

**ASSESSMENT OF KNOWLEDGE,  
ATTITUDES AND PRACTICES AMONG  
POLICE OFFICERS ON HIV, KEY  
POPULATIONS AT RISK OF HIV AND  
LAWS AFFECTING SERVICE PROVISION  
FOR KEY POPULATION IN SRI LANKA**



**Ministry of Health  
Sri Lanka**



**National STD/AIDS  
Control Programme  
SRI LANKA**

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## Research team

1. Dr. Geethani Samaraweera, Consultant Venereologist, National STD/ AIDS control programme (Principal investigator)
2. Dr. Janaka Weragaoda, Consultant Community physician, National STD/ AIDS control programme
3. Dr. K.A.M. Ariyaratne, Consultant Venereologist, National STD/ AIDS control programme
4. Dr Chandrika Jayakody, Consultant Venereologist, National STD/ AIDS control programme
5. Dr Janaki Vidanapathirana, Consultant Community physician, National Cancer control programme
6. Dr. Indika Jayawardhana, Acting consultant Venereologist, National STD/ AIDS control programme
7. Dr. Iresh Jayaweera, Acting consultant Venereologist, National STD/ AIDS control programme
8. Dr. Madhavi Premachandra, Medical officer, National STD/ AIDS control programme
9. Dr. Mekala Fernando, Senior Registrar in Community medicine

## Coordinated by

Dr Madhavi Premachandra, Medical officer, National STD/ AIDS control programme

Mr. Upeksha Jayarathne, Assistant coordinator, GFATM project, National STD/ AIDS control programme

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Dr Thilani Rathnayake, Consultant Venereologist, STD clinic, Anuradhapura

Dr Sathya Herath, Consultant Community physician, National STD/ AIDS control programme

Dr Dulani Samaranayaka- Consultant Community physician, Senior Lecturer, Faculty of Medicine, University of Colombo (Report writing)

Mr Sithum Manjika (Data analysis)

Ms. Krishnapriya Mohanaraj (Research assistant)

Mr. L.H. Visal Chamikara (Research assistant)

# PREFACE

Sri Lanka is a country with low HIV prevalence and the epidemic in the country is mostly concentrated among key populations. In the existing legal system of Sri Lanka, there are certain laws which act negatively on key populations thus on HIV control activities in the country. Therefore, the NSACP has identified the Sri Lanka Police as one of the most important stakeholders in the national response to the HIV epidemic in the country. The programme has conducted a series of



advocacy and training of trainer programs for police officers to improve their knowledge and obtain their necessary support to create an enabling environment for HIV control activities since 2012.

However, formal evaluation of the effectiveness of the above programme has never been done. Therefore, this survey “Assessment of knowledge, attitudes and practices among police officers on HIV, key population at risk of HIV and laws affecting service provision for key populations in Sri Lanka” was conducted to identify the current level of knowledges, attitudes and practices among police officers related to HIV. The recommendations of this survey will guide the programme for planning and implement the future advocacy and training programmes for Sri Lanka Police in a more focused and effective manner.

I would like to extend my sincere gratitude to the Inspector General of Police for granting permission to carry out the study in selected police stations representing all nine provinces of the country and especially to the Research and Development division of the Sri Lanka Police for coordinating this activity. I would also like to thank the police officers who participated the study for providing their valuable time despite very busy schedule during the peak of the COVID 19 pandemic. I congratulate the research team for successfully completing the research study despite all the challenges with the COVID pandemic.

Dr. Rasanjalee Hettiarachchi Director  
National STD/AIDS Control Programme,  
Ministry of health.

# ABBREVIATIONS

<b>AIDS</b>	Acquired Immuno-deficiency Syndrome
<b>ERC</b>	Ethics Review Committee
<b>FSW</b>	Female Sex Worker
<b>GAM</b>	Global AIDS Monitoring
<b>HIV</b>	Human Immuno-deficiency Virus
<b>IGP</b>	Inspector General of Police
<b>KP</b>	Key populations
<b>MSM</b>	Men having Sex with Men
<b>NSACP</b>	National STD / AIDS Control Programme
<b>OIC</b>	Officer in Charge
<b>PLHIV</b>	People Living with HIV
<b>PWID</b>	People who inject drugs
<b>SD</b>	Standard deviation
<b>SI</b>	Sub inspector
<b>SPSS</b>	Statistical Package for Social Sciences
<b>STD</b>	Sexually Transmitted Diseases
<b>SW</b>	Sex workers
<b>TG</b>	Transgender
<b>TGW</b>	Transgender women



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# ABSTRACT

## Introduction and Objectives

Sri Lanka remains to be a low prevalence country for HIV infection, which is driven mainly through the transmission among key populations. Creating a conducive environment for key populations to access HIV and STI prevention, testing, care and treatment services is an essential element of all HIV control programmes. Stigma, discrimination and legal barriers can act as deterrents to this process. Sri Lanka has certain laws that negatively influence key population behaviours and these laws are often interpreted and enforced negatively on key populations. Therefore, sensitizing the police officers on these legal issues and making them partners in the public health response towards HIV/AIDS prevention is a priority in Sri Lanka. In this background, several educational and advocative interventions have been implemented with the Sri Lanka Police, the effect of which needs to be assessed.

This study aimed to describe the knowledge and attitudes among police officers about HIV, key populations at risk of HIV and laws affecting HIV service provision for key populations in Sri Lanka, and to assess their current practices related to such laws.

## Methods

A descriptive cross-sectional study was conducted in a sample of police officers representing all nine provinces of the country, using stratified cluster sampling. A calculated sample size of 900 was selected as 90 clusters, each cluster comprising 10 participants randomly selected from one police station. Clusters were allocated to provinces proportionate to the number of police officers in each province and the required number of clusters were randomly selected. An expert-validated, pretested self-administered questionnaire was used for data collection. The questionnaire comprised sections on knowledge on HIV and AIDS, key populations and laws related to key populations, attitudes towards key populations and practices on laws related to key populations. Data was analysed using standard descriptive methods, chi-square test and binary logistic regression. Ethical clearance was obtained from the Ethical Review Committee of the Postgraduate Institute of Medicine.

## Results

A total of 817 participated with a response rate of 90%. The mean age of the study population was 42 years and 79% were males. The participants had worked in Sri Lanka Police for a mean duration of 20 years with a standard deviation (SD) of 10 years and 49% (396) had worked in the Crime Branch. According to the percentage scores, the mean knowledge on HIV/AIDS was high in this population (80% , SD=18), however, the mean knowledge on key populations was 55%

(SD=4) and laws related to key populations was 43 (SD,18) Overall knowledge score had a mean of 61 (SD =16) Higher overall knowledge was seen in participants with the designation of senior officers (OR=1.2, p=0.003), those who had prior experience working in the crimes branch (OR=1.5, p=0.021) and those who had attended a training programme on HIV/AIDS (OR=1.5, p=0.001).

The total percentage attitude score had a mean value of 58% (SD =12). A large majority (94%) agreed or strongly agreed that when a female sex worker makes a complaint to the police about a sexual harassment, it should be accepted. Similarly, 79% agreed or strongly agreed that as police personnel they should act to prevent harassment against transgender individuals. A remarkable percentage either agreed or strongly agreed that arresting and detaining sex workers (32%) and drug users (24%) is a solution for reducing HIV/AIDS. Attitude towards same-sex behaviour was negative in a majority (72%). Participants who had higher knowledge was 1.6 times more likely to have good attitudes (p=0.006)

Majority of the participants reported not having engaged in negative practices towards KPs during last year. Only 5% reported that they have produced condoms as a proxy measure to prove sex work, 1.5% reported that they have arrested a transgender woman for 'cheating by personation' (cross-dressing), while 2.6% had arrested a person for engaging in homosexual behaviour during the last one-year period. Of the sample, 41% had participated in a HIV/AIDS awareness programme and of them, 86% felt that the programmes were useful.

## Conclusions and Recommendations

Knowledge on HIV/AIDS and its transmission was satisfactory in the study population, however, the knowledge on key populations and the laws that affect their HIV prevention and services was not adequate. Non-discriminatory attitudes towards key populations when providing services, was seen however, negative attitudes prevail on how arresting and detaining key population could adversely affect HIV/AIDS prevention and control. Practices on executing the laws related to HIV/AIDS service provision to key populations were satisfactory in a majority. Future awareness programmes for police officers should focus more on improving the knowledge and attitude gaps identified. Scaling up the awareness programmes for better coverage and incorporating them into pre-service training of police officers, are recommended.

# CHAPTER 1 : INTRODUCTION

## 1.1 Background

Since the advent of the first case of HIV in 1985, Sri Lanka has been able to maintain a low prevalence of HIV across all different populations including key populations (KP). Key Populations are the groups that have a high risk of acquiring the Human Immunodeficiency Virus (HIV) in many settings. Internationally, five groups are considered as KP, namely, sex workers (SW), men who have sex with men (MSM), people who inject drugs (PWID) transgender (TG) population and prison inmates (1). In the Sri Lankan setting, beach boys are also considered as a KP group in addition to the above groups. Sri Lanka remains to be a low prevalence country with regard to HIV infection, with the prevalence in the general population remaining below 0.1% over the years. Key populations, specifically MSM seem to be the most important population driving the HIV epidemic, with a prevalence of 1.5% in 2019 and with close to half of those HIV positive reporting male to male sex (2).

Behaviours related to key populations, namely sex work and same sex behaviours are deemed illegal in many countries. Furthermore, these behaviours are subjected to stigma and discrimination in most societies which force these populations to go 'underground' making them inaccessible to existing services (3). Law enforcement officers like the police, are the primary translators of the law on the books to the law on the streets, therefore, their practices have an overwhelming impact on the HIV control and health-seeking of key populations. There is ample evidence from countries across the world about certain practices of police officers which could adversely affect key populations, thus hindering provision of HIV prevention, testing, treatment and care services for these populations(4, 5).

Sri Lanka Police consisted of 85,620 police officers by the end of 2019, and functions as 44 territorial divisions and 62 functional divisions (6). The territorial divisions constituted of 494 police stations which are the grass root level units that provide services to the public of the relevant areas. There is a total of 56,465 police officers working in the territorial divisions and of them, approximately 20% belongs to the category of senior officers with ranks sub-inspector (SI) and above whereas the remaining 80% are working as junior officers belonging to sergeant and below rank categories (6). Figure 1 shows the rank hierarchy of the Sri Lanka Police.

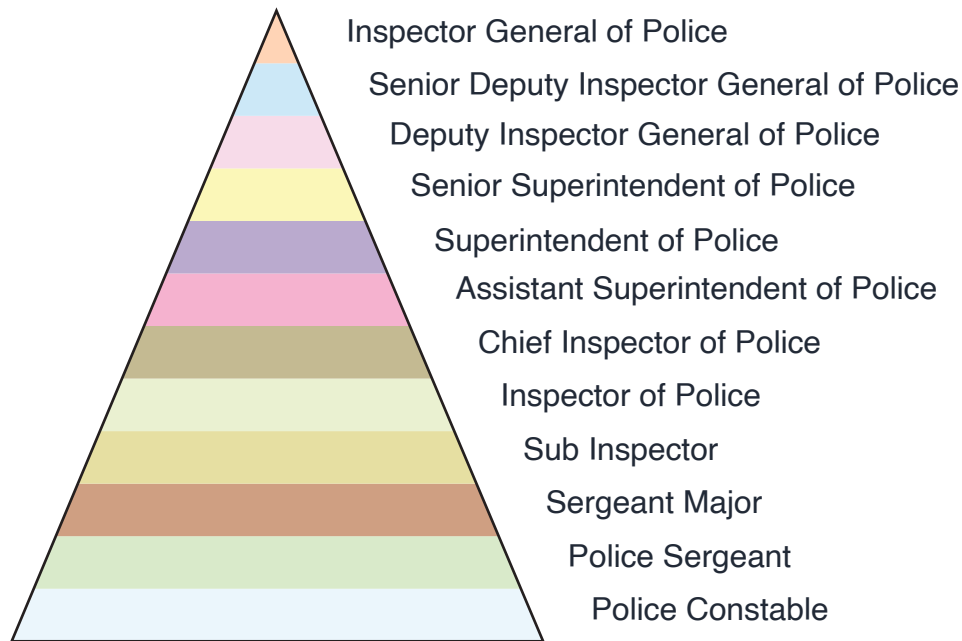


Figure 1: Rank hierarchy of the Sri Lanka Police. (Source: Performance Report – 2018, Sri Lanka Police)

Every Sri Lankan citizen has equal rights and protection by the laws of the country. However, some laws adversely affect key populations, who get subjected to violence and violation of human rights due to lack of legal protection. Furthermore, key population members are reluctant to seek legal services due to the belief that they will not gain legal protection due to certain laws in the country. Section 365 and 365 A of the Penal code, Vagrants ordinance, Brothel ordinance and section 399 of the Penal code are some of the laws that negatively affect HIV prevention among key populations in the country.

