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Strengthening the Capacity of AIDS Care Volunteers for Community-Based Homecare: A Participatory Pathway to Stigma Reduction and Social Transformation

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Abstract: *HIV-related stigma remains a major barrier to effective homecare for people living with HIV (PLHIV). This community service program focused on empowering AIDS Care Volunteers in Bandung, Indonesia. The program aimed to enhance knowledge, caregiving skills, and social acceptance toward PLHIV. Thirty AIDS care volunteers participated in a capacity strengthening workshop co-designed and implemented using a Community-Based Participatory Research (CBPR) approach. Activities included participatory learning sessions, role-play simulations, group reflections, and collective action planning. Evaluation combined pre–post testing and qualitative reflections. Results showed significant improvements in HIV knowledge ($t = -7.60$, $p<0.001$) and social acceptance ($Z = -4.026$, $p<0.001$). Participants also demonstrated increased critical awareness, emergence of local leadership, and stronger collaboration with the Bandung City AIDS Commission. These outcomes highlight the potential of community-based empowerment programs to reduce stigma and strengthen sustainable HIV care.*

Introduction

HIV/AIDS remains a major public health challenge in Indonesia, with persistent stigma and discrimination[1] continuing to undermine effective prevention, treatment, and long-term care [2]. Despite progress in antiretroviral therapy and improved health service coverage, many people living with HIV (PLHIV) still face barriers to receiving adequate

[1] Ibrahim Yigit et al., "Longitudinal Associations of Experienced and Perceived Community Stigma With Antiretroviral Therapy Adherence and Viral Suppression in New-to-Care People With HIV: Mediating Roles of Internalized Stigma and Depression Symptoms," *Journal of Acquired Immune Deficiency Syndromes* 95, no. 3 (2024), https://doi.org/10.1097/QAI.0000000000003360.

[2] UNAIDS, "In Danger: UNAIDS Global AIDS Update 2022," in *In Danger: UNAIDS Global AIDS Update 2022* (2022), https://doi.org/10.18356/9789210019798.

home-based care and psychosocial support [3]. In Bandung, the prevalence of HIV continues to place pressure on both formal health systems and community-based support mechanisms, particularly within family and neighborhood contexts [4].

Warga Peduli AIDS (WPA), or AIDS Care Volunteers, play a critical role in bridging the gap between households, communities, and formal health services. They provide homecare assistance, psychosocial support, and serve as local advocates for stigma reduction [5]. However, assessments by the Bandung City AIDS Commission indicate that many AIDS care volunteers face limitations in knowledge, caregiving skills, and strategies to counter stigma, which reduce their effectiveness as community actors. Strengthening the capacity of AIDS care volunteers is therefore essential not only to improve homecare services but also to build resilience within communities affected by HIV.

The issue of HIV stigma has been widely documented as a determinant of poor adherence, reduced quality of life, and social exclusion [6]. In Indonesia, stigma often originates within family and community settings, where misconceptions about transmission remain common. Addressing stigma and enhancing volunteer capacity requires approaches that combine knowledge transfer with participatory reflection, enabling volunteers to critically examine their own attitudes and practices. Community empowerment models and participatory approaches have been shown to be effective in fostering both individual learning and collective social transformation [7].

Against this background, the present community service program, "Strengthening the Capacity of AIDS Care Volunteers in Community-Based Homecare Support," was designed to enhance the competencies of AIDS care volunteers in Bandung. The program focused on improving HIV knowledge, caregiving skills, and social acceptance toward PLHIV through participatory workshops and collaborative action planning. The expected outcomes included not only improved volunteer capacities but also broader social changes, such as stigma reduction, emergence of local leadership, and stronger

[3] Mona Larki and Robab Latifnejad Roudsari, "Home-Based Care, the Missing Link in Caring of Patients Living with HIV/AIDS and Their Family Members: A Narrative Review," in *International Journal of Community Based Nursing and Midwifery*, vol. 8, no. 3, preprint, 2020, https://doi.org/10.30476/ijcbnm.2020.82771.1085.

[4] Inge De Bresser et al., "Prioritizing HIV/AIDS Prevention Strategies in Bandung, Indonesia: A Cost Analysis of Three Different HIV/AIDS Interventions," *PLoS ONE* 14, no. 8 (2019), https://doi.org/10.1371/journal.pone.0221078.

