Proactive Approaches in HIV/AIDS Based on Local Culture, The Mee tribe in Central Mountains of Papua, Indonesia

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***Abstract*-** The HIV epidemic in Papua has widespread throughout the population *(generalized epidemic*) and this province is the highest prevalence of HIV/AIDS in Indonesia. The magnitude of this problem has grown to become an issue of omission and extinction of native Papuans. This study was conducted using a mixed qualitative and quantitative namely Grounded Theory and Experimental. This research has generated a new theory of "Proactive Health Seeking Behavior "which developed based on the local situation in the tribal Mee in Paniai, Papua's Central Highlands. This is a study of health behaviors associated with social culture. The resulting propositions are including; 1. Health Behavior Change can occur quickly through a proactive approach that bridges between Health Care Providers (Provider) and Beneficiary Health Care (Recipient); 2. Health Behavior Change can happen quickly if the desire and attitude of Providers and Recipients can be fused through socio-cultural approach and constant efforts ; 3. Changes in proactive health seeking behavior is driven by leader attitudes , issues , facts , local wisdom , and health provider attitudes, while recipients driven come from knowledge, values and norms, mandatory check, care and support perceived society / stakeholders; 4. The stronger the impulse factors proactive from providers and recipients, the faster the change or acceleration of health development can occur. The quantitative study, before the intervention and after the intervention showed significant increases occurred on average per month is conducted examination of the coverage of HIV by 53 -fold. Total coverage in the year 2013 amounted to 2001 people and 160 people reactive cases. The proportion of cases of reactive (positive) HIV / AIDS as much as 8 %, indicating approximately 3 times higher HIV prevalence than data in Papua based Integrated HIV and behavior survey (STHP) in 2006. This research was carried out at Tribal Mee in Pania, Central Mountains of Papua with a strong culture, so it is suggested further research is the application of the theory of the other tribes and other diverse populations and in urban areas.

***Index Terms*-** Proactive, Comprehensive, Socio-Cultural, ethnic Mee, Grounded Theory

I. INTRODUCTION

AIDS in Indonesia was found first in 1994. Along with the movement and trends of the AIDS epidemic in 2003, the NAC issued a Prevention Strategy sets back AIDS in 2003-2007 that is designed to accommodate the entire focus of the plan priority HIV prevention and AIDS in Indonesia and how advances in treatment and care Indonesia. Based on estimates made in 2012, there were an estimated 591 823 people living with HIV. The level of the HIV epidemic in Indonesia is concentrated epidemics where HIV prevalence is high in some provinces and in several key population. Meanwhile in the Land of Papua, HIV epidemic is a widespread epidemic (generalized epidemic), which is already high HIV prevalence in the general population. Seen here that people living with HIV is pretty much on the island of Java and Papua (Indonesian Ministry of Health, 2013). The increase in the spread and transmission of HIV / AIDS in Papua Province 50 times higher than other provinces in Indonesia (Kompas, 2007), this can be proved by the results of the data analysis Integrated HIV and Behavior Survey (STHP) in 2006, showed that the prevalence HIV in Papua is 2.4%, in all age groups, the rate is higher than in all regions in Indonesia, based on topographic progression of the disease varies widely, according to this survey report is the case in the highlands of 2.9%, according to According to reports that Papua Provincial Health Office of AIDS for HIV data is a province until 2012 amounted to 12,187 cases (Papua Health Profile 2012).

Data case until the end of January 2013 in Paniai Regency, totaling 2557 cases consisting of 1,191 HIV cases and 1,366 AIDS cases with cumulative mortality was recorded at 260 (10%), while got Antiretroviral (ARV) only 115 people or 4.5% of the total cases of HIV-AIDS in Paniai District. Data above mean 95.5%, yet accessible ARVs, poor people living with HIV who receive antiretroviral services in hospitals and health centers can be a great opportunity to lower the quality of life of people living with HIV (PHO Paniai, 2012). Several factors are consequences for the high incidence of HIV / AIDS and lack of access to antiretroviral drugs is a high risk factor for this case through the free sex as much as 82% and 18% of other risk factors is not clear. As the fuel because of the culture of free sex emaida, tegauwa and medium displacement values, indigenous cultural norms due to the influence of local autonomy as well as gold mining encourage the circulation of money which is high in the community (Leslie Butt, et al, 2010) and lack of access to antiretroviral drugs is due to geographical, transport and communication, financing and low capacity of other socio-cultural factors (P Ogunrotifa Amibor AB, 2012). Lack of support, lack of health services and the racist, lack of information, all for restricting the access rights, all information that is the trigger stigma in the mountains of Papua (Leslie Butt, Jack Morin, et al, 2010).