Section 365 and 365 A of the Penal code states that “whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal shall be punished” under unnatural offences of the Penal code (7). Under this law, the “unnatural offence” is often misinterpreted by law enforcement authorities, considering homosexuality as an unnatural offence that is deemed unlawful.

Sex in private is not an offence according to Sri Lankan law. Even adultery is not identified as a criminal offence, but it is considered a marital offence. However, interpretation of the Vagrants Ordinance deems sex workers wandering the streets as guilty of an offence. According to section seven of the Vagrants ordinance, ‘any person in or about any public places soliciting any person for the purpose of the commission of any act of illegal sexual intercourse or indecency, whether with the person soliciting or with another person, whether specified or not, shall be guilty of an offence and shall be liable on summary conviction for a period not exceeding six months, or to a fine not exceeding one hundred rupees or both’ (8).

A condom is a medical device included in the essential drug list of the Ministry of Health Sri Lanka (9). However, there had been instances where police officers have produced condoms to courts as evidence to prove the solicitation of sex. Similarly, possession of condoms had been considered as a proxy measure of sex work by some law enforcement authorities and had been the reason for

the arrest of sex workers. As a result, sex workers tend to avoid carrying condoms to prevent them from getting arrested, leading to unprotected sex with the clients. However, recently a positive action in this regard was taken in Sri Lanka, in the form of an internal circular issued by the department of police mentioning that condoms should not be produced to courts as evidence for solicitation of sex (10).

Further, negative perceptions regarding condoms among key populations was highlighted in the 'Situation assessment of condom programming in Sri Lanka, 2015'. During the focus group discussions conducted among female sex workers, it was revealed that police had searched for condoms when questioning them and police officers had a negative perception of condoms and that condoms are produced as evidence to prove sex work (11). MSM, PWID and TG groups also reported similar experiences with police officers regarding condoms. The majority of the key population groups had a negative attitude toward condoms which largely reduced their tendency to use condoms (11).

Although the TG population have not been criminalized in the Sri Lankan law, misinterpretation of section 399 of the Penal code tends to victimize transgender persons under 'cheating by personation' (7). Few police arrests have been reported in the past among transgender individuals, due to non-presentation of the person provided in the document which proves one's identity, during the process of transition, before they obtained the gender recognition certificate (12).

Misinterpretation of these laws and negative practices of law enforcement officers lead to criminalization of KPs thereby impeding their access to health care services. Therefore, it is essential that police officers are well aware of the key populations, their behaviours and be clear about the laws which can be misinterpreted against these high-risk groups. This issue has been identified as an important area for intervention by the National STD/AIDS Control Programme (NSACP) of Sri Lanka. With the support of the Sri Lanka Police, several programmes have been arranged by the NSACP to increase awareness among police officers about HIV, KPs and how to support HIV prevention among KPs while implementing the existing laws. Several advocacy programmes have been conducted and police officers are being sensitized regarding these legal barriers.

## 1.2 Justification

There have been several advocacy programmes and awareness programmes conducted by the NSACP for the police officers to address issues related to legal barriers in providing services for the key populations since 2012. However, a scientific assessment of the level of knowledge, attitudes, and practices among police officers regarding legal barriers against KPs have not been assessed in Sri Lanka before. Therefore, this survey was aimed to assess the knowledge, attitudes and practices among police officers regarding legal barriers affecting HIV prevention in Sri Lanka. Even though a significant proportion of police officers are attached to functional divisions of Sri Lanka Police, the officers who are directly involved in law enforcement among civilians are those who are deployed in territorial divisions. Therefore, it was decided to carry out the survey among police officers currently working in the territorial divisions. Out of the 494 police stations functioning under 44 territorial divisions, the sample was collected from the selected police stations island-wide using stratified cluster sampling.

The findings of the current study are expected to be useful to relevant policymakers in the Ministry of Health, the National STD/AIDS Control Programme and the Department of Police to revisit the interventions based on the findings of this survey and do necessary modifications of the programme accordingly. The results will also be used to advocate high ranking officials in the department of police to get their fullest support to improve the gaps in knowledge and attitudes and change undesirable practices to minimize legal barriers affecting key populations in Sri Lanka. This is expected to create a conducive environment for more efficient, effective, and sustainable HIV service provision among key population in Sri Lanka.

## 1.3 Objectives

### **A) General Objective:**

To describe the knowledge and attitudes among police officers about HIV, key populations at risk of HIV and laws affecting HIV service provision for key populations in Sri Lanka, and to assess their current practices related to such laws.

### **B) Specific Objectives**

1. To describe the knowledge among police officers about HIV, key populations who are at risk of getting HIV and laws affecting HIV service provision among key populations in Sri Lanka.
2. To describe the attitudes of police officers regarding key populations in Sri Lanka.
3. To assess the practices among police officers related to laws affecting HIV service provision for key populations.



# CHAPTER 2 : METHODOLOGY

## 2.1. Study Design

This was a descriptive cross-sectional study.

## 2.2. Study Setting

The study was conducted in all nine provinces of the country and the study setting was the 494 police stations that belong to 44 territorial divisions of the Sri Lanka Police which are the units directly involved in provision of civil services for people including key population.

There have been regular advocacy programmes at national level and district level for police officers about HIV, the affected population and the role of police officers on HIV prevention in the country. In addition, selected police officers from island-wide Police stations have been trained as trainers on HIV, key population, and the role of police officers in HIV prevention, by NSACP of the Ministry of Health with the support of the Sri Lanka Police annually since 2012. These trained officers were expected to train more police officers working in their respective police stations. Therefore, it was expected that a significant proportion of police officers would have a good knowledge of the above-mentioned topics.

## 2.3. Study Population

Study population is defined as police officers currently working in Sri Lanka Police.

**Inclusion criteria:** Police officers currently working in Sri Lanka, who have more than 1 year of work experience.

**Exclusion criteria:** Police officers who were on long leave at the time of the study were excluded.

## 2.4. Sample Size

Sample size was calculated to determine the estimated proportion of police officers with a good knowledge level, using the following formula:

$$N = Z^2 * P * (1-P) / d^2$$

**P** - Expected proportion of police officers with a good level of knowledge. Since there is no research evidence on the level of knowledge among police officers regarding knowledge on laws affecting key population “P” was considered as 50% to get the maximum sample size.

**Z** - Standard normal deviate of alpha error, was set at 1.96 which corresponds to 95% confidence limit, the alpha error being considered as 5%.

**d** - The margin of error considered as 0.05

**n** - Sample size

Therefore, the calculated sample size is 384.

Since cluster sampling is to be adopted, sample size is adjusted for the effect of clustering, and the adjusted sample size **N** is given as,

**N** = Design effect \* n

Design effect =  $1 + \delta (b - 1)$

**b** = cluster size; taken as 10.

**δ** = Intra-cluster correlation coefficient (rho; taken as 0.1 to accommodate for expected homogeneity in knowledge, attitudes and practices within the clusters)

Design effect = 1.9

**N** =  $1.9 * 384 = 730$

Considering 10% non- response rate, the final sample was calculated as,  $730 * 100 / 90 = 811$

In order to compensate for any loss of questionnaires during postage, sample size was inflated by another 10%,

$811 / 100 * 110 = 892.1$

The calculated sample size was rounded off to 900.

Number of clusters required =  $900 / 10 = 90$

One police station is considered as one cluster and a cluster size of 10 police officers were recruited from each police station.

## 2.5 Sampling Method

The sample was collected from all 9 provinces of the country using stratified cluster sampling method. Participants were selected from 90 identified clusters and 10 participants were selected from each cluster. For the purpose of the study, a police station was considered as a cluster. Provinces were considered as the strata and the number of police stations (clusters) selected from each province was proportionate to the number of police officers employed in each province. Once the required number of clusters for each province has been decided, the selection of the police stations (clusters) for a province was done using computer-generated random numbers.

When selecting ten police officers from each police station, the rank proportion of 1:4 was maintained between the categories senior officers (ranks of SI-and-above) and junior officers (ranks of Sergeant-and-below). The name list of the officers working in each selected police station was obtained prior to data collection and from the list, two officers from SI or above category and eight officers from sergeant or below category were randomly selected using computer-generated random numbers.

## 2.6. Study Instrument

A self-administered, content-validated questionnaire (Annexure 1) was used to collect data. The questionnaire was designed to cover the following aspects:

1. Socio-demographic and work characteristics
2. Knowledge on HIV and AIDS
3. Knowledge on key populations at risk for HIV transmission
4. Knowledge on laws related to key populations
5. Attitudes towards key populations
6. Practices on laws related to key populations

Pretesting: The questionnaire was pretested among 30 police officers prior to commencement of the data collection and necessary changes were done accordingly. (To avoid contamination, the pre-test was carried out in police stations other than stations that were selected for the study).

## 2.7. Data Collection

Data collection was conducted in 90 selected police stations using a printed self-administered questionnaire. The officer in charge (OIC) or any other senior police officer appointed by the OIC of the selected police station were trained to coordinate data collection in their respective police station. Questionnaires were sent to each selected police station along with the name list of selected officers through a courier service. A set of documents for each participant (questionnaire, information sheet and consent form) was enclosed inside a separate envelope for easy distribution and to avoid contamination. The data collection coordinator explained the purpose of the research and how to fill the questionnaires. Thereafter, participants were asked to go through the information sheet, and they were allowed to ask questions or seek clarifications from the data collection coordinators. If further clarifications were needed, the research assistants, research coordinator or the principal investigator were available over the phone to clarify any issues. Once the purpose of the study and the answering procedure was clarified, the informed written consent was obtained from each participant. After completing the questionnaires, they were requested to enclose the filled questionnaire inside the provided return envelope separately and hand over the sealed envelope to the data collection coordinator to assure confidentiality. The data collection coordinator collected all envelopes and returned them to the research team through the same courier service. Once the filled questionnaires and consent forms are received by the research team, consent forms were kept separately so that the anonymity of the participants is maintained at all levels. The whole data collection procedure starting from sending questionnaires to the police stations was coordinated and supervised by the research coordinator.

(Due to prevailing COVID 19 pandemic there were restrictions for movements and social gatherings. Therefore, data collection method had to be modified to suit the situation)

## **Training of research assistants and data collection coordinators**

Research assistants underwent a two-day training before the commencement of data collection. The training included basic facts on HIV infection, key populations at risk of HIV in Sri Lanka, laws affecting HIV related interventions in the country and practices among police officers related to HIV service provision for KPs. They were also trained about the existing training programme for police officers and the KP programme operating in Sri Lanka. They were made aware of the details of the research protocol including how to check the inclusion and exclusion criteria.

After delivering the questionnaires to the respective police stations, the data collection coordinator of each selected police station was trained on the procedure of data collection through an online meeting.

