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GENREMU SAY NO TO HIV: COMMUNITY-BASED HIV HEALTH EDUCATION AND MENTORING FOR ADOLESCENT PREVENTION

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Abstrak: HIV masih menjadi permasalahan kesehatan global, termasuk di Indonesia, dengan remaja sebagai kelompok berisiko tinggi akibat rendahnya literasi kesehatan terkait HIV. Program GenreMU Say No to HIV dikembangkan sebagai upaya penguatan literasi kesehatan remaja melalui pendekatan berbasis komunitas. Program ini bertujuan untuk meningkatkan pengetahuan, self-efficacy, serta perubahan cara pandang remaja dalam pencegahan HIV. Metode pelaksanaan kegiatan pengabdian masyarakat ini menggunakan *community-based approach* Research, yang memungkinkan keterlibatan aktif komunitas dalam setiap tahapan program, mulai dari identifikasi masalah hingga implementasi dan evaluasi. Kegiatan dilakukan melalui pelatihan interaktif yang melibatkan diskusi, simulasi, serta pendekatan peer-education. Evaluasi dilakukan menggunakan desain pre-test dan post-test terhadap 124 peserta remaja, dengan pengukuran perubahan skor pengetahuan dan self-efficacy. Hasil menunjukkan adanya peningkatan dalam aspek pengetahuan HIV serta self-efficacy dalam pencegahan perilaku berisiko setelah pelatihan. Implikasi dari program ini meliputi perlunya integrasi edukasi HIV berbasis mentoring kesehatan ke dalam kurikulum sekolah, penguatan program *peer-education*, serta dukungan kebijakan pemerintah dalam meningkatkan akses remaja terhadap informasi kesehatan yang akurat dan inklusif.

Kata Kunci: community-based research, literasi kesehatan, HIV, remaja, efikasi diri

Abstract: HIV remains a global health issue, including in Indonesia, with adolescents identified as a high-risk group due to low health literacy related to HIV. The GenreMU Say No to HIV program was developed to strengthen adolescent health literacy through a community-based approach. This program aims to enhance knowledge, self-efficacy, and adolescents' perspectives on HIV prevention. This community service activity was implemented using a Community-Based approach, emphasizing participatory planning, health education delivery, and outcome evaluation through pre- and post-activity assessments. The activities were conducted through interactive training sessions incorporating discussions, simulations, and a peer-education approach. The evaluation utilized a pre-test and post-test design involving 124 adolescent participants, assessing changes in knowledge and self-efficacy scores. The findings indicated a significant improvement in HIV knowledge and self-efficacy in preventing risky behaviors following the training. The program's implications highlight the need to integrate structured HIV health education and mentoring programs into school-based youth development initiatives, strengthen peer-education programs, and advocate for government policies that enhance adolescent access to accurate and inclusive health information.

Keywords: community-based research, health literacy, HIV, adolescents, self-efficacy

Introduction

Human Immunodeficiency Virus (HIV) infection remains a significant global health challenge. According to the latest data, HIV has cumulatively caused approximately 630,000 deaths, with a total of 39.9 million recorded cases by the end of 2023, primarily affecting individuals aged 15 years and older (World Health Organization, 2024). Among these cases, approximately 1,010,000 were young people aged 15–19 years, while in 2023 alone, 360,000 young individuals (15–24 years) and 140,000 adolescents (15–19 years) were newly infected

(UNAIDS, 2024). Unfortunately, the decline in HIV infection rates among adolescents has not been sufficient to meet the goal of HIV elimination by 2030 (UNICEF, 2024).

In Indonesia, HIV cases continue to rise. Data from the Indonesian Ministry of Health (2022) indicate that by 2022, there were 367,401 cumulative cases, with 52,955 new cases recorded within a year. West Java Province ranked first, reporting 8,680 new cases throughout 2022. Among individuals aged 15–19 years, new cases accounted for 3.9% of total new HIV infections, equivalent to approximately 330 individuals (Kementerian Kesehatan RI, 2022). This alarming trend necessitates serious attention, as adolescents represent the future generation and require adequate health education to prevent the continued rise of HIV cases.

Adolescence is a critical period marked by biological, psychological, and social changes that increase vulnerability to risky behaviors, including high-risk sexual activities that elevate the likelihood of HIV transmission (Nabunya et al., 2024). Several factors contribute to such behaviors, including unprotected sexual activity, multiple sexual partners, early sexual initiation, transactional sex, intravenous drug use, and excessive exposure to pornography (Boislard et al., 2016; Pengpid & Peltzer, 2021; Wilandika, 2018).