[5] Jeffries Zwelithini Khosa and Priscilla Gutura, "The Roles of Social Workers and Community Volunteers in Providing Services to Foster Care Children Living with HIV in South Africa: A Scoping Review," in *Social Work and Social Sciences Review*, vol. 24, preprint, 2023, https://doi.org/10.1921/SWSSR.V24I2.2014.

[6] Bach Xuan Tran et al., "Quality of Life Improvement, Social Stigma and Antiretroviral Treatment Adherence: Implications for Long-Term HIV/AIDS Care," *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV* 30, no. 12 (2018), https://doi.org/10.1080/09540121.2018.1510094.

[7] Diana Dushkova and Olga Ivlieva, "Empowering Communities to Act for a Change: A Review of the Community Empowerment Programs towards Sustainability and Resilience," *Sustainability* 16, no. 19 (October 2024): 8700, https://doi.org/10.3390/su16198700.

collaboration between AIDS care volunteers and municipal health governance structures.

The theoretical foundation of this program draws upon empowerment and social transformation frameworks. Empowerment refers to the process through which individuals and groups gain control over decisions and actions that affect their health and well-being, achieved through participation, critical reflection, and capacity strengthening [8]. Social transformation, in this context, denotes the collective shifts in norms, power relations, and institutional practices that arise when empowered communities act to challenge structural stigma and inequality [9]. These theoretical perspectives guided the participatory design and interpretation of outcomes in this study. Therefore, the aim of this community service was to strengthen the capacity of AIDS care volunteers to deliver effective homecare and stigma-reducing support for PLHIV, while fostering empowerment processes that enable sustainable community-driven contributions to the HIV response.

Method

This community service program adopted a Community-Based Participatory Research (CBPR) design, an approach that emphasizes equitable collaboration between researchers, community organizations, and local stakeholders in all phases of the project [10]. In line with CBPR principles, the Bandung City AIDS Commission and AIDS care volunteers were engaged not only as recipients of the intervention but as co-creators of knowledge.

The program employed a pretest–posttest design without a control group, integrated within the CBPR framework. A total of 30 AIDS Care Volunteers participated, each representing one of the 30 sub-districts (kecamatan) in Bandung City. This ensured that all sub-districts were represented and that the program outcomes had city-wide community relevance. Participants were recruited purposively in coordination with Bandung City AIDS Commission. Inclusion criteria included willingness to participate, current involvement in HIV-related community activities, and formal designation as AIDS care volunteers representatives from their respective sub-districts.

The community organizing and action planning process followed a four-stage participatory cycle: engagement and needs assessment, participatory planning,

[8] Dushkova and Ivlieva, "Empowering Communities to Act for a Change: A Review of the Community Empowerment Programs towards Sustainability and Resilience."

[9] Naiema Taliep et al., "Community-Based Participatory Research (CBPR) as an Emancipatory Modality Promoting Social Transformation, Empowerment, Agency, and Activism," in *The Palgrave Handbook of Innovative Community and Clinical Psychologies* (2022), https://doi.org/10.1007/978-3-030-71190-0_24.

[10] Mary Beckman and Joyce F. Long, *Community-Based Research: Teaching for Community Impact*, in *Community-Based Research: Teaching for Community Impact* (2023), https://doi.org/10.4324/9781003443544.

implementation, and reflection and evaluation. This cycle reflects established frameworks of community organizing and participatory health promotion that emphasize co-learning, iterative dialogue, and shared decision-making as strategies to build social capital and reduce structural barriers. In the engagement and needs assessment stage, consultations with Bandung City AIDS Commission officials and AIDS care volunteers representatives identified key issues: gaps in HIV-related knowledge, persistent stigma, and limited caregiving skills for home-based support of PLHIV. The participatory planning stage involved collaborative workshops where AIDS care volunteers worked with team to design the curriculum, adapt learning materials to cultural contexts, and produce a collective action plan aligned with both municipal HIV strategies and grassroots needs.

The implementation stage consisted of a one-day empowerment workshop that combined interactive lectures, peer-to-peer discussions, reflective exercises, and role-play simulations. These activities were designed not only to increase knowledge but also to cultivate empathy, reduce stigma, and strengthen leadership skills among AIDS care volunteers members. Importantly, volunteers were involved as both participants and peer facilitators, reinforcing the CBPR ethos of shared ownership. Literature on adult and transformative learning supports the effectiveness of such participatory and experiential methods in driving attitudinal and behavioral change. Finally, in the reflection and evaluation stage, participants completed pre–post assessments of HIV knowledge and social acceptance, followed by collective reflection sessions and discussed strategies for sustaining improvements. Reflexive evaluation of this kind is central to CBPR because it transforms data into actionable community knowledge and reinforces long-term empowerment. The overall CBPR process is summarized in Figure 1.

