



Mentoring with Love: Family-Based Approaches to HIV Education for Young Women

***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

*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

Family-based mentorship programs offer a unique and effective strategy for HIV education, particularly for young women who are at higher risk of HIV infection. These programs utilize the family unit as a foundation for providing knowledge, support, and emotional guidance related to HIV prevention, sexual health, and healthy relationships. By fostering open communication and trust within the family, mentorship programs create a safe environment for young women to explore sensitive topics and make informed decisions about their sexual health. The review highlights the potential benefits of such programs in reducing risky behaviors, preventing HIV transmission, and challenging the stigma that often surrounds discussions about sexual health. Mentoring with love, a core principle of family-based HIV education, emphasizes the importance of emotional connection and understanding in the mentoring relationship. This approach not only provides young women with the necessary information to protect themselves from HIV but also helps build their self-esteem and confidence in setting boundaries. Family members, particularly parents and caregivers, serve as key mentors in this context, offering guidance that is culturally relevant and tailored to the individual needs of each young woman. By addressing both the emotional and informational needs of young women, family-based programs empower them to take control of their sexual health and well-being.

Keywords: Family-based approaches, HIV education, young women, mentorship, sexual health

Introduction

HIV remains a significant global health concern, disproportionately affecting young women, particularly in sub-Saharan Africa, where they account for a large percentage of new infections. These young women often face unique challenges, including gender inequality, limited access to sexual health education, and cultural stigma surrounding HIV and sexual health topics. Traditional HIV prevention strategies, such as school-based programs and community outreach, have made progress, but they often fail to address the personal and emotional factors that shape decision-making in young women. Family-based approaches to HIV education offer an innovative and effective means of overcoming these challenges by leveraging the natural support structures of families to provide guidance, support, and love in HIV prevention efforts.¹⁻² The family unit is one of the most influential sources of information and guidance for young people, particularly during adolescence. Families serve as the first place where individuals learn about relationships, self-esteem, and boundaries, and thus, they can play a crucial role in shaping attitudes and behaviors surrounding sexual health. Family-based mentorship approaches take advantage of this influence by engaging parents, caregivers, and older family members in HIV education. These programs aim to foster open communication, promote trust, and create safe spaces for young women to learn about HIV prevention, sexual health, and self-care.³⁻⁴ Mentorship, when integrated into family-based HIV education programs, allows for a more personalized, supportive, and sustainable approach to teaching young women about HIV. Mentors—typically family members—act as trusted figures who offer emotional support, guidance, and practical advice on navigating challenges related to sexual health. This mentorship model emphasizes not only the importance of HIV prevention but also addresses broader aspects of emotional health, relationships, and self-worth. By fostering an environment of love, respect, and mutual understanding, family-based mentorship can be an empowering tool for young women in making informed and healthy decisions about their sexual health.⁵⁻⁶ The role of

family-based mentorship in HIV prevention is especially significant for young women, who often face social, cultural, and economic barriers that increase their vulnerability to HIV infection. In many communities, discussions about sexual health are stigmatized, and young women may not feel comfortable seeking information from external sources due to fear of judgment or rejection. By creating an open and supportive family environment, mentorship programs reduce the stigma surrounding HIV and create opportunities for young women to engage in conversations about safe practices, HIV testing, and sexual health rights. Furthermore, family-based mentorship programs help counteract the misinformation that may exist in communities, providing young women with accurate and reliable knowledge about HIV prevention.⁷⁻⁸

The Role of Family in HIV Education for Young Women

The family unit plays a pivotal role in shaping the sexual health behaviors and attitudes of young women, particularly in the early stages of adolescence. Families are often the first source of information on relationships, sexuality, and personal boundaries. In many cases, parents, caregivers, and older family members serve as primary educators, providing both formal and informal guidance that influences how young women understand and approach their sexual health. Family-based HIV education programs leverage this influence, creating an environment where young women can receive both emotional and informational support, ultimately empowering them to make safer, more informed decisions about their sexual health.⁹⁻¹⁰ In the context of HIV prevention, families are uniquely positioned to reduce the stigma and fear that often accompany discussions about the virus. In many communities, HIV is still a highly stigmatized condition, and the reluctance to discuss sexual health and HIV-related topics can contribute to misinformation, unsafe behaviors, and increased vulnerability. When parents and caregivers are actively involved in HIV education, they help dismantle the myths surrounding the disease and create an open, supportive atmosphere where young women can feel comfortable asking

questions, seeking guidance, and expressing concerns. This approach not only educates young women about HIV but also strengthens the emotional connection within the family, fostering trust and mutual understanding.¹¹⁻¹²

