ASIAN JOURNAL OF DENTAL AND SHEALTH SCIENCES (Applis) DODINA. HIGHER MERCA SCHEES

Available online at ajdhs.com

### Asian Journal of Dental and Health Sciences

Open Access to Dental and Medical Research

Copyright © 2024 The Author(s): This is an open-access article distributed under the terms of the CC BY-NC 4.0 which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited



Open Access Review Article

### Women at the Forefront: Supporting Female-Led HIV Prevention Initiatives

Emmanuel Ifeanyi Obeagu \*\*

Department of Biomedical and Laboratory Science, Africa University, Zimbabwe

### Article Info:

### Article History:

Received 20 Sep 2024 Reviewed 28 Oct 2024 Accepted 25 Nov 2024 Published 15 Dec 2024

#### Cite this article as:

Obeagu EI, Women at the Forefront: Supporting Female-Led HIV Prevention Initiatives, Asian Journal of Dental and Health Sciences. 2024; 4(3):46-50

DOI: http://dx.doi.org/10.22270/ajdhs.v4i4.101

#### Abstract

Female-led initiatives in HIV prevention are increasingly recognized as a powerful means of addressing the gender-specific challenges women face in the fight against HIV. Women are disproportionately affected by HIV, and their vulnerability is often exacerbated by gender-based inequalities, cultural norms, and limited access to healthcare. By empowering women to lead HIV prevention efforts, these initiatives can better address the unique needs of women, increase awareness, and reduce stigma surrounding HIV. This article explores the importance of supporting female leadership in HIV prevention, highlighting successful initiatives, challenges, and the impact of women's leadership on public health outcomes. The article discusses the role of female leaders in HIV prevention, emphasizing their ability to tailor strategies that resonate with women's lived experiences. Female-led initiatives often focus on culturally appropriate approaches that address barriers such as lack of education, economic dependency, and sexual and reproductive health challenges. Women leaders also play a critical role in reducing stigma and promoting community engagement, ultimately fostering a more inclusive environment for HIV prevention and care.

Keywords: Female-led initiatives, HIV prevention, gender equality, women's health, empowerment

 $Emmanuel\ If eany i\ Obeagu,\ Department\ of\ Biomedical\ and\ Laboratory\ Science,\ Africa\ University,\ Zimbabwe$ 

### **Introduction**

HIV continues to be a global health challenge, with women disproportionately affected by the epidemic. Women, especially in sub-Saharan Africa and other resource-limited regions, are more likely to acquire HIV due to gender-based inequalities, such as limited access to sexual and reproductive health education, economic dependence, and exposure to gender-based violence. These factors increase their vulnerability to HIV transmission and hinder their ability to seek prevention, treatment, and care. Consequently, women's leadership in HIV prevention has emerged as a critical strategy to address these vulnerabilities in a more nuanced and culturally relevant manner. Female-led initiatives have proven to be more effective at tailoring programs that specifically meet the needs of women, providing not only health interventions but also the empowerment necessary to reduce HIV risk.1-2 The significant role of women in preventing the spread of HIV lies in their unique understanding of the challenges and barriers that women face. From the stigma associated with HIV to the need for gender-sensitive healthcare, women leaders often bring to the table perspectives that are more inclusive and attuned to the realities of women's lives. These leaders not only serve as role models but also have a profound impact on changing societal attitudes towards HIV, encouraging open conversations, and reducing shame and discrimination. When women

are at the forefront of HIV prevention programs, they tend to create safe spaces where women can share their experiences, seek advice, and take control of their health decisions, ultimately improving both individual and community health outcomes.<sup>3-4</sup>

