

---

# ABDIMAS

Jurnal Pengabdian kepada Masyarakat  
<https://journal.unnes.ac.id/journals/abdimas/>

---

## Community Capacity Building in Sexually Transmitted Disease Prevention in Hongkong

Widya Hary Cahyati\*, Margareta Rahayuningsih, Annisa Aulia Savitri, Dliya Laela Eka Meviana, Fathurrahman Muhammad, Cantika Salya Manikawening Anakita

Universitas Negeri Semarang, Indonesia

\*Corresponding Author: [widyahary27@mail.unnes.ac.id](mailto:widyahary27@mail.unnes.ac.id)

---

### Abstract

Sexually transmitted diseases (STDs) represent a persistent and evolving public health challenge globally. In Hongkong, various community-based organizations have been instrumental in reaching underserved populations with culturally competent sexual health services. However, despite the growing importance of community actors, they often operate with limited resources, face inconsistent support from public institutions, and struggle with sustainability. Many community organizations lack sufficient training, funding, data access, and policy influence to operate at full capacity and to scale their work meaningfully. The community service activities carried out in this initiative have shown significant positive outcomes in enhancing the knowledge and attitudes of Indonesian female migrant workers in Hongkong regarding reproductive health and STD prevention. Through culturally sensitive counseling and the distribution of educational leaflets in Bahasa Indonesia, the program successfully reached a population that often faces barriers to health information and services. Participants demonstrated a clear increase in understanding of basic reproductive health topics, including STD symptoms, transmission methods, and preventive behaviors. More importantly, the activities helped normalize conversations around sexual health, reducing stigma and empowering women to seek testing and medical support when necessary. The peer-led approach played a crucial role in building trust and encouraging open dialogue. In conclusion, this initiative demonstrates that targeted, culturally relevant community service activities can effectively improve both awareness and attitudes toward reproductive health among marginalized groups. Strengthening such community-based efforts will be essential for advancing sexual health equity and preventing STDs among migrant populations in Hongkong and beyond.

**Keywords:** capacity, community, sexually transmitted disease, prevention

---

### INTRODUCTION

Sexually transmitted diseases (STDs) represent a persistent and evolving public health challenge globally. Despite technological advancements and public health efforts, many regions continue to struggle with increasing STD rates (Rhodes *et al.*, 2021; World Health Organization, 2022). In recent years, Hongkong has witnessed a resurgence in certain sexually transmitted infections, including syphilis, gonorrhea, and chlamydia. These diseases pose a threat not only to individual health but also to public health systems. While Hongkong enjoys a robust healthcare infrastructure and a relatively well-informed population, gaps remain in sexual health awareness, access to testing, and stigma reduction—especially among high-risk and marginalized communities. Government-led strategies and clinical interventions, though critical, are often insufficient to tackle the behavioral and social dynamics of STD transmission. A more grassroots-level approach is needed (Barrow, 2020; Unemo *et al.*, 2017).

In response to these limitations, community capacity building has gained recognition as an essential strategy in strengthening STD prevention efforts (Wright *et al.*, 2021). Community capacity building refers to the process of developing and strengthening the skills, resources, relationships, and structures that communities need to effectively address health issues and sustain interventions. This

approach recognizes that lasting change in health behaviors and outcomes is more likely when communities are actively engaged, equipped, and empowered. In the context of STDs, this means enabling local organizations, networks, and individuals to take leadership roles in education, outreach, testing, advocacy, and service delivery (Friedman *et al.*, 2016; Kuncoro & Prayitno, 2025).

Hongkong is uniquely positioned to benefit from community-based strategies due to its demographic diversity, urban density, and rich landscape of NGOs and civil society actors. Several populations in Hongkong face heightened vulnerability to STDs, including youth, sex workers, LGBTQ+ communities, ethnic minorities, and migrant workers. These groups often encounter systemic barriers to healthcare, including language and cultural differences, discrimination, lack of trust in institutions, and financial constraints. As a result, conventional top-down public health messaging and services may not reach or resonate with these populations effectively.

