

Community Service Activity Through Health Education on Knowledge Improvement and Prevention of HIV/AIDS



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Abstract: HIV/AIDS is an Acquired Immunodeficiency Syndrome (AIDS) disease, namely a collection of symptoms of the disease caused by the Human Immunodeficiency virus (HIV) found in human body fluids. This disease is a global health threat because cases continue to increase, so it requires substantially innovative health services with effective prevention such as educational counseling, and counseling by health workers, it is very important to pay attention to how the disease is transmitted. This disease counseling provides general information on preventing HIV/AIDS with the hope that sufferers will continue to live socially well, improve their quality of life and prevent new cases and improve continuous treatment services for sufferers. Counseling with lecture, discussion and question and answer methods by both sufferers and the general public, prevents unpleasant stigma and discrimination in society against HIV/AIDS sufferers, the results of this activity found that 80% of respondents knew about HIV/AIDS and 20% of respondents did not know, therefore this counseling provides information to the public that what should be avoided is the disease, not the sufferer.

Keywords: HIV, AIDS, Knowledge, Counseling

1. Introduction

HIV/AIDS remains a major public health challenge worldwide and continues to pose significant threats to community health (Mark, 2024). Acquired Immunodeficiency Syndrome (AIDS) is a clinical condition caused by infection with the Human Immunodeficiency Virus (HIV), which attacks and weakens the human immune system. HIV is transmitted through certain body fluids, including blood, semen, vaginal fluids, and breast milk (Samodra et al., 2023). As the immune system deteriorates, individuals living with HIV become more susceptible to opportunistic infections and other severe health complications. In infants and children, HIV infection may significantly impair growth and development, further increasing morbidity risks (Sari et al., 2023).

Globally, HIV/AIDS continues to be a substantial health burden. Carter and Pandey (2024) reported that since 2021, approximately 370,000 new cases have been identified worldwide, while an estimated 34 million people continue to live with HIV and require sustained access to antiretroviral therapy. The World Health Organization (WHO) and UNAIDS estimate that nearly 38 million people globally are living with HIV, emphasizing the importance of prevention, treatment, and long-term care strategies (Mark, 2024). In Asia alone, approximately 1.8 million new cases have been reported, highlighting the ongoing regional burden of the disease. In Indonesia, data from the national HIV/AIDS information system (PIMS) indicate that since 2017, approximately 280,263 HIV cases have been recorded by the Ministry of Health (Wulandari & Mubarokah, 2024). This high prevalence underscores the urgent need for innovative and sustainable healthcare interventions focusing on effective prevention strategies.

Preventing HIV/AIDS requires comprehensive approaches that emphasize reducing new infections through health education, community outreach, and counseling services delivered by healthcare professionals. Education plays a critical role in increasing public awareness regarding modes of transmission, safe behaviors, early testing, and adherence to treatment. Furthermore, protecting vulnerable populations—particularly women and infants—remains a global priority in HIV prevention programs (Gao et al., 2024).



Therefore, this community service activity aims to provide health education on HIV/AIDS prevention to improve community knowledge, promote preventive behaviors, reduce new infection rates, and encourage continuous treatment adherence among people living with HIV. Through structured health education and counseling, it is expected that individuals can maintain social functioning, reduce stigma, and contribute to the broader goal of controlling the HIV/AIDS epidemic.

2. Materials and Methods

Health counseling at UPT Labuang Baji Hospital Makassar with the group counseling method includes lectures, discussions and questions and answers to patients and their families with an agenda of service activities.

On this occasion, there were 36 participants, including patients and patient companions visiting the Hospital. Starting with the opening by the chairman of PKRS Labuang Baji Makassar Hospital on this occasion was carried out by the HIV/AIDS COUNSELOR OF HOSPITAL. Followed by the introduction of the service implementation team, the opening conveyed that the material that will be provided later is not a taboo disease for the community in general. Of the 36 participants, asked whether they knew about HIV/AIDS, 30 people answered that they knew that they were infected due to sexual intercourse and drug use, the rest answered that they did not know.

HIV/AIDS Knowledge	n	%
Yes	30	80%
No	6	20%
Total	36	100

The following are the implementation of activities by the PKRS team and the community service team; In this activity, the team had the opportunity to convey the objectives of the activity and the presentation of the material, followed by a question and answer session, along with a series of POA activities;

Tabel 1: Planning of Action (POA)

No	Time	Counseling activities	Participant activities
1	5 minutes	Opening: 1. Introducing yourself 2. Convey the purpose and purpose of the implementation of counseling 3. Exploring the target's knowledge of the material to be delivered	1. Answering greetings 2. Pay attention to answering questions
2	35 minutes	Implementation: 1. Explaining HIV /AIDS 2. Explain the purpose of counseling for HIV/AIDS prevention 3. Explain the signs and symptoms of HIV/AIDS as well as the complications of the disease in bleeding and the risk of shock 4. Explain how to prevent <i>HIV/AIDS</i>	1. Listen to the explanation 2. Ask questions about the material
3	20 minutes	Evaluation: 1. Asking patients and families to explain more about HIV /AIDS 2. What is the purpose of <i>HIV/AIDS prevention measures</i> 3. What are the complications and how to treat them immediately.	1. Pay attention to explanations; patients and families repeat the explanations given in their own language. 2. Fluent in answering questions from counseling
4	5 minutes	Cover: 1. Summing up the material 2. Convey evaluation results and feedback 3. Thanking you for participating and saying hello	Answering greetings