Beyond health outcomes, female leadership in HIV prevention is intrinsically tied to broader social issues, including gender equality and women's empowerment. In many societies, women face systemic barriers to leadership positions, particularly in healthcare and public health sectors. Supporting female leadership in HIV prevention not only improves health outcomes but also contributes to the broader goal of gender equality. By fostering women's leadership, these initiatives promote a more equitable distribution of power and resources in healthcare, thus reinforcing the idea that women are not only recipients of healthcare but also key players in the development and implementation of effective public health strategies.5-6 Despite the clear benefits of female leadership, women involved in HIV prevention initiatives face significant challenges. Gender inequality, cultural norms, and limited access to resources often restrict women's ability to lead and scale their efforts. Women may also encounter resistance from patriarchal structures that do not fully support their leadership or views on gender equality. These challenges are compounded in low-income countries, where financial and infrastructural support for health programs is limited. Female leaders in HIV

[46] AJDHS.COM

<sup>\*</sup>Address for Correspondence:

prevention often work with minimal resources and may struggle to sustain their initiatives without the necessary financial backing and institutional support.<sup>7-8</sup> At the same time, the involvement of women in leadership roles in HIV prevention is not only essential for the effectiveness of interventions but also for ensuring that those interventions are grounded in the needs and concerns of the community. Female leaders are often better equipped to design prevention programs that are culturally sensitive and able to engage with women at a grassroots level. This ability to connect with women on a personal and community-based level allows female-led initiatives to address the barriers preventing women from accessing HIV-related services, including education, testing, and treatment.<sup>9-10</sup>

# The Role of Female Leadership in HIV Prevention

Female leadership plays a crucial role in advancing HIV prevention efforts, particularly in communities where women bear a disproportionate burden of the epidemic. As primary caregivers, mothers, and key decisionmakers in many societies, women possess unique insights into the dynamics that drive HIV transmission. They often have a deep understanding of the barriers women face, including cultural norms, gender inequality, lack of access to sexual and reproductive health services, and the stigma surrounding HIV. By leading HIV prevention initiatives, women can address these challenges in ways that resonate with their peers, empowering them to take control of their health while promoting community-wide change. 11-12 One of the most important contributions of female leadership in HIV prevention is the ability to develop and implement culturally appropriate strategies that speak to women's lived experiences. Female leaders can tailor HIV prevention programs to focus on women's specific needs, such as improving access to sexual health education, promoting gender equality, and creating spaces where women can discuss their concerns without fear of judgment. This approach helps overcome barriers that often prevent women from accessing HIV prevention services, such as condom use, HIV testing, and treatment options. Additionally, women leaders can address sexual and reproductive health issues, including safer childbirth practices and HIV testing during pregnancy, thereby preventing motherto-child transmission. 13-14

Furthermore, female leaders in HIV prevention play an instrumental role in breaking down the stigma surrounding HIV and reproductive health. In many communities, HIV is associated with shame, and discussing it openly can lead to social ostracization. Women leaders help normalize conversations about HIV, reduce stigma, and advocate for better care and support services. Their leadership fosters trust within the community, encouraging women to seek prevention and treatment services without fear of discrimination. This reduces the social barriers that may otherwise discourage women from accessing critical health services. Women at the forefront of HIV prevention also contribute to broader societal changes by

challenging gender norms and advocating for women's rights. Many female-led initiatives focus not only on health outcomes but also on empowering women through education and leadership development. By mentoring other women and providing them with the tools to lead in their own communities, female leaders create a ripple effect that extends beyond health prevention. These leaders advocate for gender-sensitive policies and programs that prioritize women's health and safety, reinforcing the link between gender equality and HIV prevention.16 In addition to these direct impacts, female leadership has the power to improve the sustainability and effectiveness of HIV prevention programs. When women are involved in designing and implementing interventions, they ensure that programs are more responsive to the community's needs and concerns. This inclusion enhances the relevance of HIV prevention strategies and helps ensure that resources are used efficiently. Moreover, female leaders serve as role models, inspiring others to get involved and assume leadership roles within their communities, which is critical for the long-term success of HIV prevention efforts.17