## **2.8. Data Entry, Analysis and Report Writing**

All questions were pre-coded. Data were entered into SPSS by the two research assistants and random quality checks on 5-10% of entered questionnaires was done by the data analyst in order to assure completeness and accuracy of data. Data were analysed by the data analyst who has prior experience in data management and analysis.

Standard descriptive methods were used to describe characteristics of the sample, level of knowledge, attitudes and practices. Knowledge was analysed in three components – knowledge on HIV/AIDS, knowledge on KPs and knowledge on laws related to KPs. Total score for each knowledge component and overall total were calculated and converted to a percentage score and this total score was dichotomized using the mean as the cut-off. Factors associated with knowledge were analysed using cross tabulations with chi-square test and binary logistic regression where relevant. For attitudes, the overall score was calculated, converted to a percentage score and dichotomized using the mean as the cut-off. Factors associated with attitudes were analysed using cross tabulations with chi-square test and binary logistic regression. Practices related to laws affecting KPs were analysed separately and the factors associated with them were analysed using cross tabulations and chi-square test.

## **2.9. Dissemination of Results**

The final report was communicated to relevant authorities in the Sri Lanka Police and approval was obtained before dissemination of the results.

A special meeting was held with the participation of the administrative staff from the Ministry of Health, NSACP and officials from the Sri Lanka Police. The findings of the survey was disseminated to the participants and the way forward was discussed. After such discussions, a revised activity plan with monitoring and evaluation indicators will be developed and presented to the NSACP and Sri Lanka Police.

## 2.10. Ethical considerations

- The purpose of the study was well explained to all participants prior to the study using the information sheet attached (Annexure 2). Questions raised by the participants were clarified by the data collection coordinator. Further, they were directed to the research assistants or the principal investigator over the phone for further clarification, if needed.
- Participants were explained that the participation in the study is voluntary those who do not want to participate in the study can do so at any time and that it will not affect them adversely at any point in their career. Written informed consent was obtained from all the participants (Annexure 3).
- Consent forms were collected and stored separately from the questionnaire thus the identity of each participant was kept anonymous. Names or any other personal identification details were not included in the questionnaire in order to maintain the anonymity of the participants. Name of the police station is also not mentioned in the questionnaire further ensuring anonymity.
- Hard copies of the questionnaires were kept under lock and key and only research assistants and PI had access to questionnaires. The filled questionnaires and consent forms will be preserved for 3 months and then will be destroyed by PI.
- Soft copies of entered data were kept password protected and only PI and research assistants had the access to data. After data analysis and report writing tasks are completed, research assistants, data analyst or report writer will not have any access to data. The data set will be preserved by PI until the results are disseminated and 6 months thereafter.
- Ethical clearance was obtained from the Ethics Review Committee, Postgraduate Institute of Medicine, Sri Lanka. (ERC number: ERC/PGIM/2020/166)

## 2.11. Legal and Administrative Considerations

- Administrative clearance was obtained from the Inspector General of Police (IGP).
- Research methodology and questionnaire was shared and discussed with the relevant officers of the Sri Lanka Police and permission was obtained to carry out the proposed study.
- The permission letter issued by the IGP was shared with the provincial authorities of the Sri Lanka Police and with relevant Officers-in Charge (OICs) of selected police stations prior to commencement of the study and permission was obtained from OICs of each selected police station.

- Before disseminating the results of the survey, the findings were shared with the Sri Lanka Police and their concurrence was obtained for dissemination.

## 2.12. Financial Considerations

As the relevant police officers can participate in the study from their current working station, they did not have any financial losses due to the participation in the study. The participants were informed that they will not receive any financial incentives for the participation.

# CHAPTER 3 : RESULTS

A total of 817 participants responded. The response rate was 91%. The results are presented under the following sections:

- 3.1. Description of the study sample
- 3.2. Knowledge on HIV/AIDS
- 3.3. Knowledge on Key Populations
- 3.4. Knowledge on laws related to service provision to key populations
- 3.5. Overall knowledge on HIV/AIDS, key populations and laws related to their service provision
- 3.6. Attitudes towards key populations
- 3.7. Practices on laws related to service provision to key populations
- 3.8. Perceptions on currently conducted awareness programmes

## 3.1 Description of the sample

The sample represented police officers from all nine provinces selected proportionate to the total number employed in each province. The largest representation of 23% (n=188) was from Western Province. (Figure 2).

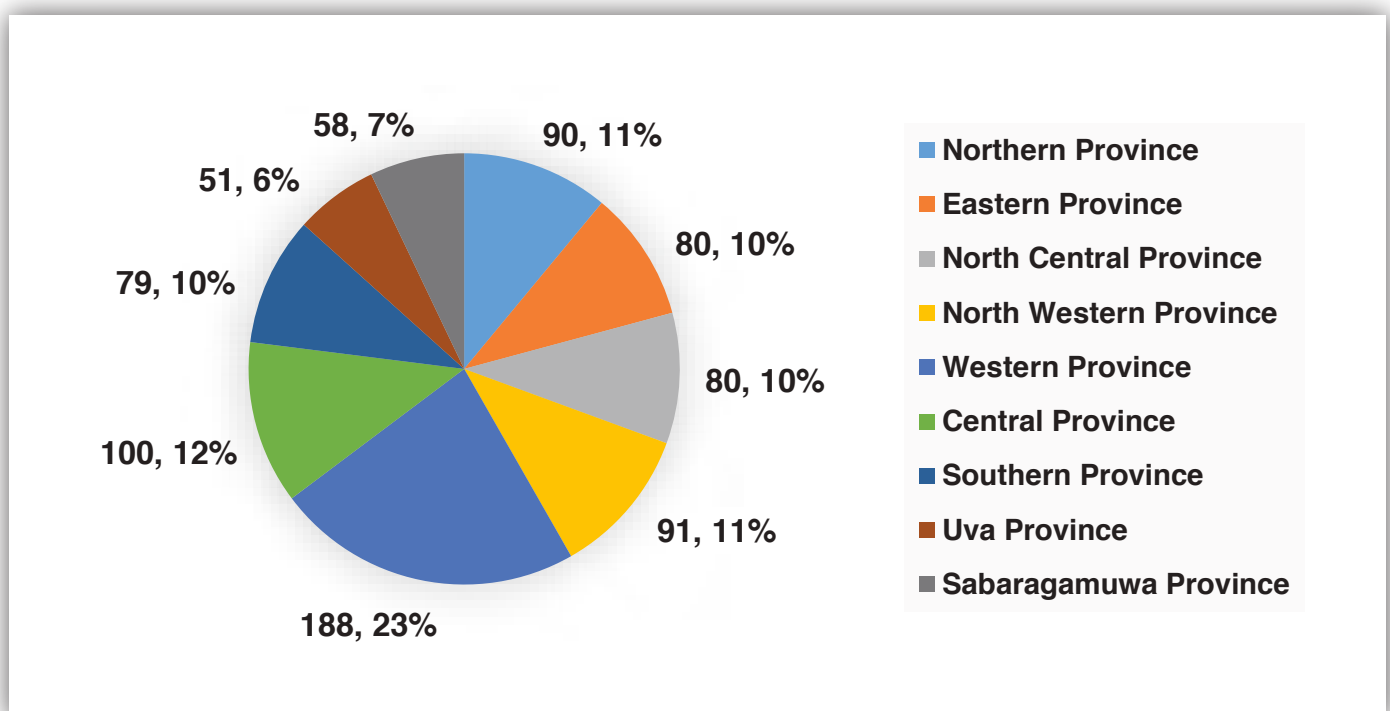


Figure 2: Geographical distribution of the sample by provinces (n=817)

Distribution of socio-demographic characteristics is shown in Table 3.1. Mean age of the sample was 42 years (SD =10) and 28% were above the age of 50 years. A majority of 79% were males and 56% were educated up to G.C.E. Advanced level or above. When considering the work-related characteristics, the participants had worked in the Police Department for a mean duration of 20(SD =10) years. Twenty two percent belonged to the rank of sub inspector or above category while another 88% were police sergeants or below ranking officers. Only 49% (396) had worked in the crime branch and the mean duration of work there was 3.9 years (SD =4 years) (Table 3.2).

Socio-demographic characteristics	Number	%
<b>Age (Mean 42.01, SD ±10.4)</b>		
=<30 years	122	14.9
31 - 35 years	140	17.1
36 - 40 years	124	15.2
41 - 45 years	72	8.8
46 - 50 years	113	13.8
>50 years	231	28.3
No response	15	1.8
<b>Sex</b>		
Male	648	79.3
Female	169	20.7
<b>Highest Level of Education</b>		
Passed O/L	360	44.1
Passed A/L	424	51.9
Completed Diploma	30	3.7
Completed Degree	3	0.4

Table 3.1 - Socio-demographic characteristics of the study population (n=817)

Work-related characteristics	Number	%
<b>Duration of work in Police Department (Mean -19.8 years, SD-±10.3)</b>		
=<10 years	146	17.9
11 - 15 years	219	26.8
16 - 20 years	35	4.3
21 - 25 years	125	15.3
26 - 30 years	113	13.8
>30 years	167	20.4
No response	12	1.5
<b>Current Designation</b>		
Deputy Inspector General of Police (DIG)	3	0.4
Superintendent of Police (SP)	1	0.1
Chief Inspector of Police (CI)	22	2.7
Inspector of Police (IP)	47	5.8
Sub Inspector of Police (SI)	105	12.9



<b>Sergeant Major (SM)</b>	2	0.2
<b>Police Sergeant (PS)</b>	305	37.3
<b>Police Constable (PC)</b>	327	40.0
<b>No response</b>	5	0.6
<b>Ever worked in the crimes branch of the police</b>		
<b>Yes</b>	396	48.5
<b>No</b>	421	51.5
<b>Duration worked in crime branch (Mean 3.9, SD ±4.5, n=396)</b>		
<b>&lt;1 year</b>	53	13.4
<b>1-2 years</b>	110	27.8
<b>2-3 years</b>	76	19.2
<b>3-4 years</b>	23	5.8
<b>4-5 years</b>	31	7.8
<b>&gt;5 years</b>	103	26.0

Table 3.2 – Work-related characteristics of the study population (n=817)

## 3.2 Knowledge regarding HIV/AIDS

Of the sample, 99.5% (n=813) had heard of HIV/AIDS and the information regarding the disease was obtained from multiple sources. Mass media, namely television/radio (90%) and newspapers/magazines (91%) were the most commonly used source of information (Figure 3).