However, adolescents' curiosity about sexuality and HIV is often not accompanied by adequate health literacy. Studies indicate that low HIV-related health literacy contributes to poor understanding, attitudes, and self-efficacy in preventing HIV infection (Hamid et al., 2020; Wilandika, 2018; Wilandika et al., 2024). Many adolescents face limited access to accurate information about HIV, as schools and parents often avoid discussions about reproductive health due to cultural and social sensitivities (Fleary et al., 2018; Naserirad et al., 2019). Consequently, they lack effective strategies to avoid behaviors that increase their risk of HIV infection.

Additionally, both parents and school systems often hesitate to provide comprehensive reproductive health education due to the sensitive nature of the topic. As a result, adolescents are left without effective HIV prevention strategies and lack the necessary sexual health literacy to reduce their involvement in risky sexual behaviors. One strategy to enhance adolescents' ability to prevent HIV-risk behaviors is through structured, systematic mentoring programs that strengthen their knowledge and confidence in preventive behaviors (Gutiérrez et al., 2018; Wilandika, Yusuf, Kurniawati, & Sari, 2024). Referring to the HIV Health Literacy (HALTRA) Model (Wilandika, Yusuf, Kurniawati, & Sari, 2024), improving knowledge and self-efficacy in HIV prevention can be achieved through targeted health mentoring programs for adolescents.

Observations and interviews conducted by the team with representatives from SMA Muhammadiyah 5 Rancaekek in West Java Province revealed that students had insufficient knowledge about HIV and highlighted the importance of strengthening adolescents' knowledge and confidence in HIV prevention within the school context. Notably, reports indicated that some male students consumed over-the-counter sedatives as a means of stress relief outside of school, which could lead to substance-related risk behaviors and unprotected sexual activities. Discussions further revealed that education on risky sexual behaviors and HIV prevention was infrequent, with health education sporadically provided by local community health centers (Puskesmas) rather than through a structured school curriculum. Interviews with students also indicated that their knowledge of HIV was inadequate, with many believing that HIV is not a

sexually transmitted disease. Some students struggled to explain how HIV is transmitted and how it can be prevented. A review of the school curriculum confirmed the absence of a dedicated health education subject, particularly concerning HIV prevention.

Therefore, an intervention program is urgently needed, not only to increase knowledge but also to enhance self-efficacy and foster a youth-led community dedicated to HIV prevention. To address these priority issues, this community service introduces a structured health mentoring program for HIV prevention among adolescents. This community service program aims to: (1) enhance adolescents' knowledge of HIV, including its risks, impact, transmission, and preventive strategies; (2) improve self-efficacy in HIV prevention through systematic health literacy education and mentoring; dan (3) establish a youth-led HIV awareness community, "GenreMU: Say No to HIV", to serve as peer educators and change agents in school environments.

Methods

This community service activity applied a community-based participatory approach focusing on planning, implementation, evaluation, and sustainability of HIV health education (Flicker et al., 2008; Lee et al., 2024). This method integrates direct community engagement with conceptual learning and procedural fluency, facilitating a bidirectional knowledge transfer between the team and the community partners. The strategy framework consists of several key stages: laying the foundation, activity planning, information gathering and analysis, and acting on findings (Beckman & Long, 2023). The problem-solving framework applied in this program is illustrated in Figure 1.

Laying the foundation

The initial phase of the program involved a preliminary study to assess the conditions and needs of the target community, specifically students at SMA Muhammadiyah 5 Rancaekek in Bandung Regency. The team conducted site visits to observe firsthand the prevailing conditions and challenges students face. Data collection methods included correspondence, interviews, and focus group discussions (FGDs) with students, teachers, and school administrators. These activities provided a comprehensive understanding of the community's needs, enabling the team to map key issues, establish program objectives, identify priorities, and determine the intervention's ultimate goals.

Activity planning

Following the assessment, the community services team collaborated with the school to design a structured intervention aligned with students' needs. Internal coordination meetings and discussions with stakeholders facilitated the development of a tailored program. The team carefully planned activities, considering time constraints, participant needs, and program objectives. The initial planning stage involved selecting expert speakers, preparing educational materials, and ensuring the availability of necessary tools and instruments. Additionally, the team coordinated with the school to determine the program schedule and select student participants. The school administration played an active role in planning, organizing, and

coordinating internal activities, and in selecting students to participate.

