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Level of Knowledge, Attitude, and Practices towards HIV and AIDS among Vulnerable Population in the Province of Albay: An Assessment

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ABSTRACT

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Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) are chronic infectious diseases that revolve around its impact on public health, including the transmission risk it poses, the prevalence of stigma and discrimination, inadequate access to prevention and treatment services, and the socioeconomic burden it places on affected individuals and the community as a whole. This study aimed to evaluate the knowledge, attitude, and practices of a vulnerable population regarding HIV/AIDS in Albay province. It examined the respondents' demographics regarding age, sex, civil status, religion, education, workplace, and income. Additionally, it assessed their understanding, attitudes, and behaviors related to HIV/AIDS, considering personal, social, and

economic factors. Thus, a plan to enhance the knowledge, attitude, and practices of the vulnerable population toward HIV/AIDS is proposed that aims to enhance knowledge, attitudes, and practices concerning HIV/AIDS among the vulnerable population. The study reveals that vulnerable populations exhibited moderate levels of knowledge, attitude, and practices regarding HIV/AIDS. Personal, social, and economic factors moderately influenced these levels, with significant associations found between various demographic factors and knowledge, attitude, and practices.

INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) represent a persistent infectious condition caused by HIV. It manifests through a spectrum of stages, beginning with primary infection, possibly accompanied by acute symptoms, followed by a prolonged asymptomatic period. HIV remains a major global public health issue, having claimed 40.4 million lives so far, with ongoing transmission in all countries globally (World Health Organization, 2023). However, WHO, the Global Fund, and UNAIDS all have global HIV strategies that are aligned with SDG target 3.3 of ending the HIV epidemic by 2030.

Over the past decade, the Philippines has become known for having the fastest-growing human immunodeficiency virus (HIV) epidemic in the Western Pacific region. Despite global declines in HIV incidence and acquired immunodeficiency syndrome (AIDS)-related deaths, the Philippines has experienced a surge in new cases reported to the HIV/AIDS and ART Registry. Between 2012 and 2023, a staggering 411% increase in daily incidence rates has occurred. Concerns persist regarding late presentation in care, with 29% of newly confirmed HIV cases in January 2023 showing clinical signs of advanced HIV disease upon diagnosis. Men who have sex with men (MSM) are disproportionately affected by the epidemic. Efforts to combat HIV in the country include the implementation of the Philippine HIV and AIDS Policy Act of 2018 (Republic Act 11166), which has expanded access to HIV testing and treatment services (Gangcuangco & Eustaquio, 2023).

The Philippines has experienced significant changes with decentralization, transferring more responsibility to sub-national governments for local programs and projects, which are closely tied to performance measurement. This shift involves devolving governmental functions from the central government to local government units, promoting local initiatives, and addressing local issues, thereby enhancing transparency and accountability. However, the national government's

budget still prioritizes national and regional health programs (Ronquillo et al., 2017).

In the Bicol Region, the Department of Health (DOH) in Bicol reported that 152 individuals from the region had contracted the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). This brings the total number of HIV/AIDS cases in the Bicol region to 1,490 since 1984. Notably, Camarines Sur has the highest count with 548 cases, followed by Albay with 467 cases, Sorsogon with 201 cases, Masbate with 121 cases, Camarines Norte with 110 cases, Catanduanes with 42 cases, and one case from an undisclosed location. (Argulles, 2021).

The primary objective of this study was to evaluate the respondents' knowledge, attitudes, and practices regarding HIV/AIDS while also investigating the factors that influence these components. Through a comprehensive assessment, the study aimed to gain insights into the level of understanding and awareness surrounding HIV/AIDS among the target population, as well as to identify any prevailing misconceptions or gaps in knowledge. Additionally, by exploring the attitudes and practices related to HIV/AIDS prevention and management, the study sought to uncover underlying determinants that may impact individuals' behaviors and decision-making processes concerning HIV/AIDS. The challenge to be addressed in the study on the Level of Knowledge, Attitude, and Practices towards HIV and AIDS among the Vulnerable Population in the Province of Albay lies in understanding and mitigating the gaps between accurate knowledge, positive attitudes, and preventive practices among vulnerable groups. Bridging these gaps is crucial for designing targeted interventions that effectively reduce HIV transmission and promote comprehensive care and support within the province.

The present study on the Level of Knowledge, Attitude, and Practices towards HIV and AIDS among Vulnerable Population in the Province of Albay plays a critical role in addressing the challenges posed by HIV in the community. By investigating the gaps in accurate knowledge, positive attitudes, and preventive practices among vulnerable groups, the study aims to identify specific areas for intervention. Understanding these factors is essential for designing targeted educational campaigns and interventions tailored to the needs of the community. By bridging these gaps, the study can contribute to reducing HIV transmission rates and improving access to comprehensive care and support services for individuals living with HIV/AIDS in Albay. Ultimately, the study serves as a foundation for evidence-based strategies aimed at mitigating the impact of HIV in the province and fostering better health outcomes for all community members.

FRAMEWORK

This study was grounded in the Public Health Intervention Wheel Model by the Minnesota Department of Health (2001), which illustrates how public health interventions enhance population health through community-based, individual, and systemic approaches. The model encompasses interventions targeting communities, individuals, and systems to improve health outcomes. At the individual/family level, interventions include self-assessment of risk and health education, while at the community level, campaigns aim to change attitudes and norms surrounding HIV/AIDS. System-level interventions involve advocating for policy changes and establishing coordinating bodies to oversee program implementation. The study utilizes the model to develop structured programs addressing HIV/AIDS among vulnerable populations in Albay Province, employing various interventions such as surveillance, outreach, health teaching, collaboration, and policy development to improve population health.

The profile of respondents, including their age, sex, civil status, religion, highest educational attainment, place of work, and average monthly income, is highly relevant in understanding the dynamics of HIV/AIDS prevalence and risk factors within the vulnerable population in Albay. Age can indicate susceptibility to risky behaviors or exposure to prevention education, while sex and civil status may influence access to healthcare and social support. Religion can impact attitudes towards sexuality and health-seeking behaviors. Furthermore, educational attainment often correlates with knowledge levels regarding HIV/AIDS transmission and prevention methods. Place of work can provide insights into occupational risks and opportunities for targeted interventions. Lastly, average monthly income can influence access to healthcare services, including HIV testing and treatment.