Community capacity building allows health initiatives to be tailored to the specific contexts, languages, and lived experiences of target groups, improving relevance and impact (Idris & Arisna, 2022). In Hongkong, various community-based organizations have been instrumental in reaching underserved populations with culturally competent sexual health services. However, despite the growing importance of community actors, they often operate with limited resources, face inconsistent support from public institutions, and struggle with sustainability. Many community organizations lack sufficient training, funding, data access, and policy influence to operate at full capacity and to scale their work meaningfully (Puspita *et al.*, 2025; Lestari & Mayasari, 2025).

There is a growing need for structured, long-term investment in community capacity to ensure that prevention efforts are both inclusive and effective. The COVID-19 pandemic further exposed the vulnerabilities in Hongkong's healthcare delivery to marginalized populations and highlighted the importance of decentralized, community-based health strategies. Additionally, stigma around STDs continues to be a significant barrier, deterring individuals from seeking testing and treatment due to fear of judgment or discrimination. Community actors are uniquely positioned to break down stigma because of their proximity to the populations they serve and the trust they build through long-term engagement (Djuwita & Kusnadi, 2024). Empowering these actors through training, financial support, and formal inclusion in public health planning can lead to more adaptive, responsive, and culturally relevant STD prevention programs (Yuliana *et al.*, 2025).

Community capacity building also fosters collaboration between sectors—linking healthcare providers, educators, social workers, and advocacy groups in holistic strategies. These collaborations can strengthen referral systems, improve information sharing, and create more seamless pathways to care for vulnerable individuals. In Hongkong, there is an increasing recognition among public health professionals of the importance of including community voices in the design and delivery of sexual health programs. However, this recognition must translate into concrete policy frameworks and funding mechanisms that support community development and leadership. Evaluating existing capacity building efforts in Hongkong can reveal both strengths to be leveraged and gaps to be addressed (Unemo & Jensen, 2017; Nugraha *et al.*, 2023).

This article seeks to analyze the current landscape of community involvement in STD prevention in Hongkong, drawing on case studies, stakeholder perspectives, and existing research. It will examine how capacity building can improve prevention outcomes, reduce inequities, and create more sustainable and responsive health interventions. Ultimately, the article argues that building strong, capable, and inclusive community networks is not a peripheral concern, but a central component of a modern, effective sexual health strategy. In doing so, Hongkong can not only reduce the burden of STDs but also create a more equitable and resilient public health system grounded in local empowerment and shared responsibility (Mueller *et al.*, 2017; Ong *et al.*, 2019).

## METHOD

This community service activity was designed as a targeted intervention aimed at improving awareness and prevention of sexually transmitted diseases (STDs) among Indonesian female migrant workers in Hongkong. The project utilized a community capacity building approach, with a focus on culturally appropriate health education, peer engagement, and grassroots empowerment. The intervention combined two key components: (1) individual and group counseling sessions and (2) the distribution and discussion of educational leaflets addressing reproductive health and STD prevention. The activity was conducted over a period of eight months, from March to October 2025, across three major gathering points for Indonesian domestic workers, was Ammar and Osman Ramju Sadick

Mosque, Hongkong.

This location was selected based on ethnographic observations and consultations with community leaders, as it would serve as a meeting place for Indonesian workers on their days off. The project was implemented in collaboration with religious organizations and the Indonesian workers' association in Hongkong. Prior to the intervention, a community needs assessment was conducted using informal interviews and focus group discussions (FGDs) with 25 Indonesian female workers to understand their knowledge levels, concerns, and preferences around reproductive health and STDs. Findings from this assessment revealed limited knowledge about STDs, high levels of stigma and fear related to sexual health, and a preference for information delivered in Bahasa Indonesia in a non-judgmental, informal setting.

Based on these findings, a set of bilingual (Bahasa Indonesia–Chinese) educational leaflets was developed, covering key topics such as STD symptoms, transmission methods, prevention (including condom use), access to testing, and reproductive health rights in Hongkong. The leaflets were written in simple, culturally sensitive language, using infographics and illustrations to accommodate varying literacy levels. They were validated by Indonesian community representatives and reviewed by a local sexual health nurse. A team of 10 trained peer counselors (five Indonesians and five local health educators) was recruited and trained to deliver the intervention.

