

PROTECTING THE NEXT GENERATION: EARLY HIV EDUCATION AND  
INTERVENTIONEmmanuel Ifeanyi Obeagu\*<sup>1</sup> and Salma Abdi Mahmoud<sup>2</sup><sup>1</sup>Department of Biomedical and Laboratory Science, Africa University, Zimbabwe.<sup>2</sup>Department of Obstetrics and Gynaecology, School of Health and Medical Sciences, The State University of Zanzibar, Zanzibar Tanzania.

\*Corresponding Author: Emmanuel Ifeanyi Obeagu

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

Article Received on 16/11/2024

Article Revised on 06/12/2024

Article Accepted on 27/12/2024

## ABSTRACT

Early HIV education and intervention are essential components in protecting the next generation from HIV transmission, especially among adolescents in high-risk regions. Adolescents represent a significant portion of new HIV infections globally, with many young people unaware of the risks and preventive measures. This review emphasizes the importance of integrating age-appropriate, comprehensive HIV education into the lives of young people before they become sexually active. It highlights the benefits of early HIV education in empowering adolescents to make informed decisions, reduce risky behaviors, and engage in preventive measures such as condom use and regular HIV testing. Despite the potential benefits, numerous barriers hinder effective implementation of early HIV education programs. These include cultural stigmas surrounding HIV, lack of access to adolescent-friendly healthcare services, and insufficient integration of HIV prevention efforts with other youth health services. Additionally, adolescents facing social challenges such as poverty, gender-based violence, and substance abuse are at an even higher risk, complicating efforts to reduce HIV transmission. Addressing these challenges requires a multifaceted approach, including community-based initiatives, school-based programs, and collaboration with healthcare providers to ensure that young people have the tools and support needed to protect themselves.

**KEYWORDS:** HIV Education, Early Intervention, Prevention, Adolescents, HIV Awareness.

## INTRODUCTION

HIV remains a critical global health challenge, with millions of new infections occurring each year, particularly among adolescents and young adults. According to the World Health Organization (WHO), nearly half of all new HIV infections occur among individuals aged 15 to 24, especially in sub-Saharan Africa and other high-risk regions. These statistics underscore the urgency of addressing HIV transmission among young people through early education and intervention strategies. HIV education, when provided early and comprehensively, plays a vital role in shaping the behaviors of adolescents and equipping them with the knowledge necessary to protect themselves from infection. By focusing on prevention during this formative stage, societies can mitigate the risks that young people face and protect the next generation from the devastating consequences of the HIV epidemic.<sup>[1-5]</sup> Adolescents are at particular risk for HIV for a variety of reasons, including a lack of comprehensive sexual and reproductive health education, socio-economic vulnerability, and increased exposure to risky behaviors such as unprotected sex, substance abuse, and

transactional sex. Furthermore, adolescents often lack access to HIV prevention resources and services due to barriers such as stigma, cultural taboos, and gender inequalities. Early HIV education, therefore, becomes crucial not only for informing young people about the virus and prevention strategies but also for empowering them to make informed, healthy choices. When young people are educated about HIV before they become sexually active, they are better prepared to make decisions that reduce their risk of exposure to the virus.<sup>[6-10]</sup>

The importance of early intervention extends beyond mere education. While awareness is critical, interventions should also provide adolescents with access to preventive tools such as condoms, HIV testing, and pre-exposure prophylaxis (PrEP). Ensuring that these resources are readily available to young people can significantly reduce their risk of HIV infection. Moreover, early interventions should take into account the social and emotional challenges that adolescents face, such as peer pressure, the desire for independence, and developing sexual identities. These factors often

influence decision-making, making it essential for HIV education and intervention strategies to be tailored to the unique needs and concerns of this age group.<sup>[11-15]</sup> One of the most effective ways to reach adolescents is through school-based HIV education programs. Schools provide a unique setting for delivering HIV prevention messages to large numbers of young people. In many regions, schools are the primary source of sexual health education, which makes them an ideal venue for early HIV intervention. Comprehensive school-based HIV programs can provide accurate, age-appropriate information about HIV transmission, prevention, and treatment. These programs can also address related topics, such as consent, healthy relationships, and gender equality, which are integral to reducing adolescent vulnerability to HIV. When combined with peer education and support systems, school-based programs can have a powerful impact on reducing HIV-related risks among adolescents.<sup>[16-20]</sup>