Furthermore, family-based HIV education enables young women to receive culturally relevant information that aligns with their community's values and norms. For instance, parents and caregivers can address specific cultural factors that influence sexual health decisions, such as gender roles, peer pressure, and community expectations. By addressing these issues within the family context, young women can develop a more comprehensive understanding of HIV prevention and learn how to navigate social pressures in ways that prioritize their health and well-being. Family involvement ensures that HIV education is not just an external intervention but an ongoing, dynamic process that reflects the realities and challenges that young women face in their specific cultural and social environments.¹³⁻

¹⁴ The emotional support provided by family members also plays a critical role in shaping a young woman's confidence and self-worth, both of which are crucial factors in HIV prevention. When young women feel supported and loved by their families, they are more likely to develop the confidence needed to assert healthy boundaries in relationships and make decisions that protect their sexual health. Family members, particularly parents, can model healthy behaviors, such as open communication, respect for others' boundaries, and responsible decision-making, reinforcing the importance of these behaviors in preventing HIV. This guidance, combined with the protection and support provided by family, helps young women develop resilience against the pressures they may face in their social and peer networks.¹⁵⁻¹⁶

In cases where families may face challenges in discussing sexual health topics, mentorship programs can serve as an invaluable resource. These programs often train parents and caregivers to be more comfortable with sensitive conversations, providing them with the tools and knowledge needed to educate their children about HIV in an age-appropriate and supportive manner.

Mentors, who may be trusted community members, can also step in to provide additional support and guidance to both the young women and their families, helping bridge any gaps in knowledge or communication.¹⁷⁻¹⁸ Lastly, family-based HIV education programs also encourage the involvement of other extended family members, such as grandparents, older siblings, and aunts/uncles, in supporting young women. This creates a broad network of mentors and caregivers, ensuring that young women have multiple sources of guidance and protection. It also strengthens the overall family structure, as multiple generations work together to address the health and well-being of the young woman, reinforcing the importance of shared responsibility in HIV prevention. Through these efforts, families can become powerful agents of change in the fight against HIV, particularly for young women who are most vulnerable to the virus.¹⁹⁻²⁰

Mentoring with Love: A Supportive Approach to HIV Education

Mentoring with love represents a transformative and supportive approach to HIV education, particularly for young women who are at higher risk of HIV infection. This approach emphasizes the importance of emotional support, trust, and unconditional care in guiding young women through their sexual health decisions. Unlike traditional HIV education methods, which often focus solely on information dissemination, mentoring with love seeks to create a nurturing environment where young women can openly discuss HIV, learn about prevention, and develop the confidence to make informed decisions about their health. The supportive nature of this mentorship fosters not only knowledge about HIV but also emotional resilience, self-worth, and healthy relationship skills, all of which are crucial in HIV prevention.²¹⁻²² At the core of mentoring with love is the idea that young women benefit most from education that is delivered in a compassionate, non-judgmental, and emotionally supportive manner. Family members, mentors, and caregivers who engage in this approach create a safe space for young women to ask questions, express concerns, and receive guidance on

navigating the complexities of sexual health. This emotional component is essential because it allows young women to feel valued, understood, and empowered. When young women feel emotionally supported, they are more likely to internalize important HIV prevention messages, make healthier decisions, and seek assistance when needed. It also helps break down the barriers created by stigma and shame, which often hinder open conversations about HIV and sexual health.²³⁻²⁴