Training included a day workshop on reproductive health counseling, active listening, confidentiality, and cultural sensitivity. Counseling sessions were conducted in informal, open-air settings (mosque) and lasted between 20 to 45 minutes, depending on group size and participant engagement. Sessions began with leaflet distribution, followed by facilitated small group discussions (5–10 participants per group). Peer counselors used the leaflets as discussion guides and visual aids. Topics covered in the discussion included recognizing STD symptoms, when and where to seek testing, understanding reproductive anatomy, myths and facts about sexual health, and how to communicate with partners about health issues. Participants were encouraged to ask questions anonymously (via written notes) to protect their privacy. Counselors answered questions respectfully and without judgment, reinforcing confidentiality throughout. Each session concluded with a short verbal knowledge check and feedback round. Participants who completed the session received a small hygiene kit (including sanitary pads and hand sanitizer) as an incentive. All of participant given printed leaflets.

To evaluate the effectiveness of the activity, a pre- and post-session questionnaire was administered to all participants. The questionnaire assessed knowledge of STD symptoms, prevention, and available services in Hongkong. Verbal consent was obtained from all participants before participation. This method sought to empower Indonesian domestic workers with the knowledge, tools, and confidence to take control of their reproductive health, while simultaneously building the capacity of community leaders and peer networks to sustain sexual health education in the long term.

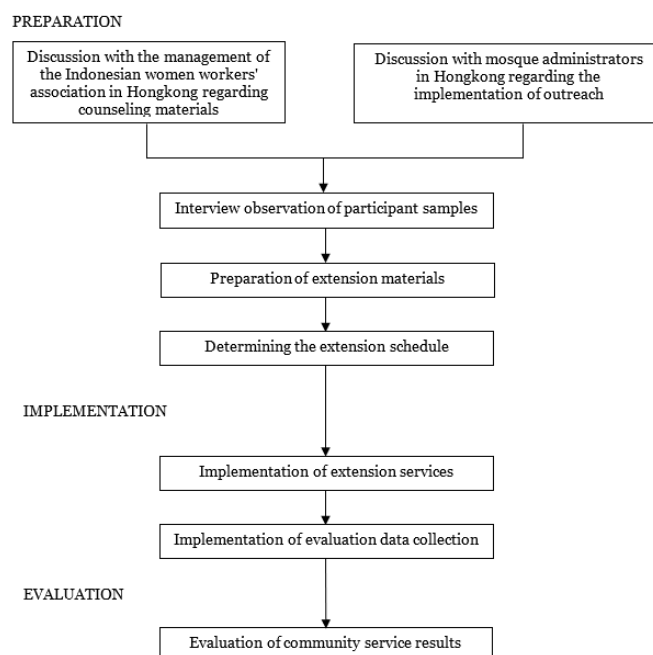


Figure 1. Flowchart of Community Service Implementation

## RESULTS AND DISCUSSION

The intervention successfully engaged a total of 16 Indonesian female domestic workers over six months. Engagement was highest during Sunday sessions at Ammar and Osman Ramju Sadick Mosque, where workers commonly gather on their day off. The informal, relaxed setting of mosque created a safe environment for women to participate in discussions about reproductive health. Many participants expressed that this was the first time they had attended any health-related activity in Hongkong.

Leaflets distributed in Bahasa Indonesia were well received, with 16 participants taking them home for personal reference. Community-based facilitators played a crucial role in building trust, particularly peer educators who shared the same cultural and linguistic background. Prior to participation, many women reported feeling isolated from health information due to language barriers and long working hours. The use of familiar spaces, peer-led sessions, and culturally sensitive materials effectively lowered participation barriers. Participants' positive response to the sessions reflected the importance of location, timing, and cultural relevance in health education delivery. The high turnout and continued attendance suggest a strong unmet need for reproductive health education among this population.

