



Center for Tropical Medicine
Universitas Gadjah Mada

Integrated Non-Communicable Diseases Program on HIV services: Action Program in Brothels Area Pasar Kembang, Yogyakarta, Indonesia

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Background/Purposes

- Pasar Kembang is the oldest brothels in Yogyakarta. A place where prostitution and society lives together. Primary Health Care (PHCs) already conducted mobile HIV services in there but only few people came to the services voluntarily because of the stigma related to the services.
- Previous studies mentioned that non-communicable diseases are the most important problems together with HIV diseases in brothels area.
- Smoking, alcohol consumption, bad eating habit, and lack of sleep, which are common in brothels, are factors for non-communicable diseases.
- Integrated services may control HIV and non-communicable diseases at the same time by increasing the number of people accessing the services.

Approach

Step 1: Concept Approval (fig.1)

The team conducted several formal and informal meeting with Provincial Health Office, District Health Office, Public Health Clinic (PHC), Community Based Organization (CBO), and local leader to ascertain the feasibility and sustainability of this intervention.

Step 2: Training for Community Cadre (fig.2)

The concept of this service is provided from community, by community, and for community

- We trained the cadre that consist of people from CBO working for Female Sex Worker in that area and people from community who are living in that area
- The training was provided by PHC using DHO training materials

Step 3: Piloting Intervention (fig.3 and fig.4)

- We provide screening and monitoring related to non-communicable diseases along with HIV services in the brothels area's public hall in 2nd and 4th Tuesday of every month at 2-4 pm.
- Non-communicable diseases services include anthropometric and blood pressure measurement as well as risk factors interviews are provided by trained community cadre.
- HIV services consist of HIV testing, STI testing, and ARV initiation are provided by PHC.
- The public hall – a multifunction building, a place for the services, has been renovated before the intervention. The aim of the renovation is to make it more confidential for HIV test and treat (fig.5 and fig.6).

Outcomes/Impact

Training for Community Cadre

1. Knowledge of The Cadre

Knowledge of participants are increasing after the training. However, not many of the cadres know about the risk factors of non-communicable diseases and the provider of the services.

2. Attitude of The Cadre

The cadres has positive attitude regarding the services. All of them will do the services voluntary, enthusiastic with the services, will ask their friends to join in the services, and believes that come to the services routinely is important for their health.

Piloting Intervention

1. Participants of The Services (fig. 7)

- A total of 74 people joined in the services voluntarily during three months piloting periods.
- In addition to female sex workers (76%), We successfully encouraged local people (24%) to participate in the piloting intervention.
- No participants were HIV diagnosed during the services.

2. Risk Factors for Non-Communicable Diseases

- Most of the participants suffer from non-communicable diseases (79%).
- All participants (100%) have NCDs' risk factors from their lifestyles.

Innovation and Significance

- Brothels that always identical with HIV diseases also encountered another health problems (fig 8-10).
- Providing integrated non-communicable and HIV services can reduce stigma related to HIV services.
- FSW no longer become an object who are forced to come to the services.
- Either FSW or non-FSW come voluntarily to the services.



Fig 1. Informal meeting with local leader



Fig 2. Cadre training with CBO focused on Female Sex Worker



Fig 3. Health screening was conducted by the cadre



Fig 4. Data collecting (blood pressure measurement)