However, the successful implementation of early HIV education is not without its challenges. Cultural norms and societal stigma surrounding HIV and sexual health often prevent open discussions about these issues, particularly in conservative societies. In many communities, talking about HIV, sex, and reproductive health remains taboo, which inhibits the ability of young people to access vital information. Additionally, some adolescents may feel uncomfortable seeking HIV-related information from teachers or healthcare providers due to fears of judgment or confidentiality breaches. Overcoming these barriers requires a cultural shift that encourages open, honest conversations about HIV and sexual health, as well as creating safe spaces for adolescents to seek guidance without fear of discrimination.<sup>[21-25]</sup> Another significant barrier is the lack of access to healthcare services tailored to the needs of adolescents. In many parts of the world, adolescent-friendly healthcare services are scarce, which means that young people often do not have access to necessary resources such as HIV testing, counseling, or preventive care. Adolescents are particularly vulnerable in environments where healthcare facilities are not equipped to address their unique needs or where services are difficult to navigate. It is essential to integrate HIV prevention services into existing youth-friendly healthcare programs, making it easier for adolescents to access the care and support they need. Additionally, involving adolescents in the design and implementation of HIV education programs ensures that the content is relevant and engaging, and helps build trust between young people and the health system.<sup>[26-30]</sup>

### **The Importance of Early HIV Education**

Early HIV education is a crucial component of preventing the spread of HIV among adolescents and ensuring that future generations are equipped with the knowledge and tools to protect themselves. By introducing HIV education at an early stage, before individuals become sexually active, the risk of HIV

transmission can be significantly reduced. Adolescents who receive education on HIV are more likely to understand the modes of transmission, the importance of condom use, and the available preventive methods, such as pre-exposure prophylaxis (PrEP). Early intervention helps to break down misconceptions and misinformation about HIV, thereby reducing stigma and promoting healthier attitudes toward HIV testing and prevention.<sup>[31-33]</sup>

Providing HIV education early also empowers young people to make informed decisions about their sexual and reproductive health. During adolescence, individuals undergo significant physical, emotional, and social changes, making them more vulnerable to risky behaviors. Without the right information, adolescents may engage in unsafe sexual practices, which increases their susceptibility to HIV and other sexually transmitted infections (STIs). By educating young people about HIV in a safe, non-judgmental environment, they are better prepared to make healthier choices, such as delaying sexual activity or using condoms consistently. Furthermore, early education fosters a sense of responsibility, helping adolescents take control of their health and well-being.<sup>[34-35]</sup>

### **Barriers to Effective Early HIV Intervention**

Despite the significant benefits of early HIV education and intervention, numerous barriers hinder the successful implementation of these programs, particularly in low-income and high-risk regions. These barriers are multifaceted, ranging from cultural and social factors to infrastructural limitations, and addressing them is essential to achieving effective HIV prevention outcomes.<sup>[36]</sup> One of the primary obstacles is the persistent stigma and misconceptions surrounding HIV. In many societies, HIV is still heavily stigmatized, and discussions about sexual health and HIV prevention remain taboo. This stigma often leads to silence and misinformation, making it difficult for adolescents to access accurate information about HIV and safe sexual practices. In communities where HIV is associated with moral judgment or fear of ostracism, young people may be reluctant to seek information, testing, or treatment. As a result, early intervention efforts may be undermined by the fear of being labeled or discriminated against.<sup>[37]</sup> Another significant barrier is the lack of access to comprehensive and age-appropriate sexual and reproductive health education. In many regions, school curricula either exclude or provide insufficient information about HIV prevention and sexual health. Additionally, where HIV education is included, it is often not tailored to the unique needs of adolescents, failing to address issues such as peer pressure, evolving sexual identities, or gender dynamics. Furthermore, many schools in low-income countries lack the resources to implement effective HIV education programs, with teachers often inadequately trained to provide the necessary information. This gap in education leaves adolescents vulnerable to misinformation and risky behaviors, ultimately reducing the effectiveness of early HIV intervention efforts.<sup>[38]</sup>