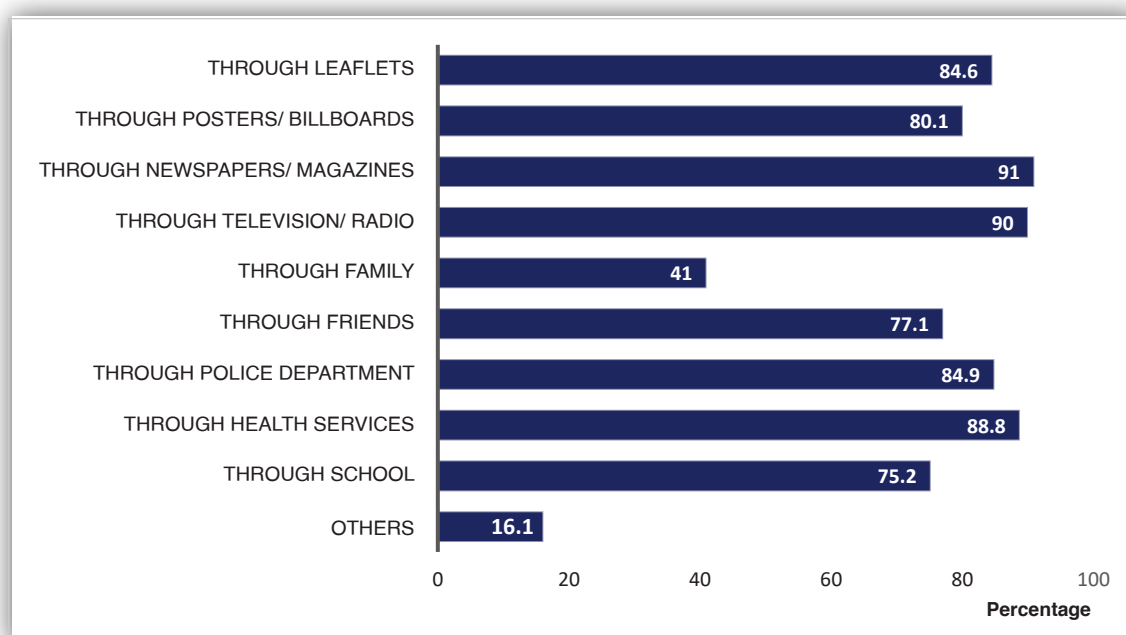


Figure 3: Sources of information on HIV/AIDS (n=817)

Knowledge on HIV/AIDs and its transmission was assessed using twelve questions and the number and percentage of correct responses received for each question are given in Table 3.3. A

large majority (>75%) had awareness regarding the blood-borne and sexual transmission of HIV, however, the awareness was less about the availability of medication (52%), mother to child transmission (65%) and the fact that transmission does not occur through vectors (66%). More than three fourths were aware that sharing meals would not transmit HIV (82%), that condoms are protective (82%), that a healthy-looking person could have HIV (79%) and that it is diagnosed by a blood test (94%). A total score on knowledge regarding HIV/AIDS was calculated out of 100, which had a mean of 80 (SD 1). Using the mean as an arbitrary cut-off, the scores were categorized into adequate and inadequate knowledge, where 475 (61.8%) participants showed adequate knowledge on HIV/AIDS

Knowledge aspects	Correct responses	
	Number	%
1. What are the ways one can get HIV infection, Through unprotected sex	775	96.0
Through sharing toilets	590	75.6
Through infected blood	710	89.1
From an infected mother to her child	510	64.6
Through shaking hands	682	87.5
2. Can the risk of HIV transmission be reduced by having sex with only one faithful, uninfected partner	728	89.9
3. Can the risk of HIV transmission be reduced by using condoms	660	81.7
1. Can a healthy-looking person have HIV infection	632	78.5
2. Can a person get HIV infection from mosquito bites	530	65.9
3. Can a person get HIV infection by sharing a meal with someone who is infected with HIV/AIDS	657	81.5
4. HIV infection can be diagnosed by blood test / urine test / observation	755	93.6
5. Have you ever heard about drugs that can be given to HIV/AIDS infected people which help them to control the disease	423	52.4

Table 3.3: Distribution of correct responses for questions assessing knowledge on HIV/AIDS (n=817)

GAM 5.1 Composite Knowledge Indicator <sup>1</sup> (number of correct responses)	Number	Percentage
None	14	1.7
One	30	3.7
Two	59	7.3
Three	115	14.3
Four	227	28.3
All Five	358	44.6
Total	803	100.0

<sup>1</sup>Based on question numbers 2-6 of Table 3.3

\*There were 14 missing values

Table 3.4: Distribution of the number of correct responses in the composite knowledge indicator (GAM 5.1) on HIV prevention (n=817)\*

The composite knowledge score on HIV prevention was calculated using five key knowledge questions (knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting HIV, knowing that a healthy-looking person can have HIV, and knowing that HIV is not transmitted through mosquito bites or by sharing a meal with a PLHIV). Table 3.4 shows the distribution of the number of correct responses to the items of the composite knowledge indicator. About 45% of the participants were able to answer all five questions correctly, while 73% were able to answer four questions correctly. Only 14 (1.7%) were unable to correctly answer any question. The awareness among the police officers was higher compared to the national sample of 15-49-year-old females of the Demographic and Health Survey (13). In that sample which is largely representative of the female population of the country, only 33% were able to answer all five questions correctly.

Socio-demographic and work-related factors associated with knowledge on HIV/AIDs is shown in Table 3.5. Age more than 35 years ( $p=0.009$ ) and work experience more than 10 years ( $p<0.001$ ) were associated with a significantly higher knowledge, and this is likely to be due to the longer work experience exposing them to more inputs and experiences that increased awareness. There was a significant variation between the provinces in HIV/AIDS related knowledge, with participants from Northwestern (77.3%), Sabaragamuwa (77%) and Southern (68.4%) provinces showing a higher level of awareness. Lower percentages with good knowledge were reported from Uva(58%) and Western (48%) provinces. Participants belonging to the ranks of senior officers (69%) had a significantly higher level of awareness compared to the junior officers (60%,  $p=0.031$ ). Having worked in the Crimes Branch ( $p=0.008$ ) as well as working there for a duration of more than 3 years ( $p=0.027$ ) were associated with a higher level of awareness.

Factors	Poor Knowledge		Good Knowledge		Sig.**	
	No.	%	No.	%		
Age	≤35 years	113	44.5	141	55.5	P=0.009
	>35 years	175	34.8	328	65.2	
Sex	Male	223	36.8	383	63.2	P=0.115
	Female	71	43.6	92	56.4	
Educational level	Passed O/L	135	40.8	196	59.2	P=0.205
	A/L and above	159	36.3	279	63.7	
Duration of service	≤10 years	74	52.5	67	47.5	P<0.001
	>10 years	216	34.9	403	65.1	
Province	Northern Province	32	38.6	51	61.4	P<0.001
	Eastern Province	30	41.1	43	58.9	
	North Central Province	28	35.4	51	64.6	
	North Western Province	20	22.7	68	77.3	
	Western Province	91	52.0	84	48.0	
	Central Province	36	39.6	55	60.4	
	Southern Province	25	31.6	54	68.4	
	Uva Province	19	42.2	26	57.8	
Sabaragamuwa Province	13	23.2	43	76.8		

<b>Designation</b>	Senior officers	52	31.0	116	69.0	<b>P=0.031</b>
	Junior officers	239	40.1	357	59.9	
<b>Worked in Crimes Branch</b>	Yes	126	33.5	250	66.5	<b>P=0.008</b>
	No	168	42.7	225	57.3	
<b>Duration at Crimes Branch*</b>	≤3 Years	86	37.9	141	62.1	<b>P=0.027</b>
	>3 Years	40	26.8	109	73.2	

\*n=376 who had worked in the Crimes Branch

\*\*Significance assessed using chi square test

<sup>a</sup>Missing values – 12 for age, 9 for service duration and 5 for rank

Table 3.5: Factors associated with knowledge regarding HIV/AIDS (n=769a)

### 3.3 Knowledge on Key Populations

Participants' awareness on key populations was assessed using twelve questions. A large majority (>75%) were able to correctly identify female sex workers (86%, n=685) and beach boys (79%, n=627) as key populations. However, the awareness about other key populations was low and only around 50% correctly identified men who have sex with men (56%, n=440), injecting drug users (52.6%, n=413) and transgender women (46%, n=360) as key populations. Only 39% were able to correctly identify prison inmates as a key population at high risk of HIV. On the other hand only half of the participants were aware that construction workers, fishermen, factory workers, armed forces personnel and estate workers were not key populations with regard to HIV/AIDS. Only 23% (n=185) were able to correctly identify returnee labour migrants were not categorised as a key population, although they are identified as a vulnerable population for HIV/AIDS (Figure 4).



Figure 4: Distribution of correct responses to the questions assessing the participants' awareness regarding Key Populations at risk of HIV (n=817)

An overall score on the knowledge on correctly identifying key populations was calculated and the mean score was 55(SD = 24). When the score was dichotomized into 'good' and 'poor' knowledge using the mean as cut off, 429 (55%) belonged to the 'good' knowledge category. Using these categories, the association of the knowledge on key populations with demographic and work-related factors were assessed (Table 3.6). Participants above 35 years of age had a significantly better knowledge ( $p=0.005$ ), while males had a higher knowledge than females ( $p=0.002$ ). Service duration of 10 years or more was associated with a higher knowledge regarding key populations ( $p=0.011$ ). There was no significant difference in the knowledge between provinces, with all provinces reporting a percentage close to 50% with 'good' knowledge. Senior officers had better knowledge on KPs compared to junior officers ( $p<0.001$ ). Those who had been working in the Crimes Department has higher knowledge ( $p<.001$ ), probably due to the exposure and experiences related to KPs and also due to the training on HIV they may have received.

Factors		Poor Knowledge		Good Knowledge		Sig.**
		No.	%	No.	%	
Age	≤35 years	131	51.4	124	48.6	P=0.005
	>35 years	206	40.7	300	59.3	
Sex	Male	256	41.8	356	58.2	P=0.002
	Female	90	55.2	73	44.8	
Educational level	Passed O/L	153	45.4	184	54.6	P=0.711
	A/L and above	193	44.1	245	55.9	
Duration of service	≤10 years	77	54.2	65	45.8	P=0.011
	>10 years	265	42.5	358	57.5	
Province	Northern Province	45	54.9	37	45.1	P=0.269
	Eastern Province	29	40.8	42	59.2	
	North Central Province	36	45.0	44	55.0	
	North Western Province	36	41.9	50	58.1	
	Western Province	82	45.3	99	54.7	
	Central Province	43	44.3	54	55.7	
	Southern Province	30	39.0	47	61.0	
	Uva Province	25	56.8	19	43.2	
	Sabaragamuwa Province	20	35.1	37	64.9	
Designation	Senior officers	53	31.2	117	68.8	P<0.001
	Junior officers	291	48.5	309	51.5	
Worked in Crimes Branch	Yes	139	36.8	239	63.2	P<0.001
	No	207	52.1	190	47.9	
Duration at Crimes Branch*	≤3 Years	88	38.6	140	61.4	P=0.365
	>3 Years	51	34.0	99	66.0	

\*n=378 who had worked in the Crimes Branch

\*\*Significance assessed using chi square test

<sup>a</sup>Missing values – 14 for Age, 10 for Duration of service and 5 for Designation

Table 3.6: Factors associated with knowledge regarding Key Populations (n=775a)

### 3.4 Knowledge regarding laws related to HIV service provision to key populations

Knowledge on laws related to service provision to KPs was assessed using nine questions. Participants' awareness about these laws was not optimum (Table 3.7). Brothels Ordinance was identified by 55% of the participants as a law that affected service provision to KPs. Brothel's Ordinance of 1889 identifies owning, managing, being the occupier of a brothel or assisting thereof as an offence (14). As a result, the provision of preventive and testing services related to HIV to this affected key population is hindered. According to the international guidelines on HIV/AIDS and human rights, it is emphasized that criminal law should not impede the provision of HIV prevention and care services to sex workers and their clients (15).

Awareness of all other laws was below 50%. Only 41% were aware that the Vagrants Ordinance may impede service provision to sex workers. According to the contents of the Vagrants Ordinance, sections 3, 4, 7, 9 and 11 are relevant to the offences of commercial sex workers and if found wandering in the streets they can be considered as guilty of soliciting sex (8). If police conduct raids and operations on the provisions of the Ordinance, the arrest should be made in terms of the above sections. Therefore, if a female sex worker is arrested, it should not be practised on mere suspicion or belief and also the arresting officer should have specifics to prove that the woman is a female sex worker (16). A common practice in the recent past was to use the possession of condoms as evidence of soliciting sex, which is highly counterproductive in terms of HIV prevention since it discourages the sex workers from using and possessing condoms. However, in the current study, around 60% were aware that possession of condoms was not evidence to arrest or produce to courts a person for soliciting sex which indicates that these specific messages have been effectively delivered through the existing awareness programmes.