To ensure smooth implementation, the community services team prepared sufficient personnel, equipment, venues, and logistical support. The school contributed by providing essential resources, including a sound system, projectors, and appropriate classroom spaces, for the mentoring sessions. Once all preparations were finalized, the team and school representatives conducted a socialization session to introduce the program to students. The school assisted in disseminating information about the initiative to encourage participation across grade levels.

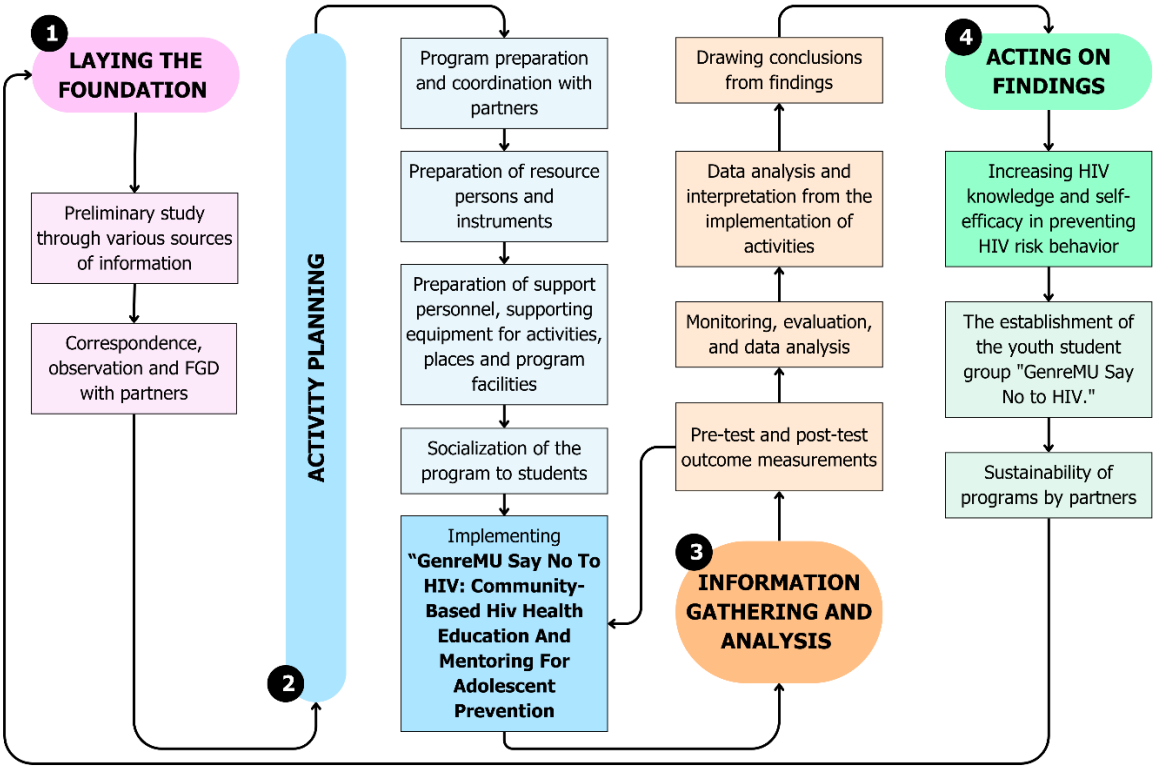

Figure 1. The Problem-solving Framework

Program Implementation

The intervention was conducted at SMA Muhammadiyah 5 Rancaekek, engaging 124 students from grades 10 to 12. The program consisted of two sessions held between January and February 2025, followed by an evaluation session on February 7, 2025. Each session lasted 120 minutes and was facilitated by a team comprising two faculty members, three university students, and a designated school coordinator. The intervention, titled "GenreMU: Say No to HIV," focused on health literacy mentoring related to HIV prevention.

The educational content covered several key areas, including an introduction to HIV, global and local epidemiological trends, and risk behaviors associated with HIV transmission, such as unprotected sexual activity, substance abuse, and excessive exposure to pornography. The program emphasized prevention strategies, equipping students with the knowledge and skills to make informed decisions regarding their health. The sessions were conducted in a face-

to-face setting to maximize interactivity and engagement.