# **Challenges Faced by Female-Led HIV Prevention Initiatives**

Female-led HIV prevention initiatives, despite their proven effectiveness, often face significant challenges that hinder their ability to achieve their full potential. One of the primary obstacles is the deep-rooted gender inequality that exists in many societies, particularly in low- and middle-income countries. In these contexts, women are frequently marginalized, and their leadership is not always recognized or valued. Patriarchal norms often limit women's access to decision-making roles, whether in the family, community, or larger political structures. This can result in insufficient support for female-led HIV prevention initiatives, whether in terms of financial resources, political backing, or social acceptance. 18-19 Another major challenge for women leaders in HIV prevention is the lack of adequate resources. Many female-led initiatives operate with limited funding and logistical support, making it difficult to scale up or sustain their programs. Funding constraints may limit the scope of outreach activities, reduce the quality of health services provided, and restrict the ability to train new leaders. Female leaders may also face difficulties in advocating for funds or gaining access to international donors who tend to prioritize larger, more established organizations that may not necessarily focus on gender-specific issues. In such an environment, female leaders may find themselves working under strained conditions, trying to make the most out of minimal resources.<sup>20-21</sup>

Cultural and social norms present additional barriers to female leadership in HIV prevention. In many societies, there is a strong stigma attached to both HIV and women taking on leadership roles. HIV is often viewed as a disease of "immorality," which can result in discrimination against those who speak out about the disease, including female leaders. Women who champion HIV prevention can face backlash, not only for

[47] AJDHS.COM

their involvement in health advocacy but also for challenging traditional gender roles. In some cultures, female leaders are seen as a threat to the patriarchal order, making it more difficult for their initiatives to gain community support. This stigma can lead to resistance to women's leadership, discouraging both women and men from participating in HIV prevention efforts.<sup>22-23</sup> Moreover, the intersection of gender-based violence (GBV) and HIV presents an additional challenge for female-led initiatives. Women in many regions are at higher risk of sexual violence, which increases their vulnerability to HIV infection. Addressing both HIV prevention and gender-based violence within the same program requires a multifaceted approach that may not always be feasible due to limited resources, competing priorities, or lack of coordination between health and social services. Female leaders often have to navigate these overlapping challenges while advocating for both women's sexual and reproductive health and their safety in environments where violence is pervasive. 24-25

Political and institutional barriers also play a significant role in limiting the impact of female-led HIV prevention programs. Policies that neglect gender-specific health needs or fail to prioritize HIV prevention among women undermine the effectiveness of grassroots initiatives. In some cases, government policies may inadvertently hinder the progress of female-led programs by prioritizing more centralized, male-dominated health organizations or by focusing on HIV prevention for broader populations without considering the specific challenges faced by women. Additionally, political instability, corruption, and poor governance can also contribute to delays or lack of support for these initiatives, preventing them from reaching the women who need them most.<sup>26-27</sup> Lastly, the internal challenges within female-led HIV prevention programs should not be overlooked. Women leaders themselves may face issues such as burnout, lack of training, or feeling overwhelmed by the enormity of their tasks. Many of these leaders take on dual roles as both health advocates and community caretakers, which can lead to stress and fatigue. The lack of mentorship and leadership development programs for women in healthrelated fields may also leave these leaders without the necessary skills and support to manage the complexities of their work effectively. Without adequate capacitybuilding, female leaders may struggle to build and sustain programs, limiting their ability to achieve longterm success.<sup>28-29</sup>

# **Supportive Measures for Enhancing Female Leadership in HIV Prevention**

To ensure that female-led HIV prevention initiatives reach their full potential, it is essential to implement supportive measures that address the specific challenges faced by women leaders. These measures should focus on promoting gender equality, providing adequate resources, enhancing training opportunities, and fostering an enabling environment where women can thrive in leadership roles. By investing in these strategies, communities and governments can help women lead more effective, sustainable HIV prevention

programs that cater to the unique needs of women and ultimately contribute to reducing the spread of HIV.<sup>30</sup>