Fig 5. Public hall prior the renovation



Fig 6. Renovated hall for confidentiality of HIV test and treat

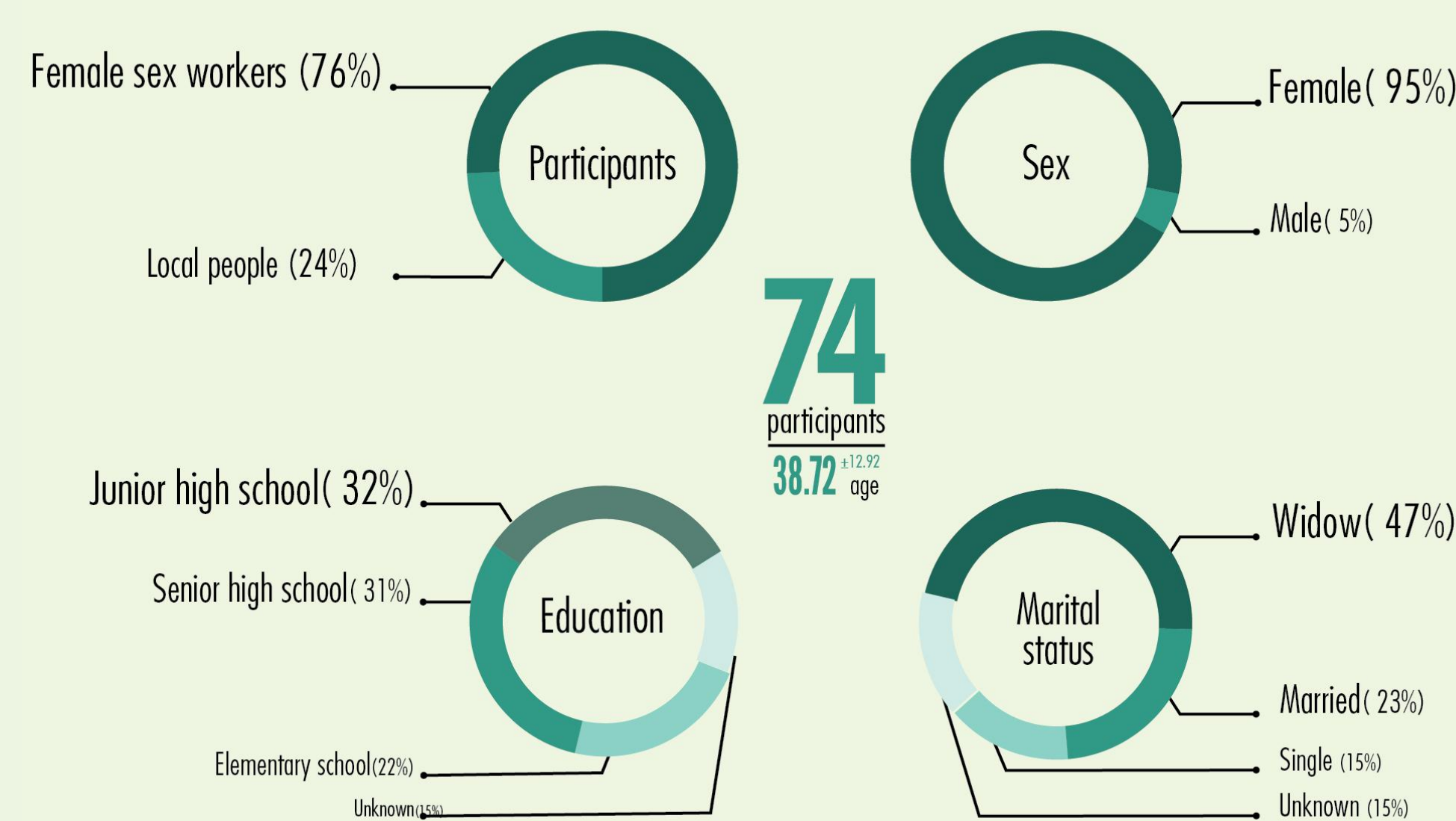


Fig 7. Pilot study participants' demographics