The knowledge, attitudes, and practices of the respondents towards HIV/AIDS significantly influence the prevalence and transmission of the virus among vulnerable populations in Albay. Understanding these factors is vital for assessing the effectiveness of prevention programs and identifying barriers to healthcare access. Lack of accurate knowledge can lead to risky behaviors, while negative attitudes and stigma can deter individuals from seeking testing and treatment. Addressing knowledge gaps, challenging negative attitudes, and promoting positive practices are essential for targeted interventions to combat HIV/AIDS effectively.

OBJECTIVES OF THE STUDY

This study aimed to assess the level of knowledge, attitude, and practices of vulnerable populations towards HIV/AIDS in the province of Albay. Specifically, it sought answers on the profile of the respondents in terms of Age, Sex, Civil status, Religion, Highest Educational Attainment, Place of work, and Average monthly income. It also assesses the level of knowledge, attitude, and practices of the respondents towards HIV/AIDS and the factors that affect the level of knowledge, attitude, and practices towards HIV/AIDS, as well as personal, social, and economic factors. Lastly, it also looks at the proposed plan to enhance the level of knowledge, attitude, and practices of vulnerable populations towards HIV/AIDS.

METHODOLOGY

Research Design

This study utilized the descriptive-correlational method of research. Descriptive research considers one variable at a time and is typically the entry-level type of research in a new area of inquiry. It further describes what appears to be happening and what the important variables seem to be. Data are gathered from multiple variables, and correlational statistical techniques are applied.

Research Site

This research was carried out in the province of Albay, specifically focusing on the municipalities of Tiwi, Daraga, and Polangui. Tiwi spans a land area of 105.76 square kilometers or 40.83 square miles, accounting for 4.11% of Albay's total area. According to the 2020 Census, its population was recorded at 56,444, constituting 4.11% of the total population of Albay Province or 0.93% of the entire population of the Bicol Region. These statistics yield a population density of 534 inhabitants per square kilometer or 1,382 inhabitants per square mile.

Similarly, the municipality of Daraga covers an area of 118.64 square kilometers or 45.81 square miles, representing 4.61% of Albay's total area. With a population of 133,893 recorded in the 2020 Census, Daraga accounts for 9.74% of Albay's total population or 2.20% of the Bicol Region's overall population. This results in a population density of 1,129 inhabitants per square kilometer or 2,923 inhabitants per square mile. Furthermore, the municipality of Polangui encompasses a land area of 123.59 square kilometers or 47.72 square miles, making up 4.80% of Albay's total area. Its population, as determined by the 2020 Census, stands at 89,176, representing 6.49% of Albay's total population

or 1.47% of the Bicol Region's overall population. Consequently, the population density in Polangui is computed at 722 inhabitants per square kilometer or 1,869 inhabitants per square mile.

The selection of the municipalities of Tiwi, Daraga, and Polangui for the study is strategic due to their high reported cases of HIV within the province of Albay. This decision is based on targeting areas with the greatest need for intervention and resource allocation. By focusing on municipalities with the highest HIV cases, the study aims to understand the specific challenges and dynamics contributing to the spread of the virus in these communities. Additionally, addressing the root causes and risk factors in these areas can have a significant impact on reducing overall HIV transmission rates within the province. Therefore, choosing Tiwi, Daraga, and Polangui allows for a concentrated effort to implement tailored interventions and support services aimed at mitigating the impact of HIV/AIDS on vulnerable populations in these municipalities.

Respondents

The respondents were composed of female sex workers (FSW) 40 respondents, male sex workers (MSW) 56, and registered sex workers (RSW), with 49 respondents from the province of Albay, specifically in the municipalities of Tiwi, Daraga, and Polangui, for a total of 145 respondents. The respondents were chosen based on their knowledge of the problem and availability.

Instrumentation

To answer the objectives of the study, the survey questionnaire primarily indicates the profile of the respondents, the level of knowledge, attitude, and practices of the respondents towards HIV/AIDS, and the factors that affect the level of knowledge, attitude, and practices towards HIV/AIDS along Personal, Social, and Economic. The questionnaires were created to enable the researcher to gather data that applied to the respondents. To ensure that the instrument comprised the themes and areas that the study was supposed to examine, the items included in the questionnaire were subjected to validation at the City of Legazpi with 15 selected respondents from FSW, RSW, and MSM for face and content validation. Face and content validity are questionnaire measurement techniques used to judge and quantify measurements that appear acceptable to the general public and highly qualified experts. The study used a Likert-type survey questionnaire that gave the respondents four (4) choices of answers.

Sampling Technique

In order to select the respondents, this study used simple random sampling. Purposive sampling represents a group of different non-probability sampling

techniques. Also known as selective or subjective sampling, purposive sampling relies on the researcher's findings when selecting the units to be studied. The main goal of purposive sampling is to address the research questions effectively; the focus will be on specific characteristics of the population that are of particular interest, as they will provide the most relevant information.

In the context of the study on HIV/AIDS in the municipalities of Tiwi, Daraga, and Polangui, purposive sampling could be particularly useful in identifying and selecting respondents who represent key demographics or behaviors relevant to the spread and management of HIV/AIDS. The researcher purposively selects the respondents who belong to high-risk groups, as they are more likely to have firsthand knowledge and experiences related to HIV/AIDS transmission and prevention strategies. Additionally, purposive sampling allows researchers to ensure adequate representation of underrepresented or marginalized groups within the population, such as ethnic minorities or individuals with lower socioeconomic status, whose perspectives may be crucial for understanding barriers to healthcare access and utilization of preventive services. By employing purposive sampling, the researcher tailored the data collection efforts to focus on specific subgroups or characteristics of interest, thereby enhancing the relevance and depth of the findings.

Data Analysis

To ensure accurate responses, the researcher employed a questionnaire to collect data. Additionally, the statistical analysis utilized in this study involved calculating the weighted mean, which determined the frequency of respondents, responses, and occurrences related to the subject matter.

Research Ethics Protocol

To ensure ethical standards in this study, participation is entirely voluntary, and participants have been provided with a consent letter to freely engage with the questionnaire. Moreover, respondent anonymity has been upheld. Ensuring the dignity of participants through careful phrasing in the questions was a top priority in this research. Ultimately, the researcher is dedicated to upholding the study's independence and impartiality in presenting all the gathered data.

RESULTS AND DISCUSSION

This part of the study presents the analysis and interpretation of the data gathered on the level of knowledge, attitude, and practices towards HIV and

AIDS among vulnerable populations in the province of Albay. They were analyzed and interpreted in light of the insights from reading and statistical outputs for the relationship.

