

NARRATIVE LITERATURE REVIEW

ADOLESCENT HEALTH

HIV Infection Among Adolescent Girls and Young Women in Sub-Saharan Africa: Philosophical Perspectives of Sociostructural Risk Factors

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ABSTRACT

Background and Objective: Sociostructural risk factors influence human immunodeficiency virus (HIV) infection outcomes among adolescent girls and young women (AGYW) aged 15–24 in Sub-Saharan Africa. The philosophical perspectives on sociostructural risk factors can be helpful in reducing new HIV infections in this age group. This review aims to describe these perspectives to guide the development and implementation of targeted interventions at preventing new HIV infection among AGYW, while addressing age-gender inequalities in HIV infection risk reduction.

Methods: This literature review examined philosophical perspectives on sociostructural risk factors of HIV infection from June 1981 when improvements in HIV knowledge regarding clinical course and epidemiology began to November 2023. We utilized literature from peer-reviewed papers and books on HIV risk factors and infection outcomes among AGYW, gathered from search engines like PubMed, Google Scholar, and Medline.

Results: The philosophy of sexuality is linked to sociostructural tenets like seduction, early marriage, adultery, and prostitution. Ubuntu's philosophy is influenced by Western culture, such as pornography and adolescent marriages. Realism is linked to sexual violence, HIV stigma, and unfavorable health policy decisions. The philosophy of health integrates natural and holistic phenomena to address HIV infection.

Conclusion and Implications for Translation: The literature reviews suggest that addressing philosophical issues like seduction, early marriages, adultery, prostitution, pornography exposure, sexual violence, and unfavorable policies are crucial for reducing new HIV infection among AGYW and recommend the Ministries of Health to review and adopt these considerations in their respective national HIV prevention guidelines.

Keywords: Philosophical Overview, Sociostructural Determinants of Health, HIV, Risk, Adolescent Girls, Young Women

INTRODUCTION

Background

Human immunodeficiency virus (HIV) infection is a major global public health challenge,^[1,2] affecting mostly vulnerable subpopulations and societies.^[3,4] Adolescent Girls and Young Women (AGYW) in Sub-Saharan Africa are disproportionately affected by HIV infection.^[5,6]

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Sub-Saharan Africa accounted for 25.6 million of the 38.4 million people living with HIV (PLHIV) globally in 2021.^[7] In the same year, AGYW aged 15–24 years comprised 63% of all new HIV infections in Sub-Saharan Africa^[2] and were twice as likely to be living with HIV compared to their male counterparts.^[2] AGYW in different countries of Sub-Saharan Africa face unique HIV risk challenges, including early marriages, gender-based violence, stigma, and limited access to education and healthcare.^[8–12] The higher risk of HIV infection among AGYW aged 15–24 years is attributed to different sociostructural factors^[12–16] varying by geographical context.^[10,17,18] Sociostructural risk factors are elements that affect HIV infection outcomes at the individual, relationship-based, community, and societal levels. These broader social and structural dimensions serve as enabling or constraining factors that directly or indirectly influence AGYW behaviors in relation to HIV infection.^[19] Past studies have revealed that understanding and improving contextual knowledge of philosophical perspectives of sociostructural risk factors among AGYW aged 15–24 years is essential in predicting and addressing new HIV infections.^[20,21] However, it is unclear how philosophical aspects of sociostructural risk factors (independent variable) influence HIV infection outcomes (dependent variable) among the AGYW aged 15–24 years in the different countries of Sub-Saharan Africa,^[5,22–24] yet this specific knowledge is needed to address age-gender inequalities in HIV infection risk reduction.^[25] Hence, this review aimed to provide a deep understanding of the philosophical perspectives of sociostructural risk factors influencing HIV infection outcomes among AGYW in order to guide the development and implementation of targeted interventions to reduce new HIV infection in Sub-Saharan Africa.