Papua is a networking collaboration among health care workers, family, church and community. In summary (as in Table 1) it can be said that, the phenomenon that shows the magnitude of the problem of HIV / AIDS in Papua, especially mountainous regions, the high incidence of HIV / AIDS and lack of access to ARVs in the Paniai region. Particularly the Mee tribe still feel difficulty accessing government health services. Approach to HIV / AIDS in the world has been successfully carried out by various methods such as the use of condoms, sex education and home care (WHO (1999); G & A Williams, et al (1999), Emily Browning (2008)). Health Seeking Behavior of how the theory of models have been developed and implemented to improve access to health care but still provide limitations (Susana Hausman-Muela et al, 2003). Proposed research questions: (1) How to make and understand a model of health care that can improve access to health care can be accepted by society Mee and government health care? (2) How to model a comprehensive approach as a proactive initiative to improve access to health care for those who have HIV / AIDS and their families can be effective and sustainable? Significance: prevention and research of HIV / AIDS is still a lot before using one way or two ways only (partial). The novelty study will use some proactive health care approach (proactive approaches comprehensively) on Mee and tribal governments (provider) with specific local issues raised and local knowledge in the development of strategies to combat HIV / AIDS, Health Care Access repair and used in the manufacture of a new theory Health Seeking Behavior. Assumptions theories Health Seeking Behavior that is still Western paradigm, the paradigm may be different from the world community in the eastern hemisphere, especially inland. The spirit of decentralization and local affirmative action agenda Action in Papua's special autonomy bridging seeking strategies to combat HIV / AIDS better with the classic slogan "think globally and act locally".

II. METHODS

A. Research Design

Finding a new theory which Proactive approach based local cultural values and norms as a model of "Health Seeking Behavior" against HIV / AIDS in the mountains of Papua Paniai tribe Mee. This research uses a combination of research design (Mixed Methods) with a qualitative approach: Grounded Theory (GT) as the primary approach, and the quantitative approach: experimental (pre and post intervention) as a method of supporting research. Grounded Theory method is a method of research is an inductive strategy to develop and to confirm theories derived from empirical data. Although an approach emphasizes the study of an experience for a number of individuals, the purpose of Grounded Theory approach is to generate or discover a theory that relates to a particular situation. Situations in which individuals interact, act, or engage in a process in response to an event. The core of Grounded Theory approach is the development of a theory that is closely linked to the context of the events studied (Saryono, Dwi Anggraeni, Bloom, 2013). GT methodology was first introduced by Glaser and Strauss (1967) with their phenomenal book entitled "The Discovery of Grounded Theory". Glaser (2002) in the development of said all the data sources can be used in the development of theories to explain the phenomenon that occurs somewhere. Data in the form of interviews, observation, documents or any combination thereof, not only what is said, but also how to say or in what condition is being told. Phenomena is based on the data, which later developed into the concept of categories, properties and new theory. So a researcher is more in the position as "people who learn from people not learn about the community (learning from the people, but no learning about the people) so my research is obviously flexible, able to adjust as the process runs."

B. Time and Location Research

The study lasted for approximately one year. Quantitative data which is a program achievement data were collected from January to December 2013. While the qualitative data are actively collected from October 2013 to date. Proactive approach to intervention and mass inspection starting August 1, 2013, which was launched by Mr. Regent Paniai.

C. Tools and Data Collection Techniques

In this study I used three data collection techniques, namely: (a) in-depth interviews (depth interviews) and focus group of discussion (FGD), (b) observations (observations), (c) the study of documents, field notes.

1) In-depth Interviews (depth interviews)

As a study using qualitative research, the emphasis is more on the process than on the outcome, then I did in-depth interviews to:

a. Head of P2PL, and head of P2M and HIV and AIDS management Program DHO Paniai, we regard the question: 1). Management; 2). Implementation Services Unit 3). The availability of resources and support policy makers as well as the level of community participation.
b. Hospital Chief, Chief VCT unit at the General Hospital Paniai, we regard the question: 1). Management; 2). ARV program support services for people living with HIV; 3). issues lost follow up on ARV services in hospitals Paniai.
c. Head Health Center, Health Center Leadership in the VCT unit, we regard the question: 1). Management; 2). Program routine, car and support services for people living with HIV antiretrovirals; 3). issues lost follow up on ARV services at the health center Paniai.
d. Leaders and staff of NGOs engaged in HIV and AIDS programs, we regard the question:

1). Management; 2). ARV program support services for PLWHA; 3). issues lost follow up on ARVs in the public service Paniai District.

e. Chief Mee, Family and PLWHA separately, interview topics that we have designed is: 1). how the socio-cultural values and support the implementation of home care when sick family chose to stay in rumah.2). How do they view the support services at the hospital and patients who lived at home with his family; 3). How indigenous socio-cultural values and how people adapt to modern health care. Staff perceptions about VCT services include personnel, facilities, accommodation, medication, accuracy, capability, cooperation, personal, client access and patient, collected the aspect of resource and personnel behavior.