Awareness regarding Sections 365 and 365A of the Penal Code as laws that may impede service provision to MSMs was reported by only 35% of the participants. Sections 365 and 365A of the Penal Code deals with unnatural offences and acts of gross indecency between persons. This law is used to criminalizes homosexual behaviour (7), which would discourage MSMs from reaching for HIV prevention services. Only 20% of the participants were aware of Section 399 of the Penal code as a law which can hinder service provision to KPs, specifically transgender populations. According to Section 399 of the Penal code, 'cheating by personation' is identified as a criminal offence (7), and this law is misinterpreted by some to arrest transgender individuals for cross dressing, due to their poor understanding of the medical background of transgenderism. This could lead to stigmatization of transgender population and distance them from HIV prevention services. Only 22% were aware that gender recognition certificates are issued in Sri Lanka to transgender individuals in recognition of their gender. However, about 61% were aware that a person in possession of a gender recognition certificate should not be arrested for cross dressing. Overall low level of awareness of these key laws and circumstances in the current study population urges the need for more widespread awareness programmes targeting law enforcement officers. One reason for the low knowledge regarding the laws could be due to the fact that the police officers were not aware of the actual names of the laws although they may be familiar with their content.

Aspects of Knowledge	Correct responses	
	Number	%
<b>Existing laws that can act as barriers for HIV prevention /treatment activities for key populations in Sri Lanka</b>		
Section 365 and 365 A of the penal code	277	35.3
Section 308 of the penal code	382	49.4
Vagrants ordinance	316	40.7
Brothel ordinance	427	54.9
Section 363 of the penal code	352	45.4
Section 399 of the penal code	157	20.3
Can a person be arrested or produced to courts for soliciting sex, based on possessing condoms	492	61.5
In Sri Lanka "Gender Recognition Certificate" is issued to the transgender individuals in recognition of their gender	178	22.3
Can a person who possesses a gender recognition certificate be arrested for cross dressing	488	61.0

laws related to HIV service provision for key populations (n=817)

An overall score on the knowledge regarding laws related to HIV service provisions to key populations was calculated and the mean score was 43 (SD 18). When the score was dichotomized into 'good' and 'poor' knowledge using the mean as cut off, 491 (64%) belonged to the 'good' knowledge category. Using these categories, the association of the knowledge with demographic and work-related factors were assessed. None of the socio-demographic factors was associated with knowledge on laws related to HIV service provision to KPs, however, there was a significant difference in the knowledge between provinces. Participants from Sabaragamuwa (81%), Southern (78%) and North Western (70%) provinces showed higher knowledge compared to other provinces. Participants in the rank of senior officers had a significantly better knowledge compared to the junior officers (73% vs 61.4,  $p=0.008$ ). These findings are shown in Table 3.8.

Factors	Poor Knowledge		Good Knowledge		Sig.**	
	No.	%	No.	%		
Age	≤35 years	97	38.5	155	61.5	P=0.26
	>35 years	173	34.3	331	65.7	
Sex	Male	220	36.4	385	63.6	P=0.672
	Female	56	34.6	106	65.4	
Educational level	Passed O/L	126	38.2	204	61.8	P=0.271
	A/L and above	150	34.3	287	65.7	
Duration of service	≤10 years	56	40.6	82	59.4	P=0.191
	>10 years	215	34.7%	405	65.3	
Province	Northern Province	31	40.3	46	59.7	
	Eastern Province	30	41.7	42	58.3	
	North Central Province	27	33.8	53	66.3	
	North Western Province	26	29.9	61	70.1	

	Western Province	80	45.5	96	54.5	
	Central Province	33	35.1	61	64.9	
	Southern Province	17	21.8	61	78.2	
	Uva Province	21	45.7	25	54.3	
	Sabaragamuwa Province	11	19.3	46	80.7	
<b>Designation</b>	Senior officers	46	27.4	122	72.6	<b>P=0.008</b>
	Junior officers	229	38.6	365	61.4	
<b>Worked in Crimes Branch</b>	Yes	128	33.9	250	66.1	P=0.227
	No	148	38.0	241	62.0	
<b>Duration at Crimes Branch*</b>	≤3 Years	85	37.3	143	62.7	P=0.083
	>3 Years	43	28.7	107	71.3	

\*n=378 who had worked in the Crimes Branch

\*\*Significance assessed using chi square test

<sup>a</sup>Missing values – 11 for Age, 9 for Duration of service, 5 for Designation

Table 3.8: Factors associated with knowledge on laws related to HIV service provision for key populations (n=767a)

### 3.5 Overall knowledge on HIV/AIDS, key populations and laws related to their service provision

Table 3.9 summarizes the descriptive statistics of the knowledge scores on HIV/AIDS, key populations, laws related to service provision to key populations and overall knowledge score. According to the percentage scores, the mean knowledge on HIV/AIDS seems to be high in this population (80%, SD=18), however, the mean knowledge on key populations (55%, SD=24) and laws related to key populations (43% SD=18) seem to be inadequate. Higher knowledge on HIV/AIDS, as opposed to key populations and laws related to their service provision could be due to the fact that general HIV/AIDS knowledge is available through multiple sources whereas the knowledge related to key populations would have been received only through specific awareness programmes of NSACP, and a majority of the study population have not had the opportunity to participate in them. Therefore, the need to streamline and scale up these specific awareness programmes for law enforcement officers is highlighted by these findings.

Overall knowledge score had a mean of 61% (SD=16), which indicated that this population had satisfactory overall awareness on HIV/AIDS, key populations, laws related to service provision to key populations. When categorized using the mean as the cut-off, 58% (n=428) belonged to the category of 'good' knowledge.



Aspects of Knowledge	Minimum	Maximum	Mean	Std. Deviation
Knowledge on HIV/ AIDS percentage	0	100	79.87	17.77
Knowledge on Key Populations percentage	0	100	54.86	24.15
Knowledge on Laws related to HIV service provision for KPs percentage	0	89	43.40	18.34
Overall Knowledge	0	91	61.05	15.61

*\*All scores are calculated out of 100*

**Table 3.9: Descriptive statistics of knowledge scores\* on different aspects of HIV/AIDS prevention**

Factors associated with overall knowledge are shown in Table 3.10. Most of the demographic and work-related factors were significantly associated with overall knowledge. Participants who were older than 35 years ( $p=0.001$ ) and males ( $p=0.001$ ) were having significantly higher overall knowledge, while service duration of more than 10 years was also associated with better overall knowledge ( $p=0.001$ ). There was a significant difference in knowledge between the provinces, with participants from North Western (72%), Sabaragamuwa (64%) and Southern (70%) provinces having a higher percentage of participants with good knowledge and Northern and Western provinces reporting relatively lower percentage of good knowledge. This distribution highlights the need to focus more on the provinces which showed lower awareness, during future programmes. Senior officers had significantly better overall knowledge compared to junior officers ( $p<0.001$ ). Having worked in the Crimes branch ( $p<0.001$ ) and duration of 3 years or more in the Crimes branch ( $p=0.034$ ) were significantly associated with higher overall knowledge. Those who had participated in a training programme on HIV/AIDS had significantly higher overall knowledge ( $p=0.001$ ).

Factors		Poor Knowledge		Good Knowledge		Sig. **
		No.	%	No.	%	
Age	≤35 years	128	51.4	121	48.6	P=0.001
	>35 years	180	37.3	302	62.7	
Sex	Male	224	38.7	355	61.3	P=0.001
	Female	83	53.2	73	46.8	
Educational level	Passed O/L	136	43.0	180	57.0	P=0.545
	A/L and above	171	40.8	248	59.2	
Duration of service	≤10 years	76	55.0	62	45.0	P=0.001
	>10 years	231	38.9	363	61.1	
Province	Northern Province	38	51.4	36	48.6	P=0.006
	Eastern Province	30	45.5	36	54.5	

	North Central Province	30	38.0	49	62.0	
	North Western Province	24	28.2	61	71.8	
	Western Province	86	50.3	85	49.7	
	Central Province	36	40.9	52	59.1	
	Southern Province	23	30.3	53	69.7	
	Uva Province	20	50.0	20	50.0	
	Sabaragamuwa Province	20	35.7	36	64.3	
<b>Designation</b>	Senior officers	42	26.4	117	73.6	<b>P&lt;0.001</b>
	Junior officers	262	45.9	309	54.1	
<b>Worked in Crimes Branch</b>	Yes	121	33.3	242	66.7	<b>P&lt;0.001</b>
	No	186	50.0	186	50.0	
<b>Duration at Crimes Branch*</b>	≤3 Years	82	37.6	136	62.4	<b>P=0.034</b>
	>3 Years	39	26.9	106	73.1	
<b>Training on HIV/AIDS</b>	Yes	107	35.0	199	65.0	<b>P=0.001</b>
	No	196	47.0	221	53.0	

\*n=363 who had worked in the Crimes Branch

\*\*Significance assessed using chi square test

<sup>a</sup>Missing values – 04 for Age, 03 for Duration of service and 5 for Designation

Multivariate analysis conducted using binary logistic regression revealed three independent variables to be significantly associated with 'good' overall knowledge, after adjusting for the confounders. As shown in Table 3.11, participants with the designation of senior officers were 1.2 times more likely to have better knowledge compared to junior officers (p=0.003). Those who had prior experience working in the Crimes branch were 1.5 times more likely to have good knowledge (p=0.021) while those who had attended a training programme on HIV/AIDS were 1.5 times more likely to have higher overall knowledge (p=0.001). Therefore, according to these findings, training programmes on HIV/AIDS seem to be effective in increasing the awareness of law enforcement officers. Future awareness programmes should be focus especially on the junior officers and those who do not have experience in working in the Crimes branch.

Table 3.10: Factors associated with overall knowledge on HIV/AIDS, key populations and laws related to HIV service provision for key populations (n=735a)

Multivariate analysis conducted using binary logistic regression revealed three independent variables to be significantly associated with 'good' overall knowledge, after adjusting for the confounders. As shown in Table 3.11, participants with the designation of senior officers were 1.2 times more likely to have better knowledge compared to junior officers (p=0.003). Those who had prior experience working in the Crimes branch were 1.5 times more likely to have good knowledge (p=0.021) while those who had attended a training programme on HIV/AIDS were 1.5 times more likely to have higher overall knowledge (p=0.001). Therefore, according to these findings, training programmes on HIV/AIDS seem to be effective in increasing the awareness of law enforcement officers. Future awareness programmes should be focus especially on the junior officers and those who do not have experience in working in the Crimes branch.

Independent variables	B	S.E.	Wald	df	Sig.	OR	95% CI for OR	
							Lower	Upper
Education – A/L or above	.199	.172	1.338	1	.247	1.220	.871	1.709
Service period >10 years	.420	.255	2.708	1	.100	1.523	.923	2.512
Designation – Senior officers	.640	.214	8.973	1	.003	1.897	1.248	2.884
Sex - Male	.373	.205	3.322	1	.068	1.453	.972	2.170
Worked at Crimes branch	.381	.165	5.348	1	.021	1.463	1.060	2.020
Age>35 years	.173	.211	.678	1	.410	1.189	.787	1.797
Training on HIV/AIDS - Yes	.391	.162	5.814	1	.016	1.479	1.076	2.033
Constant	-.994	.285	12.154	1	.000	.370		

\*Dependent variable – ‘Good’ overall knowledge

**Table 3.11: Multivariate analysis\* to identify factors associated with ‘Good’ overall knowledge after adjusting for confounding**

### 3.6 Attitudes towards key populations

Attitudes towards key populations were assessed using five statements on key populations. About 32% either agreed or strongly agreed that arresting and detaining sex workers is a solution for reducing HIV/AIDS, while another 36% were undecided about this. Only 30% of the participants disagreed with this statement. However, a large majority of 94% agreed or strongly agreed that when a female sex worker makes a complaint to the police about a sexual harassment it should be accepted. About 24% agreed or strongly agreed that arresting and detaining drug users is a solution for reducing HIV/AIDS while another 38% were undecided. Only 37% disagreed with this statement. Attitude towards same sex behaviour was negative in a majority, with 72% agreeing or strongly agreeing with the statement ‘I feel that engaging in same sex behaviour is immoral’. A majority of 79% agreed or strongly agreed that as police personnel they should act to prevent harassment against transgender individuals (Table 3.12).