A pre- and post-session questionnaire administered to 16 participants showed significant improvements in knowledge. Before the sessions, only 35% of participants could correctly identify common STD symptoms. After the sessions, 78% of respondents were able to list at least three STD symptoms accurately. Knowledge about transmission routes also increased substantially, particularly regarding HIV, syphilis, and chlamydia. Awareness of asymptomatic infections rose from 29% pre-session to 75% post-session. Participants reported that visual aids in the leaflets helped them understand complex medical information. The most commonly misunderstood concept prior to the intervention was the possibility of contracting STDs without visible symptoms. After attending the sessions, most participants could explain why regular testing is important even when no symptoms are present.



Picture 1. Participants Show Leaflets as Educational Media

Knowledge of reproductive anatomy improved, with 85% of post-session respondents correctly labelling diagrams. Participants also learned about menstrual hygiene, contraception options, and the importance of pap smears. For many women, these were topics they had never discussed openly, even in their home country. The use of Bahasa Indonesia was vital in overcoming technical misunderstandings often caused by translation gaps in public health messaging. When participants were encouraged to ask anonymous questions, it fostered curiosity and led to richer discussions. In follow-up conversations, many expressed gratitude for receiving information in a respectful, non-judgmental setting. Overall, knowledge gains were both statistically and experientially significant, contributing to increased health literacy among participants.

In addition to knowledge, participants demonstrated notable shifts in attitude toward sexual health topics. Prior to the activity, many women expressed discomfort or shame discussing sexual and reproductive health. After the sessions, 69% reported feeling more comfortable talking about STDs and sexual health with peers. Participants expressed a greater sense of agency regarding their own reproductive choices. Several women mentioned they would now consider discussing condom use with their partners—something they previously avoided. The counseling emphasized consent and bodily autonomy, which resonated strongly with many participants. Some attendees reported a change in



perception toward health-seeking behavior, stating they no longer feared getting tested.



Figure 2. Participants were enthusiastic in a peer discussion about reproductive health.

There was also a reduction in belief in common myths, such as the idea that STDs only affect sex workers or "bad" women. Discussions helped reduce internalized stigma and empowered women to seek help when necessary. The safe space for dialogue allowed participants to explore their beliefs without fear of judgment. The presence of Indonesian facilitators was instrumental in fostering trust and cultural relatability. Several women reported intentions to encourage their friends or roommates to attend future sessions. The majority of participants said they would now seek help from a clinic if they noticed symptoms. About 16 participants requested contact details for low-cost or free clinics offering STD testing in their area. This demonstrated a shift from passivity to proactive health behavior among the target population.

The program contributed to strengthening informal peer health networks among Indonesian domestic workers. Many participants shared what they had learned with their peers, even those who had not attended the sessions. Several peer educators reported receiving messages from women they had never met, asking for health advice or resources. WhatsApp groups formed during the sessions became informal platforms for ongoing discussion and support. These digital peer networks expanded the reach of the intervention far beyond the immediate activity space. The counseling sessions seeded leadership among participants, some of whom expressed interest in becoming future peer educators. Peer-to-peer education proved to be one of the most sustainable outcomes of the program. This aligns with the goals of community capacity building, which emphasizes empowerment and continuity. The intervention laid the foundation for a community-driven reproductive health support system. Long-term, these peer networks could play a vital role in sustained STD prevention and early intervention efforts.

Despite positive outcomes, the project revealed persistent barriers faced by Indonesian female workers. Many participants shared fears about employer retaliation if they sought medical attention. Long working hours and lack of privacy continue to limit health access for live-in domestic workers. Some women were hesitant to talk openly about STDs due to religious or cultural taboos. Others expressed worry about being judged or misunderstood by local health workers. These concerns highlight the importance of culturally sensitive health services. Some participants had never heard of free testing services provided by local NGOs or the Department of Health. Language remains a critical barrier, particularly in clinic settings where Bahasa Indonesia is rarely spoken. The sessions helped bridge this gap temporarily, but ongoing structural support is needed. Addressing systemic access issues is essential to complement community education efforts.



