IJBB
International Journal of Biotechnology and Biomedicine
Vol. 2 No4; February 2026 https://doi.org/10.31674/ijbb.2025.v02i04.001

Developing the Resilient Seropositive Community (RSC) Model: A Conceptual Approach to Empowerment and HIV Risk Reduction among Young Adults

Nurhamida Fithri[1], Chun Hoe Tan[1]

[1]School of Health & Applied Sciences, Lincoln University College, Malaysia

***Corresponding Author's E-mail**:* pitipitinez@gmail.com

Article received on 28th October 2025.
Revision received on 28th January 2026.
Accepted on 3rd February 2026.

Abstract
The persistent challenge of HIV/AIDS among high-risk young adults calls for community-based strategies that extend beyond individual-level behavioral interventions. Despite advances in prevention and treatment, structural and psychosocial barriers, including stigma, limited access to health services, and culturally mediated silence surrounding sexual health, continue to heighten vulnerability among youth in developing countries such as Indonesia. These conditions highlight the need for an integrative framework that accounts for both individual adaptive capacity and community-level social processes. This paper proposes the Resilient Seropositive Community (RSC) model, a conceptual framework that integrates resilience theory, community empowerment theory, and risk reduction behavior theory to strengthen HIV prevention and management among young adults at risk. Using a structured conceptual synthesis of theoretical and empirical literature published between 2020 and 2025, this study identifies key pathways linking resilience, empowerment, peer support, and health-seeking behavior. The RSC model explicates how empowerment functions as a mediating mechanism that transforms resilience from a latent adaptive capacity into sustained risk reduction behaviors through social capital, peer engagement, and collective efficacy. Unlike existing HIV prevention models that primarily emphasize individual behavior or biomedical interventions, the RSC model offers a novel integrative framework that explicitly links community resilience, empowerment, and peer support through a sequential and reciprocal pathway toward sustainable risk reduction behaviors. By clearly articulating these mechanisms, the model addresses gaps in existing HIV prevention frameworks that often treat resilience and behavior change as parallel rather than interdependent processes. The RSC framework offers a culturally responsive and community-centered contribution to public health theory and provides practical guidance for policymakers, practitioners, and educators in designing participatory and sustainable HIV interventions. The model also establishes a conceptual foundation for future empirical studies examining the dynamic relationships among resilience, empowerment, and behavioral change across diverse sociocultural settings.

Keywords: Resilient Seropositive Community; HIV/AIDS; Empowerment; Risk Reduction; Young Adults.

IJBB
International Journal of Biotechnology and Biomedicine
Vol. 2 No4; February 2026 https://doi.org/10.31674/ijbb.2025.v02i04.001

1.0 Introduction

HIV/AIDS remains a persistent global health challenge, particularly among high-risk young adults who continue to face social, cultural, and behavioral barriers to prevention and care. According to UNAIDS (2023), nearly one-third of new HIV infections globally occur among individuals aged 15–24 years, with behavioral and structural factors contributing to persistent vulnerability. In developing regions such as Indonesia, including areas like Deli Serdang, socio-behavioral and cultural determinants, such as stigma, limited knowledge, risky sexual behavior, and restricted access to health services, continue to hinder effective HIV prevention and treatment. These challenges are compounded by social stigma and limited youth engagement in health programs, resulting in delayed testing, inconsistent treatment adherence, and suboptimal health-seeking behaviors (Kelly *et al.*, 2025).

Traditional HIV prevention approaches have largely relied on biomedical and individual-level behavioral interventions. While these strategies have demonstrated measurable short-term outcomes, they often fail to sustain long-term behavioral change because they insufficiently address the social context, peer dynamics, and community-level processes that shape everyday risk negotiation (Li *et al.*, 2022). In response, recent studies have emphasized the importance of incorporating psychosocial resilience and community participation into HIV prevention and management programs (Mbengo *et al.*, 2022). Resilience, defined as the capacity to adapt positively in the face of adversity, has emerged as a key determinant of prevention adherence and long-term coping among populations at risk (Firman *et al.*, 2025).