In mentoring with love, the mentor's role extends beyond providing information about HIV transmission and prevention. Mentors act as trusted figures who guide young women through life challenges, helping them navigate peer pressure, relationship dynamics, and the emotional aspects of sexual health. This holistic approach to mentorship empowers young women to not only protect themselves from HIV but also to develop a strong sense of self-worth and autonomy. By fostering emotional well-being and resilience, mentoring with love supports young women in building the inner strength required to make decisions that protect their long-term health. This approach goes beyond technical knowledge to nurture a deeper connection between mentors and mentees, creating a lasting impact on the young woman's health journey.²⁵⁻²⁶ Furthermore, mentoring with love allows for a more personalized approach to HIV education, as it takes into account the individual experiences and needs of each young woman. Mentors who offer love and support are able to tailor their guidance to the unique challenges and circumstances of the mentee, whether these are related to cultural norms, family dynamics, or peer pressures. This individualized approach ensures that the educational experience is both relevant and impactful, as young women receive the knowledge and encouragement they need to make choices that align with their personal values and goals. By fostering trust and deepening the mentor-mentee relationship, this approach also makes it easier for young women to reach out for support when they face difficulties, whether related to HIV prevention, sexual health, or relationships.²⁷⁻²⁸ One of the unique aspects of mentoring with love is its potential to break down

generational barriers, especially in communities where discussing sexual health and HIV is often considered taboo. By involving family members, mentors, and community leaders in the process, this approach helps create a collective support system that fosters open dialogue and encourages shared responsibility for the well-being of young women. In this context, mentoring with love encourages positive behaviors not only within the individual mentee but across the wider community. As mentors model healthy communication, respect, and empathy, they set an example for others to follow, creating a ripple effect of positive change that extends beyond the individual to the larger community.²⁹

Challenges and Barriers to Family-Based HIV Education

While family-based HIV education presents a promising approach for preventing HIV transmission among young women, several challenges and barriers can hinder its effectiveness. One of the most significant challenges is the cultural and societal stigma surrounding HIV and sexual health. In many communities, discussing topics related to sex, HIV, and sexual health is taboo. This cultural silence can create an environment where parents and caregivers feel uncomfortable or even ashamed to engage in these discussions with their children. The reluctance to talk openly about HIV, particularly in the context of family, limits the reach of HIV education and leaves young women vulnerable to misinformation and risky behaviors.³⁰ Another barrier to effective family-based HIV education is the lack of knowledge and resources among parents and caregivers. Many adults, particularly those from marginalized communities or lower socioeconomic backgrounds, may not have access to accurate information about HIV transmission and prevention. In addition, some parents may have outdated or incorrect beliefs about HIV, which can perpetuate stigma and misinformation. Without adequate training or resources, parents may feel ill-equipped to provide meaningful education on HIV prevention. This knowledge gap can prevent parents from engaging in conversations about sexual health, leaving young

women without the critical guidance they need to protect themselves.³¹

Moreover, many families face economic, emotional, or social stressors that can limit their ability to prioritize or engage in HIV education efforts. For example, parents who are struggling with poverty, unemployment, or mental health issues may find it difficult to devote the time and energy needed to support family-based HIV education. In some cases, the pressures of daily life may take precedence over sexual health education, further compounding the challenge. Additionally, parents who are themselves dealing with trauma or substance abuse may find it difficult to engage in constructive conversations about sexual health or to model healthy behaviors for their children. These underlying issues can create significant barriers to effective mentorship and communication within the family unit.³² Another barrier to family-based HIV education is the generational gap in communication styles and knowledge. In many families, parents and caregivers may struggle to communicate effectively with younger generations, particularly regarding sensitive topics like HIV and sexual health. Younger people may feel embarrassed or reluctant to discuss sexual health issues with their parents due to generational differences in understanding and attitudes toward sexuality. Furthermore, parents may feel disconnected from the experiences and challenges their children face in today's digital world, where information about HIV and sexual health is often consumed through social media and peers rather than from trusted family sources. This generational disconnect can make it difficult for families to engage in meaningful and open conversations about HIV prevention.³² Finally, in certain communities, traditional gender roles and norms may hinder family-based HIV education efforts. In many cultures, young women are often expected to remain silent about issues related to their sexuality or health. These gendered expectations can prevent open conversations about HIV and sexual health in the family, reinforcing harmful stereotypes and leaving young women without the support and guidance they need to make informed decisions. Parents may also face societal pressures that discourage them from discussing sexual

health with their daughters, particularly if they fear their daughters will be judged or stigmatized for engaging in such conversations.³⁰