Objective

This literature review considered sociostructural risk factors including socioeconomic and structural elements associated with HIV infection, in order to characterize drivers of HIV risk across various socioecological levels.^[19] HIV Infection refers to a viral infection that is transmitted via exposure to infected body fluids such as semen, blood, breast milk, and vaginal fluids, and its outcome is measured as a positive or negative new HIV diagnosis. The review utilized various philosophies to explore the sociostructural risk factors of HIV infection among AGYW.^[22–24] It examines how AGYW acquires and transmits HIV infection and as well as strategies for prevention, highlighting the importance of understanding these factors. The review's exploratory question was, "What philosophical perspectives of sociostructural risk factors influence the acquisition and transmission of HIV infection among AGYW aged 15–24 years in Sub-Saharan Africa?"

Scope

This review explores the philosophical aspects relating to sociostructural risk factors of HIV infection from June 1981, when improvements in HIV knowledge regarding clinical course and epidemiology began to November 2023, focusing on the philosophical understanding of these factors as a measure to reduce HIV infection among AGYW.

METHODS

Search Strategy

This paper generated data from scholarly sources including published academic literature, mainly peer-reviewed papers, and books on the HIV risk factors and HIV infection outcomes among AGYW. Several online information sources provided necessary secondary data by utilizing search terms such as philosophical, perspectives, sociostructural, risk, risk factors, factors, infection, infections, AGYW, aged, 15-24, adolescent, adolescents, young women, and HIV infection outcomes. Various search engines including PubMed, Google Scholar, Medline and Open Access journals were used to generate literature used to describe the philosophical perspectives of sociostructural risk factors. Additionally, relevant articles were found using backward searching by examining the references of found articles, and through forward searching: by locating newer articles that included the original cited paper. The review focused on classical philosophical perspectives of HIV infection among AGYW, highlighting contributions, limitations, differences, and gaps in knowledge.

Study Selection

The researchers analyzed the literature on HIV-related outcomes and explored the sociostructural risk factors and HIV infection outcomes among AGYW in Sub-Saharan Africa. Secondary data on philosophical perspectives of sociostructural risk factors (independent variables) and HIV infection outcomes (dependent variable) among AGYW were selected. The inclusion criteria considered in this study were: the research was published in the English language; the study was conducted between June 1981 and November 2023; the article focused on sociostructural risk factors; the article focused on HIV-related outcomes; and the article related to the philosophical perspectives of HIV infection among AGYW. Studies were excluded if they did not specifically focused on HIV infection, sociostructural risk factors, and philosophical perspectives.

Data Extraction

The review used database querying and text pattern matching to capture key characteristics of published studies based on

information in journal articles and reports. For example, “PubMed was searched using the terms ‘sociostructural risk factors’ and ‘HIV infection outcomes’ from 1981 through November 2023. Data concerning the study goal, a synopsis of the research content, philosophical perspectives of sociostructural risk factors, HIV infection outcomes, and a summary of each study’s characteristics were gathered from the articles. Information extracted for each research primarily focused on the sociostructural risk of acquisition and transmission of HIV infection, the target population of AGYW, human behavior, HIV infection outcomes, and study conclusion summaries.

Two authors separately assessed each of the identified research articles to ascertain eligibility and performed data extraction for the current study. Any inconsistencies between the two authors were discussed and a consensus was reached. The authors developed a complete and accurate table of study descriptions and outcomes and counted various features among the manuscripts’ findings and conclusions, as indicated in Figure 1 and Table 1.