Cultural and gender-related barriers also play a critical role in limiting access to HIV prevention services. In some cultures, there are deeply ingrained gender norms that dictate who can access sexual health services and information. For example, in societies with rigid gender roles, girls may face significant barriers to accessing HIV prevention services due to societal expectations around modesty and sexual behavior. Boys, on the other hand, may encounter challenges related to peer pressure and expectations around masculinity, leading them to avoid preventative measures. Additionally, in some regions, access to sexual health services, including HIV testing and counseling, is limited or not adolescent-friendly. These gender disparities can significantly reduce the effectiveness of early HIV interventions, as young people may not feel comfortable seeking care or may not be encouraged to prioritize their sexual health.<sup>[39]</sup> Another barrier to effective early HIV intervention is the lack of youth-friendly healthcare services. In many regions, healthcare systems do not adequately cater to the specific needs of adolescents, which can create significant barriers to accessing HIV-related services. Adolescents may not feel comfortable seeking care at adult-oriented clinics due to fear of judgment or confidentiality concerns. The lack of adolescent-specific healthcare services can also make it more difficult for young people to access essential resources such as HIV testing, prevention medications (e.g., PrEP), or counseling. Addressing this gap requires healthcare systems to invest in creating youth-friendly environments, where adolescents can feel safe and supported while accessing HIV prevention services.<sup>[40]</sup>

Moreover, socio-economic factors, including poverty and lack of education, can significantly hinder early HIV intervention. Adolescents living in poverty may face greater vulnerabilities to HIV due to limited access to healthcare, education, and preventative resources. They may also be more likely to engage in risky sexual behaviors, such as transactional sex, due to economic pressures. The lack of financial resources can prevent young people from affording HIV testing, condoms, or other preventive services. Additionally, adolescents living in poverty may be less likely to attend school regularly or participate in HIV education programs, further compounding their risk of exposure to HIV.<sup>[41]</sup> Finally, there is often a lack of political will and insufficient investment in HIV prevention programs targeting adolescents. Governments and policymakers may fail to prioritize adolescent HIV prevention due to competing health and economic challenges. This lack of focus on the adolescent demographic can result in insufficient funding for HIV education programs, limited access to services, and inadequate outreach efforts. To overcome these barriers, there is a need for greater advocacy and policy initiatives that prioritize adolescent health, with a focus on increasing funding for early HIV education and intervention programs, improving healthcare infrastructure, and creating supportive environments for young people.<sup>[42]</sup>

### Successful Early HIV Intervention Programs

Several early HIV intervention programs have demonstrated success in reducing HIV transmission and promoting healthy behaviors among adolescents. These programs often combine education, community engagement, and healthcare access to create a comprehensive strategy for preventing HIV infections. Through a combination of evidence-based practices and context-specific interventions, these programs have proven to be effective in addressing the unique needs of young people, particularly in high-risk areas.<sup>[43]</sup> One notable example is the *Sister-to-Sister* program in South Africa, which has been highly successful in engaging young women in HIV prevention efforts. The program focuses on peer education, with older adolescents or young adults mentoring younger girls to provide accurate HIV information, address emotional issues related to sexual health, and encourage condom use. This peer-to-peer approach fosters a supportive, non-judgmental environment where young people feel more comfortable discussing their concerns and seeking guidance. The program also integrates HIV education with broader topics, such as gender equality and healthy relationships, which empowers participants to make informed decisions and reduces their vulnerability to HIV.<sup>[44]</sup>

Another successful model is the *Teen Club* initiative in Uganda, which targets adolescents living with HIV and provides them with the necessary tools to manage their health and prevent onward transmission. The Teen Club program offers a comprehensive approach, combining clinical care, HIV education, and psychosocial support. Adolescents who participate in this program receive regular HIV testing, counseling, and access to antiretroviral therapy (ART), while also engaging in group discussions about prevention strategies, sexual health, and the importance of adherence to treatment. This holistic approach has led to improved health outcomes and has fostered a sense of community and support among participants, helping to reduce stigma and empower young people to take charge of their health.<sup>[45]</sup> School-based HIV prevention programs have also demonstrated success in reaching large numbers of adolescents with accurate information about HIV and prevention strategies. Programs such as the *ABC for Life* initiative in Tanzania, which was implemented in partnership with local schools, promote abstinence, being faithful, and condom use (the "ABC" approach) to reduce the risk of HIV transmission. This initiative provided students with age-appropriate education about HIV, life skills, and sexual health. By embedding HIV prevention into the school curriculum, the program ensured that young people had access to essential knowledge that would empower them to make safe choices. In addition to school-based interventions, the program encouraged community involvement, including the engagement of parents and teachers, which helped create a supportive environment for HIV prevention efforts.<sup>[46]</sup>