Figure 3. Implementation of Education on Reproductive Health

The leaflets were a central tool in the intervention and received overwhelmingly positive feedback. Participants appreciated the simple language, visual design, and clear take-home messages. The bilingual format helped some workers communicate health topics with non-Indonesian friends or employers. Many participants kept the leaflets for future reference and shared them with others. The content sparked conversations not only in the sessions but also at boarding houses and churches. Topics like menstrual hygiene and cervical cancer, rarely discussed in public, gained visibility through the materials. The combination of written and verbal education was crucial for reinforcing key messages. Participants expressed interest in more leaflets on related topics, such as pregnancy prevention and mental health. The leaflets also helped normalize conversations around STDs, reducing stigma through factual education. This points to the importance of continuing to invest in well-designed, localized educational tools.

The community service activity demonstrated the effectiveness of combining counseling, peer education, and written materials. While the activity was short-term, its impact suggests potential for scalable, long-term programs. Future initiatives should consider developing more structured training for peer educators. Financial and institutional support for community-based groups is essential for sustainability. Collaboration with local clinics to offer Bahasa-speaking staff or translation support would enhance access. Integrating reproductive health education into existing migrant support services could broaden reach. Follow-up programs should include monitoring of long-term knowledge retention and behavior change. Community-driven feedback loops—where participants guide program evolution—would enhance responsiveness. Ultimately, community capacity building is not a one-time event but an ongoing process requiring policy, resources, and trust. This activity demonstrated that when Indonesian migrant women are respected, educated, and empowered, they become agents of health change—not only for themselves but for their wider community.

## CONCLUSION

The community service activities carried out in this initiative have shown significant positive outcomes in enhancing the knowledge and attitudes of Indonesian female migrant workers in Hongkong regarding reproductive health and STD prevention. Through culturally sensitive counseling and the distribution of educational leaflets in Bahasa Indonesia, the program successfully reached a population that often faces barriers to health information and services. Participants demonstrated a clear increase in understanding of basic reproductive health topics, including STD symptoms, transmission methods, and preventive behaviors. More importantly, the activities helped normalize conversations around sexual health, reducing stigma and empowering women to seek testing and medical support when necessary. The peer-led approach played a crucial role in building trust and encouraging open dialogue. Many participants expressed that this was the first time they felt safe discussing personal health issues, highlighting the importance of using culturally appropriate communication methods in community outreach. Beyond individual knowledge gains, the program helped foster informal peer support networks among migrant women, planting the seeds for a more sustainable and community-driven model of health education. These outcomes reflect the core principles of community capacity building: empowerment, ownership, and local leadership. In conclusion, this initiative demonstrates that targeted, culturally relevant community service activities

can effectively improve both awareness and attitudes toward reproductive health among marginalized groups. Strengthening such community-based efforts will be essential for advancing sexual health equity and preventing STDs among migrant populations in Hongkong and beyond.

## ACKNOWLEDGEMENT

The author team would like to thank to UNNES Research and Community Service Institute that have supported the implementation of this activity, through the agreement letter on Implementation of Partnership Community Service Unnes LPPM DPA funds for 2025 number: 640.14.3/UN37/PPK.11/2025.