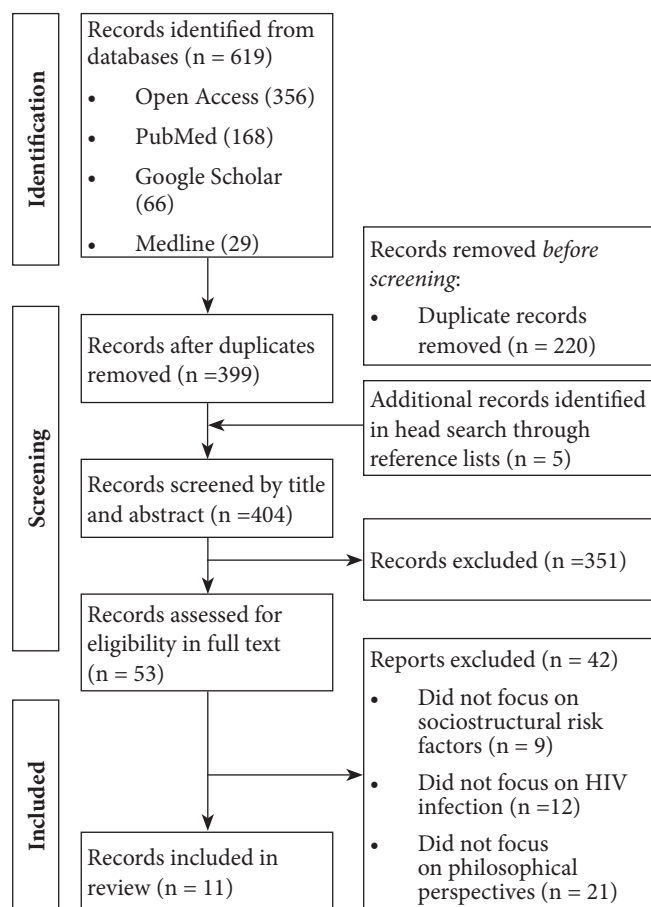


Figure 1: PRISMA flow diagram for identification of studies via databases.

RESULTS

Synthesis of Evidence

Philosophy of sexuality

Most tenets of sexual philosophy are related to human sexuality for the sake of pleasure or reproduction.^[26,27] These tenets include lesbianism, masturbation, conception, contraception, seduction, marriage, adultery, flirting, casual sex, prostitution, sexual harassment, pornography, and bestiality.^[28] Hence the review found strong epistemological support for using this philosophy in sexuality to assess and shape risky behavior practices of various population subgroups in addressing health risks including the assessment of AGYW’s attitudes towards sexuality and associated concerns in practice.^[27,29] Participants in these studies identified concerns regarding sexuality as a priority aspect of healthcare. Implying that healthcare professionals should consider sexuality as important in HIV risk assessment and as a critical public health issue concerning disease prevention, particularly sexually transmitted HIV infections.

African Ubuntu philosophy

Ubuntu is a Zulu word or a Nguni Bantu philosophy meaning “humanity.”^[30] Since the 1950s, when Ubuntu philosophy came into use,^[31] it has been used to explore and inform numerous societal phenomena for reducing HIV risk among youth within and outside of Africa.^[32,33] Ubuntu’s philosophy on education was applied to develop African education and HIV prevention efforts, aiming to decolonize them from Western educational philosophies.^[34] In the predominantly Buganda’s Central region, Sylvia Nagginda, the current “Nnabagereka” translated as the “Queen of Buganda,”^[35] emphasizes HIV prevention education for girls and promotes cultural values that make a good mother or woman in Buganda, including abstinence from premarital sex and stigma reduction among PLHIV.^[36] These values of Ubuntu in the Buganda ethic attest to the sociostructural risks of HIV infection among the AGYW.

Ubuntu philosophy was found not to be universally applicable to all cultures.^[37] The copying of every traditional practice among the AGYW including lesbianism contributed to increased immorality and laziness that made AGYW think they could achieve higher wealth freely and continue to erode the Uganda society values.^[38]

Philosophy of realism

The philosophy of realism has been used in health research since the 6th century BC and continues to influence new thinking and behavior of individuals to date.^[39]

Table 1: Evidence table.