Figure 2. Pamphlet and Activity Documentation

Monitoring, evaluation, and data analysis

Monitoring and evaluation were integral components of the initiative, designed to assess the program's effectiveness. Pre-test and post-test assessments were conducted to measure improvements in students' HIV knowledge and self-efficacy in preventing risky behaviors. A psychometrically validated questionnaire was utilized to ensure the reliability and validity of the measurements (Wilandika et al., 2022). Participants completed paper-based questionnaires before and after the intervention.

After data collection, the research team performed statistical analysis using IBM SPSS version 26.0. The Kolmogorov-Smirnov test was applied to assess data normality, with continuous data presented as means and standard deviations and categorical data reported as frequencies and percentages. The impact of the intervention was evaluated by comparing pre-test and post-test results using the Wilcoxon test. Findings were subsequently shared with school representatives to inform future educational strategies.

Acting on findings

The final phase focused on translating findings into actionable steps to ensure program sustainability. A follow-up focus group discussion (FGD) was conducted with the school representatives to analyze key insights and develop long-term HIV prevention strategies. As part of the sustainability plan, the "GenreMU: Say No to HIV" student group was established as peer educators, serving as agents of change in their school community. These student ambassadors are responsible for disseminating HIV-related knowledge among their peers, with ongoing support and facilitation from teachers and school administrators.

Results and Discussion

The community engagement program GenreMU Say No to HIV aimed to enhance high school students' HIV health literacy through a community-based educational approach. The program evaluation measured changes in knowledge and self-efficacy in preventing high-risk behaviors associated with HIV before and after the intervention. A total of 124 students

participated, with diverse backgrounds in terms of age, gender, residence, and prior exposure to HIV-related information.

Table 1 presents participants' characteristics and their knowledge and self-efficacy scores before and after the program. The majority of participants were 17 years old (36.3%), followed by those aged 16 (23.4%) and 18 (21.0%). Most participants were female (81.9%), while male participants comprised only 18.1%. All participants identified as Muslim (100%), with the majority residing in Rancaekek (77.4%), followed by Bandung (13.7%) and Jatinangor (8.9%). Prior to the intervention, 75.0% of participants had some exposure to HIV-related information, while 25.0% had never received any information. These findings indicate that although most participants had some prior knowledge of HIV, more comprehensive education was necessary to enhance their understanding and awareness of risks and prevention strategies.

Table 1. Overview of Personal Characteristics, HIV Knowledge, Self-Efficacy Level for HIV Risk Behavior Prevention Before and After GenreMU Initiative

Characteristics	Total n (%)	Knowledge		Self-Efficacy	
		Pre-test Mean±SD	Post-test Mean±SD	Pre-test Mean±SD	Post-test Mean±SD
Age					
15 years	18 (14.5)	65.0±9.0	83.4±10.9	74.4±9.9	80.6±10.2
16 years	29 (23.4)	66,6±7.4	82.6±9.3	74.0±8.2	75.8±10.5
17 years	45 (36.3)	65.7±9.5	82.3±9.7	73.5±7.6	77.3±6.2
18 years	26 (21.0)	67.4±6.8	79.7±8.6	73.6±7.9	80.0±10.3
19 years	5 (4.0)	65.9±3.0	79.3±8.1	69.8±8.1	77.8±9.5
20 years	1 (0.8)	51.9±0.0	92.6±0.0	68.0±0.0	69.0±0.0
Gender					
Men	25 (18.1)	64.7±10.2	83.1±10.0	72.3±9.5	76.5±9.2
Women	113 (81.9)	67.1±6.4	81.0±9.1	74.4±6.9	78.9±8.8
Religion					
Moeslem	124 (100)	66.1±8.2	81.9±9.5	73.5±8.1	77.9±9.0
Domicile					
Bandung	17 (13.7)	63.4±8.7	83.4±9.7	73.8±7.9	75.2±12.6
Jatinangor	11 (8.9)	60.6±11.5	79.4±8.3	74.0±11.8	76.9±8.0
Rancaekek	96 (77.4)	67.2±7.4	81.9±9.6	73.4±7.7	78.5±8.4
HIV information exposure					
Yes	93 (75.0)	65.7±8.6	81.8±9.0	73.4±7.5	77.0±8.9
No	31 (25.0)	67.2±7.1	82.3±10.9	74.0±9.7	80.6±9.1

Table 2 presents the evaluation results, indicating a significant improvement in knowledge and self-efficacy scores after participating in GenreMU Say No to HIV initiatives. The average pre-test HIV knowledge score was 66.1±8.2, which significantly increased to 81.9±9.5 in the post-test. Similarly, self-efficacy in preventing high-risk behaviors related to HIV improved from 73.5±8.1 in the pre-test to 77.9±9.0 in the post-test.