## 1. Promoting Gender Equality and Changing Social Norms

One of the first and most critical supportive measures for enhancing female leadership in HIV prevention is addressing gender inequality. Changing societal norms that restrict women's participation in leadership roles requires long-term advocacy and awareness campaigns that promote the value of women in positions of power. Encouraging men and boys to support women leaders is also a key component of this strategy, as male allies can help break down patriarchal barriers. Programs should work to redefine the roles women play in both public and private spaces, empowering them to take leadership positions not just in HIV prevention but in broader health and development sectors. Support for female leadership should be integrated into national policies on gender equality and human rights, ensuring that women have the political and social backing to take on leadership roles without fear of discrimination or violence.31

### 2. Increasing Access to Resources and Funding

Adequate funding and resources are essential to the success of female-led HIV prevention initiatives. Governments, international organizations, and donors should prioritize funding for programs that are led by women or focus specifically on women's health. Financial support allows female leaders to expand their programs, improve outreach efforts, and develop innovative strategies that address the unique challenges women face in preventing HIV. Additionally, funding should be flexible and tailored to the needs of grassroots organizations led by women, ensuring that they can scale their interventions and sustain long-term efforts. Collaborations between local governments, NGOs, and international partners are also crucial for pooling resources and providing a more robust financial foundation for female-led initiatives.<sup>32</sup>

## 3. Building Leadership Capacity and Providing Training

Leadership training programs are essential for equipping women with the skills necessary to manage HIV prevention programs effectively. These programs should focus not only on technical aspects of HIV prevention but also on leadership and advocacy skills, project management, financial literacy, and community mobilization. Female leaders need to be trained in both the health and social aspects of HIV prevention to ensure that their interventions are comprehensive and sustainable. Providing mentorship opportunities, where experienced female leaders guide and support emerging leaders, can further strengthen women's leadership capabilities. Additionally, developing networks of female leaders allows women to exchange ideas, share resources, and support one another in navigating challenges. Training and capacity-building efforts should also be culturally sensitive, reflecting the unique needs of women in different regions.<sup>33</sup>

[48] AJDHS.COM

### 4. Creating Safe and Supportive Work Environments

Female leaders in HIV prevention often face significant challenges that arise from societal and cultural norms. To help overcome these, it is important to create supportive work environments that prioritize women's well-being. These environments should be free from harassment and discrimination, where women leaders can freely express their ideas and lead without fear of retaliation. Institutions and organizations that support female-led HIV prevention efforts should ensure that there are policies in place to address gender-based violence, sexual harassment, and gender discrimination. Offering psychological support, counseling, and stress management resources is also essential for preventing burnout and ensuring that women leaders can maintain their health and effectiveness in their roles. Additionally, providing flexible working conditions, such as remote work or part-time options, can help women balance their leadership responsibilities with family and caregiving duties.33

### 5. Strengthening Collaboration and Partnerships

Collaboration and partnerships are crucial for the success of female-led HIV prevention initiatives. By partnering with male leaders, community organizations, health professionals, and policymakers, female leaders can strengthen their influence and create more impactful programs. Interdisciplinary partnerships that bring together experts from various fields—such as healthcare, education, and social work—can lead to more holistic approaches to HIV prevention. These collaborations also help ensure that female leaders receive the necessary support and recognition from other stakeholders. Governments and global health organizations should actively encourage and facilitate partnerships between women's groups and other key players in the HIV prevention sector. This collaboration can increase the sustainability of female-led initiatives by linking them to larger networks of resources, expertise, and advocacy.28

### 6. Ensuring Political Support and Advocacy

Political support is essential for the success of female leadership in HIV prevention, as policies and laws can either facilitate or hinder the effectiveness of these programs. Governments must recognize and actively support the role of women in leadership, not just in HIV prevention but in all areas of public health. Advocating for gender-sensitive health policies that prioritize the needs of women in HIV prevention can ensure that female-led initiatives receive the recognition and institutional support they need. Governments should also be encouraged to include women leaders in policymaking processes, enabling them to advocate for changes that benefit both women and the broader community. By prioritizing women in leadership roles, political leaders can help create an environment that fosters the success of HIV prevention programs while promoting gender equality.29

