FINAL REPORT

of

The Post Intervention Study on Knowledge, Attitudes and Practice Survey among Plantation Workers on HIV/AIDS

Submitted to

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LIST OF ABBRIVIATIONS AND ACRONYMS

AIDS	– ACQUIRED IMMUNE DEFICIENCY SYNDROME
GFATM	– GLOBAL FUND FOR AIDS, TUBERCULOSIS, AND MALARIA
WHO	– WORLD HEALTH ORGANISATION
HIV	– HUMAN IMMUNODEFICIENCY VIRUS
MOH	– MEDICAL OFFICER OF HEALTH
IEC	– INFORMATION EDUCATION AND COMMUNICATION
ILO	– INTERNATIONAL LABOUR ORGANISATION
NSACP	– NATIONAL STD/AIDS CONTROLLING PROGRAMME
PHI	– PUBLIC INSPECTOR OF HEALTH
STD	– SEXUALLY TRANSMITTED DISEASES
TV	– TELEVISION

EXECUTIVE SUMMARY

1. Introduction

Management Frontiers (Pvt) Ltd signed the contract with the **National STD/AIDS Control Programme** on 29th April 2013 to conduct the Post-intervention Study on Knowledge, Attitudes and Practice (KAP) on HIV/AIDS among Plantation Workers. As specified in the contract, the survey has now been completed and presents the Final Report along with the conclusions and recommendations.

2. Knowledge, Attitudes and Practice (KAP) Survey

The National STD/AIDS Control Programme (NSACP), Ministry of Health, spearheads the national response to HIV/AIDS in Sri Lanka. NSACP is the focal point for planning and implementation of HIV/AIDS National Strategic Plan and AIDS Policy together with all stakeholders and its networks of 29 full-time STD clinics and 23 branch STD clinics (as of end 2012).

The broad objectives of the HIV prevention programme among plantation workers are; to improve HIV/AIDS awareness among plantation sector workers, establishment of testing and counselling services for the plantation workers to improve HIV counselling and testing, provision and distribution of means of prevention (condoms), and improvement of access to the treatment and care for STDs (syndromic management).

The programme was implemented in two stages (phase 1 - from June 2008 to June 2011 and phase II – July 2011 to December 2012) covering 60 estates in Ratnapura, Badulla, Nuwara-Eliya, Kandy and Matale districts.

A baseline survey was conducted across 30 estates in Ratnapura and Badulla districts in 2008. This survey, Post-intervention Study on Knowledge, Attitudes and Practice (KAP) Survey among Plantation Workers on HIV/AIDS was conducted in the same districts between May and July 2013.

The objectives of this survey are to describe the socio-demographic profile of the study sample, to ascertain the current knowledge of HIV/AIDS, to determine attitudes on HIV/AIDS, to describe the prevailing sexual practices, to compare the results with the baseline (Pre-intervention KAP survey) findings, to evaluate the process of the plantation sector HIV prevention project.

3. Methodology

The Study used the same structured field survey questionnaire that was used for the baseline KAP survey as the primary data collection tool. This survey questionnaire was used with the approval of NSACP. As questionnaire has been used for the baseline survey it was considered not so important to carry out the field testing. However, a few field testing were also undertaken in Sinhala and Tamil languages.

The study was limited to the two districts where the baseline KAP survey was also conducted. These two districts are Ratnapura and Badulla. The 15 estates where the baseline KAP survey was conducted were used as the frame to select 3 estates for the post-intervention KAP survey from each district. Accordingly, 390 estate households were selected from six estates in the two districts as a representative sample for the study. The selection of estates was made by ensuring the minimum variation within the estates and maximum variation between the estates in terms of geography and peer groups. Multistage stratified purposive sampling techniques were used to select 390 households based on registry administered by counselling centres operated at estate level. The estimated sample size was sufficient to carry out valid statistical analysis as well as increase the validity of the study findings.

4. Conclusions

Objective 1: Ascertain the current knowledge of HIV/AIDS – The survey results reveal that 97% of the study population is aware of STD and 98% is aware of HIV. The values for the same in the pre-intervention are that 30% aware of STD and 78% aware of HIV. The result of the study implies that Information, Education and Communication (IEC) campaign conducted by the programme has significantly increased knowledge on STD and HIV and developed positive attitudes towards STD and HIV.

Objective 2: Determine attitudes on HIV/AIDS - When post-intervention survey percentages are compared with the baseline response which was 52%, the overall knowledge of the modes of HIV transmission among the estate workers has significantly improved to 89% with the project interventions. The study reveals inconsistencies between knowledge and practice as most of the estate workers have now gained more knowledge about the HIV, their preventive measures, mode of transmission and protection methods but they have not adequately used such knowledge when practicing the sexual activities. As such there are still a fairly significant number of workers having stigma about the disease. This indicates that the existence of knowledge has not significantly influenced in elimination of misconceptions or negative attitudes of certain groups within the community of estate workers.

Objective 3: Describe the prevailing sexual practices – There is a significant improvement in following sexual practices when compared with pre-intervention survey results. A very large percentage (77%) of respondents has heard about the use of condoms. This is a significant improvement compared to the baseline awareness of 51%. There were about 7% of unmarried respondents who have had sexual activities either penetrative or non-penetrative during last 12 months period.

5. Recommendations

A section of the present estate workers and new persons entering for estate employment are not fully aware of modes of STD/HIV transmission, prevention and protection measures. Periodical intervention on STD/HIV awareness, therefore should be undertaken as it will be more effective in achieving the desired outcomes on transmission and prevention of STD/HIV.

It is recommended that the normal health service institutions such as divisional MOH in charge of STD clinic and PHIs should be involved for the continuation of services provided during the project period.

The services provided by the counsellors and the peer leaders continue in some estates through absorption of counsellors and peer leaders to the estate work force. The superintendents/managers should be encouraged through the managing companies to maintain the counsellors and a sufficient number of peer leaders in the estate workforce to improve the counselling services.

During the progarmme period PHIs and MOHs in charge of the district STD clinics had assisted in the programme implementation which has ceased at the end of the programme. The awareness programme has also been ceased. It is recommended that the health department should institutionalise an appropriate scheme with the involvement of the PHIs and MOHs and officers' in-charge of STD clinics and in conducting periodical awareness programmes.

Condom distribution had been systematically implemented through the supply of required quantity of condoms and operating condom dispensing boxes in all the six estates during the project implementation period. These services have also ceased or have become irregular after December 2012. It is recommended that the estates superintendents should be encouraged to ensure the regular supply of required quantity of condoms and also to maintain the condom dispensing boxes.

STD control programme to exercise the overall supervision of the project activities through involvement of Regional Directors of Health Services, Divisional Directors of Health Services (MOH), MOHs in charge of STD clinics and PHIs.

It is recommended to deliver all future HIV/AIDS prevention literature and IEC materials to the superintendents/managers of the estates who will get them delivered through the counsellors and peer leaders.

The IEC materials distributed and displayed in the estates such as Billboards, Posters, Banners, Flipcharts are broken, defaced, illegible, torn or discoloured. The HIV prevention messages were effectively communicated through these channels. Therefore, the estates managing companies should be encouraged to repair or reprint these IEC materials as well as any other new materials developed by the STD programme and appropriately display them in the estates.

CHAPTER - 1

INTRODUCTION

1.1 Background

Under the GFATM R9 grant No. SLR-SH-G11-H, HIV prevention interventions were planned for the plantation workers in 60 selected estates in Ratnapura, Badulla, Nuwara-Eliya, Kandy and Matale districts. These activities started in June 2008 and were completed in December 2012.

The said HIV prevention activities were aimed at achieving the following broad objectives among plantation workers:

1. To improve HIV/AIDS awareness among plantation sector workers
2. Establishment of testing and counselling services for the plantation workers to improve HIV counselling and testing
3. Provision and distribution of means of prevention (condoms)
4. Improvement of access to the treatment and care for STDs (syndromic management)

1.2 National STD/AIDS Control Programme (NSACP) in Sri Lanka

The National STD/AIDS Control Programme (NSACP), Ministry of Health, spearheads the national response to HIV/AIDS in Sri Lanka. NSACP is the focal point for planning and implementation of HIV/AIDS National Strategic Plan and AIDS Policy together with all stakeholders, and its networks of 29 full-time STD clinics and 23 branch STD clinics (as of end 2012).

The National AIDS strategic plan 2007-2011 states under strategy for treatment and support the following aspects,

- Increased Quality and use of VCCT services

  - NSACP to monitor and update testing policies and guidelines for VCCT.
  - NSACP to increase human resources and infrastructure to allow quality counselling by trained counsellors and rapid testing in government and non-governmental settings
  - NGOs to create demand for VCCT among the MARP
  - NSACP to support private sector and NGOs to provide quality VCCT to MARP.

1.3 Means of prevention of STD/HIV

The Objectives of National STD/AIDS Control Programme are: Prevention of transmission of Sexually Transmitted Infections (STIs) including HIV and provision of care and support for those infected and affected with STIs including HIV.

The main components of the NSACP are: targeted interventions for prevention of STD/HIV among most at risk populations and general population including youth and women, provision of treatment, care and support for those infected and affected with HIV, comprehensive care for STIs, provision of laboratory services, creating awareness and behavior change communication, counseling and testing for HIV, prevention of mother to child transmission of HIV, surveillance, research, monitoring and evaluation of STD and HIV services.

1.4 Significance of the study

National STD/AIDS control programme has identified five districts in the country where the plantation sector workers are found. These districts are also found to have poor health indices such as malnutrition, anaemia, low birth weight and high infant mortality. The plantation sector in selected districts consist Tamil speaking workers. The poor health indicators show that promotion and prevention services have not adequately reached the people. ILO is working in the plantain sector for the provision of HIV prevention services but its services do not cover the five districts mention above.

1.5 Pre-intervention KAP survey

Pre interventions KAP survey was carried out across 30 estates in Ratnapura and Badulla Districts in October 2008 and the objectives of the baseline survey were;

1. To describe the socio-demographic characteristics of plantation workers in the two selected districts, namely Ratnapura and Badulla.
2. To determine the knowledge, attitudes and behaviors related to HIV and AIDS, including modes of transmission, non-transmission, and prevention methods.
3. To assess the attitudes and perceptions of this sector towards people living with HIV and AIDS among co-workers as well as others, in reference to stigma and discrimination.
4. To assess the level of risk behaviours of the workers in this sector.
5. To assess their access to media to implement an awareness campaign and behavior change focus programme over five years based on the outcome of the study.

1.6 Objectives of the Post-intervention (KAP) Survey

The objectives of this survey which was conducted during the period from May 2013 to July 2013 were:

- To describe the socio-demographic profile of the study sample.
- To ascertain the current knowledge of HIV/AIDS.
- To determine attitudes on HIV/AIDS
- To describe the prevailing sexual practices
- To compare the results with the baseline (Pre-intervention KAP survey) findings
- To evaluate the process of the plantation sector HIV prevention project

1.7 Project activities

The programme was implemented in two phases, phase I from June 2008 to June 2011 and phase II from June 2011 to December 2012.

The activities conducted under the Sub Component 01 of the project were to prevent the transmission of HIV infection among plantation workers by creating awareness and behaviour changes. The outline of the activities of the project is listed below;

KAP Survey

SDA 1: KAP survey,

1.1 - Preliminary one day meeting prior to the work shop for designing questionnaire
1.2 - Design a questionnaire for KAP study on Plantation sector
1.3 - Pre-test, finalize and print the questionnaire
1.4 - Training of 3 interviewers
1.5 - KAP study on 50 workers per estate in 30 estates by the interviewers
1.6 - Data analysis and report writing

SDA 2: Training of Trainers

2.1 - Training of trainers
2.2 - Selection of peer leaders
2.3 - Training of peer leaders

SDA 3: Behavioural Change Communication

3.1 - Five day's workshop to develop a communication package and strategy
3.2 - Pre testing and printing IEC materials
3.3 - Production of communication materials (video, Radio) and telecasting in Radio and TV throughout the year weekly. AIDS day activities as Street dramas in the plantation sectors.
3.4 - Changing behaviour of peers

Strengthening plantation sector health systems

SDA 1: Strengthening plantation sector health systems to improve STD/HIV Prevention and Treatment Services

1.1 - Selection of counselors
1.2 - Training of counselors
1.3 - Training of EMO/EMA on syndromic management of STDs
1.4 - Supply of essential drugs for syndromic management
1.5 - Establishment of VCT centers in selected locations
1.6 - Employment of trained counselors
1.7 - Maintenance of VCT centers
1.8 - Printing of already available counseling manuals (500)
1.9 - Printing 1000 copies of available syndromic management manual

In the second phase which ended in December 2012 activities and activity areas are as follows.