Two primary outcome variables were assessed: HIV knowledge and social acceptance of PLHIV. HIV knowledge was measured using the HIV Knowledge Questionnaire-18 (HIV-KQ-18) [11], which consists of 18 items with response options of true, false, and don't know. Social acceptance was measured using the Societal Acceptance of People Living with HIV (SAPH) Scale, which contains 11 items rated on a 5-point Likert scale, ranging from strongly disagree to strongly agree. Both instruments were administered in Indonesian, culturally adapted for the local context, and have demonstrated validity and reliability.

Data collection took place at baseline (pretest) and immediately after the workshop (posttest). HIV knowledge data were normally distributed; thus, a paired t-test was applied to assess differences. For social acceptance, which did not meet normality assumptions, the Wilcoxon signed-rank test was used. Analyses were conducted using SPSS version 26, with significance set at $p < 0.05$. In addition to quantitative evaluation,

[11] Bustanul Arifin et al., "Adaptation and Validation of the HIV Knowledge Questionnaire-18 for the General Population of Indonesia," *Health and Quality of Life Outcomes* 20, no. 1 (December 2022): 55, https://doi.org/10.1186/s12955-022-01963-5.

qualitative reflections were gathered through group discussions, offering deeper insights into volunteers' attitudinal changes, perceptions, and sense of empowerment. These reflections were guided by semi-structured questions such as: "What new understanding did you gain about HIV stigma?", "Which parts of the workshop felt most challenging or transformative?", and "How can you apply these insights in your community work?" Responses were recorded and summarized collaboratively with participants immediately after each session. Rather than a formal multi-step thematic analysis, the team applied a participatory reflection approach, in which key insights were jointly identified, categorized, and validated by volunteers during group debriefings. This process ensured that emerging meanings authentically represented participants' experiences and collective learning.

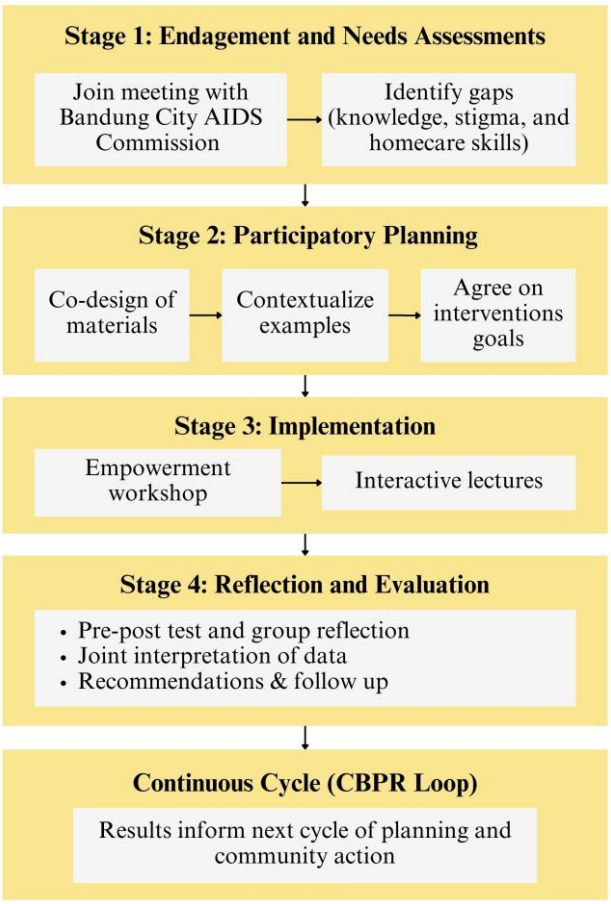

Figure 1. Flow of community-based participatory research (CBPR) process in strengthening AIDS care volunteers capacity for HIV homecare

Result

The community service program yielded significant improvements in both HIV-related knowledge and social acceptance of people living with HIV (PLHIV) among AIDS Care Volunteers. As shown in Table 1, the mean score of HIV knowledge increased from

11.27 (SD = 2.70) at pretest to 14.03 (SD = 2.54) at posttest. The paired *t*-test confirmed that this difference was statistically significant ($t = -7.60$, $p < 0.001$). Similarly, social acceptance toward PLHIV improved markedly, with mean scores rising from 23.73 (SD = 5.74) to 32.30 (SD = 5.28). Since these data were not normally distributed, the Wilcoxon signed-rank test was applied, yielding a significant result ($Z = -4.026$, $p < 0.001$). These findings demonstrate the program's effectiveness in enhancing both cognitive and attitudinal domains.

