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HIV Knowledge, Misconceptions, and Educational Readiness Among Community Health Workers in a Philippine City

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***Abstract*—** Community health workers play a vital role in HIV prevention and health education at the community level, particularly in resource-limited settings. This study assessed the level of HIV knowledge, misconceptions, and educational readiness among community health workers in an urban Philippine setting. A quantitative descriptive-correlational design was employed involving 186 respondents selected through proportionate sampling. Data were collected using a structured questionnaire covering socio-demographic characteristics, HIV knowledge on transmission and prevention, readiness for health education, and common misconceptions. Descriptive statistics, weighted means, Pearson correlation, and t-test were used for data analysis. Findings revealed that respondents had an overall advanced level of knowledge on HIV transmission (M=3.64) and prevention methods (M=3.77), and demonstrated very high readiness in delivering HIV-related health education (M=3.75). However, persistent misconceptions were identified, particularly regarding casual contact transmission, moral judgment of people living with HIV, and non-scientific beliefs. Statistical analysis showed no significant relationship between socio-demographic characteristics and HIV knowledge ($p>0.05$). The results indicate that while community health workers are generally knowledgeable and prepared, gaps in understanding still exist that may contribute to stigma and misinformation. The study concludes that continuous training and standardized HIV education programs are essential to strengthen knowledge accuracy and reduce misconceptions among community health workers.

***Keywords*—** HIV knowledge, community health workers, misconceptions, health education readiness, Philippines.

I. INTRODUCTION

Human Immunodeficiency Virus (HIV) remains one of the most significant global public health challenges despite decades of scientific advancement in prevention, treatment, and care. According to the World Health Organization, HIV continues to affect millions of people worldwide, with persistent transmission driven not only by biomedical factors but also by social determinants such as stigma, misinformation, and unequal access to health education (World Health Organization, 2024). Although antiretroviral therapy has transformed HIV into a manageable chronic condition, the persistence of new infections indicates gaps in prevention strategies, particularly at the community level, where awareness and behavioral interventions play a critical role.

Community-based health systems have long been recognized as essential in bridging the gap between formal healthcare services and local populations. Community health workers, including Barangay Health Workers (BHWs) in the Philippines, are frontline actors who provide basic health education, promote preventive practices, and assist in the delivery of essential health services. Their role is particularly crucial in rural and semi-urban communities where access to healthcare professionals may be limited. Niang (2020) emphasizes that community health workers are foundational to primary healthcare systems as they facilitate trust-based communication and promote health-seeking behavior among community members.

Similarly, Hammack et al. (2021) highlight that community health workers contribute significantly to HIV prevention efforts by improving access to education, testing, and treatment services.

Despite their critical role, the effectiveness of community health workers in HIV prevention is highly dependent on their level of knowledge, attitudes, and competencies. Studies have shown that inadequate training and limited exposure to updated HIV-related information may result in misconceptions, stigma, and ineffective health communication. Hidayat et al. (2023) found that healthcare workers' understanding of HIV is strongly influenced by training and continuous education, suggesting that knowledge gaps can persist in the absence of structured learning programs. In addition, Byamugisha et al. (2024) emphasized that healthcare workers' competence is a key determinant in the success of HIV/AIDS control programs, particularly in community-based settings where they serve as primary educators.

One of the most persistent challenges in HIV prevention is the prevalence of misconceptions regarding transmission and prevention. Despite extensive public health campaigns, inaccurate beliefs such as transmission through casual contact, mosquito bites, or sharing utensils continue to exist in various populations. Agu et al. (2020) reported that misconceptions about HIV transmission remain widespread in certain communities, contributing to fear and stigma. Similarly, Bimi et al. (2025) highlighted that knowledge gaps among health-related groups may persist even among educated individuals, reinforcing discriminatory attitudes and misinformation. These misconceptions are not only scientifically inaccurate but also socially harmful, as they contribute to stigma and discrimination against people living with HIV.