However, existing resilience-oriented models tend to focus primarily on individual psychological adaptation, with limited attention to the social mechanisms through which resilience is translated into sustained health-promoting behavior at the community level (Dulin *et al.*, 2020; Rueda *et al.*, 2020). Conversely, community empowerment frameworks emphasize participation, agency, and collective action, but often under-theorize the psychological readiness and adaptive capacity required for meaningful engagement, particularly among young adults facing stigma and social exclusion (Wallerstein *et al.*, 2021; Laverack, 2020). Risk reduction behavior models, while effective in promoting safer sexual practices and HIV service utilization, frequently prioritize individual compliance and biomedical outcomes, leaving the cultural and relational processes of behavior change insufficiently theorized, especially in low- and middle-income settings (Li *et al.*, 2022; Nöstlinger *et al.*, 2022).

As a result, a clear conceptual gap remains in understanding how individual and collective resilience, community empowerment, and risk reduction behaviors can be systematically integrated within a single framework that is responsive to cultural norms, stigma, and collective values shaping HIV-related behavior in Southeast Asian contexts (Nasir *et al.*, 2021). In Indonesia, community-based HIV strategies often remain fragmented and lack explicit mechanisms for building sustained psychosocial strength and collective agency among affected youth populations. This paper proposes the Resilient Seropositive Community (RSC) model as a conceptual framework designed to address these gaps. Unlike existing models that treat resilience, empowerment, and behavior change as isolated or loosely connected elements, the RSC model explicitly integrates these perspectives within a mechanism-driven framework. Specifically, the model positions empowerment as the mediating process through which individual and collective resilience are transformed into sustained HIV risk reduction behaviors via peer support, social capital, and community participation. By incorporating reciprocal feedback loops that reinforce resilience and empowerment through successful behavioral adaptation, the RSC model offers a

IJBB
International Journal of Biotechnology and Biomedicine
Vol. 2 No4; February 2026 https://doi.org/10.31674/ijbb.2025.v02i04.001

substantively different approach to HIV prevention and management among high-risk young adults in resource-limited and stigma-affected settings such as Indonesia.

The purpose of this paper is to develop and conceptualize the RSC model as a framework that can inform both theory and practice in HIV/AIDS management. Specifically, this study aims to: (1) outline the theoretical foundations and key components of the RSC model; (2) explain the interrelationships among resilience, empowerment, and risk reduction behaviors; and (3) propose implications for future empirical testing and practical implementation. The paper concludes by highlighting key conceptual contributions and directions for further research.

2.0 Literature Review

Understanding the complexity of HIV/AIDS management among young adults requires a theoretical lens that integrates psychological resilience, community empowerment, and sociocultural factors influencing health behavior. Within the context of HIV, resilience has been widely recognized as a critical factor determining how individuals living with or at risk of HIV adapt to stigma, discrimination, and psychological distress (Dulin *et al.* 2020; Firman *et al.* 2025). Individuals with higher resilience demonstrate adaptive coping mechanisms, maintain treatment adherence, and engage in protective behaviors that promote psychological well-being and long-term health outcomes. Resilience thus serves as an essential foundation for enabling individuals to navigate the challenges associated with HIV while preserving their sense of self-efficacy, agency, and social connection. However, individual resilience alone is insufficient to ensure sustainable behavioral change and improved health outcomes. Resilience is socially constructed and influenced by broader environmental and structural conditions. The community context, including social networks, peer dynamics, and institutional support, plays a pivotal role in shaping individuals' capacity to remain resilient in the face of adversity (Mbengo *et al.* 2022; Community Connectedness Study 2023). This understanding shifts the focus from resilience as an individual trait toward resilience as a relational and collective process that depends on social cohesion and mutual trust within the community. From this perspective, community empowerment becomes an indispensable component for transforming individual resilience into collective action. As Wallerstein *et al.* (2021) and Laverack (2020) emphasize, empowerment is both a process and an outcome through which individuals and groups gain greater control over the determinants of their health. Empowered communities develop stronger peer networks, foster mutual support, and mobilize shared resources to promote collective well-being. Within HIV prevention, empowerment has been shown to enhance participation, reduce stigma, and improve access to essential health services (Li *et al.* 2022). Empowerment-based interventions not only address behavioral risks but also strengthen community capacity to advocate for structural changes and sustain prevention initiatives over time (Kelly *et al.* 2025).