Perceptions of leader implementation of the program in improving client access to service units. Perception of PLHIV to support families and communities in access, asked in an interview. In-depth interviews with the respondents: the leader, officers, VCT clinics, family, church and community leaders about the use of the PLHIV community and service units, and the effectiveness of home services in Paniai Mee tribe.

2) Observation

Observations was conducted in hospitals and clinics associated with ARV management support services to people living with HIV, and how the process of interaction and treatment of clients / patients. How do people adapt in the acceptance of modern health care. Observations also in ear marked of the chieftain, the family in the treatment of the sick patients who lived at home with his family in everyday life, even more important is to observe how to take the medicine, and how to take the drug again after preparation depleted.

III. RESULTS AND DISCUSSION

This chapter will present the main results which are qualitative analysis and quantitative analysis as supporting this research.

1. **Results and Qualitative Analysis**.

The purpose of this research is to create a new theory through Grounded Theory method. Glaser (2002) in the development of this method said all the data sources can be used in the development of theories to explain the phenomenon that occurs somewhere. Data in the form of interviews, observation, documents or any combination there, not only what is said, but also how is said or what is going on in the state. The phenomenon is based on the data, which later developed into the concept of categories, properties and new theory. Various other sources obtained through observation writers, and other reference sources. Grounded Theory essentially creates a new theory that was developed based on the data. There are several stages involved in creating a theory:

a. Open Coding

Transcript, a newspaper what is seen, heard, observed and other reference sources and then do the manufacturing categories such as topic / theme or keyword. Formation is stopped when the perceived category been repeated the same thing or saturated (saturation). In this study, there are 484 categories are made formed through open coding.

b. Axial Coding

The categories are formed by cut and paste techniques to excel program we can group categories that have relationships with each other. Axial coding is formed amounts to: 76 categories.

c. Selective Coding

During the process of Axial Coding, we will feel and get the categories that frequently arise and are considered essential to choose. Made a connection between the core categories and subcategories with freehand drawing method (write down on a piece of poster board) is testing categories and sub categories. Of freehand writing can be written back before the main categories and subcategories. There are 10 main categories (core categories) were selected, namely: Issues (Political, Humanitarian), Facts, Attitudes Leaders, Local knowledge, attitudes Officer, Knowledge, Values and Norms, Mandatory Check, perceived service and support community / stakeholder.

d. Memo

It is a theory that we created and written in narrative form so that the relationship between core categories or variables can be explained. To facilitate this memo created images and how this theory works.

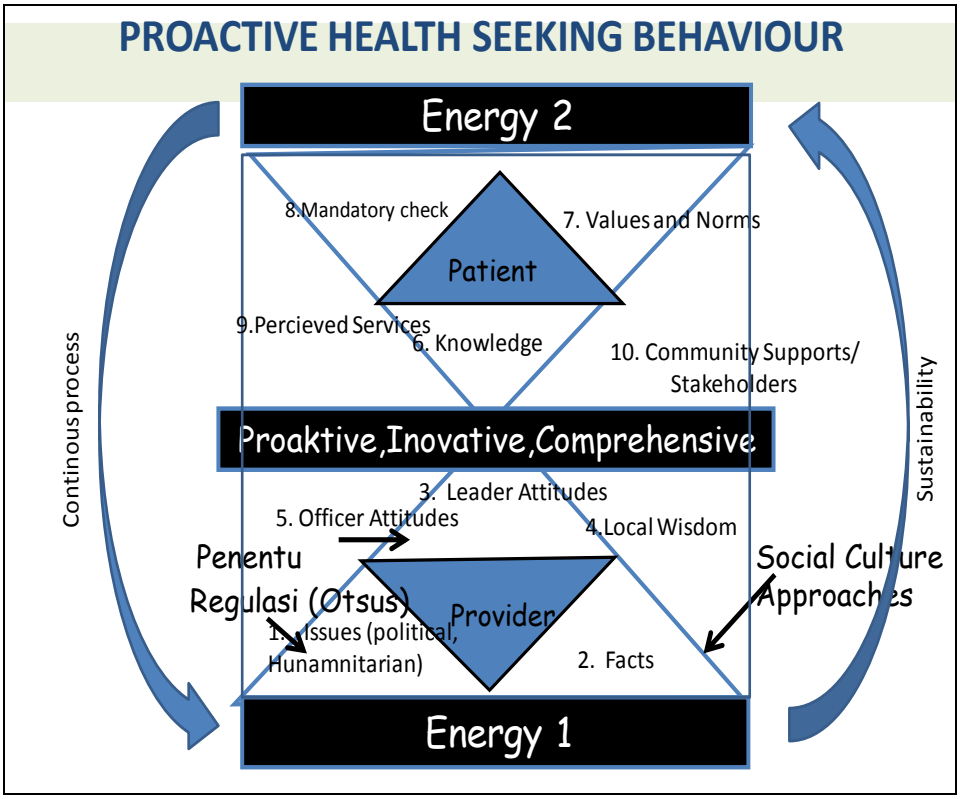

Figure 1. Model of Proactive Health Seeking Behavior
(developed by researcher, 2013)