## REFERENCES

- Barrow, R.Y., 2020. Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020. *MMWR. Recommendations and Reports*, 68.
- Djuwita, R., & Kusnadi, B., Analisis Situasi Masalah Penyakit Infeksi Menular Seksual di Kota Bogor Tahun 2024. *Jurnal Epidemiologi Kesehatan Indonesia*, 9(1), pp.3.
- Friedman, A.L., Kachur, R.E., Noar, S.M., & McFarlane, M., 2016. Health Communication and Social Marketing Campaigns for Sexually Transmitted Disease Prevention and Control: What is the Evidence of Their Effectiveness?. *Sexually Transmitted Diseases*, 43(2S), pp.S83-S101.
- Idris, F.P., & Asrina, A., 2022. Peningkatan Kemampuan Komunikasi pada Pendamping Lapangan Penyakit Menular Seksual di Kota Makassar. *Window of Community Dedication Journal*, 2022, pp.15-23.
- Kuncoro, A.B., & Prayitno, J., 2025. Peningkatan Kesadaran Hukum Masyarakat dalam Mendukung Kesehatan Publik melalui Edukasi Hak atas Pelayanan Kesehatan dan Pencegahan Penyakit Menular di Kartasura. *Social Engagement: Jurnal Pengabdian Kepada Masyarakat*, 3(3), pp.135-141.
- Lestari, S.O., & Mayasari, D., 2025. Penyuluhan Tentang Infeksi Menular Seksual (IMS) dan Upaya Pencegahannya Pada Kader Posyandu di Desa Dilem, Kepanjen Kabupaten Malang: Counseling About Sexually Transmitted Infections (STI) and Its Prevention Efforts to Posyandu Cadres in Dilem Village, Kepanjen, Malang District. *Gemakes: Jurnal Pengabdian Kepada Masyarakat*, 5(2), pp.256-260.
- Mueller, T., Tevendale, H.D., Fuller, T.R., House, L.D., Romero, L.M., Brittain, A., & Varanasi, B., 2017. Teen Pregnancy Prevention: Implementation of a Multicomponent, Community-Wide Approach. *Journal of Adolescent Health*, 60(3), pp.S9-S17.
- Nugraha, B.A., Irzi Ahmad Rizani, M.E., & Tahira, N., 2023. Peningkatan Kapasitas Siswa-Siswi MA Darul Falah Mengenai Penyakit Menular Seksual. *Jurnal Kreativitas Pengabdian Kepada Masyarakat (PKM)*, 6(7), pp.2606-2613.
- Ong, J.J., Baggaley, R.C., Wi, T.E., Tucker, J.D., Fu, H., Smith, M.K., ... & Mayaud, P., 2019. Global Epidemiologic Characteristics of Sexually Transmitted Infections Among Individuals Using Preexposure Prophylaxis for the Prevention of HIV Infection: A Systematic Review and Meta-Analysis. *JAMA network open*, 2(12), pp.e1917134-e1917134.
- Puspita, R., Wangi, G.A., & Anshori, F.R., 2025. Penguatan Pengetahuan Remaja Tentang Penyakit Menular Melalui Program Edukasi Partisipatif. *Jurnal Pengabdian Multidisiplin dan Pemberdayaan Masyarakat*, 2(1), pp.38-43.
- Rhodes, S.D., Daniel-Ulloa, J., Wright, S.S., Mann-Jackson, L., Johnson, D.B., Hayes, N.A., & Valentine, J.A., 2021. Critical Elements of Community Engagement to Address Disparities and Related Social Determinants of Health: The Centers of Disease Control and Prevention Community Approaches to Reducing Sexually Transmitted Disease Initiative. *Sexually Transmitted Diseases*, 48(1), pp.49-55.
- Unemo, M., Bradshaw, C.S., Hocking, J.S., de Vries, H.J., Francis, S.C., Mabey, D., ... & Fairley, C.K., 2017. Sexually Transmitted Infections: Challenges Ahead. *The Lancet Infectious Diseases*, 17(8), pp.e235-e279.
- Unemo, M., & Jensen, J.S., 2017. Antimicrobial-Resistant Sexually Transmitted Infections: Gonorrhoea and Mycoplasma genitalium. *Nature Reviews Urology*, 14(3), pp.139-152.
- Workowski, K.A., & Bachmann, L.H., 2022. Centers for Disease Control and Prevention's Sexually Transmitted Diseases Infection Guidelines. *Clinical Infectious Diseases*, 74(Supplement\_2), pp.S89-S94.
- World Health Organization., 2022. *Global Health Sector Strategies on, Respectively, HIV, Viral Hepatitis and Sexually Transmitted Infections for the Period 2022-2030*. World Health

Organization.

- Wright, S.S., Johnson, D.B., Bernstein, K.T., & Valentine, J.A., 2021. Program-Level Strategies for Addressing Sexually Transmitted Disease Disparities: Overcoming Critical Determinants That Impede Sexual Health. *Sexually Transmitted Diseases*, 48(12), pp.e174-e177.
- Yuliana, A., Rahmiyani, I., Zain, D.N., & Hidayat, T., 2025. Penyuluhan Penyakit Infeksi Menular Seksual di Kalangan Ibu Rumah Tangga dan Remaja Putri. *JMM (Jurnal Masyarakat Mandiri)*, 9(2), pp.2314-2321.