Stigma remains one of the most significant barriers to HIV prevention and treatment. Nyblade et al. (2020) explain that stigma within healthcare settings can discourage individuals from seeking testing and treatment services, thereby increasing the risk of undiagnosed and untreated infections.

In addition, Jia et al. (2025) found that healthcare providers themselves may exhibit discriminatory attitudes due to inadequate knowledge and entrenched misconceptions. This highlights the importance of addressing both knowledge and attitudes among those responsible for delivering health education in the community.

In the Philippine context, Barangay Health Workers serve as essential partners in the delivery of primary healthcare services. They are often the first point of contact for health-related concerns in the community and are expected to provide accurate health information, including HIV prevention education. Republic Act No. 7883 recognizes the importance of accredited Barangay Health Workers in delivering basic health services and supporting public health programs. However, despite their recognized role, there is limited evidence on the extent of their knowledge and preparedness in addressing HIV-related concerns at the community level.

Recent studies suggest that community health workers play a growing role in HIV prevention and awareness campaigns, yet their effectiveness is influenced by training and institutional support. De los Santos (2024) emphasizes the untapped potential of Barangay Health Workers in strengthening HIV response programs in the Philippines. Likewise, Obeagu (2024) highlights that community-based HIV health workers can significantly contribute to prevention efforts when adequately trained and supported. However, without continuous education, their ability to address misconceptions and deliver accurate information may be compromised.

Another important consideration is the relationship between socio-demographic factors and knowledge levels among health workers. While some studies suggest that age, education, and experience may influence health knowledge, other research indicates that training and exposure are more significant determinants. Shahar et al. (2020) found that knowledge and attitudes among healthcare personnel are not solely dependent on demographic characteristics but are strongly influenced by training and institutional learning environments. This suggests that improving knowledge may require systematic capacity-building rather than reliance on individual background factors.

Theoretical perspectives also support the importance of learning and social influence in shaping health

behavior and knowledge. Bandura's Social Cognitive Theory posits that learning occurs through interaction, observation, and reinforcement within social environments. In the context of community health workers, this theory suggests that knowledge and behavior regarding HIV prevention can be strengthened through continuous training, modeling of correct practices, and supportive community engagement. Similarly, Rogers' Diffusion of Innovations Theory explains how new health information spreads within communities through communication channels, emphasizing the role of community health workers as key agents in disseminating accurate HIV-related knowledge.

Despite existing literature on HIV knowledge and prevention, there remains a gap in localized evidence focusing on community health workers in specific Philippine settings, particularly regarding their level of knowledge, readiness to educate, and persistence of misconceptions. Understanding these factors is essential in designing targeted interventions that strengthen community-based HIV education and reduce stigma at the grassroots level. Strengthening the capacity of community health workers may significantly contribute to improving HIV awareness, encouraging testing, and promoting preventive behaviors within communities.

In response to these gaps, this study was conducted to (1) describe the socio-demographic profile of community health workers, (2) determine their level of HIV knowledge in terms of transmission and prevention, (3) assess their readiness in delivering HIV-related health education, (4) identify common misconceptions regarding HIV, and (5) examine the relationship between socio-demographic characteristics and HIV knowledge.

II. METHODOLOGY

The study employed a quantitative, descriptive-correlational research design to assess the level of HIV knowledge, misconceptions, and educational readiness among community health workers in an urban Philippine setting. The descriptive component was used to characterize the respondents' socio-demographic profile, HIV knowledge on transmission and prevention, readiness for health education, and prevailing misconceptions. The correlational component was applied to determine whether a significant relationship exists between socio-demographic characteristics and HIV knowledge, providing an evidence-based understanding of potential influencing factors.