Profile of the Respondents

The profiles of 145 vulnerable populations were considered in the study to provide the basic personal background information of the respondents. The personal profile includes the age, sex, civil status, religion, highest educational attainment, place of work, and average monthly income.

Age. In terms of age, from the 145 respondents, 53 or 37 percent belong to 20-24years old; 35 or 24 percent belong to 25-29 years old; 22 or 15 percent belong to 30-34 years old; 20 or 14 percent belong to 35-39 years old; 10 or 7 percent belong to 40 years old and above, and the remaining five (5) or 3 percent belong to 19 years old and below. The distribution of respondents across different age groups reveals that the majority (37%) belong to the 20-24 years old category, followed by 25-29 years old (24%), indicating that young adults are particularly represented. Young adults are often considered a key demographic in HIV/AIDS prevention efforts due to factors such as increased sexual activity, exploration, and risk-taking behaviors during this life stage. Tailored educational programs and interventions targeting the specific needs and risk factors associated with each age group are essential to effectively address HIV/AIDS awareness, prevention, and treatment.

Table 1

Profile of the Respondents in terms of Age

Age	f
40 above	10
35-39	20
30-34	22
25-29	35
20-24	53
19 and below	5
Total	145

Sex. From the 145 respondents, 81 or 56 percent of the vulnerable population were males, while 64 or 44 percent were females. Males represent a slightly larger proportion (56%) of the respondents than females (44%). Gender disparities in

HIV/AIDS knowledge, access to healthcare, and stigma may influence prevention practices and testing behaviors. Gender-sensitive approaches are necessary to ensure equitable access to HIV/AIDS services and address the unique challenges faced by men and women in terms of prevention, testing, and treatment.

Table 2
Profile of the Respondents in terms of Sex

Sex	f
Male	81
Female	64
Total	145

Civil Status. Among the 145 respondents, 95 or 65 percent were single; 40 or 28 percent were married; and 10 or 7 percent of the vulnerable population were widowed. The majority of respondents are single (65%), followed by married individuals (28%) and widowed individuals (7%). Civil status can impact HIV/AIDS risk factors, with unmarried individuals potentially engaging in riskier behaviors compared to married or widowed individuals. Prevention efforts should consider the diverse needs of different civil status groups, including promoting safer sexual practices and encouraging regular HIV testing and counseling.

Table 3
Profile of the Respondents in terms of Civil Status

Civil Status	f
Single	95
Married	40
Widow	10
Total	145

Religion. Of the 145 respondents, 120 or 83 percent were Catholic; 15 or 10 percent were Iglesia Ni Cristo; and 10 or 7 percent were Christian. A large proportion of respondents identify as Catholic (83%), followed by Iglesia Ni Cristo (10%) and Christian (7%). Religious beliefs and practices can influence attitudes toward sexual behavior, contraception, and HIV/AIDS prevention. Collaborative efforts between healthcare providers and religious leaders can enhance HIV/AIDS education and promote stigma reduction within religious communities.

The religious affiliation distribution among respondents in the study on HIV/AIDS among vulnerable populations in the municipalities of Tiwi, Daraga, and Polangui highlights the importance of considering cultural and religious beliefs in shaping attitudes toward sexual behavior and HIV/AIDS prevention. With the majority identifying as Catholic, followed by smaller percentages of Iglesia Ni Cristo and Christian, there's an opportunity for collaborative efforts between healthcare providers and religious leaders to enhance HIV/AIDS education and stigma reduction within religious communities. Engaging with religious institutions can help disseminate accurate information about HIV/AIDS prevention methods while respecting cultural norms and religious values. Moreover, recognizing and addressing potential barriers stemming from religious beliefs can lead to more effective and culturally sensitive interventions aimed at reducing the spread of HIV/AIDS within these communities.

Table 4
Profile of the Respondents in terms of Religion

Religion	f
Catholic	120
Iglesia ni Cristo	15
Christian	10
Total	145

Highest Educational Attainment. Of the 145 respondents, 52 or 36 percent were high school graduates; 30 or 20 percent were college graduates; 23 or 16 percent were high school level; 17 or 12 percent were elementary graduates; 15 or 10 percent were college level; five or 3 percent were master's graduate; and one or 1 percent of the remaining respondents were master's level, doctoral graduate and doctoral level. The educational profile of respondents varies, with a significant portion having completed high school (36%) and college (20%). Education plays a crucial role in shaping knowledge, attitudes, and behaviors related to HIV/AIDS prevention and treatment. Targeted educational initiatives should address the diverse educational backgrounds of vulnerable populations to ensure a comprehensive understanding and uptake of HIV/AIDS prevention strategies.

Table 5
Profile of the Respondents in terms of Highest Educational Attainment

Highest Educational Attainment	f
Doctoral Graduate	1
Doctoral Level	1
Master's Graduate	5
Master's Level	1
College Graduate	30
College Level	15
High School Graduate	52
High School Level	23
Elementary Graduate	17
Total	145

Place of work. In the place of work, out of the145 respondents, 60 or 42 percent worked in Legazpi; 32 or 22 percent worked in Daraga; 28 or 19 percent worked in Polangui; 15 or 10 percent worked in Tiwi; and the remaining 10 or 7 percent worked in Tabaco. The place of work and income level provide insights into socioeconomic factors that may influence access to healthcare and HIV/AIDS services. Individuals with lower incomes may face barriers to accessing HIV/AIDS testing, treatment, and support services due to financial constraints. Workplace-based interventions and economic empowerment programs can contribute to improving HIV/AIDS awareness, prevention, and care among vulnerable populations.

Table 6
Profile of the Respondents in Terms of Place of Work

Place of Work	f
Legazpi	60
Tiwi	15
Tabaco	10
Polangui	28
Daraga	32
Total	145

Average Monthly Income. In the average monthly income of the respondents, 145 respondents, 75 or 52 percent have an income of Php 10,000 and below; 60 or 41 percent were Php 10,001-20,000; and the remaining five or 4 percent were Php20,001-30,000 and Php 30,001-40,000 respectively. This distribution highlights that a significant portion of the respondents earn a modest income, with over half making Php 10,000 or less monthly. Such income levels may pose financial challenges for accessing healthcare services, including HIV/AIDS testing, treatment, and support. It underscores the importance of considering socioeconomic factors in designing interventions to ensure equitable access to HIV/AIDS prevention and care services among vulnerable populations in Albay.