Self-efficacy in HIV prevention was measured across three main dimensions: generality (overall confidence), strength (degree of confidence), and magnitude (extent of belief in one's

ability to avoid high-risk behaviors). The analysis (Table 2) revealed significant improvements in all dimensions after the intervention. Generality increased from 20.3±3.1 to 21.6±3.0 (ΔMean = 1.3, p = 0.001), while strength increased from 35.3±5.2 to 37.4±5.4 (ΔMean = 2.1, p = 0.002). The magnitude dimension showed the greatest improvement, increasing from 16.5±4.7 to 20.1±4.0 (ΔMean = 3.6, p = 0.001), indicating that the intervention significantly enhanced participants' confidence in avoiding high-risk behaviors.

Table 2. Test Results for Comparison of HIV Knowledge and Self-Efficacy for HIV Risk Behavior Prevention Scores Before and After GenreMU Initiative

Variables and Indicators	Pre-test	Post-test	Δ Mean	Wilcoxon test (p)
	Mean±SD	Mean±SD		
HIV knowledge	**66.1±8.2**	**81.94±9.0**	**15.84**	**0.001**
HIV basic information	68.7±11.1	86.6±13.6	17.9	0.001
Media and transmission modes	49.0±13.3	81.2±16.8	32.2	0.001
Stage and impact of HIV	70.6±11.6	80.9±15.4	10.3	0.001
HIV transmission prevention	70.4±15.2	79.0±14.9	8.6	0.001
Self-efficacy for HIV risk behavior Prevention	**73.5±8.1**	**77.9±9.0**	**4.4**	**0.001**
Generality	20.3±3.1	21.6±3.0	1.3	0.001
Strength	35.3±5.2	37.4±5.4	2.1	0.002
Magnitude	16.5±4.7	20.1±4.0	3.6	0.001

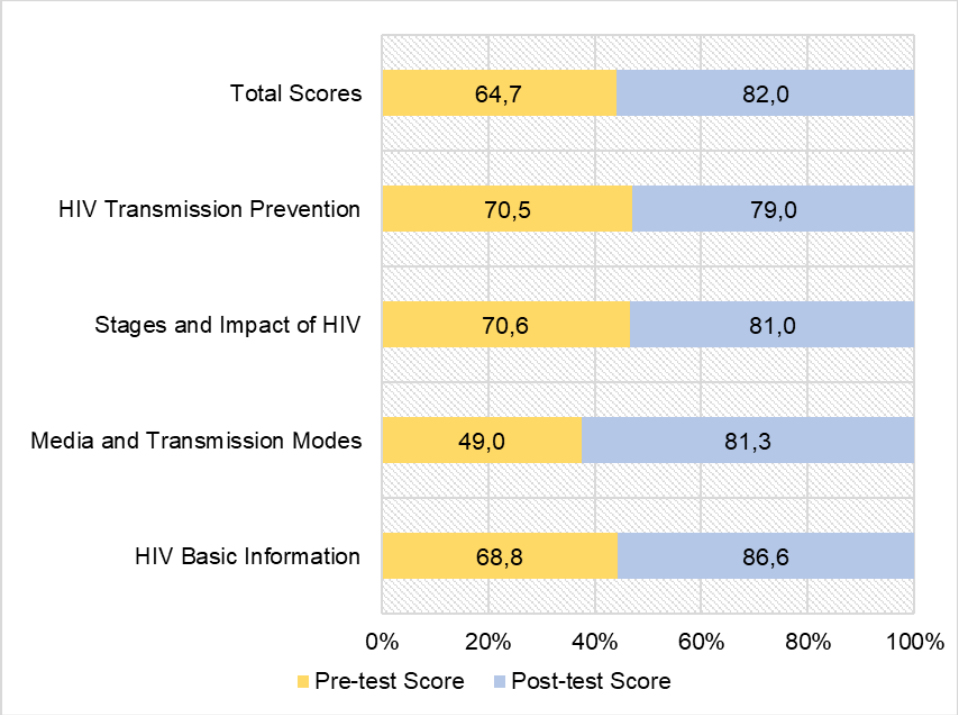

Figure 3. Comparison of the Average Score of HIV Knowledge Aspects Before and After the GenreMU Initiative

Figure 3 compares average HIV knowledge scores before and after the GenreMU Say No to HIV initiative. The findings indicate an increase in all categories of HIV knowledge, with the

most significant improvement observed in the media and transmission modes category, which increased from 49.0% to 81.3%. This result suggests that the training effectively enhanced participants' understanding of HIV transmission.