Table 1.1 - Second phase activities and activity areas

Activity	Activity area
Planning, administration, monitoring and evaluation of project	Coordination , monitoring and evaluation of plantation sector activities
Conducting the behavioural Change communication activities in the plantation sector	Production of communication material and communication campaign Radio and TV programme
Post-intervention Knowledge, Attitude and Practice (KAP) Survey	KAP Survey conducted and Analysed
Strengthening plantation sector health systems to improve STD/HIV Prevention and Treatment Services	1. Blood collection and testing in plantation sector 2. Procurement of drugs and reagents 3. Employment of counsellors 4. Management of VCD centres
Promotion of condoms among workers in the plantation sector	Promotion of condoms among workers in plantation workers

1.8 Limitation/challenges of the Post-intervention KAP survey

In conducting the KAP survey of the Project which spanned for four years consultant are faced with several limitation and constraints which are summarized below,

1. Though the project was implemented in 60 estates in 5 districts this survey was undertaken only in six estates in two districts, Ratnapura and Badulla.
2. The Survey was conducted in June and July 2013, about six month after the end of the project in December 2012. By the time some of the key persons who had been in the estates have left. The new comers were not fully informed of and aware of the programme.
3. Arrangements are not in place in the estate for the continuation of the project activities with responsible field officers. Therefore, in the estates there were field officers who were not aware of the continuation process.
4. With the limited funds available to the Post -intervention survey the consultants had to confine the study to the questionnaire survey and literature survey only.

CHAPTER - 2

LITERATURE REVIEW

This chapter includes overview of STD/HIV in global context, overview of STD/HIV in Sri Lankan context, and overview of STD/HIV in estate sector of Sri Lanka, sexual risk behaviour and risk factors and migration of sex workers from different countries.

2.1 Overview of STD / HIV in global context

Global HIV and AIDS Status

The latest statistics of the global HIV and AIDS epidemic were published by UNAIDS, WHO and UNICEF in December 2012, and refer to the end of 2011.

Table 2.1 - latest statistics of the global HIV and AIDS

	Estimate	Range
People living with HIV/AIDS in 2011	34 million	31.4 - 35.9 million
Proportion of adults living with HIV/AIDS in 2011 who were women (%)	50%	48% - 53%
Children living with HIV/AIDS in 2011	3.3 million	3.1 - 3.8 million
People newly infected with HIV in 2011	2.5 million	2.2 - 2.8 million
Children newly infected with HIV in 2011	330,000	280,000 -390,000
AIDS deaths in 2011	1.7 million	1.5 - 1.9 million

The number of people living with HIV rose from around 8 million in 1990 to 34 million by the end of 2011. The overall growth of the epidemic has stabilized in recent years. The annual number of new HIV infections has steadily declined and due to the significant increase in people receiving antiretroviral therapy, the number of AIDS-related deaths has also declined. According to statistics published by UNAIDS, WHO and UNICEF in December 2012, since the beginning of the epidemic, nearly 30 million people have died from AIDS-related causes. In the same report the following data is presented on the position.

Regional statistics for HIV and AIDS, end of 2011

Table 2.2 - Latest statistics of the regional HIV and AIDS

Region	Adults & children living with HIV/AIDS	Adults & children newly infected	Adult prevalence*	AIDS-related deaths in adults & children
Sub-Saharan Africa	23.5 million	1.8 million	4.9%	1.2 million
North Africa & Middle East	300,000	37,000	0.2%	23,000
South and South-East Asia	4 million	280,000	0.3%	250,000
East Asia	830,000	89,000	0.1%	59,000
Oceania	53,000	2,900	0.3%	1,300
Latin America	1.4 million	83,000	0.4%	54,000
Caribbean	230,000	13,000	1.0%	10,000
Eastern Europe & Central Asia	1.4 million	140,000	0.2%	92,000
North America	1.4 million	51,000	0.6%	21,000
Western & Central Europe	900,000	30,000	0.2%	7,000
Global Total	34 million	2.5 million	0.8%	1.7 million

* Proportion of adults aged 15-49 who are living with HIV/AIDS

With around 69 percent of all people living with HIV were from sub-Saharan Africa, the region carries the greatest burden of the epidemic. Spread of the disease in Asia have remained relatively stable and are still largely concentrated among high-risk groups. Conversely, the number of people living with HIV in Eastern Europe and Central Asia has tripled since 2000.

2.2 Overview of STD /HIV in Sri Lankan context

The first case of HIV was detected in 1987. Sri Lanka has a low level HIV prevalence, with an estimated adult HIV rate of less than 0.1% in 2009, and an estimated 2,800 people living with HIV, up from 1,300 in 2001. By end 2010, the reported cumulative number of HIV cases was 1,317 (784 males and 533 females) with a male-to-female ratio of 1:5:1. Two-thirds (66.4%) of the reported HIV cases in 2010 were among individuals aged between 30 and 49 years. Nearly six of every 10 reported cumulative HIV cases (57.2%) are from the Western province, where the capital district of Colombo (36.2% of overall total) is located. By the end of 2009, the reported numbers of cumulative AIDS cases and AIDS-related deaths were 340 and 221, respectively. In 2009, over 397,374 people were tested for HIV, of which 137 cases were confirmed as HIV positive, with 0.03% sero-positive rate. HIV positive men outnumbered women in all age groups, except for the 15-19 year age group in which the numbers for both were almost equal. HIV infected people were mostly found in the 35-39 year age group, which constituted nearly 20% of all cases.

According to National STD/AIDS Control programme, the position as at the end of 2nd quarter of 2013 is presented in following table,

Table 2.3 - Latest statistics of the Sri Lankan context on HIV and AIDS

REPORTED HIV/AIDS CASES NATIONAL STD/AIDS CONTROL PROGRAMME 2013									
Quarter	**Cumulative HIV cases at the beginning quarter**	**HIV/ cases reported during the quarter**	**Cumulative HIV cases at the end of the quarter**	**Cumulative HIV cases by gender**		**Cumulative AIDS cases at the end of the quarter**	**Cumulative AIDS cases by gender**		**Reported AIDS deaths**
				M	**F**		**M**	**F**	
1st Quarter	1649	44	1693	1010	683	446	303	143	9
2nd Quarter	1693	46	1739	1041	698	457	310	147	7

- Male to female ratio of reported HIV cases - 1.5 : 1
- Cumulative AIDS deaths reported - 299
- Cumulative vertically transmitted HIV cases reported - 64
- Cumulative foreign HIV cases reported - 91
- Number of HIV tests carried out during 2012 - 586762
- HIV sero-positivity rate for 2012 - 0.03 %

2.3 Overview of STD/HIV in estate sector of Sri Lanka

From about 1860s the access to services and quality of care to the plantation sector, has been different to the other areas in the country. The regular health system did not reach effectively to the plantation sector as the health institutions were run by the estate companies. In 1980 the central government intervention to privatize was expected to impose satisfactory health services but did not show a marked development. As a result there are significant gaps in the provision preventive and curative services to the plantation sector. Similarly, there are no organized programs relevant to HIV/AIDS. A poverty level where the per-capita income of average plantation workers of USD 368 in 2009 compared to USD 967 at national level.

Migration of workers both in and out of estates, low literacy level, poor living conditions, alcoholism, multiple sexual partners, teenage marriages, low condom use, casual and commercial sex, poor access to preventive health services are some of the risk factors which would have contributed to spread of HIV and AIDS in the period before commencement of the project in July 2008.

2.3.1 Sexual risk behavior and risk factors

HIV is mainly transmitted through heterosexual activity, accounting for 82.5% of total cases; followed by homosexual and bisexual modes (11.3%), perinatal (5.3%), blood transfusion (0.3%) and use of injecting drugs (0.6%). Six groups have been considered as at risk of HIV infection based on the findings of the first round (2006 - 2007) Behavioural Surveillance Survey (BSS) - sex workers, drug users, men who have sex with men (MSM), “beach boys”, three-wheel drivers and factory workers in the free trade zone.

Approximately 111,000 registered three-wheeled taxi drivers operate within Sri Lanka and they make up a vulnerable group for HIV infection given their close association with the commercial sex trade. Three-wheeled taxis are frequently used to transport sex workers and their clients and they are used as a venue for sex. Furthermore, the drivers function as brokers, employers, and customers of sex workers.

Other risk factors include: an emerging sexually active youth population (17% - 19%) of the total population of 18.3 million in 2010 and low levels of HIV knowledge among them; market oriented economy leading to large industrial zones with an estimated workforce consisting of young people of over 100,000; high mobility (both emigration and immigration); increasing commercial sex and networks between sex workers, MSM and IDUs; low level of condom use in MSM, beach boys, IDUs, and some types of sex workers; high rate of sharing needles and syringes among IDUs; low level of knowledge about HIV transmission among high-risk groups; and low rate of HIV testing among key affected populations (FSWs 43%, MSM 14% in 2009).

The estimated number of female sex workers (FSWs) in Sri Lanka ranged from 35,000 to 47,000 – with an estimated 8,332 in Colombo and 1,138 in Anuradhapura. HIV is low among FSWs with HIV prevalence remaining at 0% as of 2009, although it was detected to be 0.2% during 2003-2004 and reached 0.3% in 2006 in Colombo. Clients of FSWs were estimated at 700,000, which included students, police officers, truck drivers, dockworkers, and sailors. The 2006-2007 BSS found that 70% of male patients at STI clinics had reportedly frequented sex workers.

Current estimates of opiate users range from 30,000 to 240,000 individuals and the majority of heroin users inhale or snort heroin. A 2006-2007 study among 278 drug users in three prisons in Sri Lanka found the prevalence of intravenous drug use to be higher than what was officially reported (15.8% vs. 1%). In addition, there was a high prevalence (53%) of risk-taking sexual behavior – meaning, lifetime prevalence of sex with an FSW was high (67%) and regular condom use with an FSW was low (14%).

The current size estimate for MSM is 30,554 (including 8,869 in Colombo and 700 in Anuradhapura) and they make up a key vulnerable population in Sri Lanka where 11% of the reported HIV infections are attributable to homosexual transmission. A survey conducted among male university students highlighted that 50% of their first sexual experience had been with a man. The MSM population was included as a surveillance group beginning in the 2008 HIV Sentinel Sero-Surveillance Survey (HSS) and, up until this point, HIV prevalence among this group was 0% in 2008 and 0.48% in 2009.

The term “beach boys” refers to young men who work near or on the beaches (typically tourist-frequented), and who offer sexual services in exchange for some form of payment. They also include those working in restaurants, hotels, guest houses and boat-related tourism. The United Nations Development Program (UNDP) estimates that there are 30,000 beach boys in tourist resorts. They are at risk of HIV infection due to low levels of condom use and having unprotected sex with male and female sexual partners including tourists from high HIV prevalence countries.

2.3.2 Migration of sex workers from different countries and within the country

AIDS and migration are two salient features of the latter half of this century. Over 30 million persons world-wide are estimated to be infected with HIV, the virus that causes AIDS. Concurrently, about 100 million persons move voluntarily within or between nations each year, while almost 40 million are either internally displaced or refugees outside their own countries.

Previously, governments' main concern was that incoming migrants might bring HIV with them. While this scenario still applies, there is increasing recognition that migrants may be more vulnerable than local populations in acquiring the infection during migration and that they may spread the infection upon return to their respective homes.

In an article jointly authored by The International Organization for Migration (IOM) and The United Nations Joint Programme on AIDS (UNAIDS) address the current state of knowledge about migration and HIV/AIDS, and to identify priority areas and issues for research and intervention.

There are two components which are considered very important in a study of Sri Lankan labour migration. According to Central Bank Annual Report of 2012, 279,482 persons have left Sri Lanka for foreign employment and working in other countries is estimated to be 1.5million. The number returning per year can be considered above 200,000. In this segment of population risk element of HIV and AIDS is high. Sri Lanka continues to promote more foreign employment opportunities and bring the foreign exchange earnings of US$ 10 billion by 2015.

The other component is the tourist arrival which was 1,005,605 in 2012 and national tourism industry strategy launched in 2012 targets all aspects of tourism sector development up to 2016. Objectives of the strategy is to position Sri Lanka as one of the most sought after tourist destination and promoting tourism to reach 2.5 million tourist arrival in 2016.

These two components are more likely to expose Sri Lankans to HIV/AIDS. Sri Lanka Foreign Employment Bureau conducts HIV awareness programmes through their regional centres for those who are leaving for foreign employment.

2.3.3 Activities carried out during the project implementation phase

To implement this programme and to achieve the expected outcomes, project has carried the set of activities. The consultants obtained the details related to those activities through the literature survey and verified during the field visits.

Table 2.4 - Number of participant for training programme from the survey estate and total trained under the project

	Training of trainers	EMO/EMA training	Counsellor training	Peer leader training
Ratnapura District		-		
Millawitiya estate	1	-	1	14
Medakande estate	1	-	1	15
Cecilton estate	1	-	1	15
Badulla district	-	-	-	-
Pitarathmalae estate	1	1	1	15
Attampitiya estate	1	-	1	15
Aislaby estate	1	1	1	15
Total for the 6 estate	6	2	6	89
Total trained under the project	84	26	57	629

84 persons participated for the training of trainers programme and 6 persons have participated from the six estates. Of the 26 estates Medical Assistants trained two were from Pitaratmale estate and Aislaby estate. One councillor from each of the six estates has been trained. Out of the total of 629 peers trained 89 are from the six estates on an average 15 per estates.