The study involved 186 community health workers selected from the total population using a proportionate sampling technique. Data were gathered through a structured, researcher-developed questionnaire consisting of four main sections: socio-demographic profile, HIV knowledge on transmission, HIV knowledge on prevention, and readiness for health education, along with an assessment of common misconceptions. The instrument used a Likert-scale format for knowledge and readiness indicators, while misconceptions were ranked to determine prevalence patterns. Prior to data collection, ethical protocols were observed, including informed consent, voluntary participation, confidentiality assurance, and the right to withdraw at any stage.

For data analysis, descriptive statistics such as frequency counts, percentages, and weighted means were used to summarize respondent characteristics and levels of knowledge, readiness, and misconceptions. Inferential statistics, specifically Pearson correlation and t-test, were applied to examine the relationship between socio-demographic variables and HIV knowledge at a 0.05 level of significance. All data were encoded and processed using statistical software to ensure accuracy and reliability of results, supporting objective interpretation of findings for community health education planning.

III. RESULTS

Socio-Demographic Profile of Community Health Workers

Table 1 presents the socio-demographic characteristics of 186 community health workers, revealing a workforce profile that is largely composed of older adults, females, married individuals, and those with secondary-level education. The age distribution is heavily concentrated in the 36 years and above category, which accounts for 79.03% of the

respondents, while only a very small proportion belongs to the younger age groups. This indicates that community health service delivery in the study setting is predominantly managed by older individuals who likely possess long-standing community engagement and experiential knowledge. However, this also suggests a potential need for continuous updating of technical and public health knowledge, particularly in areas such as HIV prevention where guidelines and practices evolve over time.

In terms of sex distribution, the workforce is overwhelmingly female at 96.24%, with only a minimal representation of males. This reflects the common pattern in community-based health systems where caregiving and health education roles are largely performed by women. While this may enhance accessibility and trust within communities, it also indicates a lack of gender diversity in frontline health education roles, which may have implications for outreach dynamics and role distribution.

Table 1. *Socio-Demographic Profile of Community Health Workers (n = 186)*

Variables	Categories	f	%
Age	21–25	3	1.61
	26–30	9	4.84
	31–35	27	14.52
	36 and above	147	79.03
Sex	Male	7	3.76
	Female	179	96.24
Civil Status	Single	20	10.75
	Married	156	83.87
	Widowed	10	5.38
Educational Attainment	Elementary	5	2.69
	High School	130	69.89
	College Graduate	33	17.74
	Vocational	18	9.68
Years in Service	1–5 years	51	27.42
	6–10 years	41	22.04
	11–15 years	43	23.12
	16+ years	51	27.42
HIV Training	None	44	23.66
	1–2 trainings	119	63.98
	3–5 trainings	20	10.75
	5+ trainings	3	1.61

The civil status profile shows that most respondents are married (83.87%), followed by single and widowed individuals. This suggests that many community health workers balance both familial responsibilities and community service roles.

Such a profile may contribute positively to community integration and trust, as individuals with established family roles are often perceived as stable and reliable sources of health information within local settings.

Regarding educational attainment, the majority of respondents completed high school education (69.89%), while a smaller proportion reached college or vocational levels, and only a few attained elementary education. This indicates that while most community health workers have sufficient basic education to perform communication-based health roles, their formal academic exposure to advanced health science concepts is limited. As a result, structured and continuous training becomes essential to ensure accurate understanding and dissemination of

complex health topics such as HIV transmission and prevention.

The distribution of years in service shows a relatively balanced composition, with notable proportions of respondents serving 1–5 years and those serving 16 years and above. This indicates a mixture of relatively new and highly experienced personnel within the workforce. Such a structure can be advantageous as it combines institutional experience with newer perspectives; however, it also necessitates standardized training to ensure consistency in knowledge and practice across different experience levels.

The data on HIV training exposure reveals that most respondents have only attended one to two training sessions, while nearly one-fourth have not received any HIV-related training at all. Only a very small proportion has undergone more extensive training. This limited exposure to formal HIV education is a critical concern, as it may contribute to gaps in knowledge and the persistence of misconceptions identified in subsequent findings.