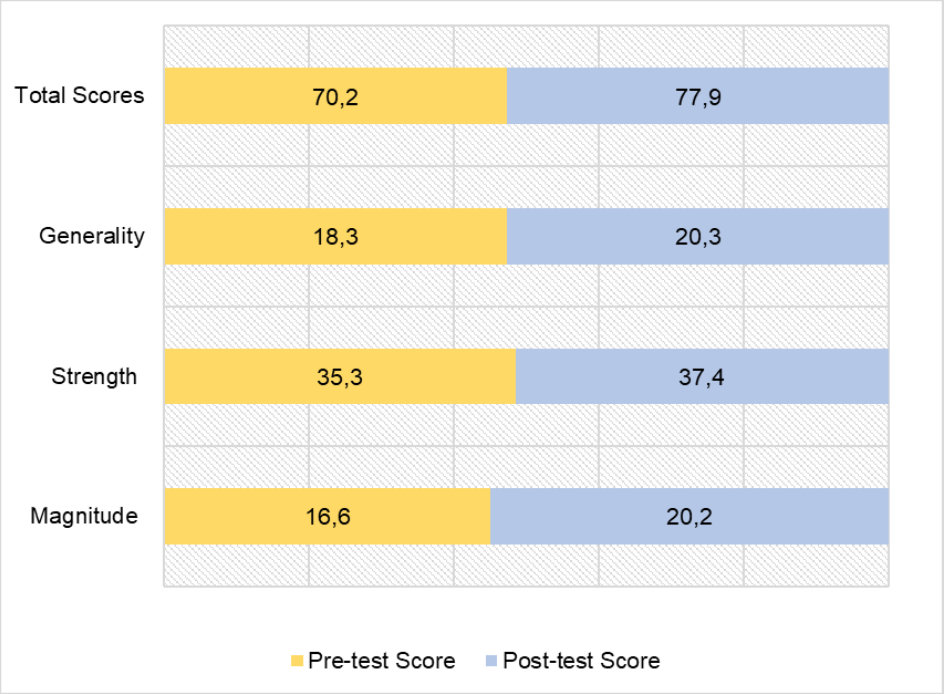

Figure 4. Comparison of Self-Efficacy Dimension Scores for HIV Risk Behavior Prevention Before and After GenreMU Training

Figure 4 compares the dimensions of self-efficacy in HIV prevention before and after the program. All dimensions showed improvement, with the overall average score increasing from 70.2 to 77.9. The strength dimension increased from 35.3 to 37.4, while the magnitude dimension rose from 16.6 to 20.2. These findings suggest that the program not only increased participants' knowledge but also strengthened their confidence in implementing preventive measures.

The results of this community services initiative demonstrate that GenreMU Say No to HIV successfully improved adolescents' knowledge and self-efficacy in HIV/AIDS prevention and reshaped participants' perspectives on the issue. The consistent increase in pre-test and post-test scores across multiple knowledge and self-efficacy dimensions highlights the effectiveness of the community-based educational approach. These findings align with previous studies suggesting that enhanced self-efficacy in preventive behaviors increases the likelihood of adopting healthy behaviors (Kteily-Hawa et al., 2020; Mahat & Scoloveno, 2010; Wilandika, 2020). Additionally, the results support prior research indicating that social interaction-based education is more effective in improving knowledge and confidence in preventing various high-risk behaviors, particularly among adolescents (Garcia-Carrion et al., 2019). Beyond knowledge enhancement, the program influenced shifts in adolescents' mindset and behavior regarding HIV prevention.

Before the program, many participants held misconceptions about HIV transmission and preventive measures. After the program, they demonstrated a better understanding and increased confidence in discussing and adopting preventive actions. This improvement is significant because, according to the Health Belief Model (HBM), increased knowledge enhances individuals' perceptions of risk and the benefits of preventive actions, ultimately leading to healthier behaviors (Joorbonyan et al., 2022; Kissal & Kartal, 2019).