Evidence	Study goal	Synopsis	Study results	Summaries
Tarkang et al. (2018)	To explore the applicability of the Ubuntu concept in enhancing safe sexual practices and positive attitudes toward persons living with HIV	Ubuntu perspective is strongly rooted in positive behavioral change and togetherness across Africa. This perspective could help mitigate negative sociostructural risks for HIV infection among youth.	Sociostructural factors (stigma and discrimination) and risky sexual behaviors impeded efforts by implementers to reduce HIV infection amongst communities in Africa.	Ubuntu philosophical perspective enhances safe sexual practices and positive attitudes towards PLHIV in Africa which results in safe sexual practices among AGYW for HIV prevention.
Ndagire (2014)	To evaluate the influence of Ubuntu philosophy values on indigenous Buganda culture related to HIV prevention among youth in Uganda.	Ubuntu philosophy values were argued to be weakening traditional societies and community beliefs in Uganda. Particularly, the weaker tenets of Ubuntu were used to make indigenous Buganda culture and Ugandans submissive and dependent on colonialists with increased HIV risk among AGYW.	Ubuntu philosophy perspectives contributed to the reduction of sociostructural risk practices for HIV infection such as limiting adolescent marriages, sexual violence, gender-based violence, transactional sex, and early sexual debut in Uganda by institutionalization of local laws that curtailed exposure of youth to social media platforms of pornography and other sexually explicit materials to which young people majorly attributed the increased immorality influenced by western culture.	Health behavioral challenges can be reduced by arguing the populace of Buganda to live by their own example, change their attitude towards the African culture and ensure that they provide adequate time for their youth, and live by the means that they can afford.
Hpanyengwi-Chemhuru & Makuvaza (2014)	To search for a philosophy that will bring relevance to the Zimbabwean education and HIV prevention health systems.	The philosophical foundation of Zimbabwean education systems and health systems is a major challenge that needs reconstruction.	Ubuntu philosophy values influence how we behave and interact as well as perceive others. The education and HIV prevention systems are relevant at any level when they are developed based on the foundations of the Ubuntu philosophy.	The application of Ubuntu philosophy on education and HIV prevention was relevant to the development of African education and HIV prevention efforts and to decolonize it from Western educational philosophies.
Dunbar et al. (2018)	To evaluate the realistic philosophical aspects through which sexual and HIV stigma is reduced in relation to HIV prevention and care engagement.	Philosophical aspects and mechanisms form an integral component that can be activated in different contexts to influence HIV infection acquisition and transmission among subpopulation groups.	Realism philosophical perspectives produced stigma reduction interventions of: (1) self-acceptance, leadership, and motivational activation for health behavior change from intrapersonal strategies; (2) socialization, knowledge sharing, and social empowerment; and (3) community introspection, self-reflection, and humanistic activation from structural strategies.	Realism philosophical perspectives of sociostructural factors such as self-reflection, socialization, and community leaders' sensitization intervened on both anticipated and enacted stigma for HIV prevention.

(Continued)

Evidence	Study goal	Synopsis	Study results	Summaries
Heidemann (2021)	To explore theoretical topography of the aspects of realism philosophy that still frame our understanding of behavioral change concerning HIV infection.	Realist perspectives interact with other layers to produce new mechanisms that trigger behavioral change for HIV infection.	Realism philosophy aspects are many. Realism philosophy was critical to the assessment of practical and logical truth about actual risk behaviors of AGYW and how they related with HIV infection because realism tends toward an actual view of a situation.	The use of this philosophy of realism in health research has continued to influence new thinking and behavior of individuals, particularly the AGYW.
Mick (2007)	To assess patients' philosophy of sexuality experiences and HIV-related health outcomes.	Assessing tenets of sexuality philosophy, diagnosing sexuality problems, and evaluating the health outcomes of interventions to address clients' sexuality concerns is key to comprehensive health care and disease prevention.	Understanding the sexuality philosophy of sociostructural risk factors as patients' perceptions of body image, family roles and functions, relationships, and sexual function helped health workers improve assessment and diagnosis of actual or potential alterations in sexuality perspectives, HIV-related prevention, and treatment outcomes.	Study addressed and validated patients' sexuality philosophical experiences and health outcome concerns. Promoting sexual health and acknowledging the importance of the sexuality philosophy of sociostructural risk factors in patients' lives is critical to disease treatment and prevention including HIV among AGYW clients.
Foucault & Hurley (2008)	To explore all aspects of philosophy of human sexuality related to HIV.	The history and meaning of sexuality are crucial in assessing human behavior related to HIV infection outcomes. Utilization of viewpoints across cultural and national boundaries is essential in exploring biological, cultural, and psychological perspectives of human sexuality.	Most tenets of sexuality philosophy including adultery, flirting, casual sex, and prostitution are related to human sexuality for pleasure or reproduction and influence HIV infection outcomes.	The exploration of AGYW's attitudes towards sexuality includes sexual concerns in practice.
Halwani (2023)	To explore Philosophical Perspectives on Sex and Sexuality.	Most tenets of sexuality philosophy may influence HIV risky sexual behaviors among the AGYW since the AGYW as human beings naturally exercise certain behaviors and use their body organs for pleasure and/or reproduction.	Humans have sex mainly for procreation, love, and pleasure, and these tenets impact HIV acquisition and transmission.	The diversity of knowledge, beliefs, and behaviors among humans, including AGYW, makes sex's value of procreation uncertain. For example, in vitro fertilization technology has the potential to separate procreation from sex.
Michaelson et al. (2016)	To measure the relationship between holistic perspective of sociostructural risk factors, its individual components, and various indicators of adolescent health.	Holism is an ancient theory that can be applied contemporarily to adolescent health and its determinants. This theory suggests that there is value in considering factors that influence adolescent health outcomes together as integrated wholes, in addition to consideration of individual components.	The holistic perspectives measure included sociostructural risk factors: material wealth, meal practices, neighborhood social capital, and social connections. Holistic perspective measure was consistently associated with various health behaviors, and social and emotional health outcomes.	Study findings suggested that it is possible to assess sociostructural risk factors such as family systems holistically. Such systems are strongly associated with adolescent health outcomes including HIV outcomes, and there is a theoretical and etiological value in considering sociostructural risk factors such as family systems as integrated wholes.