Table 7
Profile of the Respondents in terms of Average Monthly Income

Average Monthly Income	f
30, 001 and above	5
20, 001-30,000	5
10,001-20,000	60
10,000 and below	75
Total	145

Level of Knowledge, Attitude, and Practices of the Respondents towards HIV/AIDS. The differences in levels of knowledge, attitudes, and practices often underscore the challenges encountered in HIV/AIDS prevention training, particularly among groups hailing from diverse cultural backgrounds and countries with varying HIV prevalence rates.

Level of Knowledge towards HIV/AIDS along Mode of Transmission. There are ten indicators to measure the respondent's level of knowledge in terms of transmission mode, as shown in Table 1. The table was presented according to the different modes of transmission of HIV/AIDS in which the respondents identified their level of knowledge.

Table 8

Level of Knowledge of HIV/AIDS along Mode of Transmission

	Indicators	WM	Interpretation	Rank
a.	HIV/AIDS can be transmitted through breastfeeding	2.97	Moderately Knowledgeable	5
b.	HIV/AIDS can be transmitted through unprotected sexual intercourse	2.77	Moderately Knowledgeable	9
c.	HIV/AIDS can be transmitted from mother to child	3.03	Moderately Knowledgeable	3
d.	HIV/AIDS can be transmitted through sharing a needle or syringe	2.80	Moderately Knowledgeable	8
e.	HIV/AIDS can be transmitted through blood transfusion	2.81	Moderately Knowledgeable	7
f.	HIV/AIDS can be transmitted through shaking hands	3.02	Moderately Knowledgeable	4
g.	HIV/AIDS can be transmitted through used razor of an HIV+	2.64	Moderately Knowledgeable	10
h.	HIV/AIDS can be transmitted by sharing of utensils	2.94	Moderately Knowledgeable	6
i.	HIV/AIDS can be transmitted through kissing	3.28	Moderately Knowledgeable	2
j.	HIV/AIDS can be transmitted by mosquito bite	3.54	Very Knowledgeable	1
	AWM	2.98	Moderately Knowledgeable	

Based on the findings, the vulnerable population rated this area with an average weighted mean of 2.98, interpreted as moderately knowledgeable. The three highest indicators were: “HIV/AIDS can be transmitted by mosquito bite,”

with a weighted mean of 3.54, interpreted as very knowledgeable rank as first; "HIV/AIDS can be transmitted through kissing," with a weighted mean of 3.28, interpreted as moderately knowledgeable rank as second; and "HIV/AIDS can be transmitted from mother to child" with a weighted mean of 3.03, interpret as moderately knowledgeable rank as third.

On the other hand, the three least indicators rated by the vulnerable population, "the HIV/AIDS can be transmitted through sharing needle or syringe" with a weighted mean of 2.80, followed by "HIV/AIDS can be transmitted through unprotected sexual intercourse" with a weighted mean of 2.77 and; lastly, "HIV/AIDS can be transmitted through used razor of an HIV+" with a weighted mean of 2.64, and were interpreted as moderately knowledgeable.

This implies that respondents have a foundational understanding of HIV/AIDS transmission routes, albeit not comprehensive or detailed. This perception shows that while respondents possess a basic awareness of how HIV/AIDS spreads, there may exist gaps in their comprehension or misconceptions about specific modes of transmission. Moderate knowledge shows that respondents are likely aware of common modes of HIV transmission. However, less awareness or misunderstanding may exist regarding less common transmission routes.

The present study on the level of knowledge, attitude, and practices towards HIV/AIDS among vulnerable populations in the municipalities of Tiwi, Daraga, and Polangui relates to the findings of Alhasawi et al. (2019) and Zhang et al. (2019) in several ways. Firstly, Alhasawi et al. emphasize the importance of a comprehensive understanding of HIV/AIDS to prevent stigmatization and discrimination, which aligns with the goal of the present study to bridge gaps in knowledge and attitudes toward HIV/AIDS among vulnerable populations. Secondly, Zhang et al. highlight the need for targeted efforts in HIV health education, particularly towards specific demographic groups, echoing the importance of tailored interventions in the present study to address the unique needs of vulnerable populations in the study area. Additionally, Calonzo's (2012) observation of the prevalence of HIV infections attributed to unprotected sex with multiple partners in the Philippines underscores the urgency of the present study to address risky behaviors and promote preventive practices among vulnerable populations in Albay. Overall, these studies provide valuable insights into the challenges and strategies for HIV/AIDS prevention and education, which can inform the design and implementation of interventions in the context of the present study.

Level of Knowledge towards HIV/AIDS Along With Prevention and Control. Table 2 shows the respondents' knowledge in terms of prevention and control. Based on the findings, the respondents rated this area with an average

weighted mean of 2.57, interpreted as moderately knowledgeable. The three highest indicators rated as moderately knowledgeable are: "HIV/AIDS can be prevented by not sharing needle or syringe," with a weighted mean of 3.18, interpreted as moderately knowledgeable, ranked first; followed by "Abstinence is the single effective way of not having HIV/AIDS" with a weighted mean of 2.95, interpreted as moderately knowledgeable, rank as second; and "HIV/AIDS can be avoided by getting tested and knowing the HIV status" with a weighted mean 2.89, interpreted as moderately knowledgeable and rank third.

On the other hand, the three least indicators rated by the vulnerable population are as follows: rank eight, "HIV/AIDS can be avoided by having less risky sex" with a weighted mean of 2.33, interpreted as knowledgeable; followed by "HIV/AIDS can be avoided by not injecting drugs" with a weighted mean of 2.32 interpreted as knowledgeable rank as ninth; and lastly " HIV/AIDS can be avoided by telling your partner if you are infected with HIV" with a weighted mean of 1.71 interpreted as knowledgeable. The data implies that knowledge is not a guarantee that HIV cannot be transmitted in any form or type of activity. Knowledge must be coupled with consistent practice. The outcome of acquired knowledge is practice.