The cultural and behavioral dimensions of empowerment further add layers of complexity to HIV prevention efforts. Cultural norms, beliefs, and values strongly influence how communities perceive HIV risk and respond to preventive interventions. In Indonesia and other Southeast Asian societies, traditional norms often restrict open discussion about sexuality, while community leaders and peer influence play crucial roles in shaping behavioral attitudes and health-seeking practices (Nasir *et al.* 2021). Culturally responsive programs that integrate empowerment principles and resilience-building have been shown to improve engagement, acceptance, and sustainability within local contexts (Wallerstein *et al.* 2021; Mbengo *et al.* 2022). Thus, culture acts both as a facilitator and as a potential barrier in promoting resilience and empowerment among high-risk populations.

IJBB
International Journal of Biotechnology and Biomedicine
Vol. 2 No4; February 2026 https://doi.org/10.31674/ijbb.2025.v02i04.001

Despite growing evidence linking resilience, empowerment, and culture in shaping health behavior change, there remains a conceptual gap in understanding how these constructs interact dynamically within the context of HIV prevention and management. Existing models often focus narrowly on either individual psychological determinants or on structural interventions, overlooking the synergistic relationship between personal resilience, social capital, and community empowerment (Dulin *et al.* 2020; Li *et al.* 2022).

The Resilient Seropositive Community (RSC) model proposed in this paper addresses this theoretical gap by offering a holistic, culturally sensitive, and community-centered conceptual framework. The model theorizes that resilience and empowerment are interdependent processes that collectively shape adaptive coping, health-seeking behaviors, and sustainable HIV risk reduction among high-risk young adults.

2.1 Cultural and Social Realities Addressed by the RSC Model in the Indonesian Context

In developing country contexts such as Indonesia, HIV prevention and management are shaped by deeply embedded sociocultural factors, including stigma, restrictive gender norms, and cultural silence surrounding sexuality and HIV-related discourse (Nasir *et al.*, 2021). These factors often discourage open communication, delay health-seeking behavior, and limit young adults' engagement with formal HIV services. The RSC model explicitly addresses these cultural and social realities by embedding empowerment and peer-based mechanisms within a community-centered framework. First, the model recognizes stigma as a social barrier that operates not only at the individual level but also within families and communities. By prioritizing peer support and collective engagement, the RSC model creates safe social spaces where young adults can share experiences, normalize HIV-related discussions, and reduce internalized stigma. Peer-led interactions function as culturally acceptable entry points for dialogue, particularly in settings where direct communication about sexuality is constrained by social norms. Second, the RSC model responds to cultural silence and restrictive gender norms by shifting the focus from individual disclosure to collective empowerment. In collectivist societies such as Indonesia, community belonging and peer validation strongly influence behavioral norms. The model leverages these dynamics by promoting participatory group-based activities that strengthen collective efficacy and mutual accountability. Through this mechanism, health-protective behaviors such as condom use, HIV testing, and treatment adherence become socially reinforced rather than individually negotiated. Third, empowerment within the RSC framework operates as a culturally adaptive process that aligns health-seeking behaviors with locally valued social roles and relationships. Rather than challenging cultural norms directly, the model facilitates gradual behavioral change through trusted peer networks, community leaders, and shared social capital. This approach enhances acceptability and sustainability by integrating HIV risk reduction practices into existing social structures. By explicitly incorporating these mechanisms, the RSC model moves beyond context-neutral HIV prevention frameworks and offers a culturally responsive approach that addresses stigma, gender norms, and cultural silence as central determinants of behavior. This contextualization strengthens the model's applicability to Indonesia and other developing country settings where social and cultural realities play a decisive role in shaping HIV-related outcomes.