The pattern observed in the attitudes reveals important information for future awareness programmes. A large percentage of participants seem to be either undecided or having the wrong belief that arresting sex workers and intravenous drug users can contribute towards HIV prevention. This mismatch between police officers’ desire to support HIV/AIDS prevention but their inability to operationalize and harmonize existing laws and policies in a manner that supported prevention in KPs, is shown in other studies as well (17). Hence future awareness programmes

should include a wider discussion on how the law enforcement can hinder the service provision to key populations. Attitude towards same sex behaviour was also largely negative, which shows that negative attitudes towards such behaviours are deep-rooted in the society and are likely to be related to the culture and religion as well, hence changing them also would need more long-term and intense inputs. However, the attitudes related to service provision to key populations seem to be largely positive in the study population, with a large majority agreeing or strongly agreeing that a complaint made by the FSW on sexual harassment should be accepted and that the police should act to prevent harassment to transgender individuals. This finding suggests that the awareness programmes already conducted have been effective in developing these positive attitudes in the police personnel, especially attitudes that are directly related to their service provision.

<b>Attitudes and Level of agreement</b>	<b>Number</b>	<b>%</b>
<b>Arresting and detaining sex workers is a solution for reducing HIV/AIDS</b>		
Strongly Agree	73	8.9
Agree	188	23.0
Undecided	295	36.1
Disagree	180	22.0
Strongly Disagree	65	8.0
No response	16	2.0
<b>When a female sex worker makes a complaint to the police about a sexual harassment it should be accepted</b>		
Strongly Agree	391	47.9
Agree	378	46.3
Undecided	25	3.1
Disagree	2	0.2
Strongly Disagree	4	0.5
No response	17	2.1
<b>Arresting and detaining drug users is a solution for reducing HIV/AIDS</b>		
Strongly Agree	49	6.0
Agree	145	17.7
Undecided	307	37.6
Disagree	245	30.0
Strongly Disagree	55	6.7
No response	16	2.0
<b>I feel that engaging in same sex behaviour is immoral</b>		
Strongly Agree	335	41.0
Agree	253	31.0
Undecided	114	14.0
Disagree	51	6.2
Strongly Disagree	48	5.9
No response	16	2.0
<b>As a police personnel, I feel that I should act to prevent harassment against transgender individuals</b>		
Strongly Agree	197	24.1
Agree	452	55.3
Undecided	105	12.9

Disagree	34	4.2
Strongly Disagree	12	1.5
No response	17	2.1

Table 3.12: Attitudes towards Key Populations (n=817)

The total attitude score had a mean of 58% (SD 12). When arbitrarily categorized using the mean as the cut off for the analysis of associated factors, 398 (50%) were identified as having 'positive' attitudes.

Factors		Poor Attitudes		Good Attitudes		Sig.**
		No.	%	No.	%	
Age	≤35 years	132	51.4	125	48.6	P=0.739
	>35 years	264	50.1	263	49.9	
Sex	Male	315	50.0	315	50.0	P=0.891
	Female	85	50.6	83	49.4	
Educational level	Passed O/L	179	51.1	171	48.9	P=0.611
	A/L and above	221	49.3	227	50.7	
Duration of service	≤10 years	74	51.7	69	48.3	P=0.718
	>10 years	323	50.1	322	49.9	
Province	Northern Province	50	58.1	36	41.9	P<0.001
	Eastern Province	47	60.3	31	39.7	
	North Central Province	35	43.8	45	56.3	
	North Western Province	34	37.8	56	62.2	
	Western Province	92	50.0	92	50.0	
	Central Province	44	46.3	51	53.7	
	Southern Province	47	59.5	32	40.5	
	Uva Province	33	68.8	15	31.3	
Designation	Senior officers	77	43.8	99	56.3	P=0.058
	Junior officers	320	51.9	297	48.1	
Worked in Crimes Branch	Yes	188	47.7	206	52.3	P=0.179
	No	212	52.5	192	47.5	
Duration at Crimes Branch*	≤3 Years	124	52.1	114	47.9	P=0.031
	>3 Years	64	41.0	92	59.0	
Training on HIV/AIDS	Yes	157	47.9	171	52.1	P=0.243
	No	236	52.1	217	47.9	
Overall Knowledge	Poor	172	56.4	133	43.6	P<0.001
	Good	187	43.9	239	56.1	

\*n=394 who had worked in the Crimes Branch

\*\*Significance assessed using chi square test

<sup>a</sup>Missing values – 14 for Age, 10 for Duration of service and 5 for Designation

Table 3.13: Factors associated with attitudes towards key populations (n=798a)

Table 3.13 shows the demographic and work-related factors associated with attitudes towards key populations. None of the demographic factors was significantly associated with the attitude status. However, there was a significant variation in the percentage having 'good' attitudes between the provinces.

Sabaragamuwa (69%) and North Western (62%) provinces had the highest percentage with 'good' attitudes while Uva province (31%) had the lowest. Of the work-related factors, only the duration of service at the Crimes branch was significantly associated, where those having more than 3 years of experience in the Crimes branch had a higher percentage of 'good' attitudes (59% vs 48%,  $p=0.031$ ). There was no significant difference in the attitudes between those who had undergone training on HIV/AIDS and those who had not. Participants who had 'good' overall knowledge were significantly more likely to have good attitudes (56% vs 44%,  $p<0.001$ ).

Independent variables	B	SE	Wald	df	Sig.	OR	95% CI for OR	
							Lower	Upper
Education – AL or above	.051	.166	.095	1	.758	1.052	.761	1.455
Service period > 10 years	-.040	.251	.025	1	.874	.961	.587	1.573
Designation – Senior officers	.355	.197	3.258	1	.071	1.426	.970	2.097
Sex - Male	-.191	.202	.892	1	.345	.826	.556	1.228
Worked in Crimes branch	.014	.161	.007	1	.932	1.014	.739	1.390
Overall Knowledge - Good	.446	.161	7.703	1	.006	1.561	1.140	2.139
Age >35 years	-.016	.207	.006	1	.937	.984	.656	1.476
Training in HIV/AIDS - Yes	.081	.157	.270	1	.603	1.085	.798	1.474
Constant	-.212	.277	.585	1	.444	.809	.761	1.455

\*Dependent variable – Good attitudes

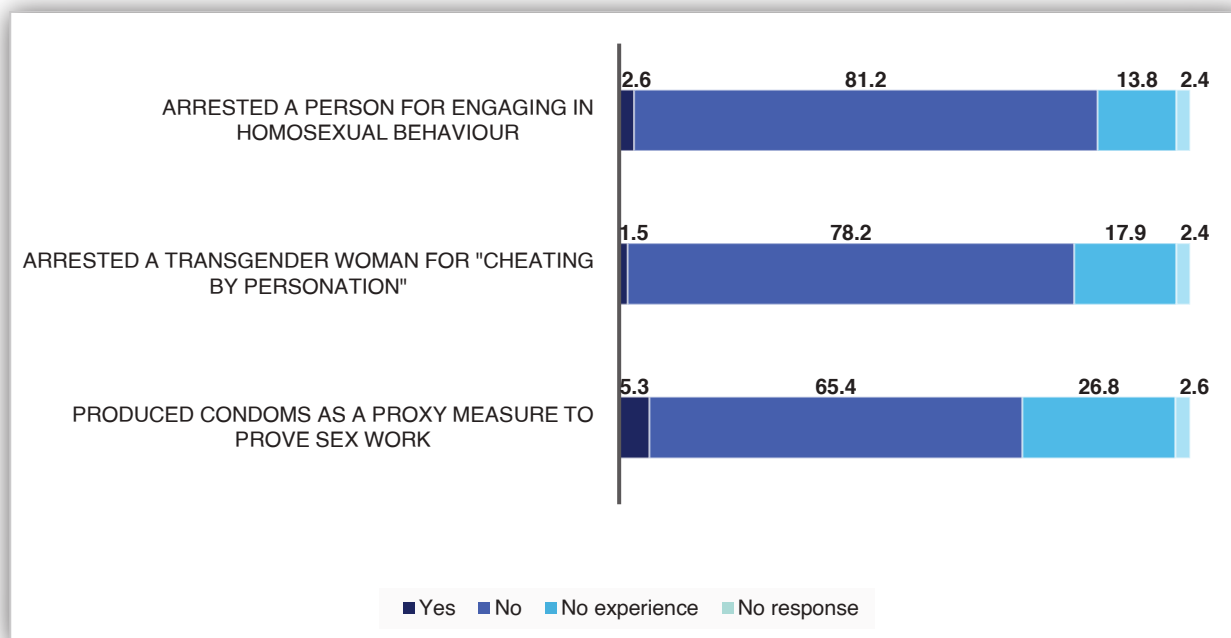
**Table 3.14: Multivariate analysis\* to identify factors associated with 'Good' attitudes after adjusting for confounding**

Multivariate logistic regression analysis to determine the unconfounded factors associated with 'good' attitudes was conducted using the level of attitudes as the dependent variable and the factors significantly associated with it in the bivariate analysis. According to Table 3.14, only overall knowledge was associated with good attitudes after adjusting for the effects of confounding. Participants who had higher knowledge was 1.6 times more likely to have good attitudes ( $p=0.006$ ). This finding shows that the association seen with factors like work experience, designation, working in Crimes branch and participating in training programmes were all mediated by the increase in the knowledge of the participants.

### 3.7 Practices related to laws affecting HIV service provision for key populations

Three important negative practices related to laws affecting the provision of services to KPs was assessed and a majority of the participants reported not to have engaged in them (Figure 5). Only 5.3% reported that they have produced condoms as a proxy measure to prove sex work in a person who was arrested for sex work during the last one year. A recent review identified structural barriers, discrimination and violence because of gender identity, as contributing factors to HIV risk for TGW (18). However, in the

current study only 1.5% reported that arresting a transgender woman for "cheating by personation" (cross dressing) during the last one year, while only 2.6% had arrested a person for engaging in homosexual behaviour during the last one year. The percentage of participants who actually practised these behaviours being very low, indicates the effectiveness of the existing interventions in addressing these specific behaviours.



**Figure 5: Practices related to laws affecting HIV service provision for key populations during the last one year (n=817)**

Factors associated with each practice related to HIV service provision to KPs was assessed by comparing the those who engaged in the practices against those who either did not engage or did not have experience on that (Table 3.15 – 3.17). The practice of producing condoms as evidence of sex work was not associated with any of the sociodemographic or work-related factors or knowledge or attitudes of the participants. Similarly, when considering the practice of having arrested a transgender woman for 'cheating by personation' (Cross dressing) during the last one year, none of the socio-demographic or work-related factors or knowledge or attitude-related factors were significantly associated with this practice. It is noted that the number of police officers that actually engaged in these negative practises was very small, and this could be the reason for not detecting any significant association between the practices and the socio-demographic or work-related factors or knowledge or attitude-related factors.