Overall, the profile suggests that while community health workers are experienced and deeply embedded within their communities, there remains a clear need for strengthened and continuous capacity-building initiatives, particularly focused on HIV education and health communication.

Level of HIV Knowledge on Modes of Transmission and Prevention

Table 2 presents the level of HIV knowledge among community health workers in terms of modes of transmission. Overall, the respondents demonstrated a consistently high level of knowledge, with an average weighted mean of 3.64, interpreted as advanced knowledge. This suggests that, in general, the respondents possess a strong understanding of the primary biomedical pathways through which HIV can be transmitted, which is essential for effective community-level health education and stigma reduction.

Among the specific indicators, the highest level of knowledge was observed in unprotected sexual intercourse (WM = 3.79), followed closely by sharing contaminated needles (WM = 3.73). These findings indicate strong awareness of the most well-established and scientifically recognized routes of HIV transmission. Similarly, respondents also demonstrated advanced knowledge in mother-to-child transmission (WM = 3.64), blood transfusion (WM = 3.65), casual contact (WM = 3.49), and mosquito bites (WM = 3.51). While all indicators were interpreted under the "advanced knowledge" category, the relatively lower means observed in casual contact and mosquito bites suggest the presence of lingering uncertainty in distinguishing scientifically proven transmission routes from commonly held misconceptions.

Table 2. *Level of HIV Knowledge on Modes of Transmission*

Indicator	Weighted Mean	Interpretation
Unprotected sexual intercourse	3.79	Advanced Knowledge
Sharing contaminated needles	3.73	Advanced Knowledge
Mother-to-child transmission	3.64	Advanced Knowledge
Casual contact	3.49	Advanced Knowledge
Blood transfusion	3.65	Advanced Knowledge
Mosquito bites	3.51	Advanced Knowledge
Average Mean	3.64	Advanced Knowledge

Despite the overall high level of knowledge, the inclusion of incorrect transmission beliefs such as casual contact and mosquito bites within the advanced category indicates a critical nuance in interpretation. It suggests that while respondents are generally aware of HIV transmission mechanisms, certain misconceptions may still coexist with correct knowledge. This coexistence of accurate understanding and residual myths is particularly important in community health contexts, as it may

influence how information is communicated to the public and potentially affect stigma-related attitudes.

The findings imply that community health workers possess a solid foundational understanding of HIV transmission, particularly regarding high-risk behaviors. However, the presence of partial misunderstandings highlights the need for continuous educational reinforcement to ensure that accurate knowledge is not undermined by persistent misconceptions, especially in community-based health education settings.

Table 3 presents the level of HIV knowledge among community health workers in terms of prevention methods. Overall, the respondents demonstrated a high level of knowledge, with an average weighted mean of 3.77, interpreted as advanced knowledge. This indicates that the respondents possess strong awareness of key HIV prevention strategies and are generally well-informed about evidence-based practices that reduce the risk of HIV transmission.

Among the specific indicators, the highest level of knowledge was observed in regular HIV testing (WM = 3.91), followed by having one faithful and uninfected partner (WM = 3.83) and proper use of condoms (WM = 3.80). These results suggest that respondents are highly aware of core preventive strategies promoted in public health programs and global HIV prevention guidelines. In particular, the high score for regular HIV testing reflects strong recognition of early detection as a critical component of HIV control and prevention.