Memo

Health seeking proactive means to put patients / the public and health care professionals / providers interactively to get the help that is effective, efficient and sustainable. Proactive can be started from the first energy that is of Healthcare Providers (providers) driven by proactive moves namely Issues (Political, Security), Facts (Health Data), Leader Attitudes (The courage to change initiatives), Local wisdoms in the community can be used as weapons socio-cultural approach to break the ice between the community and health workers. The attitude of the leader determines to initiate a change. Local situations such as regulation or autonomy provide space for the leader make a change based on the local situation. The second energy encourages patients to seek help to the community health workers through increased knowledge, norms and values of local culture which supported. Sufficient knowledge and awareness increased in the community, the mandatory test of HIV can be done without forcing. Community-based services have raised awareness and confidence to come in health service facilities. Finally, public supports and stakeholders will encourage people to change in living healthy behavior and increase participation in health care programs. Constant efforts and ensure sustainable change people's attitudes and health workers into proactive services. Comprehensive and innovative activities are indispensable in making those changes. Two sides between Health Recipients and Health Care Providers must marry in making changes, acceleration Papua health services in.

5. Based on the local context in tribe Mee then formed a new theory called Proactive Health

Seeking Behavior Theory

Proactive Health Seeking Behavior Theory has 10 variables: Issue, Facts, Leader attitudes, Local knowledge (Local Wisdom), Attitude of Health Personnel (Health Provider Attitudes), Public Knowledge, Values & Norms in society, mandatory / Regular Examination, perceived service (Service Satisfaction) and Community / Stakeholders supports

Propositions

1. Health behavior changes can be occurred rapidly through Proactive approach that bridges
between Health Care Providers and the Health Care Recipients i.e. patients or the public.

2. Health Behavior Change can be happened quickly if the desire and attitude giver and receiver can be fused through socio-cultural approach and constant effort.

3. Changes in proactive health seeking behavior are driven by the Employer Services for Leader Attitudes, Issues, Facts, Local Wisdom, and Attitude Officer. While the Receiver driven come from Knowledge, Values and Norms, Mandatory Check, Care and Support perceived Society / Stakeholders.

4. The stronger the impulse proactive factors between Health Care Providers and Health Care Recipients, the faster the change or accelerate health development can be occurred.

Assumptions

Application of this theory can be done if a good leader had a caring heart and brave, it is backed by the resources and values and norms that support. The regional situation is safe, with no pressure and public confidence in the government or service providers are relatively good.

2. Results and Quantitative Analysis

Quantitative data in the form of descriptive statistics used to support the qualitative data or theory that has been formed. Before and after the intervention (Experimental) has proved a change in the application of this approach. Recent data on the situation of HIV / AIDS in 2013 were collected from the AIDS Commission in Paniai and Paniai Hospital.