Table 9

Level of Knowledge about HIV/AIDS, along with Prevention and Control

	Indicators	WM	Interpretation	Rank
a.	Abstinence is the most single effected way of not having HIV/AIDS	2.95	Moderately Knowledgeable	2
b.	HIV/AIDS can be prevented by not sharing needle or syringe	3.18	Moderately Knowledgeable	1
c.	HIV/AIDS can be prevented by properly using Condoms during sexual intercourse	2.46	Knowledgeable	7
d.	HIV/AIDS transmission can be avoided by remaining faithful to a single partner	2.75	Moderately Knowledgeable	4
e.	HIV transmission can be avoided by a blood test before marriage	2.48	Knowledgeable	6
f.	HIV/AIDS can be avoided by telling your partner if you are infected with HIV	1.71	Knowledgeable	10

g.	HIV/AIDS can be avoided by not injecting drugs	2.32	Knowledgeable	9
h.	HIV/AIDS can be avoided by getting tested and knowing the HIV status	2.89	Moderately Knowledgeable	3
i.	HIV/AIDS can be avoided by having less risky sex	2.33	Knowledgeable	8
j.	HIV/AIDS can be avoided by limiting the number of sexual partners	2.62	Moderately Knowledgeable	5
	AWM	2.57	Moderately Knowledgeable	

The level of knowledge regarding HIV/AIDS prevention and control among respondents is perceived as moderately knowledgeable. This perception shows that respondents have a foundational understanding of strategies and measures aimed at preventing and controlling HIV/AIDS. However, there may be gaps in their comprehension or detailed knowledge in this area. Moderate knowledge implies that respondents are likely aware of standard prevention methods for those living with HIV/AIDS.

The present study on the level of knowledge, attitude, and practices towards HIV/AIDS among vulnerable populations in the municipalities of Tiwi, Daraga, and Polangui is closely related to the findings of Akello et al. (2023), Shamu et al. (2020), and Nwimo et al. (2020). Firstly, Akello et al. emphasize the significant influence of knowledge and attitude on HIV risk perception and sexual practices, highlighting the importance of understanding these factors for policy formulation and intervention strategies. This aligns with the objectives of the present study to assess and bridge gaps in knowledge and attitudes towards HIV/AIDS among vulnerable populations, ultimately informing policy and intervention development in Albay.

Secondly, Shamu et al. underscore the correlation between media usage, HIV knowledge, and risky sexual behaviors, suggesting the need for assertive community media campaigns to promote behavior change. This finding supports the importance of targeted interventions and education campaigns, as proposed in the present study, to address HIV/AIDS awareness and prevention strategies among vulnerable populations in the study area. Lastly, Nwimo et al. highlight the necessity of universal health education programs focusing on HIV/AIDS in educational institutions to mitigate knowledge discrepancies and undesirable attitudes toward people living with HIV/AIDS (PLWHA). This underscores the relevance of the present study's focus on assessing and enhancing knowledge,

attitude, and practices towards HIV/AIDS among vulnerable populations, as it contributes to efforts aimed at reducing stigma and discrimination within the community.

These studies provide valuable insights into the factors influencing HIV/AIDS knowledge, attitudes, and practices, as well as the importance of tailored interventions and education programs in addressing the HIV/AIDS epidemic. They complement the objectives of the present study by offering relevant findings and recommendations that can inform the design and implementation of interventions in the municipalities of Tiwi, Daraga, and Polangui.

Level of Attitude towards HIV/AIDS. Table 3 includes the different attitudes of the vulnerable population towards HIV/AIDS. The respondents rated the average weighted mean for these indicators as 3.16 and interpreted it as moderately agree. The three highest indicators are: "HIV/AIDS+ women should not have children," with a weighted mean of 3.50 interpreted as strongly agree ranking first, followed by "Most likely, men who are HIV/AIDS+ are promiscuous and deserve what they get" with a weighted mean of 3.46 interpreted as moderately agree; and lastly, "People with HIV/AIDS should be isolated from the rest of the community" with a weighted mean of 3.34 interpret as moderately agree.

On the other hand, the three least indicators rated by the vulnerable population are: "If one of your relatives who is HIV/AIDS positive becomes ill, you would not be willing to care for her/him in your house or community" with a weighted mean of 2.94 interpret as moderately agree rank eighth; " if your friends are HIV/AIDS positive, you would not continue your friendship with him/her" with a weighted mean of 2.77 interpret as moderately agree rank ninth; and lastly, " People who have many sexual partners deserve to get HIV/AIDS with a weighted mean of 2.68 interpret as moderately agree.

Table 10

Level of Attitude towards HIV/AIDS

Indicators	WM	Interpretation	Rank
a. Most people with HIV/AIDS have only themselves to blame	3.28	Moderately Agree	5
b. Most people with HIV/AIDS deserve what they get	3.17	Moderately Agree	6
c. People who have many sexual partners deserve to get HIV/AIDS	2.68	Moderately Agree	10

d.	HIV/AIDS+ women should not have Children	3.50	Strongly Agree	1
e.	People with HIV/AIDS should be isolated from the rest of the community	3.34	Moderately Agree	3
f.	Most likely, men who are HIV/AIDS + are promiscuous and deserve what they get	3.46	Moderately Agree	2
g.	If one of your relatives who is HIV/AIDS positive, become ill, you would not be willing to care for her/him in your house or community	2.94	Moderately Agree	8
h.	If your friend is HIV/AIDS positive, you would not continue your friendship with him/her	2.77	Moderately Agree	9
i.	If a storekeeper or food seller is HIV/AIDS positive, you would not buy items from him/her	3.33	Moderately Agree	4
j.	Having sex with a virgin is a cure for HIV/AIDS	3.16	Moderately Agree	7
	AWM	3.16	Moderately Agree	

The level of attitude towards HIV/AIDS among respondents is perceived as moderately agreeable. This suggests that respondents generally hold a positive or supportive attitude towards issues related to HIV/AIDS, but there may be room for improvement or refinement in their attitudes. This further implies that respondents may demonstrate acceptance, empathy, and understanding towards individuals living with HIV/AIDS. They may acknowledge the importance of destigmatizing HIV/AIDS and promoting inclusivity and support for affected individuals and communities. Additionally, respondents may express a willingness to engage in advocacy efforts or support initiatives to raise awareness, prevent transmission, and provide care and support for those affected by the virus.

The studies by Labra et al. (2021), Elghazaly et al. (2023), Sallam et al. (2022), and Alwafi et al. (2018) offer valuable insights that are highly relevant to the present study on the level of knowledge, attitude, and practices towards HIV/AIDS among vulnerable populations in the municipalities of Tiwi, Daraga, and Polangui. Labra et al.'s findings regarding the gradual improvement in knowledge

and attitudes towards HIV/AIDS among social work students across different countries highlight the importance of assessing and addressing knowledge gaps and attitudes towards the disease, which aligns with the objectives of the present study. Similarly, Elghazaly et al.'s identification of deficiencies in understanding the intricacies of HIV/AIDS among the general populace underscores the need for comprehensive education and awareness campaigns, which are essential for informing policy decisions and combating stigma and discrimination against individuals living with HIV infection, as urged by policymakers.