Table 2.5 - Distribution of condom dispensing boxes, toolkits and condoms

	Condoms dispensing boxes	Toolkit bags	Condoms
Ratnapura District			
Millawitiya estate	5	15	as required about 2000 per month
Medakande estate	7	16	as required between 1000-2000 per month
Cecilton estate	3	16	as required between 1000-2000 per month
Badulla district			
Pitarathmalae estate	6	16	as required about 2500 per month
Attampitiya estate	3	16	as required about 2500 per month
Aislaby estate	2	16	as required about 2500 per month
Total for the 6 estate	26	95	…….
Total	171		2,330,633 (from 2009 to May 2012)

Total number of condom dispensing boxes distributed had been 171 and 6 estates received 26 boxes.

Table 2.6 - Blood sample collection and testing, management of VCT Centres (Material received) and employment of counsellors

	Blood sample collected.	VCT centres material received	Counsellors employed
Ratnapura District		-	
Millawitiya estate	250	-	1
Medakande estate	240	-	1
Cecilton estate	242	-	1
Badulla district			
Pitarathmalae estate	59	-	1
Attampitiya estate	200	-	1
Aislaby estate	250	cupboards, racks, table with drawers,3 chairs	1
Total for the 6 estate	1241	1	6
Total	3510	26	57

Table 2.7 Receipt of IEC material by the estate

	Ratnapura District			Badulla District		
	Millawitiya estate	**Medakande estate**	**Cecilton estate**	**Pitarathmalae estate**	**Attampitiya estate**	**Aislaby estate**
Billboards	Received 01	Received 01	Received 01	Received 01	Received 01	Received 01
Banners	Received all 5 types	Received all 5 types	Received all 5 types	Received all 5 types	Received all 5 types	Received all 5 types
Posters	Received	Received	Received	Received	Received	Received
Flip charts	Received	Received	Received	Received	Received	Received
Leaflet	Received	Received	Received	Received	Received	Received
Booklets	Received	Received	Received	Received	Received	Received
Flash cards	Received	Received	Received	Received	Received	Received
T-shirts and caps	Received (for peer leader & Counsellors)	Received (for peer leader & Counsellors)	Received (for peer leader & Counsellors)	Received (for peer leader & Counsellors)	Received (for peer leader & Counsellors)	Received (for peer leader & Counsellors)
Toolkit bags	Received (for peer leader & Counsellors)	Received (for peer leader & Counsellors)	Received (for peer leader & Counsellors)	Received (for peer leader & Counsellors)	Received (for peer leader & Counsellors)	Received (for peer leader & Counsellors)
Short film (DVD)	Exhibited	Exhibited	Exhibited	Exhibited	Exhibited	Exhibited
Uva radio programme	Conducted on 24.11.2011	Conducted on 24.11.2011	Conducted on 02.12.2011	Conducted on 11.11.2011	Conducted on 13.11.2011	Conducted on 18.11.2011
60 Short messages from Uva radio Conducted for 60days in June & July in Sinhala and English	Received (Reception not very good)	Received (Reception Good)	Received (Reception Good)	Received (Reception Good)	Received (Reception Good)	Received (Reception Good)

CHAPTER - 3

STUDY METHODOLOGY

3.1 Study design and protocols

DESK REVIEW OF PROJECT DOCUMENTS

Following the award of the contract, Study Team commenced perusing the related documents of the programme. The implementation of the programme in accordance with documents such as PAD, PIP, Work Plans, Procurement Plan and other relevant reports and documents were examined by the consultants. Baseline Data collected was the basis for comparative assessment and the evaluation of project progress. After carrying out the desk review, the consultants held the initial discussions with the Project officials to understand the depth of all the activities in each project intervention.

SURVEY INSTRUMENTS/ QUESTIONNAIRE

The list of following Variables were being used to capture change of KAP compared to the baseline information by employing structured questionnaire, literature survey, and desk research on secondary data.

Demographic/General:

1. Gender
2. Age
3. Education
4. Marital status
5. Country of origin
6. Village and GN division
7. Family members
8. Occupation
9. Visited countries
10. Internal migration of workers within country

HIV/AIDs related knowledge, attitudes and practices

1. Understanding on HIV and AIDS
2. Fear on AIDS
3. Stigma and discrimination
4. Perception on HIV/AIDS
5. Misconception about HIV/AIDS
6. Ways of getting AIDs/mode of HIV transmission
7. Sexual infections
8. Substance abuse
9. Awareness of HIV/AIDS
10. Source of information and access for information

11. Knowledge of male condom use and access
12. Sexual history, type of sex partner, consistent use of condoms

xi. Programme coverage and exposure to intervention

1. Knowledge on the programme
2. Type of service received
3. Benefits received from the programme
4. Adequacy of activities (counseling, training, testing, care and treatment services)
5. Effectiveness of interventions and activities (counseling, training, testing, care and treatment services)
6. Availability and use of prevention, testing, care and treatment services
7. Adoption of service introduced by programme and their continue after the project
8. Workforce morale and productivity
9. Knowledge, attitudes and practices of exposed and non-exposed population within the estate
10. New proposals and recommendations made by stakeholders, workers, peer groups leaders

The Tamil and Sinhala questionnaires were used and their English translations are given as Annexure 1 to this report.

3.2 Study population

FIELD SURVEY

Study team used structured field survey questionnaire that was used for the baseline KAP survey as the primary data collection tool. The survey questionnaire was used with the approval of NSACP. As questionnaire has been used for the baseline survey it was considered not so important to carry out the field testing. However, few field testing were done in Sinhala and Tamil versions.

The field survey was conducted by deploying 8 (4 - male and 4 - female) Tamil speaking enumerators and 4 (2 - Male and 2- Female) Sinhala speaking enumerators who were qualified and experienced on similar studies. In order to minimize the non-sampling errors, the enumerators were given two day training at Management Frontiers office, Colombo on basic interviewing techniques and an understanding of the study objectives, prior to the field survey. Experienced field supervisor was hired to administer the field survey directly under the supervision of Consultants.

Field survey was carried out by deploying female enumerators to interview female respondents while male enumerators to interview male respondents. More importantly, Tamil female enumerators interviewed Tamil female respondents while Tamil male enumerators interviewed Tamil male respondents. The survey among the entire selected sample in one district was completed before commencing the survey in 2nd district. During the process of field survey, arrangements was made to gather respondents for convenient places identified jointly with estate management and allocated different time slots for each respondent to be interviewed. The consultants took part in the process of field survey periodically to facilitate and also to identify the critical and significant issues pertaining to the study objectives.

3.3 Sampling procedure

Sampling method

Table 3.1 - Basis of Sample selection

District	Type of treatment	Age group	Approximate sample fraction per estate	Sample size
Ratnapura	3 Project intervened estates which were used for baseline KAP (3/15)	15 to 50	+/-35	+/-105
		>50	+/-30	+/-90
Badulla	3 Project intervened estates which were used for baseline KAP (3/15)	15 to 50	+/-35	+/-105
		>50	+/-30	+/-90
Total				**+/-390**

The study was limited to the two districts which were also used for the baseline KAP survey, namely Ratnapura and Badulla. The 15 estates that were selected for the baseline KAP survey were used as the frame to select 3 estates for the post-intervention KAP survey from each district. Accordingly, 390 estate households were selected from six estates in two districts as a representative sample for the study. The selection of estates was made by ensuring the minimum variation within the estates and maximum variation between the estates in terms of geography and peer groups. Multistage stratified purposive sampling techniques were used to select 390 households based on registry administered by counselling centres operated at district level. The estimated sample size was sufficient to carry out valid statistical analysis as well as increase the validity of the study findings.

The post-intervention survey was designed to measure the change of level of knowledge, attitudes, practices, behaviour, adoption of risk mitigation measures, access for care and treatment services on HIV/AIDs and STD among the estate workers in the targeted population. In particular, compared to the baseline data, the survey was designed to highlight the changes in these areas occurring over the project period especially during the last 12 months in order to generate information for key variables identified from the pre-intervention KAP survey and also for process monitoring indicators used by the programme.

This study focused on Badulla and Ratnapura districts out of 5 districts where interventions by the HIV/STD control programme and pre-intervention KAP survey had conducted as having information on baseline status is a pre-requisite for the study to identify the change of key variables and process indicators over the project period. This study was an intervention study in which around 390 respondents (estate workers) were selected for the study using the multi-stage sampling technique and study was captured the information covering over three stages such as pre-intervention, intervention and post-intervention.

Therefore, questionnaire administered for the pre-intervention KAP survey was used for the present study purpose, scope and objectives. The baseline survey questionnaire thus provided the foundation to the questionnaire used.

Selection of estates:

In line with the study TOR, 3 estates out of 15 estates intervened by the programme in each district to represent the entire target population were selected. The consultant used 3 criteria based on the information collected from the programme office. Among the number of interventions were carried out, collection of blood sample by estates, condom distribution through dispenser machines in district, availability of counselling office and counsellors in estate, no of peer leaders worked in the estate were used to develop the criteria. Accordingly coverage of blood sample collected from population was used as one criteria and different percentage are grouped in to 5 groups and assigned five different weights for each group out of 10. Similar manner no of person covered by peer leader was worked out dividing estate population by number of peer leaders worked in the estate and 9 different groups formed and assigned different weights for each group out of 10. As condom distribution by estate was not available, total condom distributed in each district were used to calculate the district quota and there by calculate the condom availability by worker per month. This rate was divided in to 5 groups and assigned different weights according to the magnitude of rate out of 10. Based on above three criteria composite index was worked by aggregate weighted average and rank the 15 estates within the district accordingly. Based on the rank of estate 3 estates are selected representing two top ranked estates and one middle ranked estate.

Sample frame:

In order to develop the sample frame to draw the required no of samples following multistage stratified purposive sampling technique, client registry administered by counselling centre operated at estate level were obtained from respective estate management and samples were selected accordingly and the sample was made available to the state prior to the visits for conducting the survey.

The following table presents the details of conducting questionnaire survey.

Table 3.2 - Details of conducting questionnaire survey

District	Estate	Date of the Interviews	No of Respondents
Ratnapura	Millawitiya estate	29 June 2013	69
	Medakande estate	30 June 2013	69
	Cecilton estate	1 July 2013	66
Badulla	Pitarathmalae estate	6 July 2013	66
	Attampitiya estate	7 July 2013	69
	Aislaby estate	8 July 2013	69
			408

3.4 Conducting the survey

Management Frontiers considered it appropriate to use the same questionnaire for the post intervention survey as well without change.

The consent of the Chief Executive Officers of the Balangoda Plantations Limited, General Manager of Agarapathana Plantations Limited and Chief Executive Officer of the Malwatta Plantations Limited were obtained to conduct the survey in Millawitiya Estate Ratnapura, Madakanda Estate Balangoda and Cecilton Estate Banalangoda, Pitarathmale Estate Haputale and Attampitiya Estate Attampitiya and Aislaby Estate Bandarawella respectively.

Our consultants who visited the six estates had met the superintendents and obtained their approval to conduct the survey in the estates.

Before conducting the survey the enumerators explained the facts included in the information sheet and also read the contents of the consent form and obtained the oral consent from all the participants. The information sheet and the consent forms used at the commencement of the administration of the questionnaire are attached as Annexure 3.

The consultant and the two survey supervisors had ensured that the contents of the information sheet were explained and read the contents of the consent form and obtained the consent from each of the 408 participants before administrating the questionnaire.

3.5 Data control, coding, entering and processing

The information gathered through questionnaire survey were coded, computerized and analysed using Excel spread sheet and SPSS-17 statistical software packages to draw valid statistical inferences. Descriptive statistical analyses were used to describe the demographic characteristics and attributes and change of key variables. Based on the data collected from the survey relative scores were developed to formulate appropriate indexes and also to carry out inferential statistical analysis such as categorical data analysis, t-test and ANOVA,

3.6 Data analysis and interpretation

Using the above software, data tables were generated and the interpretations and the analysis including the comparison of the results with baseline finds. The consultants worked as a team in the data analysis process and prepared the interpretation on results based on the quantitative information gathered through the data analysis.