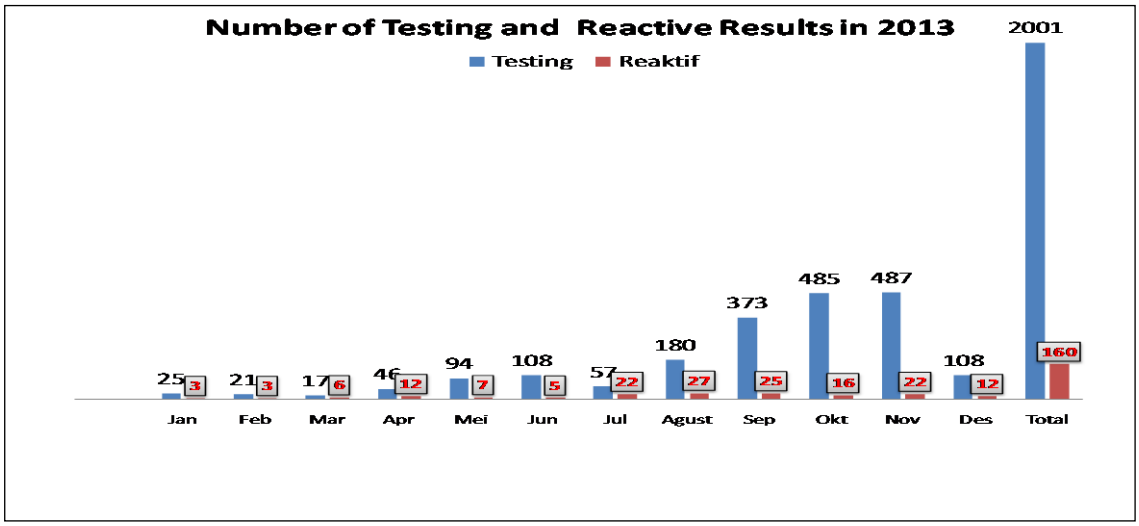

Figure 2. Coverage and rate of HIV positive cases in Paniai, 2013

Graph shows from January to July 2013 coverage of the program prior to the intervention the number of people who tests HIV by: 368 people or average people do test for 7 months is 6 people per month. Reactive results (positive) as: 58 people. On August 1, 2013, the Regent Paniai did Launching HIV for massive tests. From August to December 2013, there were increase to test. Total coverage in the last 5 months is: 1633 people and as many as 102 cases were reactive person. In December all the data yet complete because it only comes from the Paniai hospital. The average person is checked every month in the last 5 months by 323 people.

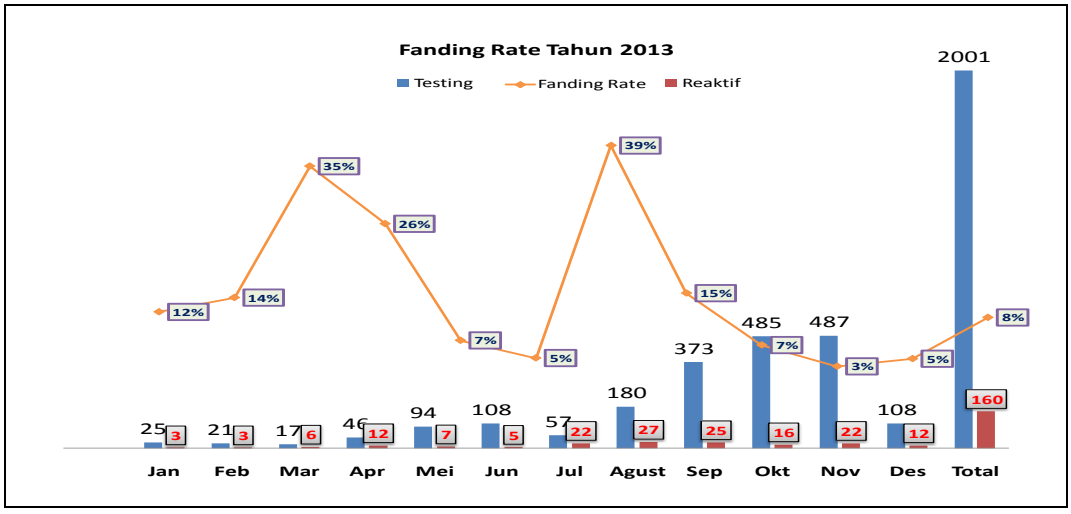

Figure 3. The proportion of cases in Paniai, 2013

Based on data from 2013, the total coverage in a single year is 2001 and the total reactive cases as many as 160 people, the proportion of cases of reactive (positive) HIV / AIDS as much as 8%, indicating approximately 3 times higher than the last data of HIV prevalence in the Papua province was 2.4% (based on the Integrated HIV and Behavior Survey (STHP) in 2006). There can also be interpreted 8 among 100 persons in Paniai estimated risk of suffering from HIV / AIDS. Data also do not show significant gender data to assess the accessibility of health services and HIV transmission among young women and mothers household.