Furthermore, the program contributed to reducing social stigma related to HIV/AIDS, which remains a major barrier to HIV prevention and management. Consistent with previous studies, health mentoring programs designed to improve knowledge and self-efficacy can reduce HIV incidence among adolescents (Mahat & Scoloveno, 2010; Yu et al., 2021). Participants in GenreMU Say No to HIV demonstrated a deeper understanding and stronger commitment to HIV prevention following the training. Thus, the program not only affected individual participants but also had broader social implications, transforming community norms and attitudes toward HIV.

From a practical perspective, this program offers several important implications:

(1) For healthcare practitioners: more participatory educational methods should be incorporated into HIV prevention programs, emphasizing interactive approaches to health literacy and behavioral attitudes.
(2) For educational institutions: Schools should take a more active role in integrating reproductive health and HIV education into their curricula while fostering an environment that encourages open discussions on sexual health.
(3) For policymakers: HIV education policies should be strengthened by supporting community-based programs, particularly those facilitated by local healthcare centers (Puskesmas), and expanding adolescent access to inclusive and confidential reproductive health services.

Conclusion

The results of this community service initiative demonstrate that the GenreMU Say No to HIV program has successfully enhanced adolescents' knowledge, self-efficacy, and perspectives on HIV, directly contributing to HIV prevention efforts among young people. Health mentoring aimed at improving health literacy has proven effective in increasing both knowledge and self-efficacy, ultimately supporting positive behavioral changes in disease prevention. As a follow-up, this program can be expanded to reach a broader community while leveraging digital technology as an inclusive and sustainable educational platform. Furthermore, additional community-based research is needed to evaluate the long-term impact of this intervention on behavioral changes and the reduction of HIV infection risk among adolescents. With continuous evidence-based improvements, HIV prevention efforts can be more effective and sustainable in the future, aligning with the Government of Indonesia's Indonesia Free from AIDS 2030 initiative.

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References

Beckman, M., & Long, J. F. (2023). Community-based Research: Teaching for Community Impact. In *Community-Based Research: Teaching for Community Impact*. https://doi.org/10.4324/9781003443544

Boislard, M. A., Bongardt, D. Van De, & Blais, M. (2016). Sexuality (and lack thereof) in adolescence and early adulthood: A review of the literature. In *Behavioral Sciences* (Vol. 6, Issue 1). https://doi.org/10.3390/bs6010008

Fleary, S. A., Joseph, P., & Pappagianopoulos, J. E. (2018). Adolescent health literacy and health behaviors: A systematic review. *Journal of Adolescence*, *62*, 116–127. https://doi.org/10.1016/j.adolescence.2017.11.010

Flicker, S., Savan, B., Kolenda, B., & Mildenberger, M. (2008). A snapshot of community-based research in Canada: Who? What? Why? How? *Health Education Research*, *23*(1). https://doi.org/10.1093/her/cym007

Garcia-Carrion, R., Villarejo, B. C., & Villardón-Gallego, L. (2019). Children and adolescents mental health: A systematic review of interaction-based interventions in schools and communities. In *Frontiers in Psychology* (Vol. 10, Issue APR). https://doi.org/10.3389/fpsyg.2019.00918

Gutiérrez, M. F., Bas-Sarmiento, P., Albar-Marín, M. J., Paloma-Castro, O., & Romero-Sánchez, J. M. (2018). Health literacy interventions for immigrant populations: a systematic review. *International Nursing Review*, *65*(1), 54–64. https://doi.org/10.1111/inr.12373

Hamid, A.M., Tamam, E., & Nizam bin Osman, M. (2020). Relationships between Media Exposure and Knowledge, Attitude, and Practice on HIV/AIDS: A Cross Sectional Survey of Adolescent Islamiyya Girls in Nigeria. *Health Communication*, *35*(4). https://doi.org/10.1080/10410236.2018.1564960

Joorbonyan, H., Ghaffari, M., & Rakhshanderou, S. (2022). Peer-led theoretically Desinged HIV/AIDS prevention intervention among students: a case of health belief model. *BMC Public Health*, *22*(1), 1–10.

Kementerian Kesehatan RI. (2022). *Laporan Eksekutif Perkembangan HIV AIDS dan Penyakit Infeksi Menular Seksual (PIMS) Triwulan IV Tahun 2022*.