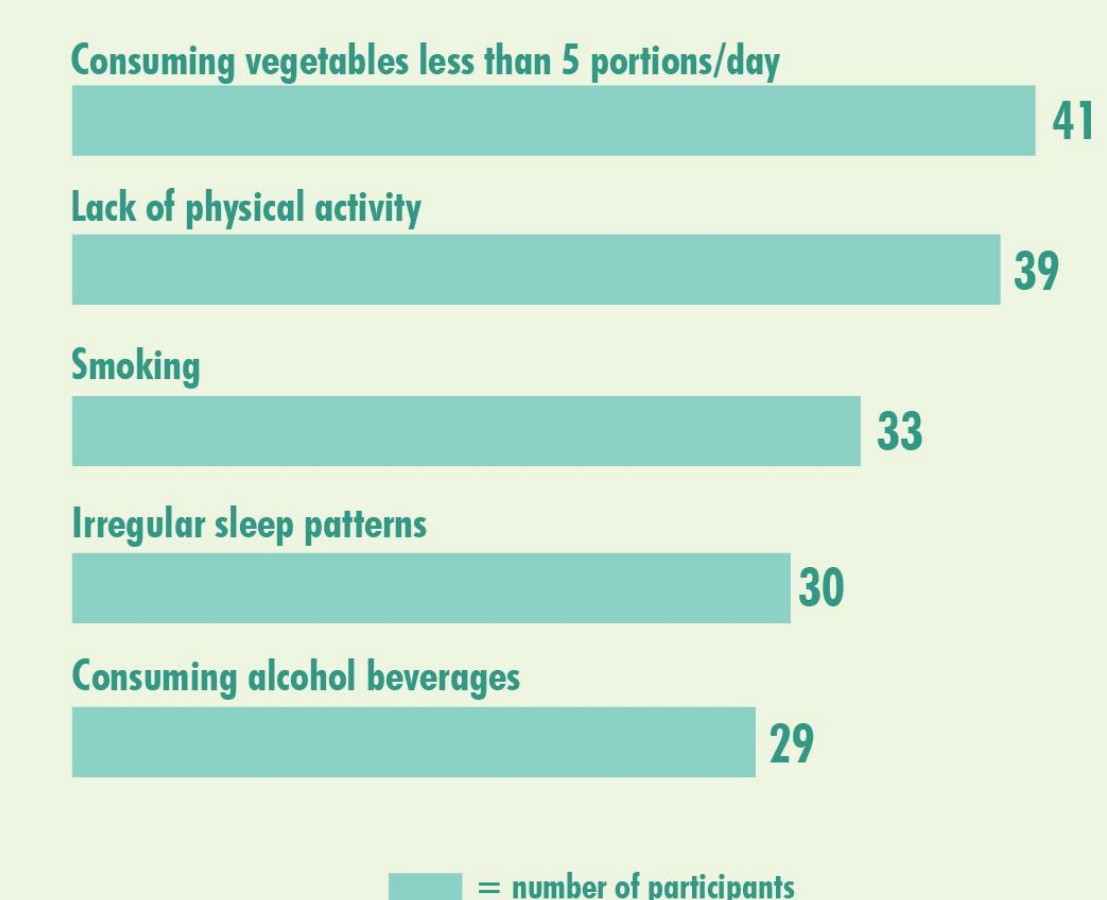


Fig 8. Risk factors of NCDs - Lifestyle

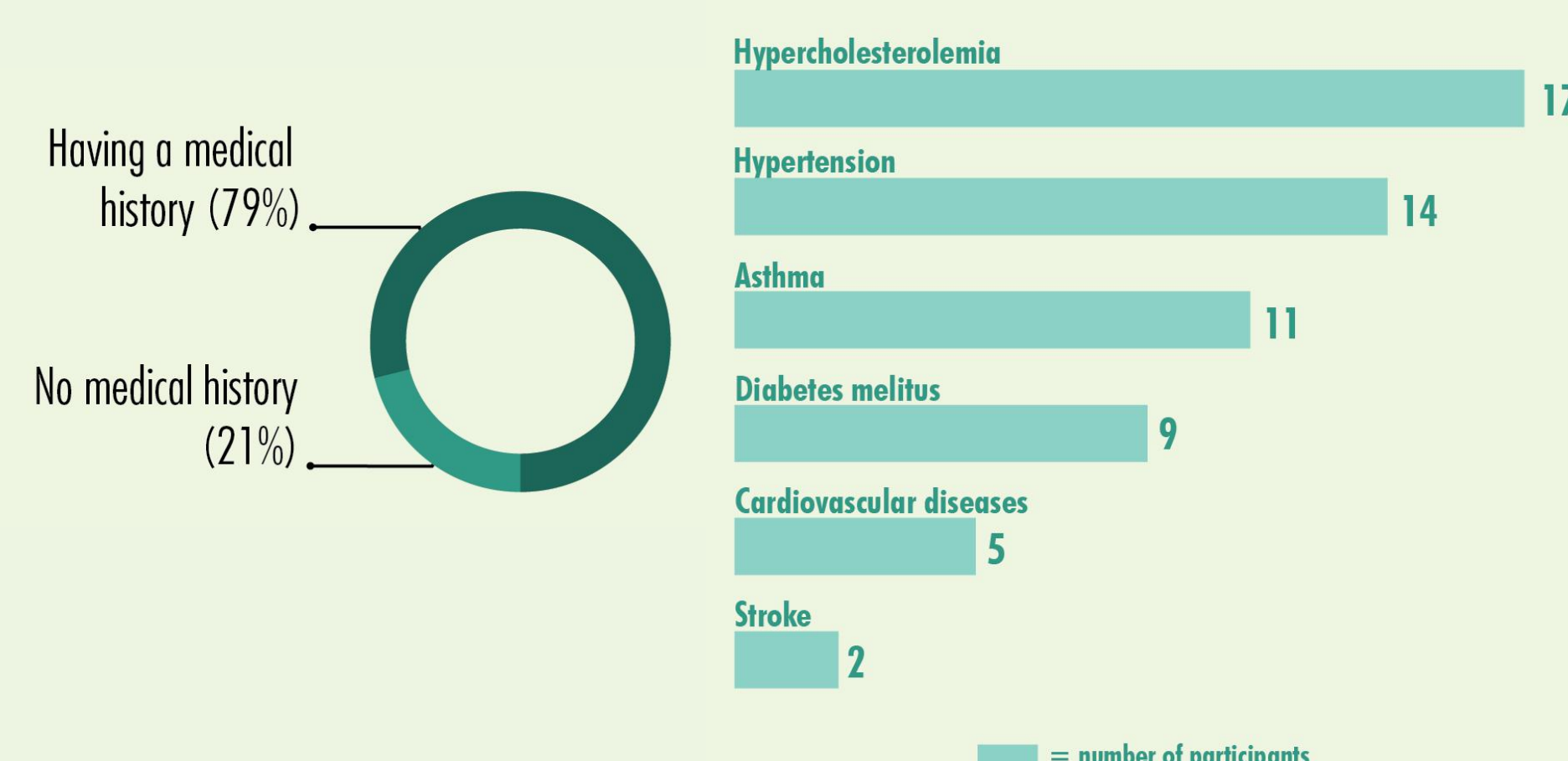


Fig 9. Risk factors of NCDs - Medical history