(Continued)

Evidence	Study goal	Synopsis	Study results	Summaries
Haberer et al. (2017)	To evaluate the role of holism philosophy in HIV care and treatment as a means to improve antiretroviral therapy adherence in resource-limited settings.	Successful population-level antiretroviral therapy (ART) adherence will be necessary to realize both the clinical and prevention benefits of antiretroviral scale-up and, ultimately, the end of AIDS. Holistic perspectives are likely to improve HIV care and prevention among population subgroups including AGYW.	Philosophical perspectives of holistic caring in HIV risk prevention are a means of treating and taking care of an infected person's whole body, which involves physical, social environment, psychological, cultural, and religious beliefs.	Addressing sociostructural risk factors with appropriate target interventions such as social protection initiatives, provision of economic incentives, AGYW peer counselling, and adolescent clubs were key in HIV risk reduction.
Saad & Prochaska (2020)	To describe the Philosophy of Health by exploring its application of the first five principles of health in improving health behavior and lifestyle.	Philosophy of Health asserts that “integrating principles of health begins with a common-sense definition of health that can also be upheld across existing naturalistic and holistic perspectives of health.” Researchers can observe how sociostructural HIV risk factors affect biological, social, and behavioral functioning which ultimately impact population health.	The philosophy of health perspectives focuses on improving biological immunity, health behavior change, and social change by proposing that two general functions—precision and variation—impact population health at biological, behavioral, and social levels. This higher level of abstraction is used to conclude that integrating functions rather than separated (biological) structures drive healthy public.	HIV/AIDS is a major cause of deaths among AGYW and is strongly linked to health behavior and lifestyle changes. Sociostructural risk factors have individual and societal effects due to their biological, behavioral, and social implications, and hence, the HIV infection reflects an integration of natural and holistic phenomena appropriately explained in the philosophy of health.

Realism philosophy was critical to the assessment of practical and logical truth about actual risk behaviors of AGYW and their correlation with HIV infection because realism tends toward an actual view of a situation. Realism philosophy focuses typically on synthesizing only quantitative studies, answering questions about “what works at the expense of understanding how, in what context, and for whom”^[40,41] and is linked to sociostructural risk factors of HIV infection such as sexual and HIV stigma.^[42] Realists view the world as consisting of strata or layers of reality which may interact with other layers to produce new mechanisms^[39] that trigger behavioral change for HIV infection.^[42]

Philosophy of holism

The term “Holism” is a philosophical perspective based upon ideas that the whole is more than the sum of its constitutive parts, so the reduction of the whole to its constitutive elements eliminates some factors that manifest only when the entity is perceived as a whole.^[43] In 1926, the theory of “holism” and its application in explaining health risk behaviors was described as the idea that natural systems such as physical, biological, or social and their

properties should be viewed not as a collection of parts, but as integrated wholes.^[44]

The modern English term “health” recognizes the essential connection with holism and synergy is generated through the interaction of parts but it does not exist if we take parts alone.^[43]