Benefits of Family-Based HIV Education for Young Women

Family-based HIV education offers numerous advantages in empowering young women with the knowledge, skills, and emotional support needed to prevent HIV infection. One of the most significant benefits is the creation of a safe, supportive environment where young women can openly discuss sexual health and HIV prevention. Unlike other educational settings, where conversations may be brief or detached, family-based education allows for continuous, personalized guidance. This approach enables young women to feel heard, respected, and valued, encouraging them to ask questions, voice concerns, and seek advice from trusted family members. As a result, the open dialogue created within the family unit strengthens the bond between parents and daughters, fostering trust and reinforcing the importance of healthy sexual decision-making.²⁶ Another key benefit of family-based HIV education is the ability to address the unique needs and circumstances of individual young women. Every family has its own set of values, beliefs, and cultural norms, and family-based education allows for HIV prevention messages to be tailored to these specific contexts. Parents or caregivers can incorporate cultural sensitivities, gender expectations, and personal experiences into their discussions, making the information more relevant and relatable. By addressing issues within the family's framework, young women are more likely to internalize these messages and apply them in their day-to-day lives. This individualized approach ensures that young women are not only learning about HIV prevention but also gaining insights that are culturally appropriate and personally meaningful.²⁷

Furthermore, family-based HIV education fosters emotional resilience and self-esteem in young women, which are essential for making informed and empowered decisions about their sexual health. When parents or caregivers engage in this

type of mentorship, they provide not only factual information but also emotional support, reinforcing the importance of self-worth and personal boundaries. Young women who feel supported by their families are more likely to assert healthy boundaries in relationships, resist peer pressure, and engage in safer sexual practices. By nurturing emotional strength, families help young women develop the confidence to make choices that protect their health, regardless of external pressures or challenges.²⁸ Family-based education also benefits young women by promoting consistency in HIV prevention messages. Many young people are exposed to multiple sources of information about HIV, including peers, social media, and schools. However, the messages from these sources may not always be consistent or accurate. In contrast, when families are actively involved in HIV education, they provide a reliable and trustworthy source of information that reinforces what young women are learning in other settings. This consistency helps young women internalize key prevention messages and feel more confident in their ability to make informed decisions. Having a unified support system at home ensures that young women receive consistent guidance and feel secure in the choices they make regarding their sexual health.²⁹

Moreover, family-based HIV education plays a crucial role in reducing the stigma associated with HIV and sexual health. In many communities, discussing HIV can be fraught with shame and misconceptions, and young women may feel embarrassed or afraid to seek help when they need it. By fostering an open, supportive environment at home, families help normalize conversations about HIV, sexual health, and prevention. This normalization not only empowers young women to seek information and support but also helps reduce the social stigma that often surrounds HIV, making it easier for young women to talk openly about their concerns and seek care when necessary.³⁰⁻³¹ Finally, family-based HIV education promotes long-term prevention by instilling healthy habits and attitudes towards sexual health from an early age. When young women receive ongoing support and education from their families, they are more likely

to continue practicing safe behaviors throughout their lives. The foundation built through family engagement helps young women navigate the complexities of relationships, consent, and sexual health with confidence, ensuring that HIV prevention becomes a lifelong priority. Additionally, the impact of family-based education extends beyond the individual, as young women who are educated and empowered are more likely to share their knowledge with peers and future generations, creating a ripple effect that contributes to broader community health and well-being.³²

Conclusion

Family-based HIV education represents a powerful and effective strategy for promoting HIV prevention among young women. By creating a safe, supportive, and open environment for discussing sexual health, families can empower young women with the knowledge, confidence, and emotional resilience needed to make informed decisions about their sexual well-being. This approach not only addresses the unique needs of young women in a culturally relevant and personalized way but also reinforces the importance of self-worth, healthy boundaries, and informed decision-making. Furthermore, family-based education reduces stigma, encourages consistent messaging, and fosters long-term prevention behaviors that extend beyond the individual, positively influencing communities.

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.ijcrims.com
Quick Response Code	Subject: Health Sciences
DOI: 10.22192/ijcrms.2025.11.04.004	

[How to cite this article:](#)

Emmanuel Ifeanyi Obeagu. (2025). Mentoring with Love: Family-Based Approaches to HIV Education for Young Women. *Int. J. Curr. Res. Med. Sci.* 11(4): 24-31.

DOI: <http://dx.doi.org/10.22192/ijcrms.2025.11.04.004>