Moreover, Sallam et al.'s and Alwafi et al.'s studies emphasize the prevalence of negative attitudes towards people living with HIV/AIDS (PLWHA) among medical students and the general public, respectively, due to knowledge gaps in HIV/AIDS transmission and prevention. These findings underscore the importance of tailored educational campaigns and interventions promoting empathy and understanding towards PLWHA, which are crucial for fostering positive attitudes and reducing stigma within the community. Overall, these studies provide valuable insights into the challenges and opportunities for enhancing HIV/AIDS knowledge, attitudes, and practices, which can inform the design and implementation of interventions in the municipalities of Tiwi, Daraga, and Polangui, ultimately contributing to the effective management of the HIV/AIDS epidemic within the community.

Level of Practices towards HIV/AIDS. This includes the different practices towards HIV/AIDS, as shown in Table 4. Based on the findings, the vulnerable population rated this with an average weighted mean of 2.70, interpreted as often. The three highest indicators are: "encountered paid sex," with a weighted mean of 3.66, interpreted as always as ranked first; "ever drunk alcohol," with a weighted mean of 3.56, interpreted as always ranked second; and "had sex under the influence of alcohol" with a weighted mean of 3.35 interpreted as often as they rank third. On the other hand, the three least indicators rated by the vulnerable population and are interpreted as sometimes are ranked 8th, "ever had sex with same-sex" with a weighted mean of 2.31, followed by "ever had STI with a weighted mean of 1.68 and Lastly, the one that occupies the last rank was "ever had injected drugs" with a weighted mean of 1.21 interpreted as not at all.

Table 11

Level of Practices towards HIV/AIDS

Indicators	WM	Interpretation	Rank
a. Ever had sexual intercourse	3.10	Often	4
b. Ever had sex with same sex	2.31	Sometimes	8

c. Ever use a Condom during sexual intercourse	2.68	Often	7
d. Use a Condom regularly during sexual intercourse with casual sex	2.74	Often	5
e. Use a Condom in the last sexual intercourse	2.73	Often	6
f. Ever drunk alcohol	3.56	Always	2
g. Had sex under the influence of alcohol	3.35	Often	3
h. Encountered paid sex	3.66	Always	1
i. Ever had injected drugs	1.21	Not At All	10
j. Ever had STI/s	1.68	Sometimes	9
AWM	2.70	Often	

The level of practices towards HIV/AIDS among respondents is perceived as frequently implemented or often carried out. This shows that respondents demonstrate a proactive approach toward behaviors and actions that contribute to HIV/AIDS prevention, care, and support. An often-implemented level of practices indicates that respondents engage in behaviors and actions that are conducive to reducing the risk of HIV transmission, promoting health-seeking behaviors, and supporting individuals living with HIV/AIDS. This may include consistently practicing safe sex, using condoms, undergoing regular HIV testing, and adhering to recommended treatment regimens for those living with HIV/AIDS.

The studies conducted by Mutaru et al. (2023) and Youssef et al. (2021) offer insights relevant to the present study on the level of knowledge, attitude, and practices towards HIV/AIDS among vulnerable populations in the municipalities of Tiwi, Daraga, and Polangui. Firstly, Mutaru et al. (2023) findings regarding the satisfactory knowledge, attitude, and clinical practices of trainee nurses concerning HIV/AIDS highlight the potential positive influence of enhancing access to knowledge on attitudes towards the disease. This underscores the importance of educational initiatives and advocacy campaigns, as emphasized by Youssef et al., to mitigate HIV-related stigma and promote positive attitudes toward individuals living with HIV/AIDS within the community. These insights are relevant to the objectives of the present study, as they underscore the importance of addressing knowledge gaps and attitudes towards HIV/AIDS among vulnerable populations to reduce stigma and discrimination and improve overall health outcomes.

Moreover, Mutaru et al. (2023) call for the evaluation of clinical placement programs of trainee nurses to ensure the enhancement of clinical practices related to HIV/AIDS resonates with the need for comprehensive education and training programs tailored to the specific needs of healthcare providers and

vulnerable populations in the study area. Additionally, Youssef et al.'s emphasis on the necessity for policy formulation and the development of interventions to mitigate HIV-related stigma aligns with the broader goal of the present study to inform policy decisions and design targeted interventions aimed at reducing stigma and discrimination within the community. Overall, these studies provide valuable insights into the challenges and opportunities for enhancing HIV/AIDS knowledge, attitudes, and practices, which can inform the design and implementation of interventions in the municipalities of Tiwi, Daraga, and Polangui, ultimately contributing to the effective management of the HIV/AIDS epidemic within the community.

Factors affecting the level of knowledge, attitude and practices towards HIV/AIDS. This pertains to the factors that might affect the level of knowledge, attitude and practice of the vulnerable population towards HIV/AIDS, along with personal, social and economic factors.

Personal factors. Personal factors are important in affecting the vulnerable population's KAP level. Table 5 shows the factors that affect the level of KAP and personal factors. The respondent rated this area with an average weighted mean of 2.97, interpreted as moderately effective. The three highest indicators interpreted as moderately affect: "Can't believe HIV/AIDS cannot be transmitted through kissing" with a weighted mean of 3.35 ranked first, followed by "no information on the disease prevention" with a weighted mean of 3.29 ranked as second; and lastly, "lack of information that HIV/AIDS is an STI" with a weighted mean of 3.10.

Table 12

Personal Factors that affect the Level of KAP

	Personal Factors	WM	Interpretation	Rank
a.	Lack of information that HIV/AIDS is an STI	3.10	Moderately Affect	3
b.	Can't believe HIV/AIDS cannot be transmitted through kissing	3.35	Moderately Affect	1
c.	Not knowing that Condoms can prevent transmission of HIV/AIDS and other STI	2.88	Moderately Affect	4
d.	HIV/AIDS cannot be transmitted through Coughing	2.23	Affect	5
e.	No information on the disease prevention	3.29	Moderately Affect	2

Average Weighted Mean	2.97	Moderately Affect

Personal factors that influence the level of knowledge, attitude, and practices towards HIV/AIDS are perceived as moderately influential. This shows that while personal characteristics play a role in shaping individuals' understanding, beliefs, and behaviors related to HIV/AIDS, their impact may not be overwhelming or deterministic. Moderate influence indicates that personal factors, such as education level, socioeconomic status, cultural background, and personal experiences, can significantly shape individuals' knowledge, attitudes, and practices towards HIV/AIDS.