### 7. Monitoring and Evaluating the Impact of Female-Led Initiatives

Ongoing monitoring and evaluation (M&E) are essential to ensure that female-led HIV prevention programs remain effective and adapt to changing community needs. Establishing strong M&E frameworks can help measure the success of these programs, identify areas for improvement, and demonstrate their impact to stakeholders and donors. It is important that the M&E processes are participatory, involving women leaders in the design and evaluation stages. This allows for a more accurate assessment of the challenges and successes of these initiatives, while also fostering a culture of accountability and continuous improvement. By regularly evaluating the impact of female-led HIV prevention initiatives, stakeholders can adjust strategies and allocate resources more effectively to maximize their reach and sustainability.<sup>31-33</sup>

### **Conclusion**

Female-led HIV prevention initiatives have proven to be highly effective in addressing the unique needs of women and communities, particularly in regions where women face greater risks and barriers to accessing healthcare and social services. However, the success of these initiatives is often hindered by systemic challenges, such as gender inequality, limited resources, cultural norms, and inadequate political support. To fully unlock the potential of female leadership in HIV prevention, it is crucial to implement supportive measures that focus on promoting gender equality, ensuring access to resources, providing leadership training, and creating safe, supportive environments for women leaders.

**Conflict of Interest:** Author declares no potential conflict of interest with respect to the contents, authorship, and/or publication of this article.

**Source of Support: Nil** 

**Funding:** The authors declared that this study has received no financial support.

**Informed Consent Statement:** Not applicable.

**Data Availability Statement:** The data supporting in this paper are available in the cited references.

Ethics approval: Not applicable.

### **References**

- Obeagu EI, Obeagu GU. Neonatal Outcomes in Children Born to Mothers with Severe Malaria, HIV, and Transfusion History: A Review. Elite Journal of Nursing and Health Science, 2024; 2(3): 38-58
- 2. Obeagu EI, Ubosi NI, Obeagu GU, Obeagu AA. Nutritional Strategies for Enhancing Immune Resilience in HIV: A Review. Int. J. Curr. Res. Chem. Pharm. Sci. 2024;11(2):41-51. https://doi.org/10.22270/ijmspr.v10i2.102
- 3. Obeagu EI, Obeagu GU. Understanding Immune Cell Trafficking in Tuberculosis-HIV Coinfection: The Role of L-selectin Pathways. Elite Journal of Immunology, 2024; 2(2): 43-59
- 4. Obeagu EI. Erythropoietin and the Immune System: Relevance in HIV Management. Elite Journal of Health Science, 2024; 2(3): 23-35