IJBB
International Journal of Biotechnology and Biomedicine
Vol. 2 No4; February 2026 https://doi.org/10.31674/ijbb.2025.v02i04.001

2.2 Conceptual Framework

The conceptual framework is presented in Figure 1. The Resilient Seropositive Community (RSC) model is grounded in the integration of three complementary theoretical foundations: resilience theory, community empowerment theory, and risk reduction behavior theory. Rather than positioning these theories as parallel constructs, the RSC model delineates their distinct conceptual roles and specifies the mechanisms through which they interact to influence behavioral outcomes among young adults at risk of HIV infection. Within this framework, resilience theory provides the foundational psychological capacity that enables individuals and communities to adapt positively in the face of HIV-related adversity, including stigma, discrimination, and health-related stressors (Dulin *et al.*, 2020; Firman *et al.*, 2025). Resilience is conceptualized as both an individual and relational resource that strengthens emotional regulation, coping skills, and perceived self-efficacy. However, resilience alone does not automatically result in sustained behavioral change. Without enabling social structures, resilient individuals may lack the agency, opportunities, or collective support required to translate adaptive capacity into concrete health actions. Community empowerment theory addresses this conceptual gap by functioning as the central mediating mechanism within the RSC model. Empowerment is defined as both a process and an outcome through which individuals and communities gain control over health-related decisions, access resources, and exercise collective agency (Wallerstein *et al.*, 2021; Laverack, 2020). In this model, empowerment operationalizes resilience by enhancing decision-making autonomy, collective efficacy, and participation in peer-based initiatives. This theoretical boundary clarifies that resilience represents the capacity to cope, whereas empowerment represents the mechanism that enables action. Social capital and peer support operate as key social pathways linking resilience to empowerment. Through peer-led education, shared lived experiences, and trust-based community networks, young adults are able to normalize discussions around HIV risk, challenge cultural silence, and strengthen collective coping strategies (Community Connectedness Study, 2023; Kelly *et al.*, 2025). These social mechanisms reinforce empowerment processes by fostering mutual accountability, shared responsibility, and sustained engagement within the community.

Risk reduction behavior theory constitutes the outcome-oriented component of the RSC model, encompassing consistent condom use, regular HIV testing, treatment adherence, and proactive utilization of health services. Within this framework, empowerment mediates the relationship between resilience and behavioral outcomes by enabling individuals and communities to convert adaptive coping into sustained, health-promoting practices (Li *et al.*, 2022). The RSC model, therefore, conceptualizes a sequential yet reciprocal pathway in which resilience provides the foundational adaptive capacity, empowerment activates this capacity through collective agency and participation, and risk reduction behaviors emerge as tangible outcomes of this process. Importantly, sustained behavioral change feeds back into the system by reinforcing both individual resilience and collective empowerment over time, strengthening overall community adaptive capacity. This integrated framework enhances the model's conceptual novelty by explicitly articulating the boundaries and mechanisms through which resilience, empowerment, and behavior interact within culturally diverse and resource-limited settings such as Indonesia.

IJBB
International Journal of Biotechnology and Biomedicine
Vol. 2 No4; February 2026 https://doi.org/10.31674/ijbb.2025.v02i04.001