CHAPTER 4

DATA TABLES AND SYNTHESISE OF FINDINGS

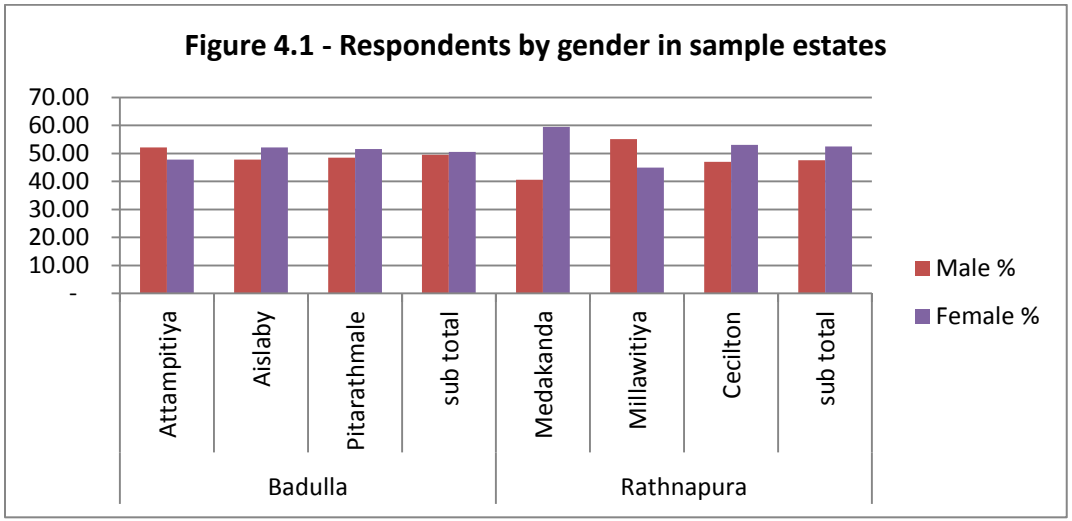
The chapter presents data Tables obtained from the document review and questionnaire survey. It also presents synthesis of findings.

4.1 Socio-Demographic characteristics of study population

Distribution of respondents in each sample estate by sex is given in Table 4.1. It shows that representation of male and female respondents in each district is nearly 50:50. Similar pattern, 49%:55% male and female respondents for the entire sample was shown in the pre-intervention survey.

Table 4.1 - Distribution of respondents by estate and sex

District	Estate	Male		Female		Total	
		No	%	No	%	No	%
Badulla	Attampitiya	36	52.17	33	47.83	69	100
	Aislaby	33	47.83	36	52.17	69	100
	Pitarathmale	32	48.48	34	51.52	66	100
	sub total	***101***	***49.51***	***103***	***50.49***	***204***	***100***
Ratnapura	Medakanda	28	40.58	41	59.42	69	100
	Millawitiya	38	55.07	31	44.93	69	100
	Cecilton	31	46.97	35	53.03	66	100
	sub total	***97***	***47.55***	***107***	***52.45***	***204***	***100***
Total		**198**	**48.53**	**210**	**51.47**	**408**	**100**



Composition of respondents participated in the baseline survey conducted in 2008 was 68 (17%) respondents out of 408 respondents (Table 4.2).

Table 4.2 - Respondent participated in the baseline survey

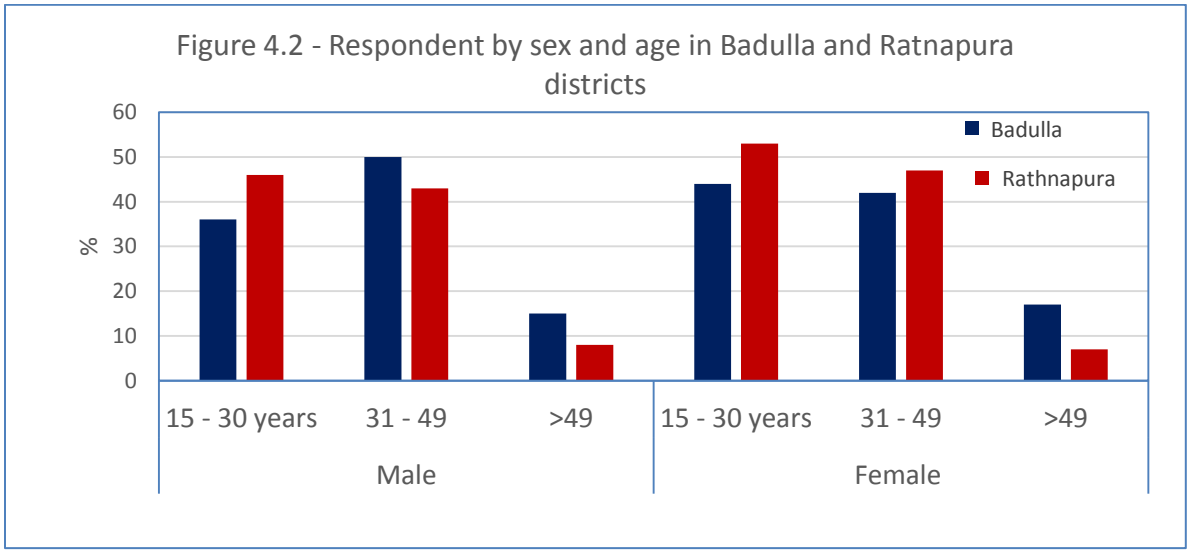
District	Estate	Participated		Not participated		Total	
		No	%	No	%	No	%
Badulla	Attampitiya	5	7.25	64	92.75	**69**	100
	Aislaby	7	10.14	62	89.86	**69**	100
	Pitarathmale	8	12.12	58	87.88	**66**	100
	sub total	***20***	***9.80***	***184***	***90.20***	***204***	***100***
Ratnapura	Medakanda	5	7.25	64	92.75	**69**	100
	Millawitiya	23	33.33	46	66.67	**69**	100
	Cecilton	20	30.30	46	69.70	**66**	100
	sub total	***48***	***23.53***	***156***	***76.47***	***204***	***100***
Total		**68**	**16.67**	**340**	**83.33**	**408**	**100**

Table 4.3 - Respondents by sex and age

Sex	Age group	Badulla						Ratnapura						Total	
		Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton			
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Male	15 - 30 years	13	18.84	10	14.49	13	19.70	16	23.19	20	28.99	10	15.2	82	41.41
	31 - 49	20	28.99	16	23.19	14	21.21	11	15.94	15	21.74	17	25.8	93	46.97
	50 - 55	3	4.35	7	10.14	5	7.58	1	1.45	3	4.35	4	6.1	23	11.62
	Sub total	***36***	***52.17***	***33***	***47.83***	***32***	***48.48***	***28***	***40.58***	***38***	***55.07***	***31***	***47.0***	***198***	***100***
Female	15 - 30 years	12	17.39	16	23.19	16	24.24	19	27.54	19	27.54	13	19.7	95	45.24
	31 - 49	18	26.09	15	21.74	9	13.64	20	28.99	12	17.39	17	25.8	91	43.33
	50 - 55	3	4.35	5	7.25	9	13.64	2	2.90	-	-	5	7.6	24	11.43
	Sub total	***33***	***47.83***	***36***	***52.17***	***34***	***51.52***	***41***	***59.42***	***31***	***44.93***	***35***	***53.0***	***210***	***100***
	Total	**69**	**100**	**69**	**100**	**66**	**100**	**69**	**100**	**69**	**100**	**66**	**100**	**408**	**100**

In order to compare the change in Knowledge, attitudes and practices of estate workers selected for the sample by their sex and age, respondents were grouped in to three age groups i.e. 15 – 30 years, 31 – 49 years and more than 49 years, following the grouping done in the baseline survey. Accordingly, distribution of respondents selected for the sample by sex and age is given in Table 4.3 It indicates that irrespective of the sex, a majority of respondents belong to age group 31 – 49 which is 45% of respondents. Age group 15-30 represents 43% and age group 50 - 55 represents 11% of respondents in each estate of the two districts. Male respondents in 15-30 years age group varied from 14% to 29% amongst the estates of two districts. Male respondents in 31-49 age group varied from 16% to 29% amongst the six estates and the highest percentage of 29% was recorded in Attampitiya estate and the lowest (16%) was observed in Medakanda estate. Remaining male respondents in age group 50 - 55 years varied from 1% to 10% amongst the six estates.

Similarly, female respondents are also distributed amongst the three groups following the trend shown for male respondents.



On this aspect pre-intervention survey recorded 56% of respondents in age group 15-30 and 44% of the respondents in age group 31-49.

Respondents by education, age and sex are given in Table 4.4. It indicates that irrespective of the age groups amongst the male respondents in Badulla, a majority of male respondents (51%) belong to education level up to O/L category and out of 101 male respondents only four respondent reached the up to A/L education level and 3% of the respondents have not attended. Amongst the female respondents in Badulla district, 48% of females belong to the education level grade 1-6 category and 44% reached the education level up to O/L.

In contrast, 35% male respondents in Ratnapura district belong to educational level grade 1-6 and 52% male respondents studied up to O/L. Amongst the female respondents, a majority (55%) studied up to O/L and 29% studied up grade 6. Compared to the Badulla district, both male and female respondents in Ratnapura district tend to study beyond grade 6 which is not observed specially amongst the female respondents in Badulla district.

Amongst the six estates, educational level is high in the estates of Ratnapura district compared to Badulla district and a fairly a large proportion of male and female respondents reached the educational level up to O/L (Table 4.5). It was noted that the school education level has increased from 87% in the pre intervention survey to 98% during the post intervention survey. This is a significant increase in the school education in all six estates.

The school education level up to grade 6 was 45%, up to O/L was 36%, and Upton A/L was 0.6% and higher education was 6% and no school education was 13% during pre-intervention survey period. In the post intervention survey, the corresponding values are 38%, 50%, 8%, 1% and 3%. It was noted that percentage of not attending to schools has dropped from 13% to 3% and education level up to O/L has increased from 81% to 88%. This has been the significant improvement in the school education level in the two districts.

Table 4.4 - Sex age and school education of Respondents

sex	Age group	Badulla								Ratnapura							
		Not attended		Attended						Not attended		Attended					
				Grade 1-6		up to O/L		Up to A/L and Higher				Grade 1-6		up to O/L		Up to A/L and Higher	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Male	15 - 30 years	2	5.5	13	36.1	20	55.6	1	2.78	-	-	15	32.6	25	54.3	6	13.1
	31 - 49	-	-	21	42.0	27	54.0	2	4.0	1	2.3	16	37.2	22	51.2	4	9.3
	50 - 55	1	6.7	8	53.3	5	33.3	1	6.7	1	12.5	3	37.5	3	37.5	1	12.5
	Sub total	***3***	***3.0***	***42***	***41.5***	***52***	***51.5***	***4***	***4.0***	***2***	***2.1***	***34***	***35.1***	***50***	***51.5***	***11***	***11.3***
Female	15 - 30 years	1	2.3	26	59.1	15	34.1	2	4.5	2	3.9	10	19.6	31	60.8	8	15.7
	31 - 49	-	-	19	45.2	21	50.0	2	4.8	-	-	19	38.8	25	51.0	5	10.2
	50 - 55	2	11.8	5	29.4	9	52.9	1	5.9	-	-	2	28.6	3	42.8	2	28.6
	Sub total	***3***	***2.9***	***50***	***48.5***	***45***	***43.7***	***5***	***4.9***	***2***	***1.9***	***31***	***29.0***	***59***	***55.1***	***15***	***14.0***
	Total	**6**	**2.9**	**92**	**45.1**	**97**	**47.6**	**9**	**4.4**	**4**	**1.96**	**65**	**31.9**	**109**	**53.4**	**26**	**12.7**