In Kenya, the *PEPFAR-supported Adolescent HIV Prevention Program* has made significant strides in reaching young people with targeted HIV prevention interventions. This program focuses on at-risk adolescents, such as those engaged in transactional sex or those with limited access to healthcare services. By providing HIV testing and counseling in community settings, offering youth-friendly healthcare services, and integrating HIV prevention into broader adolescent health programs, the initiative has been successful in increasing awareness about HIV and encouraging safer sexual practices. The program also works to address the social determinants of health, such as poverty and gender inequality, by providing educational scholarships, skills training, and advocacy for the rights of young people, thereby reducing the risks that adolescents face.<sup>[47]</sup> Mobile health (mHealth) interventions have also proven effective in reaching adolescents with HIV prevention messages in areas where access to traditional healthcare services is limited. In sub-Saharan Africa, several programs have utilized text messages, apps, and other mobile technologies to deliver HIV education, reminders for testing, and information about available prevention services. For example, the *Text to Test* initiative in South Africa uses SMS to remind adolescents to get tested for HIV and to send follow-up messages encouraging continued engagement with care. These mobile health interventions are particularly effective in reaching adolescents who may be reluctant to visit clinics or participate in in-person education sessions, offering an accessible and confidential alternative for obtaining HIV-related information and services.<sup>[47]</sup> Furthermore, community-based programs that integrate HIV education with other health services, such as sexual and reproductive health (SRH) and gender-based violence (GBV) prevention have shown significant success in addressing the broader needs of adolescents. For example, the *Y-Peer* program, an international network of youth organizations, provides comprehensive education on sexual health, HIV prevention, and rights-based approaches to health. Through peer education and community-based outreach, the program empowers adolescents to take control of their health and become agents of change in their communities. By addressing the intersection of HIV with other issues like gender inequality and violence, these programs help reduce vulnerability to HIV and foster a more supportive environment for young people.<sup>[46-47]</sup>

## CONCLUSION

Early HIV education and intervention programs play a crucial role in shaping the future of HIV prevention, particularly among adolescents and young people. By providing timely, accurate information about HIV transmission, prevention, and sexual health, these programs empower individuals to make informed decisions that protect not only their health but also the health of their communities. Successful programs, such as those based on peer education, mobile health interventions, and school-based curricula, have

demonstrated tangible improvements in awareness, behavior change, and HIV prevention outcomes.