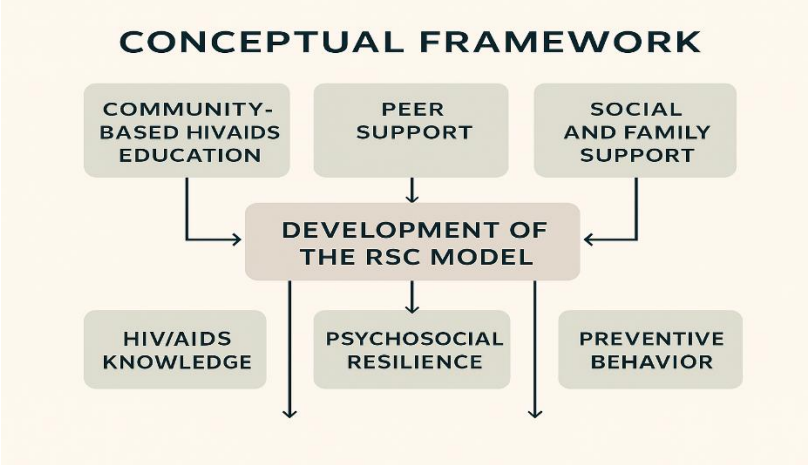

Figure 1. Conceptual Framework

3.0 Methods

This paper employed a structured conceptual synthesis approach to develop the Resilient Seropositive Community (RSC) model. Rather than collecting primary data, the study systematically reviewed and synthesized recent theoretical and empirical literature to construct an integrative conceptual framework for HIV/AIDS prevention and management among high-risk young adults. The conceptual synthesis was designed to enhance transparency and rigor by explicitly outlining the processes used to identify relevant studies, define inclusion criteria, and derive the model's components and pathways. The synthesis process involved three main stages: theoretical grounding, conceptual integration, and model development. **First**, during the theoretical grounding stage, three major theoretical domains relevant to HIV resilience and community health were identified: resilience theory, community empowerment theory, and risk reduction behavior theory. These domains were selected because they offer complementary perspectives on how psychological capacity, social agency, and behavioral mechanisms interact to shape adaptive responses to HIV-related risks (Dulin *et al.*, 2020; Wallerstein *et al.*, 2021; Li *et al.*, 2022). At this stage, resilience was conceptualized as an adaptive capacity, empowerment as a mediating social mechanism, and risk reduction behavior as the intended behavioral outcome.

Second, the conceptual integration stage involved the systematic identification and review of peer-reviewed literature published between 2020 and 2025. Relevant studies were identified through electronic searches of PubMed, ScienceDirect, and Google Scholar using combinations of keywords such as "HIV resilience," "community empowerment," "risk reduction," "peer support," and "youth health behavior." Reference lists of key articles were also screened to identify additional relevant publications. Studies were included if they (1) were peer-reviewed journal articles, (2) addressed resilience, empowerment, social capital, or community-based HIV interventions, (3) focused on adolescents, young adults, or high-risk populations, and (4) provided conceptual or empirical insights into behavioral adaptation or health-seeking behavior. Studies were excluded if they consisted of non-peer-reviewed reports, commentaries, theses, conference abstracts, or if they were not directly relevant to HIV resilience or community-based prevention

approaches. In addition, the synthesis incorporated a broad range of recent empirical and conceptual studies examining the intersection of resilience, social capital, empowerment, and community engagement in HIV prevention across diverse sociocultural settings (e.g., Bernard *et al.*, 2020; Sipsma *et al.*, 2021; Okeke *et al.*, 2022; Poudel & Subedi, 2023; Nöstlinger *et al.*, 2022; Rueda *et al.*, 2020; Saleem & Khalid, 2023; Wong & Schrager, 2024; Abubakar *et al.*, 2020; Tucker *et al.*, 2021). These studies enriched the synthesis by providing updated insights into how cultural and structural contexts influence adaptive coping and health-seeking behaviors among youth and high-risk populations. To enhance transparency in the literature selection process, the initial database search yielded over 100 publications. After removal of duplicates and screening of titles and abstracts for relevance, approximately 70-80 articles were retained for full-text review. Of these, around 35-45 studies met the inclusion criteria and were included in the final conceptual synthesis. Articles were excluded primarily due to limited relevance to HIV resilience or community-based interventions, focus on non-youth populations, or insufficient conceptual or empirical contribution. To ensure analytical rigor, priority was given to peer-reviewed journal articles published in reputable international journals. Studies were further appraised based on conceptual clarity, methodological transparency, and relevance to resilience, empowerment, peer support, and behavioral adaptation in HIV-related contexts.

Third, during the model development stage, the extracted constructs were organized through an iterative analytical process consisting of thematic extraction, conceptual clustering, and relational mapping. This process involved comparing theoretical assumptions across studies, identifying recurring constructs (e.g., resilience, empowerment, peer support, social capital), and examining how these constructs interact to facilitate behavioral transformation. To ensure conceptual consistency, each recurring construct was analytically refined using operational definitions derived from established literature. These definitions guided the thematic extraction and conceptual clustering processes, allowing the constructs to be positioned as adaptive capacities (resilience), mediating mechanisms (empowerment and peer support), and behavioral outcomes (risk reduction behavior) within the RSC framework. Empowerment emerged as a central mediating mechanism that activates resilience through peer-based support and collective agency, thereby enabling the transformation of HIV risk behaviors into adaptive coping strategies and proactive health-seeking actions. Feedback loops among resilience, empowerment, and behavior were then mapped to illustrate the dynamic and reciprocal relationships proposed in the RSC model (Mbengo *et al.*, 2022; Community Connectedness Study, 2023).