Kissal, A., & Kartal, B. (2019). Effects of Health Belief Model-Based Education on Health Beliefs and Breast Self-Examination in Nursing Students. *ASIA-PACIFIC JOURNAL OF ONCOLOGY NURSING*, *6*(4), 403–410. https://doi.org/10.4103/apjon.apjon_17_19

Kteily-Hawa, R., Hari, S., Soor, J. K., Wong, J. P.-H., Chikermane, V., Chambers, L. A., & Vahabi, M. (2020). Paradigm shifts in sexual health: Quantitative analysis of story and fact-based health education interventions. *Canadian Journal of Human Sexuality*, *29*(1), 45–56. https://doi.org/10.3138/cjhs.2018-0037

Lee, J. Y., Clark, J. K., Schmiesing, R., Kaiser, M. L., Reece, J., & Park, S. (2024). Perspectives of community members on community-based participatory research: A systematic literature review. *Journal of Urban Affairs*. https://doi.org/10.1080/07352166.2024.2305132

Mahat, G., & Scoloveno, M. A. (2010). HIV peer education: Relationships between adolescents' HIV/AIDS knowledge and self-efficacy. *Journal of HIV/AIDS & Social Services*, *9*(4), 371–384.

Nabunya, P., Byansi, W., Muwanga, J., Bahar, O. S., Namuwonge, F., Ssentumbwe, V., & Ssewamala, F. M. (2024). Family Factors and Gender Norms as Protective Factors Against Sexual Risk-Taking

Behaviors Among Adolescent Girls in Southern Uganda. *Global Social Welfare*, *11*(2). https://doi.org/10.1007/s40609-022-00237-8

Naserirad, M., Ayari, F., Hamdini, A., & Hadiji, K. (2019). Effectiveness of a peer-led HIV/AIDS education program on HIV-related health literacy of jailed adolescents in Tunis, Tunisia. *Journal of Public Health (Germany)*, *27*(4), 425–433. https://doi.org/10.1007/s10389-018-0975-8

Pengpid, S., & Peltzer, K. (2021). Sexual risk behaviour and its correlates among adolescents in Mozambique: results from a national school survey in 2015. *Sahara J*, *18*(1). https://doi.org/10.1080/17290376.2020.1858947

UNAIDS. (2024). *UNAIDS Global AIDS Update 2024: The Urgency of Now - AIDS at a Crossroads*. https://www.unaids.org/en/resources/documents/2024/global-aids-update-2024

UNICEF. (2024). *Adolescent HIV prevention*. UNICEF Data: Monitoring the Situation of Children and Women. https://data.unicef.org/topic/hivaids/adolescents-young-people/

Wilandika, A. (2018). Religiosity and Self-Efficacy in the Prevention of HIV-Risk Behaviours among Muslim University Students. *Jurnal Ners*, *13*(2), 138–143. https://doi.org/10.20473/jn.v13i2.6531

Wilandika, A. (2020). Pendampingan Kesehatan Aplikasi Case-Based Learning (CBL) dalam Peningkatan Efikasi Diri Pencegahan Perilaku Berisiko HIV Pada Mahasiswa Perguruan Tinggi Di Kota Bandung. *Jurnal ABDINUS: Jurnal Pengabdian Nusantara*, *3*(2), 156–164. https://doi.org/10.29407/ja.v3i2.13659

Wilandika, A., Fatmawati, A., Farida, G., & Yusof, S. (2022). The Kasaba Quartet: The Impact of Card Games on Knowledge and Self-Efficacy HIV/AIDS Prevention. *Open Access Macedonian Journal of Medical Sciences*, *10*(E), 341–348. https://doi.org/10.3889/oamjms.2022.8681

Wilandika, A., Yusuf, A., Kurniawati, N. D., & Sari, D. N. I. (2024). HIV Health Literacy (HALTRA) Model: A New Model Based on Information and Motivation to Eradicate Social Stigma. *Journal of Health Literacy*, *9*(2), 23–39. https://doi.org/10.22038/jhl.2024.23976

Wilandika, A., Yusuf, A., Kurniawati, N. D., Yusof, S., & Widianti, A. T. (2024). Factors That Enhance Health Literacy in Dealing with HIV Stigma: A Scoping Review. *Journal of Health Literacy*, *8*(4), 62–76. https://doi.org/10.22038/JHL.2023.74344.1468

World Health Organization. (2024). *Implementing the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, 2022–2030: Report on progress and gaps 2024*. https://www.who.int/publications/i/item/9789240097872

Yu, B., Wang, Y., & Chen, X. (2021). Perception of Peer Condom Use Buffers the Associations Between HIV Knowledge, Self-efficacy, and Condom-Use Intention Among Adolescents: a Moderated Mediation Model. *Prevention Science*, 1–10.