The philosophy of holism has been used to influence health policies in Canada by harmonizing the socio-political landscape and healthcare financing.^[45] Holistic caring involves taking care of the patient as a whole body, which involves the physical, social environment, psychological, cultural, and religious beliefs.^[46] On the other hand, some philosophers have argued that there is a clear distinction between body and mind, and the separation of body, mind, and spirit shapes attitudes toward health.^[47]

Philosophy of health

The World Health Organization (WHO) definition of health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” has been criticized by philosophers since its inception on April 7, 1948,

despite being intuitive and accessible to a large audience.^[48] It is not necessarily researchable across health disciplines, and without a common definition of health, important communications from patients to doctors, from subjects to researchers, and from researchers to collaborators can become fragmented or lost in translation.^[49] There have been several countersuggestions, arguing for a revised description of health that supports a more holistic understanding of a phenomenon involving complex and interrelated factors,^[45,49] hence giving rise to the philosophy of health.

The philosophy of health asserts that “life is a reality and health is a universal value.” It proposes that “integrating principles of health begins with a common-sense definition of health that can also be upheld across existing naturalistic and holistic perspectives of health.”^[48] The naturalistic perspective defines health as physical, physiological, biological, or natural processes that are observable, tangible, and measurable with modern technology.^[50] The holistic perspective of health contends that holistic phenomena (vital goals, meaning, and purpose) play a central role in population health.^[51]

Gaps and future directions

Past studies exploring HIV risks among vulnerable subpopulations in Uganda were mostly conducted among female sex workers, men who have sex with men, fisher folks, and migrant subpopulations and considered adult populations (18–49 years).^[52–57] Other studies in Kenya and Zambia^[58,59] found age and gender differences in the risk of acquiring HIV. Altogether, these studies left a gap in terms of contextual and geographical settings. The review suggests that future empirical studies be conducted to examine sociostructural risk factors of HIV infection among AGYW aged 15–24 years in Uganda, in order to guide the development of contextual HIV prevention packages for AGYW.

DISCUSSION

Interpretation

The finding that most of the tenets of the philosophy of sexuality are linked to human sexuality for pleasure or reproduction among the AGYW implies that some of the tenets such as adultery, casual sex, and prostitution may influence HIV risky practices among the AGYW, as they are human beings who may use their body organs for pleasure and/or reproduction. Unfortunately, sexuality concerns have been found to be not of high priority in healthcare, and therefore may not be considered important in HIV risk assessment by healthcare professionals. This finding may contribute to the increased risk of HIV infections among the AGYW.

The finding that AGYW’s social values are profoundly ingrained in African Ubuntu traditions such as the social order of togetherness implies that Ubuntu is strongly rooted

in positive behavioral change and togetherness across Africa. This knowledge may act as a recipe for the successful assessments of HIV risks among AGYW and help in redesigning of more effective HIV prevention interventions targeting AGYW in Sub-Saharan Africa.

The result indicates that the philosophy of realism typically appraises quantitative studies, answering questions about “what works” while neglecting the understanding of “how” and “in what context”, poses a limitation in exploring the context of HIV risk reduction interventions among the AGYW aged 15–24 years. Additional philosophies are necessary to generate new knowledge on sociostructural risk factors among AGYW, which can be helpful in designing targeted HIV prevention interventions.

The finding that the theory of “holism” should be viewed not as a collection of parts, but as integrated structure implies that HIV infection may be inextricably linked to other health problems that disproportionately affect AGYW, such as the sexual victimization, stigmatization, alcohol use, and sexually transmitted diseases, and therefore need to be explored holistically. The result emphasizes the importance of undertaking assessments of behavioral health risks for health promotion and disease prevention. Therefore, the philosophy of holism can be used in the assessment of sociostructural risk factors among AGYW for HIV prevention as a major component of public health.

The observation that the Philosophy of Health considers health as a universal value that can also be upheld across existing naturalistic and holistic perspectives suggests that the philosophy can be applied simultaneously to investigate naturalistic and holistic phenomena of sociostructural risk factors and HIV infection outcomes among AGYW.