The practice of having arrested a person for homosexual behaviour during the last one-year period was significantly higher among police officers who were older than 35 years ( $p=0.02$ ) and those who were having poor attitudes towards key populations ( $p=0.004$ )

Factors		Yes		No		No experience		Sig.**
		No.	%	No.	%	No.	%	
Age	≤35 years	12	4.7	138	53.5	108	41.9	P=0.466
	>35 years	31	5.9	387	73.9	106	20.2	
Sex	Male	36	5.7	439	69.7	155	24.6	P=0.448
	Female	7	4.2	95	57.2	64	38.6	
Educational level	Passed O/L	23	6.6	241	69.3	84	24.1	P=0.184
	A/L and above	20	4.5	293	65.4	135	30.1	
Duration of service	≤10 years	9	6.3	72	50.3	62	43.4	P=0.582
	>10 years	33	5.1	455	71.0	153	23.9	
Province	Northern Province	5	6.0	50	60.2	28	33.7	- <sup>a</sup>
	Eastern Province	5	6.5	54	70.1	18	23.4	
	North Central Province	3	3.8	62	77.5	15	18.8	
	North Western Province	10	11.0	62	68.1	19	20.9	
	Western Province	9	4.9	104	56.8	70	38.3	
	Central Province	1	1.0	70	72.2	26	26.8	
	Southern Province	5	6.3	53	67.1	21	26.6	
	Uva Province	4	8.2	31	63.3	14	28.6	
	Sabaragamuwa Province	1	1.8	48	84.2	8	14.0	
Designation	Senior officers	11	6.3	137	77.8	28	15.9	P=0.528
	Junior officers	31	5.0	394	64.1	190	30.9	
Worked in Crimes Branch	Yes	25	6.4	279	71.2	88	22.4	P=0.230
	No	18	4.5	255	63.1	131	32.4	
Duration at Crimes Branch*	≤3 Years	15	6.4	156	66.4	64	27.2	P=0.996
	>3 Years	10	6.4	123	78.3	24	15.3	
Training on HIV/AIDS	Yes	19	5.8	230	69.9	80	24.3	P=0.669
	No	23	5.1	299	66.0	131	28.9	
Overall Knowledge Attitudes	Poor Knowledge	14	4.6	169	55.8	120	39.6	P=0.642
	Good Knowledge	23	5.4	326	76.3	78	18.3	
	Poor Attitudes	22	5.6	245	62.2	127	32.2	P=0.745
	Good Attitudes	20	5.1	285	72.2	90	22.8	

\*n=396 who had worked in the Crimes Branch

\*\*Significance assessed using chi square test after amalgamating 'No' and 'No experience' columns

<sup>b</sup>Missing values – 14 for Age, 12 for Duration of service and 5 for Designation

<sup>a</sup>significance not tested due to small numbers

Table 3.15: Factors associated with the practice of having produced condoms as a proxy measure to prove sex work in a person who was arrested for sex work during last one year (n=796b)



Factors	Yes		No		No experience		Sig.**	
	No.	%	No.	%	No.	%		
Age	≤35 years	3	1.2	184	71.0	72	27.8	P=0.772
	>35 years	9	1.7	447	85.3	68	13.0	
Sex	Male	10	1.6	520	82.4	101	16.0	p=1.000
	Female	2	1.2	119	71.7	45	27.1	
Educational level	Passed O/L	7	2.0	287	82.2	55	15.8	P=0.306
	A/L and above	5	1.1	352	78.6	91	20.3	
Duration of service	≤10 years	1	0.7	97	67.8	45	31.5	P=0.605
	>10 years	11	1.7	534	83.2	97	15.1	
Province	Northern Province	1	1.2	71	84.5	12	14.3	- <sup>a</sup>
	Eastern Province	1	1.3	68	88.3	8	10.4	
	North Central Province	1	1.3	65	81.3	14	17.5	
	North Western Province	0	.0	78	85.7	13	14.3	
	Western Province	7	3.8	127	69.4	49	26.8	
	Central Province	2	2	75	77.3	20	20.6	
	Southern Province	0	0	65	82.3	14	17.7	
	Uva Province	0	0	39	79.6	10	20.4	
Sabaragamuwa Province	0	0	51	89.5	6	10.5		
Designation	Senior officers	0	0	155	88.1	21	11.9	P=0.079
	Junior officers	12	1.9	480	77.9	124	20.1	
Worked in Crimes Branch	Yes	5	1.3	333	84.9	54	13.8	P=0.600
	No	7	1.7	306	75.6	92	22.7	
Duration at Crimes Branch*	≤3 Years	2	.9	192	81.7	41	17.4	P=0.648
	>3 Years	3	1.9	141	89.8	13	8.3	
Training on HIV/AIDS	Yes	7	2.1	273	82.7	50	15.2	P=0.252
	No	5	1.1	355	78.4	93	20.5	
Overall Knowledge	Poor Knowledge	4	1.3	221	72.7	79	26.0	P=0.963
	Good Knowledge	7	1.6	369	86.4	51	11.9	
Attitudes	Poor Attitudes	7	1.8	307	77.7	81	20.5	P=0.561
	Good Attitudes	5	1.3	326	82.5	64	16.2	

\*n=396 who had worked in the Crimes Branch

\*\*Significance assessed using chi square test after amalgamating 'No' and 'No experience' columns

<sup>a</sup>Statistical significance not tested due to small values

<sup>b</sup>Missing values – 14 for Age, 12 for Duration of service and 5 for Designation

Table 3.16: Factors associated with the practice of having arrested a transgender woman for "cheating by personation" (Cross dressing) during last one year (n=797b)



sell sex without the use of a condom, or injecting drugs in haste with used equipment (20, 21). The negative behaviours of police officers also preclude or impede access by KPs to prevention, treatment and care services (17, 22). To overcome these negative effects, it is important to identify methods to engage the police as partners in the 'public health' mission of HIV prevention. Developing systematic training programmes for police is identified as an important strategy (23, 24), and the present study also shows that training is effective in increasing knowledge and moulding favourable attitudes which in turn lead to positive behaviours.

### 3.8 Perceptions regarding HIV/AIDS Awareness and Training Programmes

Of the sample, 332 (41%) had participated in HIV/AIDS awareness programmes (Figure 6). A majority of 56% (n=460) have not had an opportunity to participate in these programmes, which highlights the need to scale up the current awareness programmes to cover a wider population. Out of those who participated in an awareness programme, 286 (86%) perceived the programmes as useful (Figure 7).

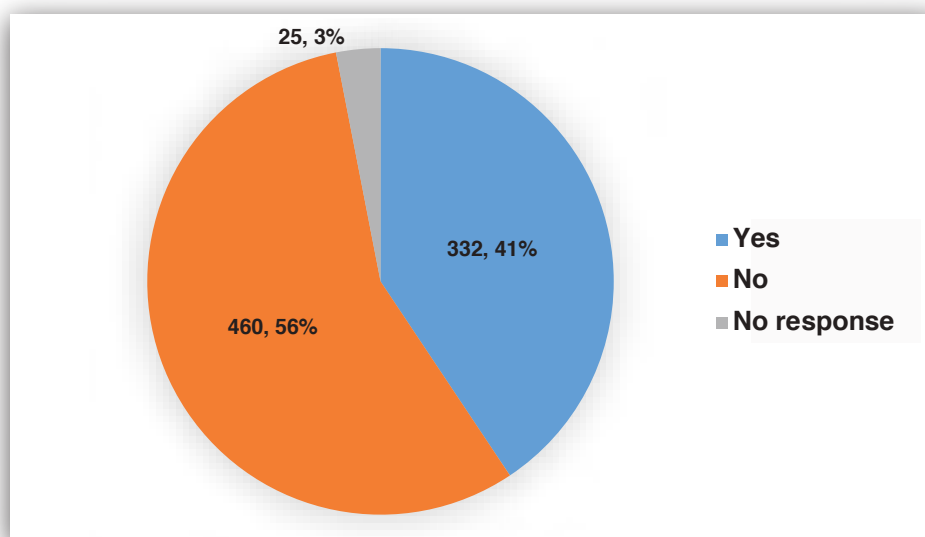


Figure 6: Distribution of participation in HIV/AIDS awareness programmes (n=817)

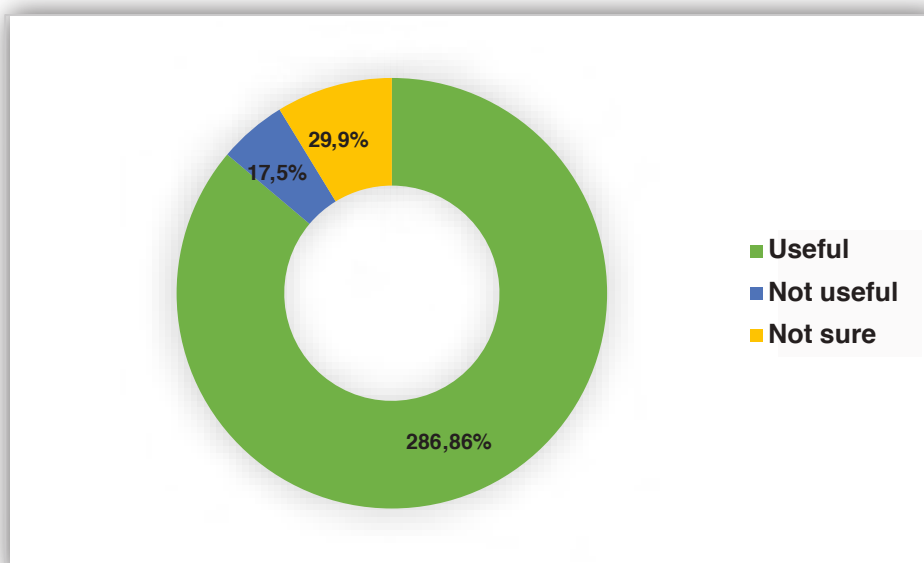


Figure 7: Distribution of the participants' perception on awareness programmes (n=332)

Figure 8 outlines the participants' perceived effectiveness of different methods used to create awareness. Almost all awareness methods were rated high in effectiveness, however, the participants felt that lectures, workshops and videos were more effective compared to paper-based delivery methods like booklets and leaflets.



Figure 8: Distribution of the participants' perceived effectiveness of awareness methods (n=817)

Using a large representative sample from all ranks of the police service, representing all nine provinces is a strength of the current study. Sample size was calculated and the final analysed sample exceeded the calculated sample size, ensuring the precision of the estimates. Data collection instruments and the process was meticulously planned to ensure validity and reliability of the data. When assessing the attitudes and practices, the information provided could have been subjected to reporting bias, however, using a self-administered questionnaire is expected to have overcome this to a certain extent.

# CHAPTER 4 : CONCLUSIONS, RECOMMENDATIONS AND WAY FORWARD

## 4.1 Conclusions

- There was a wide variation observed in the level of knowledge with regard to different aspects of HIV/AIDS. Knowledge on HIV/AIDS, its transmission and prevention was satisfactory in the study population, however, the knowledge on key populations and the laws that affect HIV service provision among KPs was not adequate. Overall awareness was better in those belonging to the ranks of senior officers, those who had worked in the Crimes branch and those who had attended HIV/AIDS awareness programmes.
- Attitude towards same sex relationships was largely negative in this population, which is likely to reflect the situation in the wider society. Similarly, they lacked insight as to how arresting and detaining key population members could adversely affect HIV/AIDS prevention and control. However, positive and non-discriminatory attitudes towards key populations when providing services of the police, was clearly seen. Better knowledge was associated with good attitudes.
- Practices on executing the laws related to HIV/AIDS service provision to key populations were satisfactory in a majority. Only a small minority of the respondents had produced possession of condoms as evidence for sex work or arrested a transgender person for 'cross dressing' or arrested anyone for homosexual behaviour during the past one year. Good attitudes determined better practices.
- The findings of this study highlight that the police awareness programmes that have been conducted up to date have had an effect in improving knowledge, developing positive attitudes and inculcating good practices towards key populations. However, only less than half of the population has had the opportunity to participate in the HIV/AIDS awareness programmes, and a large majority who had participated, felt that the programmes were useful.

## 4.2 Recommendations and way forward

- HIV/AIDS related awareness programmes for police officers should focus more on improving their knowledge on key populations and laws affecting service provision to KPs. The training programmes should focus on developing the awareness and skills of police officers on executing existing laws and policies without impeding the public health goals of HIV/AIDS prevention in KPs.

- Awareness programmes on HIV targeting police officers should be scaled up to cover all police personnel, ensuring that junior officers are adequately covered in the training programmes. In order to achieve a wide coverage, innovative awareness-creating methods like weekend classes can be organized for the police officers in each district through the STD clinics. Furthermore, making the knowledge available through multiple methods like leaflets, lectures, videos etc would help to deliver the messages overcoming the busy schedules of the police officers.
- A module on HIV/AIDS, which includes information about the disease, its transmission and prevention, key populations and legislations affecting prevention among KPs and the police officer's role in its prevention, should be incorporated into the pre-service training curriculum of police officers.