Table 4.5 - Schooling by estate

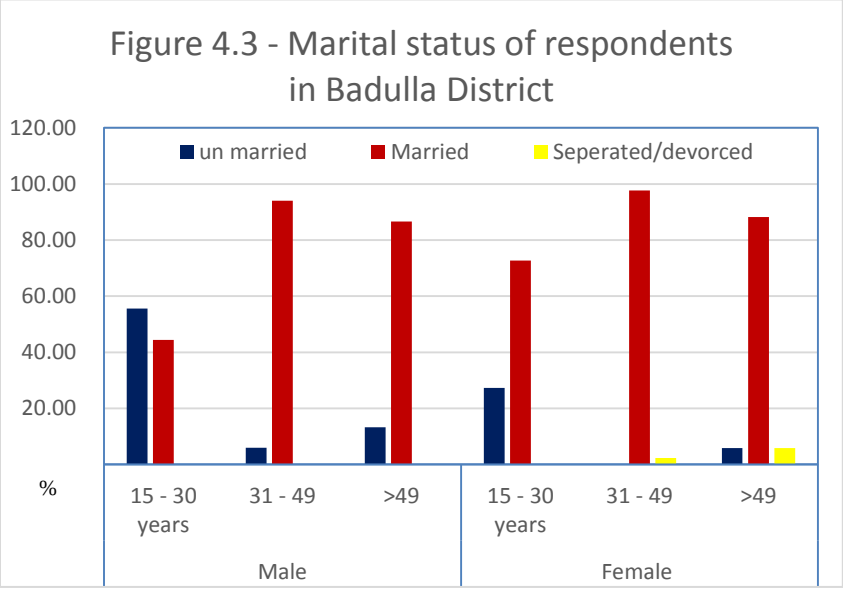
Estate	Sex	Not-attended		Attended						Total	
				Grade 1-6		up to O/L		up to A/L & Higher			
		No	%	No	%	No	%	No	%	No	%
Attampitiya	Male	-	-	12	33.3%	22	61.1%	2	5.6%	36	100
	Female	1	3.0%	19	57.6%	10	30.3%	3	9.1%	33	100
Aislaby	Male	2	6.1%	16	48.5%	14	42.4%	1	3.0%	33	100
	Female	-	-	15	41.7%	20	55.6%	1	2.8%	36	100
Pitarathmale	Male	1	3.1%	14	43.8%	16	50.0%	1	3.1%	32	100
	Female	2	5.9%	16	47.1%	15	44.1%	1	2.9%	34	100
Medakanda	Male	-	-	12	42.9%	12	42.9%	4	14.3%	28	100
	Female	-	-	11	26.8%	25	61.0%	5	12.2%	41	100
Millawitiya	Male	1	2.6%	14	36.8%	18	47.4%	5	13.2%	38	100
	Female	1	3.2%	13	41.9%	13	41.9%	4	12.9%	31	100
Cecilton	Male	1	3.2%	8	25.8%	20	64.5%	2	6.5%	31	100
	Female	1	2.9%	7	20.0%	21	60.0%	6	17.1%	35	100
Total	**Male**	**5**	**2.5%**	**76**	**38.4%**	**102**	**51.5%**	**15**	**7.6%**	**198**	**100**
	Female	**5**	**2.4%**	**81**	**38.6%**	**104**	**49.5%**	**20**	**9.5%**	**210**	**100**

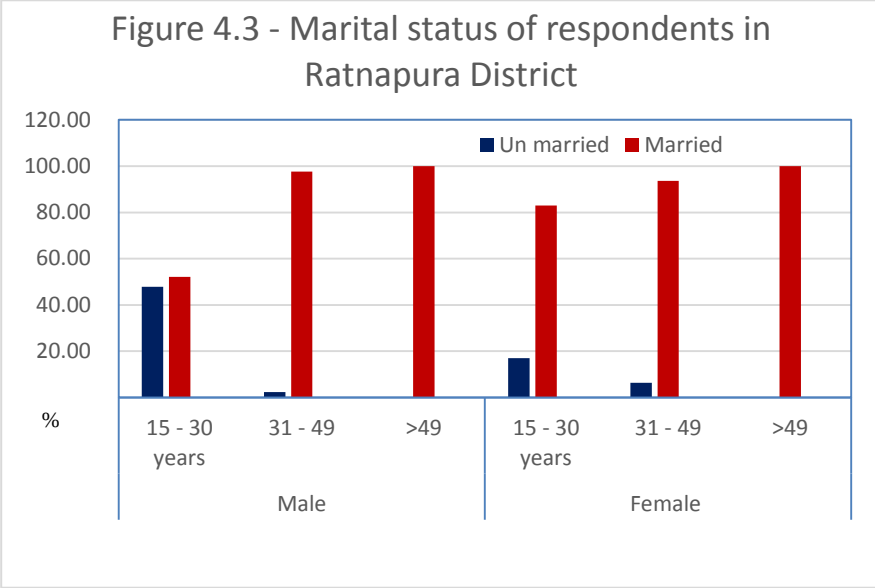
Out of 204 respondents in Badulla district, 80% are married, 19% unmarried and 1% separated. Amongst the 101 male respondents, 75% are married and 25% unmarried. Only 3% of male respondents in age group 31-49 category are not married and 2% unmarried in age group >49 years (Table 4.6). About 44% of male respondents in age category 15-30 years are married and majority of males (56%) in that age category are not married. Amongst the 103 female respondents in Badulla district, 85% are married, 13% unmarried and 2% separated.

According to the Table 4.6, 76% male respondents in Ratnapura district were observed as married and 24% unmarried. No respondents in Ratnapura district are separated. Similarly, amongst the female respondents in Ratnapura, 89% are married and 11% unmarried.

Table 4.6 - Marital status of respondents

Sex	Age group	Badulla								Ratnapura							
		Unmarried		Married		separated/divorced		Total		Unmarried		Married		separated/divorced		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Male	15 - 30 years	20	55.56	16	44.44	-	-	36	100	22	47.83	24	52.17	-	-	46	100
	31 - 49	3	6.00	47	94.00	-	-	50	100	1	2.33	42	97.67	-	-	43	100
	50 - 55	2	13.33	13	86.67	-	-	15	100	-	-	8	100	-	-	8	100
	Sub total	***25***	***24.75***	***76***	***75.25***	***-***	***-***	***101***	***100***	***23***	***23.71***	***74***	***76.29***	***-***	***-***	***97***	***100***
Female	15 - 30 years	12	27.27	32	72.73	-	-	44	100	9	16.98	44	83.02	-	-	53	100
	31 - 49	-	-	41	97.62	1	2.38	42	100	3	6.38	44	93.62	-	-	47	100
	50 - 55	1	5.88	15	88.24	1	5.88	17	100		-	7	100	-	-	7	100
	Sub total	***13***	***12.62***	***88***	***85.44***	***2***	***1.94***	***103***	***100***	***12***	***11.21***	***95***	***88.79***	***-***	***-***	***107***	***100***
	Total	**38**	**18.63**	**164**	**80.39**	**2**	**0.98**	**204**	**100**	**35**	**17.16**	**169**	**82.84**	**-**	**-**	**204**	**100**





Out of the unmarried respondents, 7% respondents are living together. It was noted that the respondents in the living together category has decreased from 16% to 7% when compared with pre-intervention survey results.

Table 4.7 - Details of respondents with whom they live

Respondents with whom they live	Badulla		Ratnapura	
	No.	%	No.	%
With parents	38	18.63	40	19.61
with spouse	152	74.51	148	72.55
With friend/relative	4	1.96	5	2.45
Alone	3	1.47	4	1.96
Other	7	3.43	7	3.43
Total	**204**	**100**	**204**	**100**

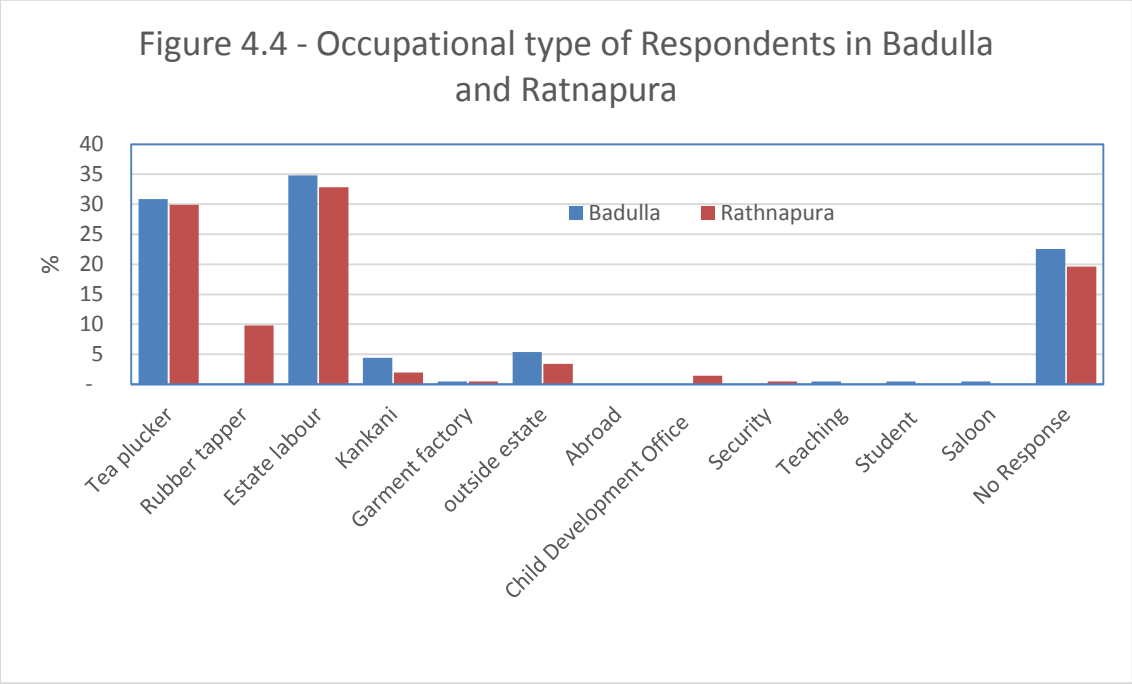
It was revealed that 19% respondents in the Badulla district were living with parents and 74% living with spouses (Table 4.7). There are about 2% respondents in Badulla living with friends or relatives and 1.5% lives alone. Similar trend is observed in Ratnapura district too. In both districts 19% of the respondents were living with parents, 73% of the respondents were living with spouses, 2% of the respondents were living with relatives, 1.7% of the respondents were living alone and 3.4% of the respondents were living with others. It was noted that the respondents were living with parents has decreased from 45% to 19%, respondents were living with spouse has increased from 32% to 74%, respondents were living alone has significantly decreased from 19% to 1.5% compared to pre-intervention survey period. It is observed that the significant increase of respondents were living with spouses has been due to the increase in housing facilities provided in the six estates of the post intervention survey.

Table 4.8 - Employment status of respondents

Type	Badulla						Ratnapura					
	Male	%	Female	%	Total	%	Male	%	Female	%	Total	%
Tea plucker	13	20.6	50	79.4	63	30.9	8	13.1	53	86.9	61	29.9
Rubber tapper	-	-	-	-	-	-	9	45.0	11	55.0	20	9.8
Estate labour	62	87.3	9	12.7	71	34.8	57	85.1	10	14.9	67	32.8
Kankani/Supervisor	9	100.0	-	-	9	4.4	2	50.0	2	50.0	4	2.0
Garment factory	-	-	1	100.0	1	0.5	1	100.0	-	-	1	0.5
Outside estate	13	50.0	13	50.0	26	12.7	15	68.2	7	31.8	22	10.8
Other	4	11.8	30	88.2	34	16.7	5	17.2	24	82.8	29	14.2
Total	**101**	**49.5**	**103**	**50.5**	**204**	**100**	**97**	**47.5**	**107**	**52.5**	**204**	**100**

Amongst the respondents in Badulla district, 35% was employed as estate labour, 31% employed as Tea Pluckers, 4% as Kankani/Supervisor and 13% worked outside the estate. Amongst the Tea Pluckers, 79% are female and 21% are male. With regard to estate labour in Badulla district, 87% are male and 13% are female. A similar trend is observed in Ratnapura district too (Table 4.8).

It was noted 30% of the respondents were employed as Tea pluckers, 5% of the respondents were employed as Rubber tappers, 34% of the respondents were employed as Estate labours, 3% of the respondents were employed as Kankani/Supervisors, 12% of the respondents were employed outside the estate and 15% of the respondents were employed in other sectors or unemployed. It is noted that the percentage of Tea pluckers has decreased from 42% to 30%, estate labours has increased from 27% to 34%, of the pre-intervention survey, and outside workers has increased from 8% to 15% compared to pre-intervention survey. It was observed that respondents are attracted by better employment opportunities outside the estates due to their improved educational level.



Out of 408 respondents in the sample, 48 respondents worked outside the estates and most of them worked in Colombo and in the District. Details of the respondents visiting foreign countries and staying more than 6 months are given in Tables 4.9 and 4.10.

Table 4.9 - Details on Countries visited by respondents

Sex	Age group	Countries visited			
		India	Philippines	Middle east counties	Total
Male	15 - 30 years	-	-	1	**1**
	31 - 49	2	-	2	**4**
	>49	1	-		**1**
	Sub total	***3***	**-**	***3***	***6***
Female	15 - 30 years	-	-	1	**1**
	31 - 49	-	1	3	**4**
	>49	-	-	-	-
	Sub total	-	***1***	***4***	***5***
	Total	**3**	**1**	**7**	**11**

Table 4.10 - Details of counties visited and stayed more than 6 months

Countries	Badulla		Ratnapura		Total
	Male	Female	Male	Female	
Lebanon	-	-	-	1	1
Saudi-Arabia	-	1	-	1	2
Jordan	-	1	-	1	2
India	1	-	-	-	1
Riyadh	-	1	-	-	1
Bahrain	-	1	-	-	1
Total	**1**	**4**	**-**	**3**	**8**

4.2 Change of Knowledge, Attitudes, Practices, Behaviour on HIV/AIDS

4.2.1 Knowledge of HIV/AIDS

It is observed from Table 4.11 that irrespective of the estate, about 97% of respondents in both districts have heard about STD, 98% have heard about HIV and 97% heard about AIDS. At the time of baseline survey in 2008, only 73% of respondents heard about HIV/AIDS and after the programme intervention it has gone up to 97%. Amongst the six estates, all respondents in Attampitiya estate have stated that they are well aware on HIV and AIDS.