Sociostructural risk factors have individual and societal effects due to their biological, behavioral, and social implications, and hence, the HIV infection is neither purely naturalistic nor purely holistic (value-laden); rather, it reflects an integration of natural and holistic phenomena appropriately explained in the philosophy of health.

Implications

National governments in Sub-Saharan Africa through their respective ministries of health, education, and gender should adopt targeted HIV prevention initiatives addressing philosophical perspectives of sociostructural risk factors in their national policy on the prevention of new HIV infections among AGYW in order to reduce HIV-related gender disparities and health inequities.

The national governments should strengthen the capacities of individuals, groups, and institutions to provide appropriate socioeconomic empowerment services to AGYW who require them in order to reduce their risk of new HIV infections.

Lastly, the study suggests that Ministers of Health, directors of hospitals, and district health officers should implement an integrated package of prevention services through health facilities and community-based health delivery structures including community health workers to achieve zero new HIV infections by 2030 among the AGYW in Sub-Saharan Africa.

Challenges and Recommendations

The limitations of this narrative literature review were the complete reliance on the previously published research and the availability of these studies using the methodology described in the search strategy (Section 2.1), the study selection criteria (Section 2.2), and the data extraction procedures (Section 2.3). Of the fifty-three original research assessed for eligibility in this literature review, forty-two were removed for non-compliance with the screening procedures. Consequently, their findings were excluded in the final analysis for the following reasons: Lack of focus on sociostructural risk factors ($n = 9$), absence of emphasis on HIV infection ($n = 12$), and insufficient focus on philosophical perspectives ($n = 21$).

Further research in sociostructural HIV risk factors should be carried out to explore the biological, behavioral, and social practices since HIV infection reflects an integration of naturalistic and holistic phenomena.

CONCLUSION AND IMPLICATIONS FOR TRANSLATION

The philosophical perspectives of sociostructural risk factors among AGYW build on the experience and a recapitulation of HIV/AIDS response in addressing the challenges of human behavior. The philosophies of sexuality, Ubuntu, realism, holism, and the philosophy of health were linked to various sociostructural risk factors. The philosophy of sexuality was linked to sociostructural tenets of seduction, early marriage, adultery, and prostitution. Ubuntu philosophy was linked to increased immorality influenced by Western culture such as exposure to pornography and adolescent marriages. The realism perspective explains the gaps in qualitative knowledge of sexual violence. Holism influenced unfavorable health policy decisions. The philosophy of health reflected an integration of natural and holistic phenomena of the sociostructural risk factors and HIV infection. The multisectoral findings enhance understanding of the differences in risk profiles among AGYW and guide the development and effective implementation of social-level interventions to reduce new HIV infections among AGYW in Uganda.

This literature review explored the philosophical perspectives of sociostructural risk factors among AGYW in order to provide appropriate guidance to institutions and individuals

for relevantly engaging AGYW in the HIV/AIDS response, aiming to mitigate the infection and enhance health programming. The findings and recommendations of this review call for discussions among national governments in Sub-Saharan Africa towards the establishment of targeted guidelines and policies addressing philosophical issues of sociostructural risk factors of HIV infection among AGYW. Additionally, it aims to address epistemological gaps on relevant bills relating to HIV prevention and offer a contextually reliable knowledge environment to the parliamentarians to scrutinize the HIV/AIDS policies, monitor, and evaluate activities of African governments and other bodies in combating HIV Infection among AGYW.

Key Messages

- The philosophical perspectives of sociostructural risk factors are important for human immunodeficiency virus (HIV) prevention.
- Uganda's national laws and policies on HIV/AIDS prevention should adopt philosophical perspectives necessary for targeted HIV risk reduction among adolescent girls and young women aged 15–24 years.
- Sociostructural risk factors are unique factors that influence population health.

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COMPLIANCE WITH ETHICAL STANDARDS

Conflicts of Interest

The authors declare no competing interests.

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The authors have nothing to declare.

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Institutional Review Board approval is not required

Declaration of Patient Consent

Patient's consent is not required as there are no patients in this study.

Use of Artificial Intelligence (AI)-Assisted Technology for Manuscript Preparation

The authors confirm that there was no use of Artificial Intelligence (AI)-Assisted Technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

Disclaimer

None.

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