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# ANNEXURES

## Annexure 1 : Self-administered Questionnaire

Assessment of knowledge and attitudes among police officers regarding HIV, key populations and laws affecting HIV service provision for key populations in Sri Lanka and their current practices related to such laws.

Date: .....

Serial No: .....

Answer all questions. Indicate 999 if not relevant.

<b>A Section A: Socio-demographic Characteristics</b>	
<b>A1</b>	How old were you at your last birthday? <span style="float: right;">Age in completed years [__ __]</span>
<b>A2</b>	Sex <span style="float: right;">Male 1 Female 2</span>
<b>A3</b>	What is the highest level of education you have completed? <b>(Circle one)</b> <span style="float: right;">Passed O-level 1 Passed A-level 2 Completed diploma 3 Completed degree 4 Other (Specify) .....5</span>
<b>A4</b>	Duration of work in Police department <span style="float: right;">years [__ __]</span>
<b>A5</b>	In which province do you work at present  (Circle one of the provinces) <span style="float: right;">Northern 1 Eastern 2 North Central 3 North Western 4 Western 5 Central 6 Southern 7 Uva 8 Sabaragamuwa 9</span>

<b>A6</b>	What is your current designation? (Circle the relevant answer)	Senior Deputy Inspector General of Police (SDIG)1 Deputy Inspector General of Police(DIG) 2 Senior Superintendent of Police (SSP)3 Superintendent of Police (SP)4 Assistant Superintendent of Police (ASP)5 Chief Inspector of Police (CI)6 Inspector of Police (IP)7 Sub Inspector of Police (SI)8 Sergeant Major (SM)9 Police Sergeant (PS)10 Police Constable (PC)11
<b>A7</b>	Have you ever worked in the crimes branch of the police?	Yes 1 No 2
<b>A8</b>	If yes, what is the duration?	Years [__ __] Months [__ __]
<b>B Knowledge on HIV/AIDS</b>		
<b>B1</b>	Have you ever heard of a diseases called HIV/AIDS? (If the answer is No, please discontinue answering)	Yes 1 No 2
<b>B2</b>	If you have heard about HIV, what was the source? (For each answer mark Yes or No)	School 1 Yes/No Health services 2 Yes/No Police department 3 Yes/No Friends 4 Yes/No Family 5 Yes/No Television /Radio 6 Yes/No Newspapers/Magazines 7 Yes/No Posters/ Billboards 8 Yes/No Leaflets 9 Yes/No Others (specify).....10 Yes/No
<b>B3</b>	What are the ways one can get HIV infection? (For each answer mark Yes or No)	Through unprotected sex 1 Yes/No
<b>B4</b>	Can the risk of HIV transmission be reduced by having sex with only one faithful, uninfected partner?	Yes 1 No 2 Don't know 3
<b>B5</b>	Can the risk of HIV transmission be reduced by using condoms?	Yes 1 No 2 Don't know 3

<b>B6</b>	Can a healthy-looking person have HIV infection?	Yes 1 No 2 Don't know 3
<b>B7</b>	Can a person get HIV infection from mosquito bites?	Yes 1 No 2 Don't know 3
<b>B8</b>	Can a person get HIV infection by sharing a meal with someone who is infected with HIV/AIDS?	Yes 1 No 2 Don't know 3
<b>B9</b>	HIV infection can be diagnosed by .... (Choose one answer)	looking at a person 1 a urine test 2 a blood test 3 Don't know 4
<b>B10</b>	Have you ever heard about drugs that can be given to HIV/AIDS infected people which help them to control the disease?	Yes 1 No 2 Don't know 3
<b>C Knowledge on KPs</b>		
<b>C1</b>	Which of the following groups are considered as at high risk of getting HIV (Key population) in Sri Lanka (For each answer mark Yes or No)	Female sex workers 1 Yes/No Middle East returnees 2 Yes/No Men who have sex with men 3 Yes/No Factory workers 4 Yes/No Armed forces personnel 5 Yes/No Injecting drug users 6 Yes/No Beach boys 7 Yes/No Prison inmates 8 Yes/No Construction workers 9 Yes/No Trans gender women 10 Yes/No Fishermen 11 Yes/No Estate workers 12 Yes/No
<b>D Knowledge on laws related to HIV service provision for key population</b>		
<b>D1</b>	What are the existing laws that can act as barriers for HIV prevention /treatment activities for key populations in Sri Lanka? (For each answer mark Yes or No)	Section 365 and 365 A of the penal code 1 Yes/No Section 308 of the penal code 2 Yes/No Vagrants ordinance 3 Yes/No Brothel ordinance 4 Yes/No Section 363 of the penal code 5 Yes/No Section 399 of the penal code 6 Yes/No
<b>D2</b>	Can a person be arrested or produced to courts for soliciting sex, based on possessing condoms?	Yes 1 No 2 Don't Know 3

<b>D3</b>	In Sri Lanka “Gender Recognition certificate” is issued to the transgender individuals in recognition of their gender.	Yes 1 No 2 Don’t Know 3
<b>D4</b>	Can a person who possesses a gender recognition certificate be arrested for cross dressing?	Yes 1 No 2 Don’t Know 3
<b>E Attitude towards KPs</b>		
<b>E1</b>	Arresting and detaining sex workers is a solution for reducing HIV/AIDS	Strongly agree 1 Agree 2 Undecided 3 Disagree 4 Strongly disagree 5
<b>E2</b>	I would accept a complaint of a female sex worker for being sexually harassed.	Strongly agree 1 Agree 2 Undecided 3 Disagree 4 Strongly disagree 5
<b>E3</b>	Arresting and detaining drug users is a solution for reducing HIV/AIDS	Strongly agree 1 Agree 2 Undecided 3 Disagree 4 Strongly disagree 5
<b>E4</b>	I feel that engaging in same sex behaviour is immoral	Strongly agree 1 Agree 2 Undecided 3 Disagree 4 Strongly disagree 5
<b>E5</b>	As a police personnel, I feel that I should act to prevent harassment against transgender individuals	Strongly agree 1 Agree 2 Undecided 3 Disagree 4 Strongly disagree 5
<b>F Practices related to laws affecting HIV service provision for key populations. (Circle your answer)</b>		
<b>F1</b>	Have you produced condoms as a proxy measure to prove sex work in a person who was arrested for sex work during last one year?	Yes 1 No 2 No experience 3
<b>F2</b>	Have you arrested a transgender woman for “cheating by personation” (Cross dressing) during last one year?	Yes 1 No 2 No experience 3
<b>F3</b>	Have you arrested a person for engaging in homosexual behaviour during last one year?	Yes 1 No 2 No experience 3

<b>G Programme Evaluation Questions (Circle your answer)</b>	
<b>G1</b>	<p>Have you been participated in HIV/AIDS awareness programme conducted by health sector or police department during last 5 years? (If the answer is "No" please go to question G3)</p> <p style="text-align: right;">Yes 1 No 2 Can't remember 3</p>
<b>G2</b>	<p>If "yes" do you think the programme/s help you to contribute positively in HIV service provision for key population in your area?</p> <p style="text-align: right;">Yes 1 No 2 Not sure 3</p>
<b>G3</b>	<p>In your opinion what are the effective ways to improve HIV/ AIDS awareness among police officers? (For each answer mark Yes or No)</p> <p style="text-align: right;">Lectures 1 Yes/No Workshops 2 Yes/No Videos 3 Yes/No Posters 4 Yes/No Leaflets 5 Yes/No Booklets 6 Yes/No Other methods (Please specify) 7 .....</p>
<b>G4</b>	<p>Please give your suggestions to improve HIV/AIDS awareness among police officers in Sri Lanka</p> <p>..... ..... .....</p>
<b>Thank you</b>	

## Annexure 2 : Information Sheet

I Dr. Geethani Samaraweera, Consultant Venereologist, National STD/ AIDS Control Programme would like to invite you to take part in a research project titled “Knowledge, attitudes and practices among police officers regarding HIV, key populations and laws affecting HIV service provision for key populations in Sri Lanka and their current practices related to such laws.

### **1. Purpose**

To assess the knowledge and attitudes of police officers about HIV, people who are at high risk of getting HIV and LAWS that can affect the service provision for such people and to assess their current practices related to such laws in Sri Lanka.

### **2. Voluntary participation**

Your participation in this study is voluntary. You are free to not to participate at all or to withdraw from the study at any time despite consenting to take part earlier. If you decide not to participate or withdraw from the study you may do so at any time and it will not affect you adversely at any point of your career.

### **3. Duration, procedures of the study and participant's responsibilities**

You will take part in this study at your current workplace (police station). This is a one-time process and if you volunteer to participate in this study, you will be asked to answer a paper-based questionnaire by yourself. If you need any assistance or clarification, you can ask from the police officer who is assigned to supervise the data collection in your station when answering the questionnaire. If you need further clarification you can call the research team through the telephone numbers that are provided at the end of this page.

### **4. Potential benefits**

You will not get any personal benefits but the results of the study will be useful to strengthen the existing HIV awareness and advocacy programmes conducted by National STD/AIDS control programme among police officers to assure an enabling environment for HIV service provision for those who are at high risk of acquiring HIV in Sri Lanka.

### **5. Risks, hazards and discomforts**

You will not face any risks, hazards or discomforts.

### **6. Reimbursements**

You will not be paid any sum of money for participating in this study

### **7. Termination of study participation**

You may stop participating in this study at any time (with no penalty or effect on medical or career benefits). Please notify the data collector as soon as you decide to withdraw your consent.

## **8. Confidentiality**

None of your personal identification details will be collected in the survey and even your police station is not mentioned anywhere. Therefore, the anonymity and confidentiality of all records are guaranteed. No information by which you can be identified will be released or published. These data will never be used in such a way that you could be identified in any way in any public presentation or publication.

## **9. Clarifications**

If you have questions about any of the questions answers or information, please feel free to ask any of the persons listed below.

Or. Geethani Samaraweera, Consultant Venereologist, National STD/AIDS Control Programme  
email: geethanisamaraweera@gmail.com

Mobile number: 071493 4505

If you have any clarification, concerns, or complaints related to this research project, you may contact the Ethics Review Committee, Postgraduate Institute of Medicine, University of Colombo.

ERC Office Address: Ethics Review Committee, Postgraduate Institute of Medicine, University of Colombo, 160, Prof. Nandadasa Kodagoda Mawatha, Colombo 07.

Telephone: 0112-689266 (between 9am and 4pm on working days) Email: [erc@pg1m.cmb.ac.lk](mailto:erc@pg1m.cmb.ac.lk)

## Annexure 3 : Consent form

### Consent form

**Knowledge, attitudes and practices among police officers regarding HIV, key populations and laws affecting HIV service provisions in Sri Lanka their current practices related to such laws.**

To be completed by the participant (Please tick the appropriate box)

	Yes	No
1. Have you read the information sheet? (Please keep a copy for yourself)	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had an opportunity to discuss this study and ask any questions?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had satisfactory answers to all your questions?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you received enough information about the study?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you understand that you are free to withdraw from the study at any time, without having to give a reason and without affecting your carrier?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you agree to take part in this study?	<input type="checkbox"/>	<input type="checkbox"/>

Who explained you about the study:

Signature of the participant: ..... Date: .....

Full name: .....

#### **To be completed by the data collection supervisor/ person obtaining consent**

I have explained the study to the above participant and he/ she has indicated her willingness to take part in this study.

Signature of the data collection supervisor: .....

Date: .....

Full name: .....



*For more information, contact;*

**National STD/AIDS Control Programme,**  
29, De Saram place Colombo 10  
Sri Lanka

E mail: [info@aidcontrol.gov.lk](mailto:info@aidcontrol.gov.lk)

Web site: <http://www.aidcontrol.gov.lk>