The studies conducted by Fana (2021), James et al. (2022), and Zhang et al. (2022) offer valuable insights that are highly relevant to the present study on the level of knowledge, attitude, and practices towards HIV/AIDS among vulnerable populations in the municipalities of Tiwi, Daraga, and Polangui. Firstly, Fana's study on high school students in South Africa highlights the significance of enhancing sex education and HIV/AIDS awareness initiatives within educational institutions and communities to address misconceptions, negative attitudes, discriminatory behaviors, and unsafe practices. This underscores the importance of educational interventions in promoting accurate knowledge, positive attitudes, and healthy behaviors related to HIV/AIDS, which aligns with the objectives of the present study.

Secondly, James et al.'s investigation of college students in Pampanga, Philippines, emphasizes the low levels of knowledge regarding HIV/AIDS among participants and prevalent misconceptions about its transmission and prevention. This finding underscores the need for targeted intervention programs to bolster HIV/AIDS knowledge and address misconceptions among vulnerable populations, as identified in the present study. Lastly, Zhang et al.'s study highlights a relatively negative attitude toward HIV-infected groups among students, particularly concerning the cognition of AIDS among female students. This underscores the importance of addressing stigma and discrimination towards individuals living with HIV/AIDS, as well as the need for tailored interventions to improve awareness and understanding of the disease, particularly among specific demographic groups.

These studies provide valuable insights into the challenges and opportunities for enhancing HIV/AIDS knowledge, attitudes, and practices among diverse populations, which can inform the design and implementation of interventions in the municipalities of Tiwi, Daraga, and Polangui. They underscore the importance of educational initiatives, targeted intervention programs, and

efforts to combat stigma and discrimination to effectively address the HIV/AIDS epidemic within the community.

Social factors. This includes something that may affect the level of KAP of the vulnerable population towards HIV/AIDS. Table 6 shows the social factors that affect the KAP of the respondents. The respondents rated this area with an average weighted mean of 2.96, interpreted as moderately affect. The three highest indicators interpreted as moderately affect: "Whenever I want to know about HIV/AIDS, I consulted my friend," with a weighted mean of 3.48, ranked first, followed by "No companionship to attend HIV/AIDS forum," with a weighted mean of 3.10 rank as second; and lastly, "my friend influence me that sex with a condom is not satisfying" with a weighted mean of 3.02.

Table 13

Social Factors that affect the level of KAP

	Social factors	WM	Interpretation	Rank
a.	Get information of HIV/ AIDS through media	2.46	Affect	5
b.	Whenever I want to know on HIV/AIDS I consulted my friend	3.48	Moderately Affect	1
c.	No companionship to attend HIV/AIDS forum	3.10	Moderately Affect	2
d.	My friend influenced me to do that sex with a condom is not satisfying	3.02	Moderately Affect	3
e.	What my friend believes on HIV/AIDS is also mine	2.74	Moderately Affect	4
	Average Weighted Mean	2.96	Moderately Affect	

Social factors that influence the level of knowledge, attitude, and practices towards HIV/AIDS are perceived as moderately influential. This shows that while social dynamics play a significant role in shaping individuals' understanding, beliefs, and behaviors related to HIV/AIDS, their impact may not be absolute or deterministic. Moderate influence indicates that social factors, such as peer influence, community norms, media representation, and access to healthcare

services, can significantly shape individuals' knowledge, attitudes, and practices toward HIV/AIDS.

The studies conducted by Thiabaud et al. (2020), Fauk et al. (2022), Li et al. (2021), Jeremiah and Okuku (2017), Basha et al. (2021), and Berhe et al. (2022) offer valuable insights that are highly relevant to the present study on the level of knowledge, attitude, and practices towards HIV/AIDS among vulnerable populations in the municipalities of Tiwi, Daraga, and Polangui. Thiabaud et al.'s systematic review of socio-behavioral factors influencing HIV prevalence and incidence in Malawi underscores the importance of understanding contextual factors that contribute to HIV transmission. Similarly, Fauk et al.'s investigation in Indonesia highlights the significance of disseminating information and education about HIV and condom usage to enhance HIV prevention efforts. These findings emphasize the need for comprehensive educational initiatives and targeted interventions aimed at addressing socio-behavioral factors related to HIV/AIDS transmission and prevention, as identified in the present study.

Likewise, Li et al.'s study on social support levels among individuals living with HIV/AIDS in Kunming highlights the importance of bolstering social support for those affected by HIV/AIDS. Additionally, Jeremiah and Okuku's exploration of socio-cultural influences on HIV/AIDS transmission in Kenya elucidates the role of cultural practices and norms in shaping HIV-related behaviors. These findings underscore the need for interventions that address social support networks and cultural beliefs surrounding HIV/AIDS within vulnerable populations, as identified in the present study. Lastly, Basha et al. and Berhe et al.'s studies emphasize the detrimental impact of inadequate social support on people living with HIV/AIDS (PLHIV) and the correlation between perceived social support and factors such as adherence to treatment and knowledge regarding HIV/AIDS. These findings highlight the importance of fostering supportive environments and educating PLHIV about the significance of social support, which aligns with the objectives of the present study to address knowledge gaps, attitudes, and practices toward HIV/AIDS within the community.

Economic factors. It comprises the information that influences the financial value of respondents. Table 7 shows the economic factors that affect the KAP of the respondents. The respondents rated this area with an average weighted mean of 3.02, interpreted as moderately affect. The three highest indicators interpreted as moderately effective are: "availability of income to avail the HIV/AIDS test," with a weighted mean of 3.38 rank as first, followed by "enough money to buy medicines," with a weighted mean of 3.29 rank as second; and lastly, "can sustain vices" with a weighted mean of 3.03.

Table 14
Economic Factors that affect the level of KAP

	Economic factors	WM	Interpretation	Rank
a.	Availability of income to avail the HIV/AIDS test	3.38	Moderately Affect	1
b.	Enough money to buy Medicines	3.29	Moderately Affect	2
c.	Available media sources to have an easy access to HIV/ AIDS information	2.99	Moderately Affect	4
d.	Can sustain vices	3.03	Moderately Affect	3
e.	Enough resources to buy Condom	2.39	Affect	5
	Average Weighted Mean	3.02	Moderately Affect	

Economic factors that influence the level of knowledge, attitude, and practices towards HIV/AIDS are perceived as moderately influential. This shows that while economic circumstances play a significant role in shaping individuals' understanding, beliefs, and behaviors related to HIV/AIDS, their impact may not be absolute or deterministic. Moderate influence indicates that economic factors, such as income level, employment status, access to healthcare services, and availability of resources, can significantly shape individuals' knowledge, attitudes, and practices towards HIV/AIDS.