Table 3. *Level of HIV Knowledge on Prevention Methods*

Indicator	Weighted Mean	Interpretation
Proper use of condoms	3.80	Advanced Knowledge
Avoiding sharing needles	3.68	Advanced Knowledge
Regular HIV testing	3.91	Advanced Knowledge
One faithful uninfected partner	3.83	Advanced Knowledge
Safe blood transfusion	3.74	Advanced Knowledge
Abstinence	3.64	Advanced Knowledge
Average Mean	3.77	Advanced Knowledge

Other indicators, including ensuring safe blood transfusion (WM = 3.74), avoiding sharing needles or syringes (WM = 3.68), and abstinence (WM = 3.64), also reflected advanced knowledge, although at slightly lower levels compared to testing and condom use. This pattern suggests that while respondents are generally knowledgeable across all prevention domains, priority awareness is stronger for interventions that are more commonly emphasized in community health education programs.

Community health workers possess a strong understanding of HIV prevention strategies and are generally capable of communicating standard preventive measures to the community. However, the variation in mean scores across indicators also implies that reinforcement is still necessary, particularly to ensure balanced understanding of both behavioral and biomedical prevention methods, and to maintain consistency in health education messaging at the community level.

Level of Educational Readiness for HIV Health Education and Information Dissemination

Table 4 presents the level of educational readiness among community health workers in delivering HIV-related health education. Overall, the respondents demonstrated a very high level of readiness, with an average weighted mean of 3.75, interpreted as “very much ready.” This indicates that, in general, the respondents possess strong confidence and willingness to take on the role of health educators in HIV prevention and awareness activities within their communities.

Among the specific indicators, the highest level of readiness was observed in promoting HIV awareness in the community (WM = 3.87), followed by providing

correct information to reduce fear and misconceptions (WM = 3.83). These results suggest that respondents feel highly confident in their ability to actively engage in health promotion activities and in correcting misinformation related to HIV. This is particularly important in community-based settings where health workers serve as primary sources of health information.

Table 4. *Level of Educational Readiness for HIV Health Education*

Indicator	Weighted Mean	Interpretation
Promoting HIV awareness	3.87	Very Much Ready
Providing correct information	3.83	Very Much Ready
Using health education for prevention	3.66	Very Much Ready
Updating HIV knowledge regularly	3.77	Very Much Ready
Encouraging HIV testing	3.74	Very Much Ready
Answering community questions	3.65	Very Much Ready
Average Mean	3.75	Very Much Ready

Other indicators also reflected consistently high readiness levels, including updating HIV knowledge regularly (WM = 3.77), encouraging community members to undergo HIV testing (WM = 3.74), using health education as a preventive tool (WM = 3.66), and answering community questions about HIV and AIDS (WM = 3.65). Although all indicators fall within the "very much ready" category, the relatively lower scores in responding to community questions suggest that some respondents may still lack full confidence in handling more complex or sensitive HIV-related discussions.

Community health workers are highly prepared and motivated to perform educational and advocacy roles related to HIV prevention. However, the slight variation in readiness levels implies that continued training and capacity-building activities are still necessary to strengthen communication confidence and ensure accurate, consistent, and evidence-based health messaging at the community level.

Prevalence of HIV-Related Misconceptions

Table 5 presents the prevalence and ranking of HIV-related misconceptions among community health workers, highlighting the persistence of inaccurate beliefs despite generally high levels of HIV knowledge reported in earlier tables. The most prevalent misconception was the belief that HIV can be transmitted through hugging or shaking hands, ranked first. This indicates that casual-contact transmission myths remain deeply rooted and continue to influence perceptions, even among individuals who are expected to serve as primary sources of accurate health information in the community.

Table 5. *Prevalence of HIV-Related Misconceptions*

Misconception	Rank
HIV transmitted through hugging/shaking hands	1
Only immoral people get HIV	2
Healthy-looking individuals cannot have HIV	3
Sharing utensils spreads HIV	4
HIV transmitted by mosquito bites	5
HIV testing alone prevents infection	6
HIV can be cured by herbal medicine	7
PLHIV can transmit even on treatment	8
PLHIV should be isolated	9
HIV is a death sentence	10

The second most common misconception was the belief that only "immoral" individuals can acquire HIV, followed by the belief that healthy-looking individuals cannot be infected. These findings reflect the presence of moral judgment and appearance-based assumptions surrounding HIV infection. Such beliefs are particularly concerning in a community health context, as they may unintentionally reinforce stigma and discrimination against people living with HIV, thereby discouraging testing and open discussion of HIV-related concerns.