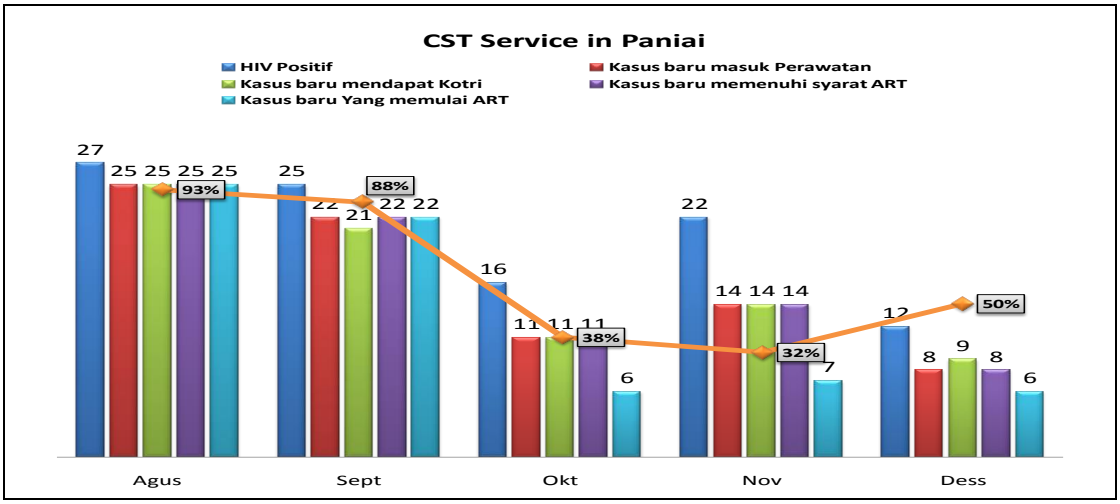

Figure 4. CST services in Paniai District, 2013

The graph illustrates the quality of care HIV program in Paniai RSU through CST (Care, Support and Treatment) is a follow up of the VCT program that is handling HIV patients coupled with providing support care and treatment. CST is a comprehensive treatment (thorough and continuous). Of 5 months, patients with HIV / AIDS amounted to 102 people, there were 80 people have qualified to receive ARVs but only 60 people who had given antiretroviral treatment (82.5%). There were 80 people receiving co-trimoxazole for prevention of opportunistic infections. From this data means that access to antiretroviral drugs has been better than the previous years of data is only 4.5%.

IV. Discussion and New Findings

This study has shown that the results of the qualitative is ”Proactive Health Seeking Behavior theory” in which supported by the quantitative results of significant changes between pre-intervention and post-intervention (after launching massive HIV testing by Paniai regent on 1 August to December 2013. The findings of the study contribute significantly to the theory of health seeking behavior which, previously major theories of health behavior more focuses to the patient by the public such as: a) The Health Belief Model (HBM) of Sheeran and Abraham (1995) b) The Theory of Reasoned Action (Fisbein & Ajzen) and the Theory of Planned Behavior (Conners & Sparks, 1995); c) The Health Care utilization model (Andersen & Newman, 1973) and later modified by Kroeger 1983; d) The four As; e) Pathway models of Good (1987) and f) Ethnographic decision-making models (Garro, 1998 and Weller, 1997) as quoted in Muella Susanna Haussmann et al (2003). In this study has been to unite the service recipient (recipient) that the patient and the community against providers (health care workers or public / private services). Meeting two way situations into one make acceleration. We provide maximum access and become universal access to services, especially in the examination, care and treatment of people living with HIV and provide support to them.

Health behavior theories generally discussed many factors that affect health services such as variables that we used to know are: the facts, the attitude of providers, community knowledge, values and norms that exist in the community and support community / stakeholder. The new theory " Proactive Health Seeking Behavior" found new variables appear in the local context, especially in tribe Mee namely: Political Issues / security, local knowledge, attitude and leadership and compulsory test. This theory raises the power of socio-cultural approach to living in a society that we know as the values and cultural norms, is used as a local wisdom by the provider in the campaign and bring business service between providers and service recipients, call it jargon: *Itano bokaine dana wadona bokaine* meaning today want to die tomorrow would also die, in this regard medical examination or test for HIV means “ do not be afraid”. Mee society considers it a matter of death experienced by all beings that massive HIV testing is not considered as a problem. *Akiyaa Akikida Doutow* means you look after yourself. Long life on the earth is yours, people should not be afraid to check up. Furthermore, and this is also in line with the new paradigm of health that we need to be diligent and check-up exercise and change our lifestyles healthier. Health is a choice. Compulsory test of HIV here despite having a sense of necessity, but not force, people with knowledge increases, there arises a consciousness to check themselves. A lady who came during mass testing said “ *I have negative results .... I am happy ... I do not get HIV, I am asked to come in 3 months to check again in the hospital or in health centers* ". This was outstanding view, people giving their hands for blood testing, no fear is checked, then goes for counseling. The patient and the doctor opened the

envelope containing result test. Their faces were shines , proud and happy, know their status. Additionally *ebamuka*i culture as a solution together, helping each other in the face of economic limitations problems in the family or society.

Culture of beneficiaries used house yard called " *Oweda ".* Values and norms that exist in these communities can be used to reduce stigma. Other variables that determine the attitude of the leader and the shaking are caring and daring to open up the idea of a mass examination of HIV. The leader is seen as a role model, the Head of Regent and his staff as well as religious leaders and the public to give blood to be examined. The attitude of proactive leaders to make reforms because it is supported by regulations / Special Autonomy namely *Affirmative Actions* that can take the necessary measures to help the community. Special autonomy provides special protection for indigenous Papuans. The issues that developed over the years are the issue of omission and extinction of native Papuans. In fact the radical management such as the high incidence of HIV and deaths from this disease should be dealt with extreme ways too. Ordinary actions will get similar results. Extraordinary action or do not as usual is expected to make a change and save people of Papua.