Table 4.11 - Details on knowledge on HIV/AIDS

estate	STD				HIV				AIDS			
	Yes		No		Yes		No		Yes		No	
	No	%	No	%	No	%	No	%	No	%	No	%
Attampitiya	68	98.55	1	1.45	69	100.00	-	-	69	100	-	-
Aislaby	68	98.55	1	1.45	68	98.55	1	1.45	68	98.55	1	1.45
Pitarathmale	64	96.97	2	3.03	65	98.48	1	1.52	64	96.97	2	3.03
Medakanda	66	95.65	3	4.35	65	94.20	4	5.80	63	91.30	6	8.70
Millawitiya	66	95.65	3	4.35	67	97.10	2	2.90	66	95.65	3	4.35
Cecilton	65	98.48	1	1.52	65	98.48	1	1.52	65	98.48	1	1.52
Total	**397**	**97.30**	**11**	**2.70**	**399**	**97.79**	**9**	**2.21**	**395**	**96.81**	**13**	**3.19**

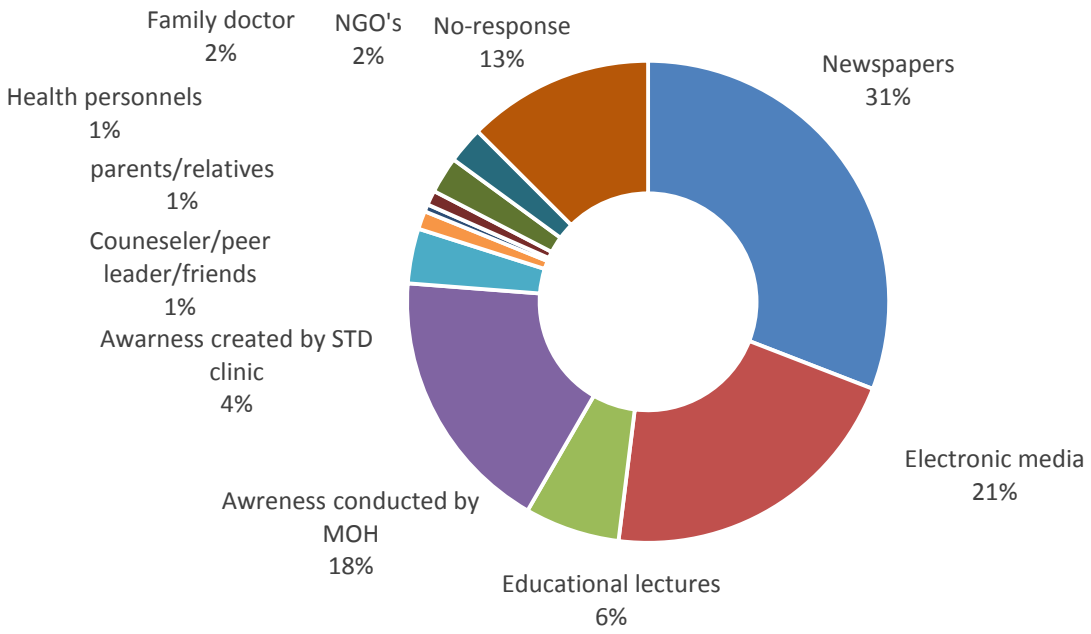
As far as the means of knowledge gained on the STD/HIV/AIDS is concerned, 31% out of 408 respondents in six estates gained knowledge from reading newspapers, 21% gained knowledge from electronic media, 18% gained knowledge from awareness programme conducted by MOH office, and 6% gained knowledge from educational lectures/seminar conducted by the programme. In addition, very few respondents gained knowledge on STD/HIV/AIDS from other means such as awareness created by STD clinic, from family doctor, NGOs, from counsellors/peer leaders, from parents/relatives and health personnel.

Amongst the different means indicated in Table 4.12, a large number of respondents in Attampitiya (37%) and Pitarathmale (29%) mentioned that electronic media as their leading means of gaining knowledge and respondents in other 4 estates mentioned that leading means of gaining knowledge was newspapers. With compared to the baseline data, means of gaining knowledge have shifted towards more from formal means to informal means.

Table 4.12 - Means of knowledge obtained on STD/HIV

Mode	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Newspapers	15	27.78	18	26.09	13	19.70	33	47.83	18	26.09	29	43.94	126	30.88
Electronic media	20	37.04	14	20.29	19	28.79	9	13.04	13	18.84	11	16.67	86	21.08
Educational lectures	3	5.56	5	7.25	6	9.09	8	11.59	2	2.90	2	3.03	26	6.37
Awareness conducted by MOH	9	16.67	10	14.49	8	12.12	4	5.80	25	36.23	17	25.76	73	17.89
Awareness created by STD clinic	1	1.85		-	1	1.52	4	5.80	5	7.25	4	6.06	15	3.68
Counsellor/peer leader/friends		-	1	1.45		-	1	1.45	3	4.35		-	5	1.23
parents/relatives		-		-	1	1.52	1	1.45		-		-	2	0.49
Health personnel	1	1.85		-	2	3.03	1	1.45		-		-	4	0.98
Family doctor	2	3.70	1	1.45	2	3.03	4	5.80		-	1	1.52	10	2.45
Estate management		-		-		-		-		-		-	0	-
NGO's	1	1.85	5	7.25	2	3.03	1	1.45		-	1	1.52	10	2.45
No-response	17	31.48	15	21.74	12	18.18	3	4.35	3	4.35	1	1.52	51	12.50
Total	**54**	**100**	**69**	**100**	**66**	**100**	**69**	**100**	**69**	**100**	**66**	**100**	**408**	**100**

Figure 4.5 - Mode of awareness received on STD/HIV



4.2.2 Misconceptions about HIV/AIDS

According to the responses, the knowledge of estate workers on mode of HIV transmission has improved significantly compared to the knowledge they had at the time of baseline survey was conducted as most of the respondents mentioned that HIV can be transmitted by having unprotected sex with HIV infected person (73%), blood transfusion (77%), use of unsterilized needles (75%) and HIV positive pregnant mother to unborn baby (71%).

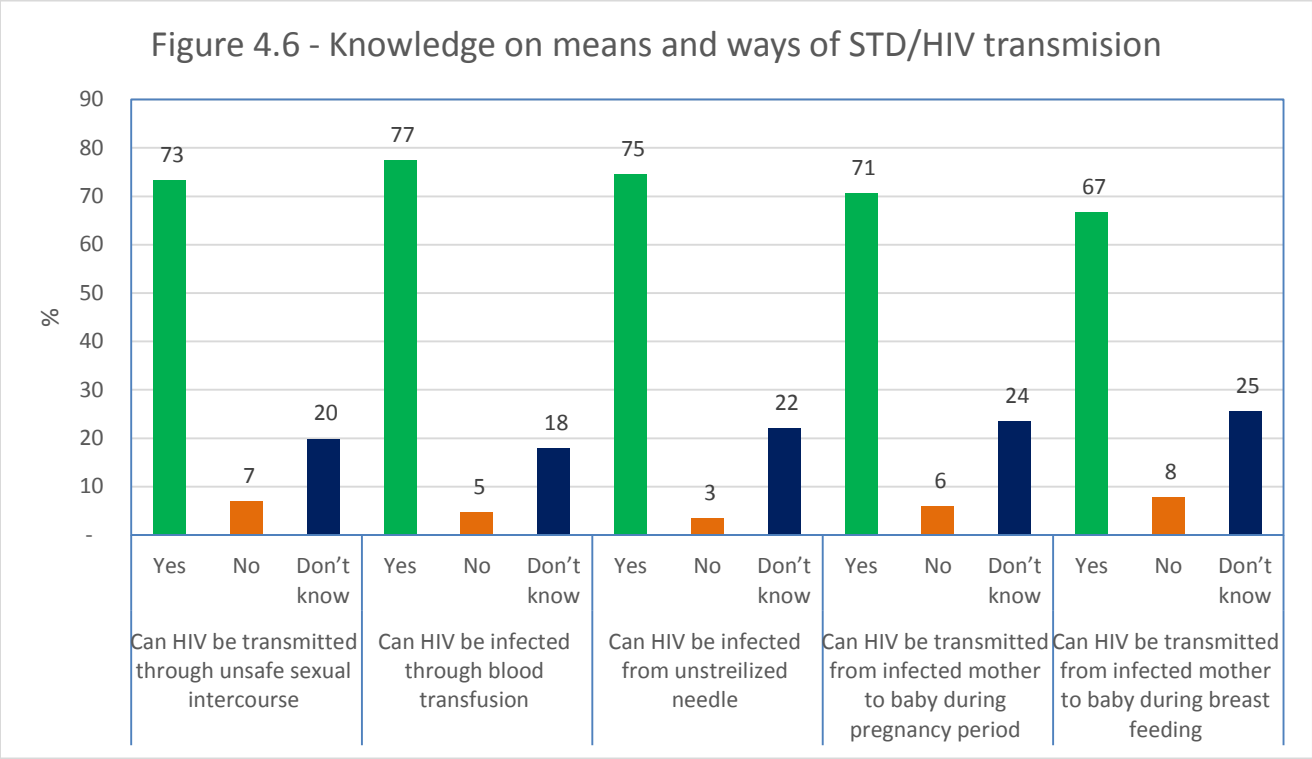


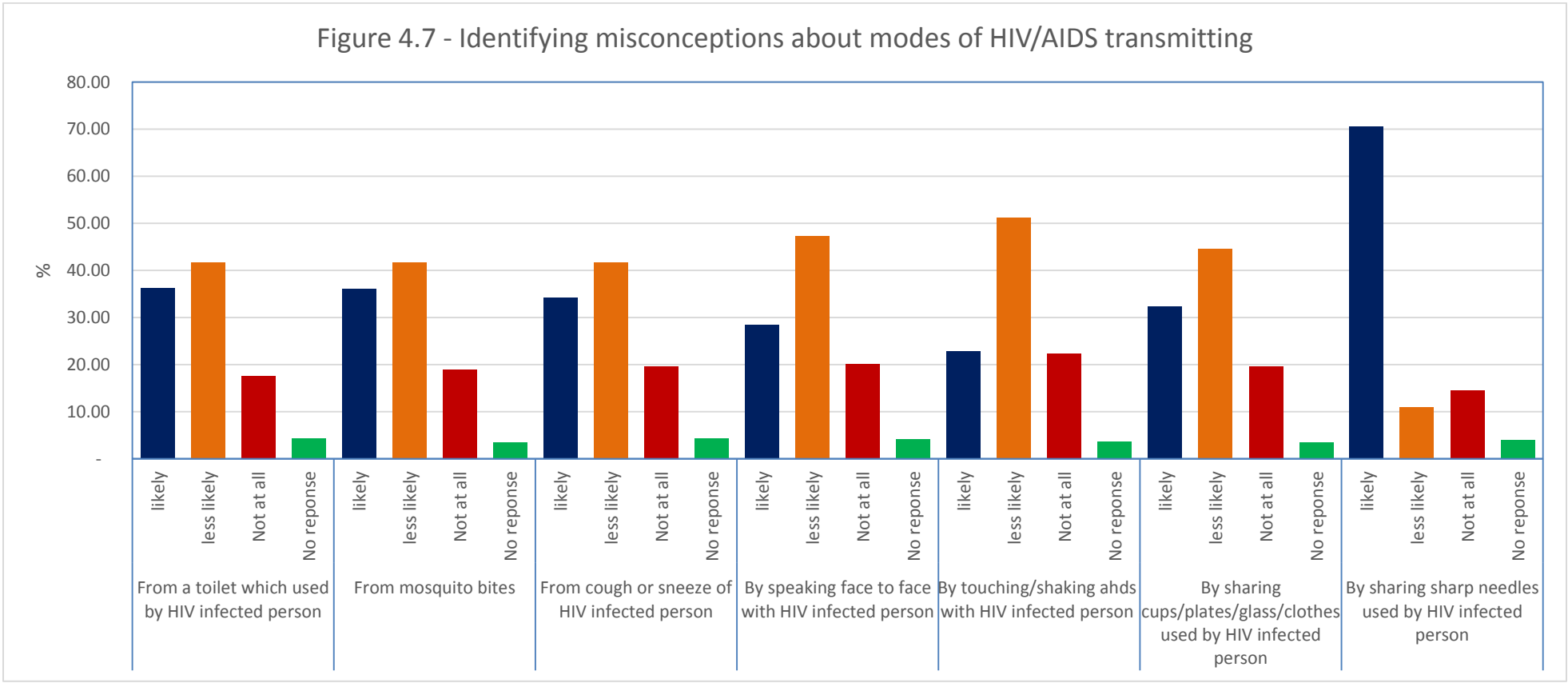
Table 4.13 - Knowledge on awareness of modes of HIV/AIDS transmitting

