Beamon TA. The DREAMS core package of interventions: a comprehensive approach to preventing HIV among adolescent girls and young women. PloS one. 2018;13(12):e0208167.
7. Obeagu EI, Obeagu GU. CD8 Dynamics in HIV Infection: A Synoptic Review. Elite Journal of Immunology, 2024; 2(1): 1-13
8. Obeagu EI, Obeagu GU. Implications of B Lymphocyte Dysfunction in HIV/AIDS. Elite Journal of Immunology, 2024; 2(1): 34-46
9. Echefu SN, Udosen JE, Akwiwu EC, Akpotuzor JO, Obeagu EI. Effect of Dolutegravir regimen against other regimens on some hematological parameters, CD4 count and viral load of people living with HIV infection in South Eastern Nigeria. Medicine. 2023; 102(47):e35910.
10. Njenga R, Shilabukha K. Secondary school life skills education and students' sexual reproductive health in Kenya: Case Study of Ruiru Sub-County. Gender statistics for evidence-based policies on women's economic empowerment, health and gender-based violence. 2017:118-131.
11. Visser MJ. Life skills training as HIV/AIDS preventive strategy in secondary schools: evaluation of a large-scale implementation process. SAHARA: Journal of Social Aspects of HIV/AIDS Research Alliance. 2005; 2(1):203-216.
12. Botvin GJ, Griffin KW. Life skills training: preventing substance misuse by enhancing individual and social competence. New directions for youth development. 2014; 2014(141):57-65.

13. Obeagu EI, Obeagu GU. Platelet-Driven Modulation of HIV: Unraveling Interactions and Implications. Journal home page: http://www. journalijiar. com. 2024;12(01).
14. Obeagu EI, Anyiam AF, Obeagu GU. Unveiling B Cell Mediated Immunity in HIV Infection: Insights, Challenges, and Potential Therapeutic Avenues. Elite Journal of HIV, 2024;2(1): 1-15
15. Obeagu EI. Understanding the Intersection of Highly Active Antiretroviral Therapy and Platelets in HIV Patients: A Review. Elite Journal of Haematology. 2024; 2(3):111-117.
16. Lwamba E, Shisler S, Ridlehoover W, Kupfer M, Tshabalala N, Nduku P, Langer L, Grant S, Sonnenfeld A, Anda D, Eyers J. Strengthening women's empowerment and gender equality in fragile contexts towards peaceful and inclusive societies: A systematic review and meta-analysis. Campbell systematic reviews. 2022; 18(1):e1214.
17. Lwamba E, Ridlehoover W, Kupfer M, Shisler S, Sonnenfeld A, Langer L, Eyers J, Grant S, Barooah B. PROTOCOL: Strengthening women's empowerment and gender equality in fragile contexts towards peaceful and inclusive societies: A systematic review and meta-analysis. Campbell Systematic Reviews. 2021; 17(3):e1180.
18. Chi X, Hawk ST, Winter S, Meeus W. The effect of comprehensive sexual education program on sexual health knowledge and sexual attitude among college students in Southwest China. Asia Pacific Journal of Public Health. 2015; 27(2):NP2049-2066.
19. Akuiyibo S, Anyanti J, Idogho O, Piot S, Amoo B, Nwankwo N, Anosike N. Impact of peer education on sexual health knowledge among adolescents and young persons in two North Western states of Nigeria. Reproductive health. 2021; 18:1-8.
20. Hamdanieh M, Ftouni L, Al Jardali BA, Ftouni R, Rawas C, Ghotmi M, El Zein MH, Ghazi S, Malas S. Assessment of sexual and reproductive health knowledge and awareness among single unmarried women living in Lebanon: a cross-sectional study. Reproductive Health. 2021; 18:1-2.
21. Anyiam AF, Arinze-Anyiam OC, Irondi 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, Derose KP. Attitudes and beliefs related to HIV/AIDS in urban religious congregations: Barriers and opportunities for HIV-related interventions. Social science & medicine. 2012; 74(10):1520-1527.
28. Wagner C, Gossett K, Hasnain M, Linsk N, Rivero R. Integration of the national HIV curriculum in medicine, nursing, and pharmacy programs in the United States. BMC Medical Education. 2025; 25(1):1-0.
29. Feyissa GT, Woldie M, Munn Z, Lockwood C. Exploration of facilitators and barriers to the implementation of a guideline to reduce

HIV-related stigma and discrimination in the Ethiopian healthcare settings: A descriptive qualitative study. PLoS One. 2019; 14(5):e0216887.
30. Eholié SP, Aoussi FE, Ouattara IS, Bissagnéné E, Anglaret X. HIV treatment and care in resource-constrained environments: challenges for the next decade. Journal of the International AIDS Society. 2012; 15(2):17334.
31. Parker R, Aggleton P. HIV-and AIDS-related stigma and discrimination: A conceptual framework and implications for action. InCulture, society and sexuality 2007: 459-474. Routledge.
32. Djellouli N, Quevedo-Gómez MC. Challenges to successful implementation of HIV and AIDS-related health policies in Cartagena, Colombia. Social Science & Medicine. 2015; 133:36-44.

Access this Article in Online	
	Website: www.ijcrcps.com
Quick Response Code	Subject:
DOI: 10.22192/ijcrcps.2025.12.04.005	

How to cite this article:
Emmanuel Ifeanyi Obeagu. (2025). Educators as Mentors: Strengthening HIV Awareness among Young Women. Int. J. Curr. Res. Chem. Pharm. Sci. 12(4): 34-42.
DOI: http://dx.doi.org/10.22192/ijcrcps.2025.12.04.005