## REFERENCES

1. Obeagu EI, Obeagu GU. Harnessing B Cell Responses for Personalized Approaches in HIV Management. *Elite Journal of Immunology*, 2024; 2(2): 15-28.
2. Obeagu EI, Obeagu GU. The Role of L-selectin in Tuberculosis and HIV Coinfection: Implications for Disease Diagnosis and Management. *Elite Journal of Public Health*, 2024; 2(1): 35-51.
3. Obeagu EI, Obeagu GU. Platelet Aberrations in HIV Patients: Assessing Impacts of ART. *Elite Journal of Haematology*, 2024; 2(3): 10-24.
4. Obeagu EI, Obeagu GU. Impact of Maternal Eosinophils on Neonatal Immunity in HIV-Exposed Infants: A Review. *Elite Journal of Immunology*, 2024; 2(3): 1-18.
5. Obeagu EI, Obeagu GU. Advancements in HIV Prevention: Africa's Trailblazing Initiatives and Breakthroughs. *Elite Journal of Public Health*, 2024; 2(1): 52-63.
6. Pederson A, Greaves L, Poole N. Gender-transformative health promotion for women: a framework for action. *Health promotion international*, 2014; 30(1): 140-150.
7. Turchik JA, Hebenstreit CL, Judson SS. An examination of the gender inclusiveness of current theories of sexual violence in adulthood: Recognizing male victims, female perpetrators, and same-sex violence. *Trauma, Violence, & Abuse*, 2016; 17(2): 133-148.
8. World Health Organization. Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. World Health Organization, 2022.
9. Dubé K, Kanazawa J, Campbell C, Boone CA, Maragh-Bass AC, Campbell DM, Agosto-Rosario M, Stockman JK, Diallo DD, Poteat T, Johnson M. Considerations for increasing racial, ethnic, gender, and sexual diversity in HIV cure-related research with analytical treatment interruptions: a qualitative inquiry. *AIDS research and human retroviruses*, 2022; 38(1): 50-63.
10. Reavis KM, Bisgaard N, Canlon B, Dubno JR, Frisina RD, Hertzano R, Humes LE, Mick P, Phillips NA, Pichora-Fuller MK, Shuster B. Sex-linked biology and gender-related research is essential to advancing hearing health. *Ear and hearing*, 2023; 44(1): 10-27.
11. 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.
12. Obeagu EI, Obeagu GU. Understanding ART and Platelet Functionality: Implications for HIV Patients. *Elite Journal of HIV*, 2024; 2(2): 60-73.
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. Immune Modulation in HIV-Positive Neonates: Insights and Implications for Clinical Management. *Elite Journal of Nursing and Health Science*, 2024; 2(3): 59-72.
  15. Obeagu EI, Obeagu GU. Transfusion Therapy in HIV: Risk Mitigation and Benefits for Improved Patient Outcomes. *Asian Journal of Dental and Health Sciences*, Mar 15, 2024; 4(1): 32-7.
  16. Davies SE. Gender empowerment in the health aid sector: Locating best practice in the Australian context. *Australian Journal of International Affairs*, 2018; 72(6): 520-534.
  17. Shetty S. Fostering Inclusive Development in Sub-Saharan Africa Through Gender Equality. *SAIS Review of International Affairs*, 2021; 41(1): 33-48.
  18. Blankenship KM, Reinhard E, Sherman SG, El-Bassel N. Structural interventions for HIV prevention among women who use drugs: A global perspective. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 2015; 69: S140-155.
  19. Tripathi S, Rajeev M. Gender-inclusive development through Fintech: Studying gender-based digital financial inclusion in a cross-country setting. *Sustainability*, 2023; 15(13): 10253.
  20. May JF, Rotenberg S. A call for better integrated policies to accelerate the fertility decline in sub-Saharan Africa. *Studies in family planning*, 2020; 51(2): 193-204.
  21. Obeagu EI, Obeagu GU, Okwuanaso CB. Optimizing Immune Health in HIV Patients through Nutrition: A Review. *Elite Journal of Immunology*, 2024; 2(1): 14-33.
  22. Obeagu EI. Erythropoietin and the Immune System: Relevance in HIV Management. *Elite Journal of Health Science*, 2024; 2(3): 23-35.
  23. Obeagu EI, Obeagu GU. Hematocrit Fluctuations in HIV Patients Co-infected with Malaria Parasites: A Comprehensive Review. *Int. J. Curr. Res. Med. Sci.*, 2024; 10(1): 25-36.
  24. Obeagu EI, Ubosi NI, Obeagu GU, Akram M. Early Infant Diagnosis: Key to Breaking the Chain of HIV Transmission. *Elite Journal of Public Health*, 2024; 2(1): 52-61.
  25. 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.
  26. Rodrigo C, Rajapakse S. HIV, poverty and women. *International Health*, 2010; 2(1): 9-16.
  27. Greener R, Sarkar S. Risk and vulnerability: do socioeconomic factors influence the risk of acquiring HIV in Asia?. *Aids*, 2010; 24: S3-11.
  28. Amin A. Addressing gender inequalities to improve the sexual and reproductive health and wellbeing of women living with HIV. *Journal of the International AIDS Society*, 2015; 18: 20302.
  29. Zierler S, Krieger N. Reframing Women's Risk:: Social Inequalities and HIV Infection. *Women, Medicine, Ethics and the Law*, 2020; 401-436.
  30. Berndt VK, Austin KF. Drought and disproportionate disease: an investigation of gendered vulnerabilities to HIV/AIDS in less-developed nations. *Population and Environment*, 2021; 42(3): 379-405.
  31. 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.
  32. Obeagu EI, Anyiam AF, Obeagu GU. Synergistic Effects of Blood Transfusion and HIV in Children Under 5 Years with Severe Malaria: A Review. *Elite Journal of HIV*, 2024; 2(1): 31-50.
  33. Kim J, Pronyk P, Barnett T, Watts C. Exploring the role of economic empowerment in HIV prevention. *Aids.*, 2008; 22: S57-71.
  34. Chersich MF, Rees HV. Vulnerability of women in southern Africa to infection with HIV: biological determinants and priority health sector interventions. *Aids*, 2008; 22: S27-40.
  35. Folayan MO, Arije O, Enemo A, Sunday A, Muhammad A, Nyako HY, Abdullah RM, Okiwu H, Undelikwo VA, Ogbozor PA, Amusan O. Factors associated with poor access to HIV and sexual and reproductive health services in Nigeria for women and girls living with HIV during the COVID-19 pandemic. *African Journal of AIDS Research*, 2022; 21(2): 171-182.
  36. Armoon B, Higgs P, Fleury MJ, Bayat AH, Moghaddam LF, Bayani A, Fakhri Y. Socio-demographic, clinical and service use determinants associated with HIV related stigma among people living with HIV/AIDS: a systematic review and meta-analysis. *BMC health services research*, 2021; 21: 1-20.
  37. Yah CS, Tambo E. Why is mother to child transmission (MTCT) of HIV a continual threat to new-borns in sub-Saharan Africa (SSA). *Journal of infection and public health*, 2019; 12(2): 213-223.
  38. Wamoyi J, Mshana G, Mongi A, Neke N, Kapiga S, Changalucha J. A review of interventions addressing structural drivers of adolescents' sexual and reproductive health vulnerability in sub-Saharan Africa: implications for sexual health programming. *Reproductive health*, 2014; 11: 1-5.
  39. Zachek CM, Coelho LE, Domingues RM, Clark JL, De Boni RB, Luz PM, Friedman RK, de Andrade ÂC, Veloso VG, Lake JE, Grinsztejn B. The intersection of HIV, social vulnerability, and reproductive health: analysis of women living with HIV in Rio de Janeiro, Brazil from 1996 to 2016. *AIDS and Behavior*, 2019; 23: 1541-1551.
  40. Alemayehu BA. Gender inclusive training challenges in higher education institutions in Ethiopia: Implications for reforming training for gender equality. *International Journal of Didactical Studies*, 2020; 1(1): 16-21.