To enhance conceptual clarity and support future empirical testing, the key constructs of the RSC model were operationally defined based on established literature. These operational definitions are summarized in Table 1 and were used to guide thematic extraction, conceptual clustering, and relational mapping during model development.

IJBB
International Journal of Biotechnology and Biomedicine
Vol. 2 No4; February 2026 https://doi.org/10.31674/ijbb.2025.v02i04.001

Table 1. Operational Definitions of Key Constructs in the RSC Model

Construct	Conceptual Definition	Example Operational Indicators	Key References
Resilience	Capacity to adapt positively to HIV-related adversity	Coping strategies, self-efficacy, emotional regulation, and persistence in health-seeking	Dulin *et al.*, 2020; Firman *et al.*, 2025
Empowerment	Process of gaining control over health-related decisions and collective agency	Decision-making autonomy, collective efficacy, participation in peer initiatives	Wallerstein *et al.*, 2021; Laverack, 2020
Peer Support	Supportive relationships among individuals with shared HIV-related experiences	Peer interaction, perceived support, trust, and peer education participation	Kelly *et al.*, 2025; Community Connectedness Study, 2023
Risk Reduction Behavior	Actions that reduce HIV vulnerability and improve health outcomes	Condom use, HIV testing, treatment adherence, service utilization	Li *et al.*, 2022

As this study was conceptual in nature and did not involve primary data collection or human participants, formal ethical approval was not required. Nevertheless, the synthesis process adhered to principles of academic integrity and responsible scholarship by ensuring accurate citation, transparent interpretation of existing theories, and respect for intellectual property. Despite its strengths in providing an integrative theoretical contribution, this study acknowledges several limitations. First, as a conceptual synthesis, the RSC model has not yet been empirically validated, and its proposed pathways remain theoretical. Second, the applicability of the model may vary across sociocultural contexts, as cultural norms, gender relations, religious values, and stigma related to HIV differ substantially between regions and communities. These variations may influence how resilience, empowerment, and peer support are expressed and mobilized in practice. Third, structural barriers such as health system capacity, availability of youth-friendly services, policy support, and socio-economic constraints may limit the feasibility of implementing the RSC model uniformly across settings. In resource-limited contexts, sustained peer engagement and empowerment processes may require institutional support that is not always available. Finally, while the model emphasizes community participation and collective agency, the practical mechanisms for sustaining long-term engagement and measuring empowerment outcomes require further empirical refinement. Future studies should therefore empirically test the RSC model, adapt it to diverse cultural and structural contexts, and assess its feasibility and effectiveness through mixed-methods and intervention-based research designs.

IJBB
International Journal of Biotechnology and Biomedicine
Vol. 2 No4; February 2026 https://doi.org/10.31674/ijbb.2025.v02i04.001

4.0 Discussion and Implications

The Resilient Seropositive Community (RSC) Model provides a novel conceptual contribution to understanding HIV/AIDS management among high-risk young adults in Indonesia. By integrating resilience, empowerment, and risk reduction theories, the model demonstrates that community-based interventions can only be sustainable when individuals develop internal coping capacities supported by collective empowerment mechanisms. This integrated perspective shifts the paradigm from a purely biomedical approach to a more socio-ecological and community-driven model of HIV management, aligning with contemporary calls for holistic health promotion frameworks (Wallerstein *et al.*, 2021; Li *et al.*, 2022; Tucker *et al.*, 2021; Poudel & Subedi, 2023).

The findings of this conceptual synthesis are consistent with recent literature emphasizing the role of empowerment, peer support, and community connectedness in sustaining resilience among high-risk youth and people living with HIV. Empowerment-based interventions have been shown to enhance self-efficacy and coping skills, while simultaneously fostering social capital that promotes adherence to preventive behaviors (Nöstlinger *et al.*, 2022; Rueda *et al.*, 2020; Tucker *et al.*, 2021). Likewise, community engagement and participatory approaches are increasingly recognized as essential for sustainable behavior change and culturally grounded prevention strategies (Poudel & Subedi, 2023; Wong & Schrager, 2024).