The phenomenon of a proactive approach gradually reduces the concept of illness of Papuan. Mee people feel sick when *a person cannot eat or cannot drink and cannot walk*. This concept of illness is considered that Papuans do not check their health regularly, come in severe sickness (delay of presentation). Data of HIV / AIDS in Papua shows most cases have advanced to AIDS and requires quite a lot of ARVs therapy. Proactive in this case can be interpreted that provide ARV treatment to HIV patients as soon as possible and provide adequate counseling and mentoring. There are several fundamental reasons for giving ARV regardless of CD4 levels or criteria based on WHO clinical stage however there are no studies yet looking at this issue. Based on the experience of existing processes from HIV into the AIDS stage faster enough because people, especially tribal Mee daily meals very simple or still much less nutritious eating and only drinking water, and will be less intake if they are sick or do not work. The concept of illness caused delay of presentation is inherent in the Mee tribe opens opportunities not have sex with a partner so that transmission can occur. People do not consider he/she is sick if they still can walk or they can eat.

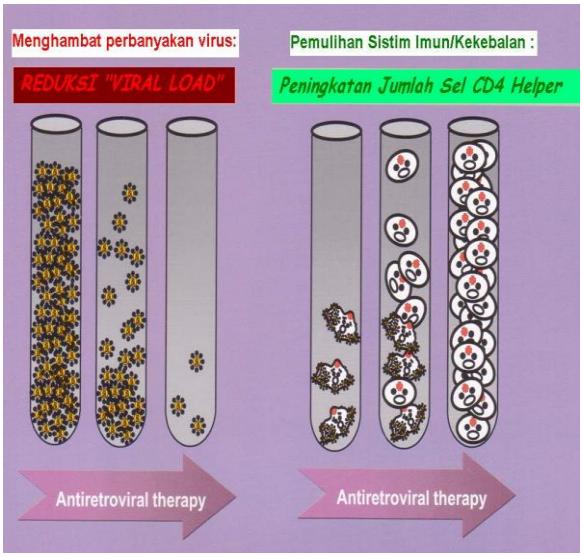

Figure 6. The HIV virus and provision of antiretroviral

Theoretically, as shown on the picture above when we give ARVs the patient, the virus loads would be smaller . This means it reduces the risk of transmission. Giving early ARVs may also reduce political effect of issues on omission. Mee communities and other mountainous regions are experiencing extreme environmental temperature, endurance quickly dropped in if given ARVs soon. Another assuming, in delay of presentation, many organ systems have been damaged and if the patient was given the drug in such circumstances it would be very large drug side effects felt by the patient. ARV early will gradually reduce stigma when people did not find the clinical horrible as impact of AIDS. Low access to antiretroviral drugs in Papua may also be due to the inability of the officer in determining when given antiretroviral drugs according to WHO stage and CD4 unavailability. Observations researchers that there are health workers (doctors) who are afraid or do not know to administrate ARV drugs , some people / health staff still waiting for a compliance to use the drug co-trimoxazole. It is not infrequently although the patient had been treated in hospital or the patient has been known his /her HIV status for a long time died due to delay to give ARV. Because of the above reasons it is important to make trainings to improve knowledge and skills of health workers both doctors and nurses to diagnose and provide proper treatment, and quality of laboratory tests to support the diagnosis. Equipment and materials for testing are required. Counseling team needed in directing and preparing the clients to know their status, to obey treatment to prevent drug resistance. Counseling is expected to change the behavior of patients and their families. Availability of drugs is an absolute, to reduce the burden of the cost of the suggested use of generic drugs. Bringing drugs and HIV services are as close as possible to the public by opening a mobile VCT. Health centers can perform testing and diagnosis as well as Home-based Care in community. Shelters (*rumah singgah*) can be used as a place of communication between officers and the community and got services using the local language.

The study also observed that comprehensive approaches considered the psychological condition of patients during

interviews, paid attention for community needs, problem-distance access, and health services in health centers in both the building and the mobile VCT. Hospitals have adopted CST (Care Support and Treatment) has provided testing and counseling, care, treatment and support for people affected by HIV/AIDS. Some CSTs will continue to be developed. HIV / AIDS is not exclusively made but be regarded as inclusive of common diseases such as heart disease, diabetes and hypertension who had to swallow medication for life. Services should be closer to the community then developed the Home Based Care in this case a shelter home. Shelter Homes developed the concept of values and cultural norms *Owada oeda* who view the home as self-esteem (safety).People Mee assume Word of God is there then had to go home, because heaven is at home. The house is in the village which is ancestor's home. It is therefore many of them are actually very sick people return home, the customary prayer and died there. Researchers develop a proactive and comprehensive concept as the answer to the problems that exist, make a change.