Table 1. Pre–post differences in HIV knowledge and social acceptance among AIDS care volunteers (n = 30).

Variables	Pretest (Mean ± SD)	Posttest (Mean ± SD)	Comparative
HIV Knowledge	11.27 ± 2.70	14.03 ± 2.54	t = –7.60; p < 0.001
Social Acceptance of PLHIV	23.73 ± 5.74	32.30 ± 5.28	Z = –4.026; p < 0.001

Beyond statistical significance, distributional changes across categories further illustrate the transformation. Figure 2 shows a notable decline in the proportion of participants with low HIV knowledge (from 23.3% to 0%) and a marked increase in those with high knowledge (from 16.7% to 63.3%). Similarly, the proportion of participants with low levels of social acceptance decreased from 66.7% to only 3.3%, while those with high acceptance emerged from 0% at pretest to 10% at posttest. These shifts suggest not only average score improvements but also meaningful movement across knowledge and attitudinal categories, reflecting deeper behavioral and perceptual changes.

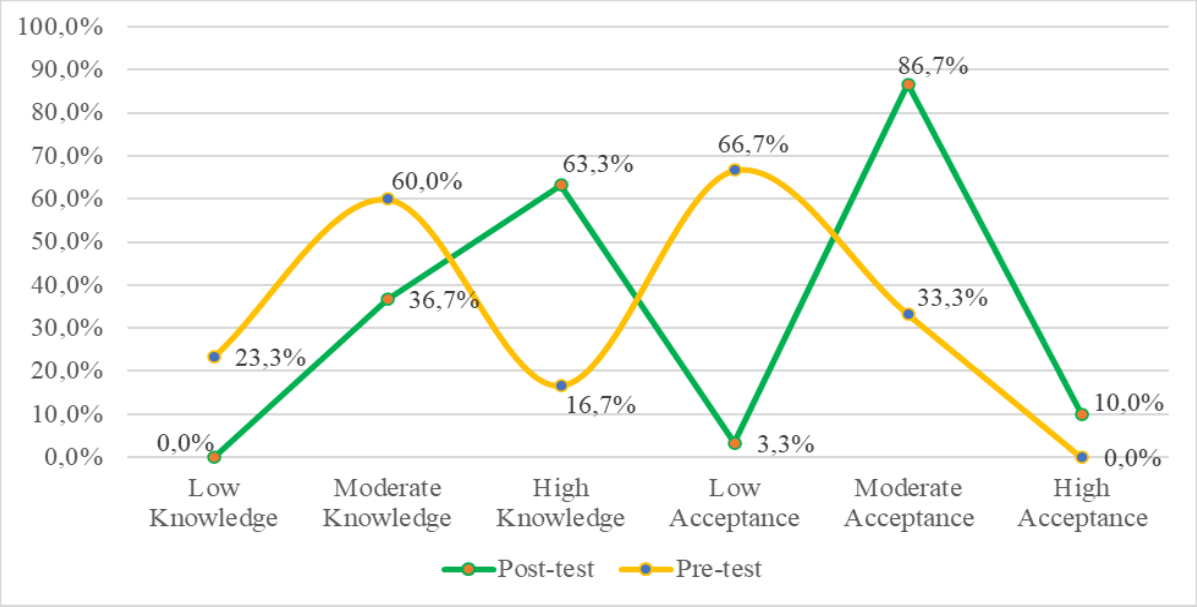

Figure 2. Percentage Changes in HIV Knowledge and Social Acceptance Categories among AIDS Care Volunteers (n = 30)

Beyond these statistical outcomes, the CBPR-driven process facilitated meaningful qualitative changes that unfolded across cognitive, emotional, and relational dimensions. Participants described a heightened awareness of stigma and empathy during role-play sessions, where they reenacted real-life caregiving situations involving disclosure, discrimination, and support. Many admitted that the exercises revealed their own unconscious biases, prompting what one participant called *"a turning point in how we understand stigma."* As one volunteer reflected, *"We realized that sometimes the stigma comes not from outsiders, but from ourselves. We must start changing the way we speak and act toward people with HIV."* These realizations signaled a process of critical awareness (conscientization) consistent with empowerment theory and suggested the early stages of social transformation within the group.