means	Status	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Can HIV be transmitted through unsafe sexual intercourse (D1)	Yes	44	63.77	36	52.17	43	65.15	60	86.96	57	82.61	59	89.39	299	73.28
	No	7	10.14	6	8.70	5	7.58	1	1.45	4	5.80	5	7.58	28	6.86
	Don't know	18	26.09	27	39.13	18	27.27	8	11.59	8	11.59	2	3.03	81	19.85
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
Can HIV be infected through blood transfusion (D 2)	Yes	47	68.12	41	59.42	44	66.67	64	92.75	63	91.30	57	86.36	316	77.45
	No	4	5.80	3	4.35	2	3.03	5	7.25		-	5	7.58	19	4.66
	Don't know	18	26.09	25	36.23	20	30.30		-	6	8.70	4	6.06	73	17.89
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
Can HIV be infected from unsterilized needle (D 3)	Yes	40	57.97	35	50.72	43	65.15	65	94.20	62	89.86	59	89.39	304	74.51
	No	3	4.35	2	2.90	1	1.52	4	5.80	1	1.45	3	4.55	14	3.43
	Don't know	26	37.68	32	46.38	22	33.33		-	6	8.70	4	6.06	90	22.06
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
Can HIV be transmitted from infected mother to baby during pregnancy period (D 4.1)	Yes	34	49.28	37	53.62	38	57.58	61	88.41	60	86.96	58	87.88	288	70.59
	No	4	5.80	6	8.70	6	9.09	2	2.90	2	2.90	4	6.06	24	5.88
	Don't know	31	44.93	26	37.68	22	33.33	6	8.70	7	10.14	4	6.06	96	23.53
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
Can HIV be transmitted from infected mother to baby during breast feeding (D 4.2)	Yes	32	46.38	34	49.28	40	60.61	60	86.96	53	76.81	53	80.30	272	66.67
	No	10	14.49	6	8.70	5	7.58	2	2.90	2	2.90	7	10.61	32	7.84
	Don't know	27	39.13	29	42.03	21	31.82	7	10.14	14	20.29	6	9.09	Ding to104	25.49
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***

When these percentages are compared with the baseline survey responses which varied from 30% to 52%, overall knowledge on modes of HIV transmission among the estate workers has significantly improved through the project interventions.

Table 4.14 - Assessment of respondent knowledge on HIV transmitting modes

Modes	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
None of question answered correctly	12	17.39	17	24.64	9	13.64	3	4.35	3	4.35	2	3.03	46	11.2745
at least one of above D1-D4 questions answered correctly	51	73.91	42	60.87	48	72.73	61	88.41	61	88.41	64	96.97	327	80.1471
Two - three questions answered correctly	37	53.62	28	40.58	36	54.55	60	86.96	60	86.96	62	93.94	283	69.3627
all four questions answered correctly	57	82.61	52	75.36	57	86.36	66	95.65	66	95.65	64	96.97	362	88.7255



In the assessment of the level of respondent's knowledge on modes of HIV transmission based on the number of HIV transmissions modes respondents have stated correctly as indicated in Table 4.14. About 89% of respondents correctly stated the four HIV transmission modes. There are about 69 respondents correctly mentioned 2 to 3 HIV transmission modes. However, there are about 11% of respondents still do not correctly understand the HIV transmission modes amongst the estate population.

Table 4.15 – Identifying misconceptions about modes of HIV/AIDS transmitting

means	assessment	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
From a toilet which used by HIV infected person	likely	35	50.72	31	44.93	33	50.00	19	27.54	19	27.54	11	16.67	148	36.27
	less likely	15	21.74	23	33.33	17	25.76	34	49.28	39	56.52	42	63.64	170	41.67
	Not at all	17	24.64	8	11.59	13	19.70	15	21.74	8	11.59	11	16.67	72	17.65
	No response	2	2.90	7	10.14	3	4.55	1	1.45	3	4.35	2	3.03	18	4.41
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
From mosquito bites	likely	23	33.33	23	33.33	29	43.94	30	43.48	30	43.48	12	18.18	147	36.03
	less likely	29	42.03	25	36.23	18	27.27	25	36.23	32	46.38	41	62.12	170	41.67
	Not at all	15	21.74	13	18.84	18	27.27	13	18.84	6	8.70	12	18.18	77	18.87
	No response	2	2.90	8	11.59	1	1.52	1	1.45	1	1.45	1	1.52	14	3.43
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
From cough or sneeze of HIV infected person	likely	28	40.58	22	31.88	30	45.45	24	34.78	21	30.43	15	22.73	140	34.31
	less likely	17	24.64	23	33.33	18	27.27	34	49.28	39	56.52	39	59.09	170	41.67
	Not at all	21	30.43	16	23.19	15	22.73	11	15.94	6	8.70	11	16.67	80	19.61
	No response	3	4.35	8	11.59	3	4.55		-	3	4.35	1	1.52	18	4.41
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
By speaking face to face with HIV infected person	likely	26	37.68	23	33.33	26	39.39	15	21.74	17	24.64	9	13.64	116	28.43
	less likely	19	27.54	23	33.33	18	27.27	41	59.42	44	63.77	48	72.73	193	47.30
	Not at all	21	30.43	16	23.19	19	28.79	11	15.94	6	8.70	9	13.64	82	20.10
	No response	3	4.35	7	10.14	3	4.55	2	2.90	2	2.90		-	17	4.17
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***

Table 4.15 – Identifying misconceptions about modes of HIV/AIDS transmitting (continuation)

means	assessment	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
By touching/shaking hands with HIV infected person	likely	23	33.33	17	24.64	25	37.88	8	11.59	13	18.84	7	10.61	93	22.79
	less likely	22	31.88	26	37.68	20	30.30	46	66.67	45	65.22	50	75.76	209	51.23
	Not at all	21	30.43	18	26.09	20	30.30	14	20.29	9	13.04	9	13.64	91	22.30
	No response	3	4.35	8	11.59	1	1.52	1	1.45	2	2.90		-	15	3.68
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
By sharing cups/plates/glass/ clothes used by HIV infected person	likely	31	44.93	20	28.99	30	45.45	18	26.09	20	28.99	13	19.70	132	32.35
	less likely	19	27.54	23	33.33	18	27.27	38	55.07	40	57.97	44	66.67	182	44.61
	Not at all	17	24.64	19	27.54	15	22.73	13	18.84	7	10.14	9	13.64	80	19.61
	No response	2	2.90	7	10.14	3	4.55		-	2	2.90		-	14	3.43
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
By sharing sharp needles used by HIV infected person	likely	48	69.57	42	60.87	48	72.73	53	76.81	55	79.71	42	63.64	288	70.59
	less likely	6	8.70	6	8.70	4	6.06	8	11.59	5	7.25	16	24.24	45	11.03
	Not at all	13	18.84	13	18.84	11	16.67	8	11.59	6	8.70	8	12.12	59	14.46
	No response	2	2.90	8	11.59	3	4.55		-	3	4.35		-	16	3.92
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***

Table 4.16 - Assessment on knowledge of respondent on means of HIV transmission

Means and ways	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
None of questions (D.5.1 to D.5.7) answered correctly	1	1.45	3	4.35		-		-		-		-	4	0.98
at least one of above D5.1- D5.7 questions answered correctly	67	97.10	62	89.86	64	96.97	68	98.55	67	97.10	66	100	394	96.57
Two - three questions answered correctly	66	95.65	60	86.96	63	95.45	68	98.55	65	94.20	64	96.97	386	94.61
Four to five questions answered correctly	66	95.65	61	88.41	63	95.45	67	97.10	66	95.65	66	100	389	95.34
Five to six questions answered correctly	67	97.10	61	88.41	63	95.45	69	100	66	95.65	66	100	392	96.08
Six to seven answered correctly	66	95.65	60	86.96	61	92.42	66	95.65	64	92.75	66	100	383	93.87
All 7 questions answered correctly	66	95.65	59	85.51	60	90.91	66	95.65	62	89.86	62	93.94	375	91.91

As indicated in Tables 4.15 and 4.16 responses provided by estate workers are further analysed to assess the level of respondents' misconceptions on mode of HIV transmitting. About 92% respondents clearly understand the misconceptions on HIV transmission modes. There are about 94% respondents who are clear about the misconception of HIV transmission. But there is about 1% respondents in estates in both districts still believe on some misconception about HIV transmission.

It is noted that from the baseline survey responses, percentage of the misconceptions on modes of HIV transmission varied from 19% to 39% across the questions identifying the misconceptions about the HIV/AIDS transmitting modes. Therefore, programme interventions had remarkably improved the capacity of identifying misconceptions on modes of HIV transmission.

4.2.3 Prevention of HIV/AIDS infection

Table 4.17 - Ways of protecting from HIV infection

means/ways	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Abstain from sexual intercourse	3	4.55	3	4.62	4	5.80	6	6.45	8	10.00	3	3.45	27	5.87
Limited to faithful sex partner	47	71.21	37	56.92	40	57.97	64	68.82	49	61.25	57	65.52	294	63.91
Always use condom when having sex	4	6.06	8	12.31	11	15.94	13	13.98	12	15.00	21	24.14	69	15.00
Abstaining penetrative sex	10	15.15	17	26.15	12	17.39	10	10.75	9	11.25	5	5.75	63	13.70
avoid sharing of injection needles and sharp objects		-		-		-		-	1	1.25	1	1.15	2	0.43
take precaution when helping bleeding person	2	3.03		-	2	2.90		-	1	1.25		-	5	1.09
Total	**66**	**100**	**65**	**100**	**69**	**100**	**93**	**100**	**80**	**100**	**87**	**100**	**460**	**100**

Study explored the respondents' perception on how they adopt the protective measures against HIV transmission. A majority (64%) of respondents limited their sex to one faithful sex partner as protective measure and 15% used condoms as protective measure. Another 14% indicated that they abstain from penetrative sex. There were about 0.4% respondents who indicated that they avoid sharing injection needles and sharp objective as a precaution for HIV transmission.

Figure 4.8 - Ways of protecting from HIV Transmission

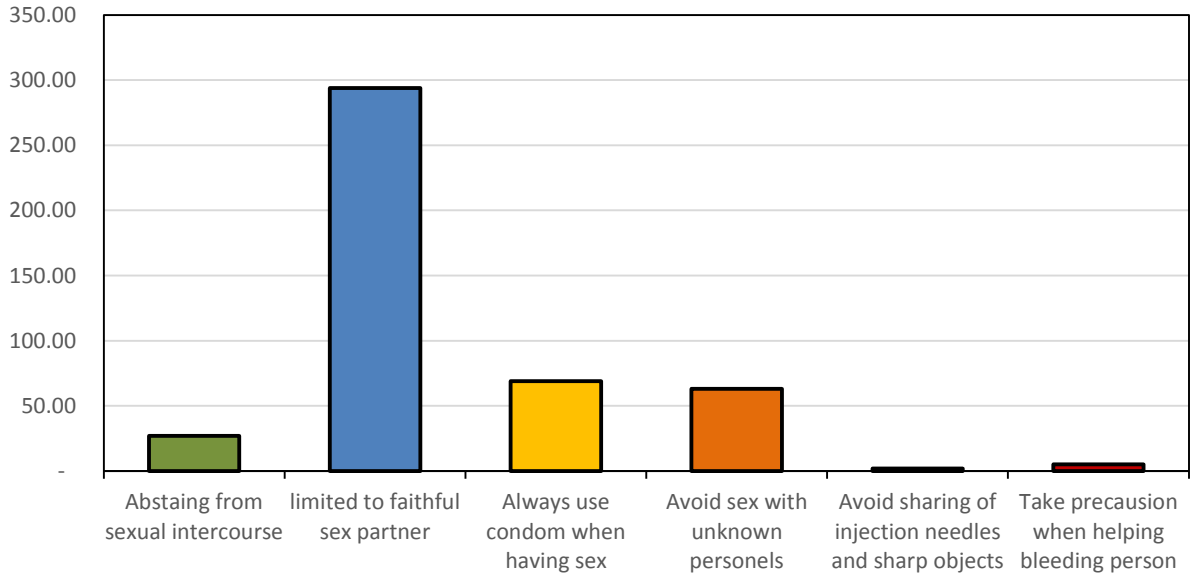
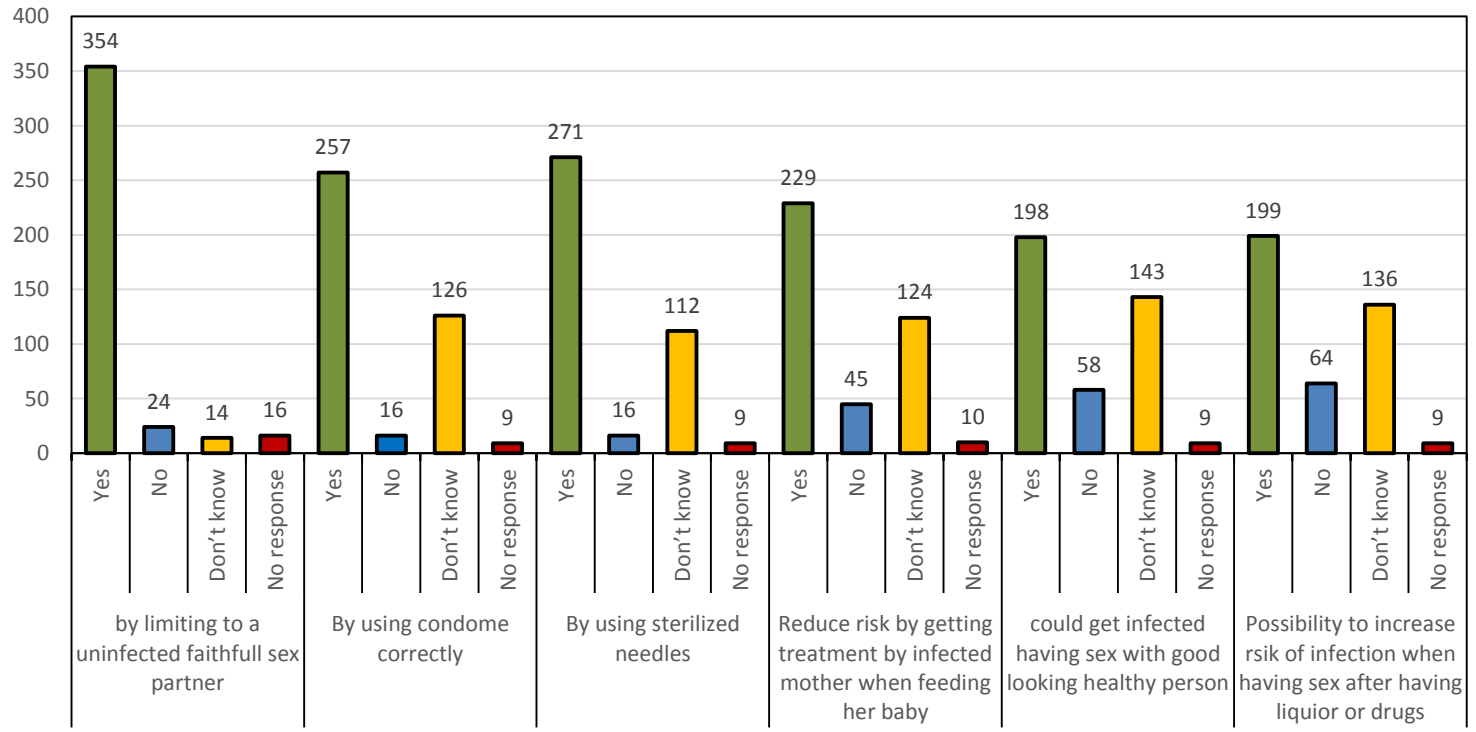