The studies conducted by Leung Soo et al. (2023), Virdausi et al. (2022), and Owan et al. (2022) provide insights that are highly relevant to the present study on the level of knowledge, attitude, and practices toward HIV/AIDS among vulnerable populations in the municipalities of Tiwi, Daraga, and Polangui. Firstly, Leung Soo et al.'s investigation into the impact of socioeconomic status (SES) on HIV infection highlights the differential effects of SES on HIV testing and sexual risk-taking behavior among males and females. This underscores the importance of considering socioeconomic factors in understanding HIV-related behaviors and risks within the community, as identified in the present study. Secondly, Virdausi et al.'s analysis of socioeconomic and demographic factors associated with knowledge and attitudes regarding HIV/AIDS among women in Indonesia underscores the significance of demographic and social variables in shaping understanding and viewpoints concerning HIV/AIDS. These findings emphasize the need for tailored interventions and educational initiatives that address the specific needs and challenges faced by different demographic groups,

particularly vulnerable populations, as identified in the present study.

Lastly, Owan et al.'s examination of the impact of socioeconomic parameters on the assessment of HIV/AIDS prevention initiatives in Nigeria highlights the critical role of funding, human resources, and stigmatization in shaping the effectiveness of HIV/AIDS prevention programs. These findings underscore the importance of resource allocation, capacity building, and stigma reduction efforts in enhancing the effectiveness of HIV/AIDS prevention initiatives, which align with the objectives of the present study to identify barriers and facilitators to HIV/AIDS prevention and awareness efforts within the community.

Proposed Plan to enhance the level of knowledge, attitude, and practices of vulnerable populations toward HIV/AIDS

Following the analysis of the results, a plan was devised and proposed to improve the knowledge, attitude, and practices of the vulnerable population regarding HIV/AIDS in Albay province, specifically focusing on the municipalities of Tiwi, Daraga, and Polangui. The aim was to address the challenges posed by a moderate level of knowledge, attitude, and practices and to work towards achieving the goal of zero local transmission of HIV/AIDS. Emphasis was placed on addressing the indicators ranked as the least priority, thereby guiding the development of the program. Clear objectives, strategies/activities, individuals involved, and success indicators were identified to address the deficiencies and gaps in the areas above.

The prevalence of HIV/AIDS cases worldwide is on the rise, posing one of the most significant challenges to millions of individuals globally. Even in the Philippines, data indicates a steady increase in cases, largely attributed to low knowledge, attitude, and practices regarding the disease. Efforts to address this issue include the implementation of programs at the municipal level, targeting the general population. The primary objective is to curb the escalating cases, which could lead to a rise in morbidity and mortality, severely impacting individuals' daily functioning. Achieving this goal requires collaborative and concerted efforts. Enhancing knowledge, attitude, and practices through disseminating accurate information and fostering behavioral change is crucial in transitioning from increasing cases to zero local transmission.

To enhance the level of knowledge, attitude, and practices of vulnerable populations towards HIV/AIDS, several specific strategies can be proposed:

Community-Based Education Programs. Develop and implement community-based education programs tailored to the specific needs and cultural sensitivities of vulnerable populations in the municipalities of Tiwi, Daraga, and Polangui. These programs should provide accurate information about HIV/AIDS transmission, prevention methods, and treatment options. They can be delivered

through workshops, seminars, peer-led discussions, and informational materials distributed in local languages.

Engagement of Local Leaders and Influencers. Collaborate with local leaders, religious figures, and influencers within the communities to promote HIV/AIDS awareness and destigmatize discussions around sexual health. Leveraging the influence and trust of these individuals can help disseminate accurate information and encourage positive attitudes toward HIV testing, treatment, and support services.

Mobile Health (mHealth) Interventions. Utilize mobile health technologies, such as SMS messaging and mobile applications, to deliver targeted HIV/AIDS education and reminders about prevention practices to vulnerable populations. These interventions can reach individuals with limited access to traditional healthcare services and provide on-demand information and support.

Peer Education and Support Groups. Establish peer education programs and support groups for vulnerable populations, particularly young adults, LGBTQ+ individuals, and sex workers. Peer educators can serve as trusted sources of information and support, facilitating open discussions about HIV/AIDS and providing guidance on accessing healthcare services and resources.

Integration of HIV Services into Existing Healthcare Systems. Strengthen the integration of HIV testing, counseling, and treatment services into existing healthcare systems within the municipalities. This includes training healthcare providers to offer culturally competent and non-judgmental care and ensuring the availability of HIV testing and treatment facilities in accessible locations.

Addressing Socioeconomic Determinants of Health. Address underlying socioeconomic determinants of health, such as poverty, unemployment, and lack of access to education, which contribute to increased vulnerability to HIV/AIDS. Implement programs aimed at poverty alleviation, skills training, and economic empowerment to improve overall well-being and reduce risk factors for HIV transmission.

CONCLUSIONS

The study found that most respondents are male, unmarried, Catholic, and have an average monthly income of Php 10,000.00 or less. They are primarily in the 20-24 age group, have completed high school education, and work in Legazpi. The vulnerable population demonstrates moderate levels of knowledge about HIV/AIDS transmission, prevention, and control, along with moderate agreement in their attitudes and moderate engagement in related practices. Personal, social, and economic factors moderately influence respondents'

knowledge, attitudes, and practices regarding HIV/AIDS, with significant associations observed between these factors and various demographic variables such as age, gender, marital status, religion, educational attainment, and place of work. However, there was no significant relationship found between the level of knowledge, attitude, and practices regarding HIV/AIDS and personal, social, and economic factors. Overall, the proposed plan aims to enhance the knowledge, attitude, and practices among the vulnerable population concerning HIV/AIDS.

TRANSLATIONAL RESEARCH

The findings of this study could be translated into a plan that aims to facilitate the enhancement of Knowledge, Attitudes, and Practices toward HIV and AIDS among vulnerable populations in the province of Albay. This study provides valuable insights that can be translated into a comprehensive plan aimed at improving the Knowledge, Attitude, and Practices (KAP) regarding HIV and AIDS among the vulnerable population in the province of Albay. By identifying the demographic characteristics and factors influencing KAP, this plan can be tailored to address specific needs and challenges the target population faces. Through targeted educational campaigns, training programs, and community outreach initiatives, the plan can effectively disseminate accurate information, foster positive attitudes, and promote healthy practices related to HIV prevention and control. By implementing evidence-based strategies informed by the findings of this research, significant strides can be made towards reducing the incidence of HIV/AIDS and improving overall public health outcomes in Albay province.

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