Other misconceptions, including the belief that HIV can be transmitted through sharing utensils and mosquito bites, were also ranked relatively high, further indicating that misconceptions about casual and non-biological transmission routes persist. Although ranked lower, the belief that HIV testing alone prevents infection and that HIV can be cured by herbal medicine reflects gaps in understanding of prevention limitations and treatment realities. More critically, misconceptions such as the isolation of people living with HIV and the belief that HIV is a death sentence demonstrate lingering stigma and outdated perceptions of HIV as an untreatable condition.

The ranking pattern suggests that while biomedical knowledge of HIV transmission and prevention is relatively strong, misconceptions related to casual contact, morality, and treatment outcomes remain embedded within the respondents' perceptions. This coexistence of accurate knowledge and persistent myths highlights the need for targeted educational interventions that not only provide factual information but also actively address stigma, misinformation, and socio-cultural beliefs associated with HIV.

Relationship Between Socio-Demographic Profile and HIV Knowledge

Table 6 presents the relationship between socio-demographic characteristics of community health workers and their level of HIV knowledge in terms of transmission and prevention. The results indicate that there is no statistically significant relationship between socio-demographic profile and HIV knowledge, as both computed t-values for transmission knowledge ($t = 1.03$) and prevention knowledge ($t = 0.41$) are lower than the critical value of 1.96 at the 0.05 level of significance. This led to the acceptance of the null hypothesis, indicating that socio-demographic factors do not significantly influence HIV knowledge among the respondents.

Table 6. *Relationship Between Socio-Demographic Profile and HIV Knowledge*

Variable Pair	r-value	t-value	Critical t-value (0.05)	Decision	Interpretation
Transmission knowledge vs socio-demographics	0.46	1.03	1.96	Accept H_0	Not significant
Prevention knowledge vs socio-demographics	0.20	0.41	1.96	Accept H_0	Not significant

Specifically, the correlation between socio-demographic profile and knowledge on HIV transmission yielded an r-value of 0.46, while the correlation with prevention knowledge yielded an r-value of 0.20. Although the transmission knowledge shows a moderate positive correlation, neither relationship reached statistical significance. This suggests that while there may be slight variations in knowledge levels across different demographic groups, these differences are not strong enough to be considered meaningful in a statistical sense.

The findings imply that HIV knowledge among community health workers is relatively uniform regardless of age, sex, civil status, educational attainment, years of service, or prior training exposure. This indicates that demographic factors alone are not strong determinants of HIV knowledge in this population. Instead, knowledge acquisition may be more strongly influenced by shared exposure to community-based information, on-the-job experience, and participation in standardized training sessions rather than individual background characteristics.

The results suggest that improving HIV knowledge among community health workers may be more effectively achieved through structured and continuous training interventions rather than targeting specific demographic groups. This highlights the importance of standardized capacity-building programs to ensure consistent and accurate HIV-related knowledge across all community health workers.

IV. CONCLUSION & RECOMMENDATION

The study revealed that community health workers demonstrated a generally high level of HIV knowledge in terms of both transmission and prevention, along with a strong level of readiness to perform their roles as health educators. However, despite this positive result, several misconceptions regarding HIV transmission and prevention remain prevalent, particularly those related to casual contact, moral judgment, and non-scientific beliefs. Statistical analysis further showed that socio-demographic characteristics have no significant relationship with HIV knowledge, indicating that knowledge levels are relatively uniform across different groups of respondents. Overall, while the respondents are well-positioned to support HIV education in their communities, persistent misconceptions highlight the need for continuous strengthening of accurate and evidence-based HIV understanding.