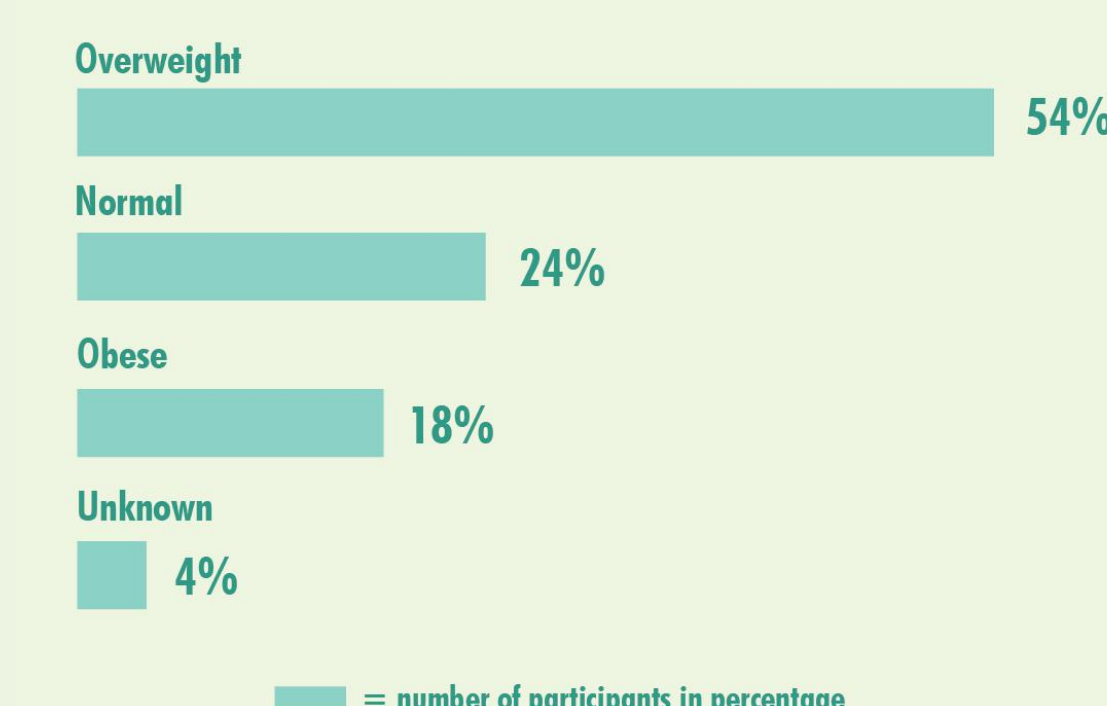


Fig 10. Risk factors of NCDs - Body Mass Index

Disclosure of Interest Statement

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