3. Results

This community service program applied a health education approach targeting community members and hospital visitors. The initial phase involved coordination with the Hospital Health Promotion Team (KPRS) to prepare the educational session plan and determine the objectives of the counseling activity, which focused on HIV/AIDS education, prevention, and treatment.

The educational sessions were conducted through interactive lectures and discussions. The materials delivered included: (1) the definition and causes of HIV/AIDS; (2) modes of transmission; (3) signs and symptoms according to stages of infection; (4) prevention strategies; and (5) the importance of adherence to lifelong antiretroviral therapy (ART). Participants were encouraged to ask questions and actively engage in discussion.

During the sessions, many participants demonstrated increased awareness regarding HIV transmission routes and prevention strategies. Participants were able to identify that HIV can be transmitted through blood, semen, vaginal fluids, and breast milk, as well as through unprotected sexual intercourse and sharing contaminated needles. They also gained understanding of vertical transmission from mother to child during pregnancy, childbirth, or breastfeeding, consistent with the findings of Adepoju et al. (2024).

The activity also addressed misconceptions and stigma surrounding people living with HIV (PLHIV). Participants expressed improved understanding that discrimination should not be directed toward individuals but rather that preventive measures should focus on controlling the disease. This aligns with Akbar (2024), who emphasized that reducing stigma is essential in supporting treatment adherence and improving social acceptance of PLHIV.

Overall, the educational intervention contributed to improved participant knowledge regarding HIV/AIDS prevention, transmission, and treatment adherence. Increased knowledge is expected to support behavioral change and encourage supportive attitudes toward people living with HIV.

4. Discussion

The implementation of community-based health education proved to be an effective strategy in increasing public knowledge and awareness regarding HIV/AIDS prevention. Education plays a crucial role in reducing misinformation, stigma, and discriminatory attitudes toward individuals living with HIV. As noted by Akbar (2024), stigma and negative rumors remain significant barriers to prevention and treatment efforts. Therefore, sustained educational interventions are necessary to promote accurate understanding that the disease—not the person—should be the focus of prevention efforts.

Improved knowledge obtained through health education may influence attitudes and behaviors, as knowledge can be shaped by both personal and shared experiences (Jusuf et al., 2025). By understanding transmission pathways and preventive measures, individuals are more likely to adopt protective behaviors and support testing and treatment programs.

The information delivered regarding HIV transmission was consistent with scientific evidence showing that HIV spreads through blood, semen, vaginal fluids, and breast milk, with the most common routes being unprotected sexual intercourse and needle sharing (Adepoju et al., 2024). Additionally, participants were informed that adults infected with HIV may remain asymptomatic for years before progressing to AIDS, and that symptoms vary depending on the stage of infection. This knowledge is important to encourage early testing and continuous treatment.

Beyond prevention, the educational sessions emphasized the importance of maintaining quality of life among people living with HIV. With proper treatment and adherence to ART, individuals can maintain immune function, remain productive, and experience improved self-rated health (Beer et al., 2024). However, long-term treatment may also affect mental and emotional well-being. Therefore, integrating the concept of a healing environment is essential to support holistic recovery, restoring balance between body, mind, and spirit (Istri et al., 2024).

The involvement of patients and families in educational activities can increase motivation to maintain health quality (Saputra et al., 2023) and encourage healthy lifestyle behaviors to prevent disease transmission (Mardiyani et al., 2020). Thus, health education programs in hospital and community settings should be conducted continuously and sustainably to ensure long-term impact.

5. Conclusions

The implementation of community-based health education on HIV/AIDS in the hospital setting demonstrated a positive impact on participants' knowledge and awareness regarding transmission, prevention, and treatment of HIV/AIDS. The activity successfully addressed misconceptions and reduced stigma toward people living with HIV by emphasizing that prevention efforts should focus on controlling the disease rather than discriminating against individuals.

Through structured counseling and interactive discussions, participants gained a clearer understanding of HIV transmission routes, early symptoms, vertical transmission, and the importance of consistent antiretroviral therapy (ART). Increased knowledge is expected to encourage preventive behaviors, promote early testing, and strengthen treatment adherence.

In addition, the integration of family involvement and the concept of a supportive healing environment contributed to enhancing motivation and improving the quality of life for individuals living with HIV. Therefore, continuous and sustainable



health education programs are essential to reduce new infections, minimize stigma, and improve comprehensive HIV/AIDS prevention and care services within the community.

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Conflict of Interest

No conflicts of interest

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