It is recommended that health authorities implement continuous and structured HIV education and training programs for community health workers, with a strong focus on correcting persistent misconceptions and strengthening conceptual understanding of HIV transmission and prevention. Training interventions should prioritize interactive and scenario-based learning approaches to effectively address stigma-related beliefs and improve communication confidence in handling HIV-related discussions within the community. Additionally, the development and distribution of standardized Information, Education, and Communication (IEC) materials should be strengthened to ensure consistency and accuracy of HIV messaging. Local health offices are encouraged to conduct regular refresher trainings and monitoring activities to sustain knowledge retention and enhance the effectiveness of community-based HIV education programs.

REFERENCES

[1] Agu, I. C., Mbachu, C. O., Okeke, C., Eze, I., Agu, C., Ezenwaka, U., Ezumah, N., & Onwujekwe, O. (2020). Misconceptions regarding HIV/AIDS transmission, symptoms, and prevention among adolescents in Ebonyi State, Southeast Nigeria. BMC Research Notes, 13(1). https://doi.org/10.1186/s13104-020-05086-2

[2] Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Prentice-Hall.

[3] Byamugisha, T., Alinda, F., Tushaboha, S. L., Kwemarira, G., & Kyambade, M. (2024). Accelerating success of HIV/AIDS control programs: The significance of health-care workers' competence. HIV/AIDS – Research and Palliative Care, 16, 367–377. https://doi.org/10.2147/HIV.S478956

[4] De los Santos, J. A. (2024). From volunteers to vital forces: The untapped power of barangay health workers in curbing HIV in the Philippines. Asia-Pacific Journal of Public Health.

[5] Hammack, A., Bickham, J., Gilliard, I., & Robinson, W. (2021). A community health worker approach for ending the HIV epidemic. American Journal of Preventive Medicine, 61(5), S26–S31. https://doi.org/10.1016/j.amepre.2021.06.008

[6] Hidayat, R., Suryani, N., & Prasetyo, B. (2023). Knowledge and attitudes of health care workers about HIV: The role of training and education. BMC Health Services Research, 23(1), 112. https://doi.org/10.1186/s12913-023-09021-1

[7] Jia, S., Yue, C., Zhang, L., Liu, L., Yang, M., Zhang, Y., Liu, J., Luo, M., Zhang, J., Qu, X., Wu, J., Jiang, Q., Luo, T., Zhang, Y., & Liu, W. (2025). Stigma and discrimination related to HIV/AIDS among health care providers in Western China: A population-based cross-sectional study. BMC Infectious Diseases, 25(1). https://doi.org/10.1186/s12879-025-11311-9

[8] Niang, M. (2020). What are the roles of community health workers? Looking back at the philosophies of primary health care. Global Health Promotion, 27(2), 117–120. https://doi.org/10.1177/1757975918811087

[9] Nyblade, L., Stockton, M., Giger, K., & Bond, V. (2020). Stigma in health facilities: Why it matters and how we can change it. BMC Medicine, 18(1). https://doi.org/10.1186/s12916-019-1466-7

[10] Obeagu, E. I. (2024). Community-based HIV health workers bringing prevention to the people. Journal of Medicine, Surgery, and Public Health, 2(1), 53–64.

[11] Republic Act No. 7883. (2019). An act granting benefits and incentives to accredited barangay health workers and for other purposes. Supreme Court E-Library. https://elibrary.judiciary.gov.ph

[12] Rogers, E. M. (2003). Diffusion of innovations (5th ed.). Free Press.

[13] Shahar, E., Maor, C., & Moshe-Eilon, Y. (2020). Medical personnel knowledge and stigmatic attitude toward HIV patients in a high-income country. AIDS Care, 32(8), 1023–1029. https://doi.org/10.1080/09540121.2020.1734172

[14] World Health Organization. (2024). HIV/AIDS fact sheet. https://www.who.int/news-room/fact-sheets/detail/hiv-aids