[49] AIDHS.COM

- Obeagu EI, Obeagu GU, Obiezu J, Ezeonwumelu C, Ogunnaya FU, Ngwoke AO, Emeka-Obi OR, Ugwu OP. Hematologic Support in HIV Patients: Blood Transfusion Strategies and Immunological Considerations. Applied Sciences (NIJBAS). 2023;3(3). https://doi.org/10.59298/NIJBAS/2023/1.2.11000
- Parker RG, Perez-Brumer A, Garcia J, Gavigan K, Ramirez A, Milnor J, Terto Jr V. Prevention literacy: community-based advocacy for access and ownership of the HIV prevention toolkit. African Journal of Reproduction and Gynaecological Endoscopy. 2016;19(1). https://doi.org/10.7448/IAS.19.1.21092 PMid:27702430 PMCid:PMC5045969
- McNeish R, Rigg KK, Tran Q, Hodges S. Community-based behavioral health interventions: Developing strong community partnerships. Evaluation and Program Planning. 2019; 73:111-115. https://doi.org/10.1016/j.evalprogplan.2018.12.005 PMid:30580000
- Schouten DG, Deneka AA, Theune M, Neerincx MA, Cremers AH. An embodied conversational agent coach to support societal participation learning by low-literate users. Universal Access in the Information Society. 2023; 22(4):1215-1241. https://doi.org/10.1007/s10209-021-00865-5
- Obeagu EI, Obeagu GU. Immune Modulation in HIV-Positive Neonates: Insights and Implications for Clinical Management. Elite Journal of Nursing and Health Science, 2024; 2(3): 59-72
- Obeagu EI, Obeagu GU. Understanding ART and Platelet Functionality: Implications for HIV Patients. Elite Journal of HIV, 2024; 2(2): 60-73
- 11. Navarra AM, Rosenberg MG, Gormley M, Bakken S, Fletcher J, Whittemore R, Gwadz M, Cleland C, Melkus GD. Feasibility and acceptability of the adherence connection counseling, education, and support (ACCESS) proof of concept: a peer-led, mobile health (mHealth) cognitive behavioral antiretroviral therapy (ART) adherence intervention for HIV-Infected (HIV+) adolescents and young adults (AYA). AIDS and Behavior. 2023; 27(6):1807-23. https://doi.org/10.1007/s10461-022-03913-0 PMid:36574184 PMCid:PMC9792943
- Frew PM, Archibald M, Schamel J, Saint-Victor D, Fox E, Smith-Bankhead N, Diallo DD, Holstad MM, Del Rio C. An integrated service delivery model to identify persons living with HIV and to provide linkage to HIV treatment and care in prioritized neighborhoods: a geotargeted, program outcome study. JMIR public health and surveillance. 2015; 1(2):e4675.
  https://doi.org/10.2196/publichealth.4675 PMid:27227134 PMCid:PMC4869208
- 13. Obeagu EI, Obeagu GU. Optimizing Blood Transfusion Protocols for Breast Cancer Patients Living with HIV: A Comprehensive Review. Elite Journal of Nursing and Health Science, 2024; 2(2):1-17
- 14. Obeagu EI, Obeagu GU. Hematologic Considerations in Breast Cancer Patients with HIV: Insights into Blood Transfusion Strategies. Elite Journal of Health Science, 2024; 2(2): 20-35
- 15. Obeagu EI, Obeagu GU. Advancements in HIV Prevention: Africa's Trailblazing Initiatives and Breakthroughs. Elite Journal of Public Health, 2024; 2 (1): 52-63
- 16. Bond V, Chase E, Aggleton P. Stigma, HIV/AIDS and prevention of mother-to-child transmission in Zambia. Evaluation and program planning. 2002; 25(4):347-356. https://doi.org/10.1016/S0149-7189(02)00046-0
- 17. Zukoski AP, Thorburn S. Experiences of stigma and discrimination among adults living with HIV in a low HIV-prevalence context: a qualitative analysis. AIDS patient care and STDs. 2009;23(4):267-276. https://doi.org/10.1089/apc.2008.0168 PMid:19260770
- Cinthya R, Mohan R, Vijayakumar P, Dayanidhi R, Ramakrishnan H, Assessment of oral health awareness among the individuals in chengalpttu district: a questionnaire based study, Asian Journal of Dental and Health Sciences, 2024; 4(1):21-25 https://doi.org/10.22270/ajdhs.v4i1.68
- Pandya S, Kan L, Parr E, Twose C, Labrique AB, Agarwal S. How Can Community Data Be Leveraged to Advance Primary Health Care? A Scoping Review of Community-Based Health Information Systems. Global Health: Science and Practice. 2024; 12(2).