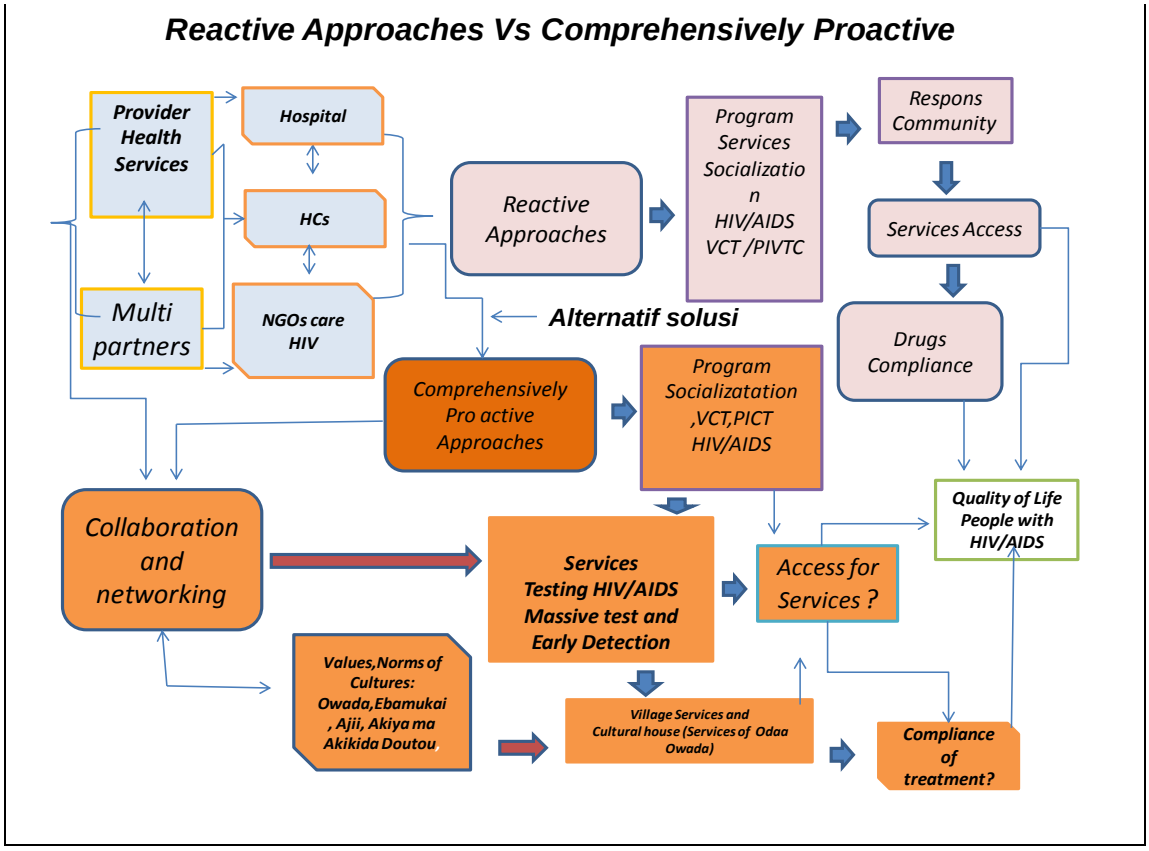

Figure 7. Proactive versus Reactive Approaches

Big concepts that have been discussed previously summarized in this diagram. The old approach is referred to as reactive approaches that are waiting while the new approach is a proactive approach as an alternative solution. Proactive approach performed as: outreach programs of HIV / AIDS, VCT, PICT, massive testing services HIV / AIDS and early detection, collaborative networking , using the existing cultural values and local wisdom as: *Owada*, *Ebamukai*, *AJII*, *Akiyama*, *Akikida Doutou* , home services, custom home so expect a better quality of life for people living with HIV as well as adherence to medication occurs, all activities including promotion, prevention and rehabilitation and termination of transmission chain occurs.

V. Conclusion

This research has resulted in a new theory "*Proactive Health Seeking Behavior* "developed from the local context in tribe Mee Central Highlands of Papua. The propositions of the theory are as follows:

1. Health behavior changes can be occurred rapidly through Proactive approach that bridges between Health Care Providers (Provider) and the Health Care Recipients i.e. patients or the public.

2. Health Behavior Change can be happened quickly if the desire and attitude giver and receiver can be fused through socio-cultural approach and constant effort.

3. Changes in proactive health seeking behavior are driven by the provider of services namely leader attitudes, issues, facts, local wisdom, and attitude health staff, while the receiver driven

come from knowledge, values and norms, mandatory check, care and support perceived society / stakeholders.

4. The stronger the impulse of pro active factors between health care provider and health care recipients, the faster the change or accelerate health development can be occurred. This study also obtain quantitative data through proactive and comprehensive approach has significantly increased coverage of HIV testing as much as 53 times higher than before the intervention , as well as the handling of HIV / AIDS was better.

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