The sessions also encouraged collective responsibility and initiative. Several volunteers spontaneously offered to lead peer dialogues and organize community events, indicating that the learning process had evolved from personal reflection to community-level leadership. This transition from individual insight to collective commitment reflects how participatory learning nurtures agency and local ownership of stigma reduction efforts. At an institutional level, the shared reflection process deepened collaboration between AIDS care volunteers and the Bandung City AIDS Commission. Participants' action plans were subsequently aligned with municipal HIV strategies, ensuring that lessons learned during the program became integrated into broader governance mechanisms. This continuity demonstrates how participatory engagement can extend beyond temporary workshops to influence sustained institutional partnerships and systemic transformation.

Overall, the results indicate that the program succeeded in strengthening AIDS care volunteers capacities in both technical and social dimensions. Quantitative evidence confirmed significant gains in knowledge and acceptance, while qualitative reflections highlighted shifts in critical awareness, the rise of community leadership, and enhanced institutional collaboration. Together, these outcomes illustrate how capacity strengthening, when implemented through a CBPR approach, can extend beyond immediate skill-building to foster long-term processes of empowerment and social transformation.

Discussion

The findings of this capacity strengthening program indicate that a community-empowerment approach can generate meaningful outcomes in enhancing both the knowledge and social attitudes of AIDS care volunteers as frontline volunteers in the HIV response. The significant improvements in HIV knowledge and social acceptance of PLHIV reflect not only the success of the training but also the value of implementing a

participatory methodology that treats community members as co-creators of solutions rather than passive recipients of information.

From a theoretical standpoint, the process aligns with Paulo Freire's concept of critical pedagogy and conscientization [12]. Rather than being limited to didactic information transfer, the program engaged AIDS care volunteers in dialogue and reflective discussion, enabling participants to connect new knowledge with their lived realities. This active and dialogic mode of learning created conditions for deeper understanding, consistent with adult learning theory and empowerment-based approaches in public health. By recognizing that stigma can originate within their own community interactions, AIDS care volunteers reached a critical awareness of their role in either perpetuating or reducing stigma, a key step in transforming social norms.

The attitudinal shifts observed echo global findings that stigma reduction requires more than factual knowledge [13], it requires creating opportunities for empathy-building and collective reflection [14]. The fact that AIDS care volunteers members began to consciously modify their language and attitudes toward PLHIV demonstrates the early stages of social transformation. According to empowerment theory, empowerment occurs when individuals not only gain personal efficacy but also assume collective responsibility for change [15]. This was visible in the emergence of local leadership within the AIDS care volunteers, as some participants volunteered to act as coordinators and community champions for ongoing stigma reduction and homecare support. Such leadership is essential to the sustainability of interventions, as it builds capacity within the community to continue efforts beyond the initial program.

Institutionally, the strengthened collaboration between AIDS care volunteers and the Bandung City AIDS Commission underscores the importance of linking community-driven initiatives with formal governance structures. The integration of AIDS care volunteers -developed action plans into municipal HIV programming reflects a systems-level outcome that extends beyond individual and group-level changes. CBPR literature emphasizes that sustainability of community programs is achieved when grassroots knowledge and strategies are acknowledged and incorporated into institutional policies and practices [16]. In this program, the Bandung City AIDS Commission partnership created

[12] Tania Ramalho, "Paulo Freire, Communication, and Conscientization for Liberation," in *The Handbook of Global Interventions in Communication Theory* (2022), https://doi.org/10.4324/9781003043348-20.

[13] Laura Nyblade, Pia Mingkwan, and Melissa A. Stockton, "Stigma Reduction: An Essential Ingredient to Ending AIDS by 2030," in *The Lancet HIV*, vol. 8, no. 2, preprint, 2021, https://doi.org/10.1016/S2352-3018(20)30309-X.