Through this synthesis, the RSC model contributes an updated and contextually adaptive framework that advances existing HIV prevention approaches by positioning empowerment as the central mechanism that converts resilience into observable and sustainable risk reduction behaviors, rather than treating psychological adaptation and behavioral change as independent or parallel processes. Theoretically, the RSC model extends the scope of resilience theory by shifting the emphasis from individual adaptation toward collective resilience within community networks (Dulin *et al.*, 2020; Firman *et al.*, 2025). It also operationalizes community empowerment as a mediating mechanism that translates personal resilience into behavioral change through social capital, mutual trust, and participatory processes. Previous studies have highlighted similar dynamics, showing that empowerment and community connectedness foster adaptive coping and sustained engagement in HIV prevention (Laverack, 2020; Community Connectedness Study, 2023; Bernard *et al.*, 2020; Okeke *et al.*, 2022; Saleem & Khalid, 2023). Collectively, these perspectives reinforce the theoretical coherence of the RSC framework, demonstrating how individual psychological strengths interact with social structures and peer systems to maintain preventive behaviors over time (Wong & Schrager, 2024; Nöstlinger *et al.*, 2022). The model also accounts for the sociocultural realities of Indonesian youth, where stigma, gender norms, and cultural silence surrounding sexuality often inhibit open dialogue about HIV (Nasir *et al.*, 2021). By embedding peer support and participatory empowerment within community interventions, the RSC framework offers culturally sensitive pathways to normalize discussions around risk behaviors and health-seeking practices. This approach resonates strongly with collectivist contexts, where social belonging, peer validation, and conformity to cultural norms play critical roles in shaping health-related decisions (Kelly *et al.*, 2025; Abubakar *et al.*, 2020).

Practically, the RSC model provides a strategic foundation for policymakers, educators, and community organizations to design interventions that integrate knowledge, empowerment, and resilience. Programs guided by this model could include psychosocial resilience training, peer-led education, and participatory health communication to foster self-efficacy and sustainable community action (Mbengo *et al.*, 2022; Sipsma *et al.*, 2021). For health service providers, adopting the RSC framework can strengthen ongoing engagement with at-risk youth and improve

adherence to prevention and treatment programs. Furthermore, this conceptual synthesis underscores the need for future empirical work. Longitudinal and community-based participatory research should be conducted to validate and refine the theoretical pathways proposed in the RSC model. Such studies could examine the causal relationships between resilience, empowerment, and behavioral adaptation across diverse cultural and epidemiological settings (UNAIDS, 2023; Wong & Schrager, 2024; Nöstlinger *et al.*, 2022). These efforts will help bridge conceptual insights with real-world practice, ultimately strengthening public health interventions that emphasize psychosocial resilience as a cornerstone of sustainable HIV prevention.

In summary, the RSC model bridges theoretical understanding and practical action by positioning community resilience as both a foundation and an outcome of empowerment processes. It provides a comprehensive conceptual approach for reducing HIV risk behaviors and promoting adaptive, health-seeking lifestyles among high-risk young adults. The model thus stands as a promising framework for future HIV/AIDS programming, emphasizing the collective power of resilient and empowered communities to sustain behavioral transformation and public health resilience.

Conclusion

The Resilient Seropositive Community (RSC) Model represents a conceptual advancement in HIV/AIDS management among high-risk young adults by integrating resilience, empowerment, and behavioral adaptation into a unified theoretical framework. The model conceptualizes community resilience not only as an outcome of empowerment but also as a continuous process that reinforces health-promoting behavior and collective efficacy. It provides a socio-ecological perspective that emphasizes the interplay between individual capacities, peer support, and community structures in sustaining behavioral change and reducing vulnerability to HIV. The implications of this model extend beyond theoretical development. Practically, it offers a strategic foundation for designing culturally responsive, empowerment-based interventions that strengthen self-efficacy, peer support, and social cohesion among at-risk populations. In the Indonesian context, where cultural sensitivity and community belonging are central to behavior formation, the RSC model offers a relevant pathway for integrating public health initiatives with local values and social norms. Policymakers, practitioners, and educators are therefore encouraged to adopt this conceptual approach to foster long-term engagement, treatment adherence, and community-driven participation in HIV prevention and management. Future research should empirically validate and refine the RSC model across diverse cultural contexts, using longitudinal and participatory methods. Such studies will contribute to evidence-based strategies that operationalize resilience and empowerment in real-world HIV programs. Ultimately, the RSC model envisions a future where high-risk young adults are not merely recipients of health interventions but become active agents of resilience and collective transformation within their communities.