- https://doi.org/10.9745/GHSP-D-23-00429 PMid:38626945 PMCid:PMC11057800
- 20. Navarra AM, Rosenberg MG, Gormley M, Bakken S, Fletcher J, Whittemore R, Gwadz M, Cleland C, Melkus GD. Feasibility and acceptability of the adherence connection counseling, education, and support (ACCESS) proof of concept: a peer-led, mobile health (mHealth) cognitive behavioral antiretroviral therapy (ART) adherence intervention for HIV-Infected (HIV+) adolescents and young adults (AYA). AIDS and Behavior. 2023;27(6):1807-1823. https://doi.org/10.1007/s10461-022-03913-0 PMid:36574184 PMCid:PMC9792943
- Billings DW, Leaf SL, Spencer J, Crenshaw T, Brockington S, Dalal RS. A randomized trial to evaluate the efficacy of a web-based HIV behavioral intervention for high-risk African American women. AIDS and Behavior. 2015; 19:1263-1274. https://doi.org/10.1007/s10461-015-0999-9 PMid:25616838 PMCid:PMC4506203
- 22. Kessy F, Charle P. Evidence of the Impact of IMF Fiscal and Monetary Policies on the Capacity to Address HIV/AIDS and TB Crises in Tanzania. CEGAA/RESULTS Educational Fund, June (Cape Town: Centre for Economic Governance and AIDS in Africa). 2009.
- Viola N, Kimono E, Nuruh N, Obeagu EI, Factors Hindering Elimination of Mother to Child Transmission of HIV Service Uptake among HIV Positive Women at Comboni Hospital Kyamuhunga Bushenyi District, Asian Journal of Dental and Health Sciences, 2023;3(2):7-14 https://doi.org/10.22270/ajdhs.v3i2.39
- 24. Lynn VA, Webb FJ, Joerg C, Nembhard K. Behavioral Health Disorders and HIV Incidence and Treatment Among Women. InWomen's Behavioral Health: A Public Health Perspective 2024: 129-150. Cham: Springer International Publishing. https://doi.org/10.1007/978-3-031-58293-6 6
- 25. Lassi ZS, Salam RA, Das JK, Bhutta ZA. The conceptual framework and assessment methodology for the systematic reviews of community-based interventions for the prevention and control of infectious diseases of poverty. Infectious diseases of poverty. 2014; 3:1-7. https://doi.org/10.1186/2049-9957-3-22 PMid:25105014 PMCid:PMC4124965
- Belus JM, Msimango LI, van Heerden A, Magidson JF, Bradley VD, Mdakane Y, van Rooyen H, Barnabas RV. Barriers, Facilitators, and Strategies to Improve Participation of a Couple-Based Intervention to Address Women's Antiretroviral Therapy Adherence in KwaZulu-Natal, South Africa. International Journal of Behavioral Medicine. 2024; 31(1):75-84. https://doi.org/10.1007/s12529-023-10160-7 PMid:36854871 PMCid:PMC10803380
- 27. Obeagu EI, Obeagu GU. Unmasking the Truth: Addressing Stigma in the Fight Against HIV. Elite Journal of Public Health. 2024;2(1):8-22.
- 28. Obeagu EI, Obeagu GU, Odo EO, Igwe MC, Ugwu OP, Alum EU, Okwaja PR. Combatting Stigma: Essential Steps in Halting HIV Spread.
- 29. Obeagu El. Breaking Barriers: Mitigating Stigma to Control HIV Transmission. Elite Journal of Public Health. 2024;2(8):44-55.
- 30. Obeagu EI, Obeagu GU. Preventive measures against HIV among Uganda's youth: Strategies, implementation, and effectiveness. Medicine. 2024; 103(44):e40317. https://doi.org/10.1097/MD.000000000040317 PMid:39496029 PMCid:PMC11537624
- 31. Shafique S, Bhattacharyya DS, Nowrin I, Sultana F, Islam MR, Dutta GK, Del Barrio MO, Reidpath DD. Effective community-based interventions to prevent and control infectious diseases in urban informal settlements in low-and middle-income countries: a systematic review. Systematic Reviews. 2024; 13(1):253. https://doi.org/10.1186/s13643-024-02651-9 PMid:39367477 PMCid:PMCI1451040
- 32. Obeagu EI, Obeagu GU, The Vital Role of Blood Transfusions during Pregnancy: A Comprehensive Review, Asian Journal of Dental and Health Sciences, 2024;4(1):26-31 https://doi.org/10.22270/ajdhs.v4i1.58
- 33. Perry H, Zulliger R, Scott K, Javadi D, Gergen J. Case studies of largescale community health worker programs: examples from Bangladesh, Brazil, Ethiopia, India, Iran, Nepal, and Pakistan. Afghanistan: Community-Based Health Care to the Ministry of Public Health. 2013

[50] AJDHS.COM