[14] Emmanuel Ifeanyi Obeagu and Getrude Uzoma Obeagu, "A Review of Knowledge, Attitudes and Socio-Demographic Factors Associated with Non-Adherence to Antiretroviral Therapy among People Living with HIV/AIDS," *International Journal of Advanced Research in Biological Sciences* 10, no. 9 (2023).

[15] Taliep et al., "Community-Based Participatory Research (CBPR) as an Emancipatory Modality Promoting Social Transformation, Empowerment, Agency, and Activism."

[16] P. Qasimah Boston et al., "Community Voices on the Experiences of Community-Based Participatory Research in the Environmental Justice Movement," *Social Sciences* 12, no. 6 (2023),

a bridge between local realities and policy-level action, enhancing the potential for long-term impact.

The trajectory of outcomes in this program mirrors theoretical models of multi-level change in community health promotion [17]. At the individual level, AIDS care volunteers gained knowledge and skills for homecare support. At the interpersonal and community level, they experienced shifts in social attitudes and initiated collective strategies to address stigma [18]. At the institutional level, collaborative governance with Bandung City AIDS Commission reinforced the structural environment needed for sustainability. This multi-level dynamic illustrates how capacity strengthening programs, when guided by participatory methods, can contribute to broader processes of social transformation.

While the program outcomes are encouraging, certain limitations must be acknowledged. The relatively small sample size and single urban context limit the generalizability of the findings. In addition, the evaluation was conducted over a short time frame, preventing assessment of long-term sustainability. These limitations suggest that while the initial outcomes demonstrate promising attitudinal and behavioral shifts, further longitudinal evaluation is necessary to determine whether empowerment and stigma reduction are sustained over time. Future research should incorporate follow-up assessments and comparative community designs to explore mechanisms linking empowerment processes with social transformation [19]. Nonetheless, the integration of quantitative and qualitative data provides a nuanced picture of early change processes. Theoretically, these findings suggest that initial improvements in knowledge and acceptance, coupled with the emergence of local leadership, may serve as precursors to longer-term social and institutional change if supported through iterative cycles of engagement.

Overall, the discussion highlights that the capacity strengthening of AIDS care volunteers in homecare support, implemented through a CBPR approach, is not only effective in improving knowledge and reducing stigma but also in nurturing critical awareness, leadership, and institutional collaboration. These dynamics confirm that community service, when grounded in participatory and empowerment-based frameworks, can evolve into a catalyst for sustainable social transformation in the HIV response.

The outcomes of this program highlight several important implications for

https://doi.org/10.3390/socsci12060358.

[17] Sabina Super et al., "A Multilevel Transition Perspective on Embedding Intersectoral Action in Local Health Policies," *Health Promotion International* 36, no. 4 (2021), https://doi.org/10.1093/heapro/daaa131.

[18] Fangfang Wen et al., "Space-Focused Stereotypes About People Living With HIV/AIDS and the Effects on Community-Approaching Willingness," *Frontiers in Psychology* 13 (April 2022), https://doi.org/10.3389/fpsyg.2022.772639.

[19] Beckman and Long, *Community-Based Research: Teaching for Community Impact*.

stakeholders in the HIV response. For policymakers, integrating community-developed action plans into municipal HIV programs ensures sustainability and contextual relevance, and therefore mechanisms should be institutionalized to allow volunteer participation in planning and decision-making. For health educators, the use of participatory and experiential methods such as role-play, dialogue, and reflection proved effective in improving knowledge and reducing stigma; thus, interactive learning approaches that also foster empathy, critical thinking, and leadership should be prioritized.

For community organizations, the emergence of local champions demonstrates the importance of nurturing grassroots leadership through mentorship, peer networks, and recognition systems, while also strengthening partnerships with formal health systems to sustain collective efforts. Taken together, these implications emphasize that capacity strengthening in HIV care should be framed not only as technical skill-building but as a process of empowerment and systemic integration to reduce stigma, build resilience, and advance equitable access to care.

Conclusion

This study contributes to the theoretical integration of empowerment and CBPR frameworks in community-based HIV care. By demonstrating how participatory learning can trigger both cognitive and relational change, it advances understanding of how empowerment translates into social transformation. Practically, the findings highlight how local leadership and institutional collaboration sustain stigma-reduction initiatives beyond program duration. These insights reaffirm that empowerment-based CBPR is not only an educational approach but also a pathway toward systemic and cultural change in community health.

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