References

Abubakar, A., Van de Vijver, F. J., & Suryani, A. O. (2020). ‘Cultural influences on health behaviors among youth in collectivist societies, Journal of Cross-Cultural Psychology, 51(3), 203–218.

Bernard, C., Brown, A. & Miller, S. (2020) ‘Community resilience and social connectedness in HIV prevention programs’, Health Promotion Practice, 21(4), 564–574.

Community Connectedness Study (2023). Community connectedness and empowerment in HIV prevention: Insights from participatory research. Geneva: WHO Regional Office for Europe.

Dulin, A. J., Hill, R., & McCreary, M. (2020). Resilience and social support as predictors of health outcomes among HIV-positive young adults, AIDS Care, 32(5), 603–610.

Firman, R., Fithri, N., & Arifin, Z. (2025). Conceptualizing collective resilience in community-based HIV interventions, Journal of Health Promotion and Behavior, 10(1), 33–47.

Kelly, J., Mufune, P., & Banda, C. (2025). 'Culture, stigma, and youth resilience in HIV communication: Lessons from Southeast Asia', Global Public Health, 20(2), 276–289.

Laverack, G. (2020). Public health: Power, empowerment and professional practice. 3rd edn. London: Palgrave Macmillan.

Li, X., Zhao, J., Stanton, B., & Fang, X. (2022). Empowerment and resilience among adolescents in HIV-affected communities: A multi-level framework, AIDS and Behavior, 26(3), 912–923.

Mbengo, F., Chirwa, M., & Banda, J. (2022). Empowerment-based peer education for HIV prevention among African youth: Lessons from Malawi, BMC Public Health, 22(1), 331. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-12555-8

Nasir, R., Suryani, A., & Rahmawati, I. (2021). Cultural silence, stigma, and barriers to HIV communication among Indonesian youth, Asian Pacific Journal of Public Health, 33(6–7), 35–744.

Nöstlinger, C., Rueda, S., & Tucker, J. D. (2022). Empowerment and resilience in HIV prevention: A synthesis of evidence from youth-centered programs, The Lancet HIV, 9(8), e540–e552.

Okeke, T. A., Ogbonna, C. O., & Ojukwu, R. (2022). The role of community connectedness in fostering resilience among youth living with HIV in Sub-Saharan Africa, African Journal of AIDS Research, 21(2), 118–128.

Poudel, A. N., & Subedi, P. (2023). Community empowerment and resilience in HIV prevention: A systematic review, Global Health Research and Policy, 8(1), 15. https://ghrp.biomedcentral.com/articles/10.1186/s41256-023-00297-w

Rueda, S., Mitra, S., & Nöstlinger, C. (2020). Peer-led empowerment and behavioral outcomes in HIV risk reduction among young adults, Health Education Research, 35(6), 542–556.

Saleem, T., & Khalid, R. (2023). The mediating role of social capital in the resilience–empowerment–behavioral change nexus', Journal of Community & Applied Social Psychology, 33(4), 302–317.

Sipsma, H. L., Nsibirwa, C., & Okeke, T. (2021). Youth empowerment and HIV risk reduction: Evidence from community-based programs in low-resource settings, AIDS Care, 33(12), 1532–1540.

Tucker, J. D., Li, H., & Wong, V. C. (2021). Community empowerment for HIV prevention: Lessons from Asia-Pacific, PLOS Medicine, 18(4), e1003572. https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003572

UNAIDS (2023) Global AIDS Update 2023: The path that ends AIDS. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS). https://www.unaids.org/sites/default/files/media_asset/2023_global-aids-update_en.pdf

Wallerstein, N., Duran, B., & Minkler, M. (2021). Community-based participatory research for health: Advancing social and health equity. 3rd edn. San Francisco, CA: Jossey-Bass.

Wong, V. C. & Schrager, S. M. (2024). Resilience and empowerment in HIV prevention: Integrating psychosocial and structural dimensions, Journal of Adolescent Health, 74(5), 812–820.