41. Gudhlanga E, Chirimuuta C, Bhukuvhani C. Towards a gender inclusive curriculum in Zimbabwe's education system: Opportunities and challenges. *Gender and behavior*, 2012; 10(1): 4533-4545.
42. Sevelius JM, Keatley J, Gutierrez-Mock L. HIV/AIDS programming in the United States: considerations affecting transgender women and girls. *Women's Health Issues*, 2011; 21(6): S278-282.
43. Sørensen H. Gender inclusive science education?: The influence of attitudes and values toward science. In *The re-emergence of values in science education*, 2007; 249-267. Brill.
44. Lowik AJ, Knight R. Toward gender-inclusive, nonjudgmental alcohol interventions for pregnant people: challenging assumptions in research and treatment. *Journal of Addiction Medicine*, 2019; 13(5): 335-337.
45. Restar A, Jin H, Operario D. Gender-inclusive and gender-specific approaches in trans health research. *Transgender Health*, 2021; 6(5): 235-239.
46. Keith RM. Gender and food security: cross cutting or crossed out? The challenge of implementing 'gender-just' food security solutions. In *Handbook of Food Security and Society*, 2023; 145-161. Edward Elgar Publishing.
47. Tordoff DM, Restar A, Minalga B, Fernandez A, Dimitrov D, Duerr A, Seattle Trans and Nonbinary Sexual Health (STARS) Advisory Board. Including transgender populations in mathematical models for HIV treatment and prevention: current barriers and policy implications. *Journal of the International AIDS Society*, 2024; 27(6): e26304.