

STIS AND HIV SERVICE AVAILABILITY IN PRIMARY CARE SETTINGS: FINDINGS FROM HEALTH FACILITY SURVEY IN BALI PROVINCE, INDONESIA

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Sexually transmitted infections (STIs) and HIV health related indicators are inequitably distributed across districts in Bali Province. Service availability and readiness is the pre-requisite for equitable access to healthcare. This study aimed to examine STIs and HIV service availability and readiness in primary care settings, and to explore the effects of service availability on the uptake of STIs/HIV services.

We employed a mix-method design. We conducted service availability and readiness assessment (SARA) using a modified instrument from the WHO. All community health centres (CHCs) in five districts were included in the study. Three CHCs refused to participate in the survey. A total of 63 CHCs (95.4% response rate) were included in the analysis. We also conducted 26 in-depth interviews with policy makers, health providers, local non-governmental organisations (NGOs), and key population groups. Survey data were analysed using descriptive statistic while data from the interviews were analysed using thematic approach.

We found a stark contrast of STIs and HIV service availability and readiness between priority and non-priority areas. Variations are pronounced in terms of types of programs, human resources, and supplies. The SARA study provides information on potential access to full-range of STIs/HIV-related services, however, it does not capture the actual utilisation of the services. Our in-depth interviews revealed that the actual utilisation is a result of multiple interactions of contextual and individual determinants. Contextual factors deal not only with health organisation, provider-related factors, or community characteristics but also include broader social, political, and cultural circumstances that dictate the health systems, health organisations, community characteristics, and individual behaviours.

Access to STIs and HIV services is a complex reality dealing not only with the availability of services but also with institutional barriers that impede or facilitate the actual use of such services.

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