Table 4.18 - Protection from HIV

Ways	Assessment	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
By limiting to a uninfected faithful sex partner	Yes	51	73.91	52	75.36	55	83.33	68	98.55	63	91.30	65	98.48	354	86.76
	No	13	18.84	3	4.35	6	9.09		-	1	1.45	1	1.52	24	5.88
	Don't know	2	2.90	9	13.04	1	1.52	1	1.45	1	1.45		-	14	3.43
	No response	3	4.35	5	7.25	4	6.06		-	4	5.80		-	16	3.92
	Sub total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
By using condom correctly	Yes	31	44.93	43	62.32	34	51.52	45	65.22	52	75.36	52	78.79	257	62.99
	No	2	2.90	2	2.90	1	1.52	8	11.59	1	1.45	2	3.03	16	3.92
	Don't know	35	50.72	21	30.43	29	43.94	15	21.74	14	20.29	12	18.18	126	30.88
	No response	1	1.45	3	4.35	2	3.03	1	1.45	2	2.90		-	9	2.21
	Sub total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
By using sterilized needles	Yes	32	46.38	36	52.17	37	56.06	55	79.71	56	81.16	55	83.33	271	66.42
	No	2	2.90	4	5.80	2	3.03	5	7.25	1	1.45	2	3.03	16	3.92
	Don't know	34	49.28	26	37.68	24	36.36	9	13.04	10	14.49	9	13.64	112	27.45
	No response	1	1.45	3	4.35	3	4.55		-	2	2.90		-	9	2.21
	Sub total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***

Figure 4.9 - Perception on ways of protecting from HIV Transmission



According to the Tables 4.17 and 4.18, a majority of respondents have gained knowledge about the ways of protecting from HIV transmission compared to the pre-intervention phase.

Table 4.19 - Protection from HIV

Ways	Assessment	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Reduce risk by getting treatment by infected mother when feeding her baby	Yes	25	36.23	35	50.72	34	51.52	43	62.32	43	62.32	49	74.24	229	56.13
	No	4	5.80	6	8.70	5	7.58	9	13.04	10	14.49	11	16.67	45	11.03
	Don't know	39	56.52	25	36.23	24	36.36	16	23.19	14	20.29	6	9.09	124	30.39
	No response	1	1.45	3	4.35	3	4.55	1	1.45	2	2.90		-	10	2.45
	Sub total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
could get infected having sex with good looking healthy person	Yes	25	36.23	36	52.17	24	36.36	35	50.72	29	42.03	49	74.24	198	48.53
	No	4	5.80	4	5.80	6	9.09	20	28.99	16	23.19	8	12.12	58	14.22
	Don't know	39	56.52	26	37.68	34	51.52	14	20.29	21	30.43	9	13.64	143	35.05
	No response	1	1.45	3	4.35	2	3.03		-	3	4.35		-	9	2.21
	Sub total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
Possibility to increase risk of infection when having sex after having liquor or drugs	Yes	28	40.58	39	56.52	27	40.91	35	50.72	29	42.03	41	62.12	199	48.77
	No	5	7.25	6	8.70	6	9.09	14	20.29	20	28.99	13	19.70	64	15.69
	Don't know	35	50.72	21	30.43	31	46.97	20	28.99	17	24.64	12	18.18	136	33.33
	No response	1	1.45	3	4.35	2	3.03		-	3	4.35		-	9	2.21
	Sub total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***

It was assessed that the respondents' perception on means and ways of protection from HIV, 56% believe that getting treatment by infected mother could reduce the risk of transmitting the diseases to her baby. About 48% indicated that there is a risk of transmitting the disease when having sex with even good-looking healthy person. About 49% mentioned that possibility to increase the risk of transmitting of the disease when having sex after consuming liquor or drugs.

It was also revealed 87% of the respondents mentioning that protection from HIV could be assured by limiting sexual relationship to uninfected faithful sex partner. Another 63% indicated that by using condom correctly protection can be ensured. About 66% indicated that protection can be assured by using sterilized needles. 56% indicated that risk of transmission of disease from mother to

child could be reduced by getting treatment continuously. Among the respondents 48% indicated that there is a possibility of getting infected with HIV when having sex with good looking healthy person.

In the pre-intervention survey, 49% of the respondents stated that having a faithful sex partner can avoid becoming infected, 32% of the respondents stated that using condoms during sex can be prevented from infection, 22% of the respondents stated that the protection from abstaining penetrative sex can avoid becoming infected, 25% of the respondents indicated that using sterilized needles can prevent from infection, 29% indicated that using drugs available for controlling HIV can prevent unborn child become infected during pregnancy, 28% stated that unprotected sex with someone who looks healthy can become infected and 30% of the respondents stated that excessive use of alcohol or drugs contribute to the risk of becoming infected. When compared these values with the post intervention survey a remarkable improvement in the level of understanding the ways of protection of HIV infection is discernable.

4.2.4 Attitudes towards HIV positive co-workers and others

As indicated in Table 4.20, a majority of respondents in estates in Badulla district still have stigma to work with co-workers, share toilets, share meals, share tools and equipment and eat food with a person having infected with HIV. On the other hand majority of respondents in estates of Ratnapura district have shown their willingness to work with co-workers having infected with HIV, share toilets used by HIV patient, share meals with HIV infected person, share tools and equipment used by HIV infected person and eat food together with a person having infected with HIV. Among the three estates of Ratnapura district, about 68% respondents in Cecilton indicated that they do not like to share tools, equipment used by HIV infected co-worker.

Table 4.20 – Attitudes towards HIV positive co-workers and others

Assessment	Status	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
like to work with co-worker having found to be infected with HIV (C 16)	Yes	16	23.19	16	23.19	21	31.82	41	59.42	38	55.07	43	65.15	175	42.89
	No	50	72.46	43	62.32	43	65.15	28	40.58	31	44.93	23	34.85	218	53.43
	don't know	3	4.35	10	14.49	2	3.03		-		-		-	15	3.68
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
like to share toilet with co-worker having infected with HIV (C 17)	Yes	10	14.49	16	23.19	15	22.73	35	50.72	34	49.28	40	60.61	150	36.76
	No	55	79.71	46	66.67	49	74.24	34	49.28	33	47.83	26	39.39	243	59.56
	don't know	4	5.80	7	10.14	2	3.03		-	2	2.90		-	15	3.68
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
like to share meals with HIV infected co-worker (C 18.1)	Yes	13	18.84	13	18.84	18	27.27	35	50.72	33	47.83	38	57.58	149	36.52
	No	53	76.81	49	71.01	42	63.64	33	47.83	32	46.38	28	42.42	238	58.33
	don't know	3	4.35	7	10.14	6	9.09	1	1.45	4	5.80		-	21	5.15
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
like to having meals with HIV infected co-worker (C 18.2)	Yes	12	17.39	14	20.29	18	27.27	35	50.72	33	47.83	38	57.58	149	36.52
	No	54	78.26	47	68.12	42	63.64	33	47.83	32	46.38	28	42.42	237	58.09
	don't know	3	4.35	8	11.59	6	9.09	1	1.45	4	5.80		-	22	5.39
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
Like to share tools, equipment had used by HIV infected co-worker (C 19)	Yes	27	39.13	23	33.33	28	42.42	36	52.17	36	52.17	19	28.79	169	41.42
	No	34	49.28	36	52.17	30	45.45	32	46.38	30	43.48	45	68.18	207	50.74
	don't know	8	11.59	10	14.49	8	12.12	1	1.45	3	4.35	2	3.03	32	7.84
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***

As a whole this is a positive sign of the programme intervention as people tend to change their attitudes and adjust the situation to accept the HIV infected patients due to their knowledge on the HIV. This indicates that programme interventions on awareness and training have contributed positively to change attitudes, behaviour and practice of community in Ratnapura district. Even though a large percentage of respondents have shown their stigma on the HIV disease in the estates of Badulla district, number of respondents tends to change their minds and behaviour to live and work with HIV infected people in the community.

According to the Table 4.21, about 68% of respondents in all estates indicated that they do not like to share their room with HIV infected person which is less than the baseline value of 75%. However, about 60% indicated that they do like to live with family member who is infected with HIV which implies a significant change in attitudes towards family member compared to the baseline status of 51%. There is a significant improvement (73%) in change of attitudes among the respondents in six estates towards providing care and support for a family member having infected with HIV living in the same house compared to the baseline status of 49%. However, about 53% of respondents in Ratnapura district accept the idea of sending a HIV infected child to a normal school where as respondents in Badulla district do not accept the idea.

Table 4.21 – Further analysis of attitudes towards HIV positive co-workers and others

Assessment	Status	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Like to share a room with HIV infected person	Yes	7	10.14	2	2.90	9	13.64	27	39.13	28	40.58	30	45.45	103	25.25
	No	57	82.61	56	81.16	50	75.76	42	60.87	39	56.52	34	51.52	278	68.14
	don't know	5	7.25	11	15.94	7	10.61		-	2	2.90	2	3.03	27	6.62
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
should allow HIV infected children to study in a normal school	Yes	14	20.29	12	17.39	17	25.76	36	52.17	38	55.07	35	53.03	152	37.25
	No	49	71.01	50	72.46	43	65.15	31	44.93	26	37.68	31	46.97	230	56.37
	don't know	6	8.70	7	10.14	6	9.09	2	2.90	5	7.25		-	26	6.37
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
Prepare to live with family member having infected with HIV	Yes	40	57.97	31	44.93	33	50.00	40	57.97	46	66.67	57	86.36	247	60.54
	No	28	40.58	28	40.58	27	40.91	27	39.13	19	27.54	9	13.64	138	33.82
	don't know	1	1.45	10	14.49	6	9.09	2	2.90	4	5.80		-	23	5.64
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
prepare to take care of one of family member having infected with HIV	Yes	49	71.01	41	59.42	41	62.12	48	69.57	56	81.16	62	93.94	297	72.79
	No	18	26.09	20	28.99	18	27.27	13	18.84	13	18.84	4	6.06	86	21.08
	don't know	2	2.90	8	11.59	7	10.61	8	11.59		-		-	25	6.13
	sub - total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***

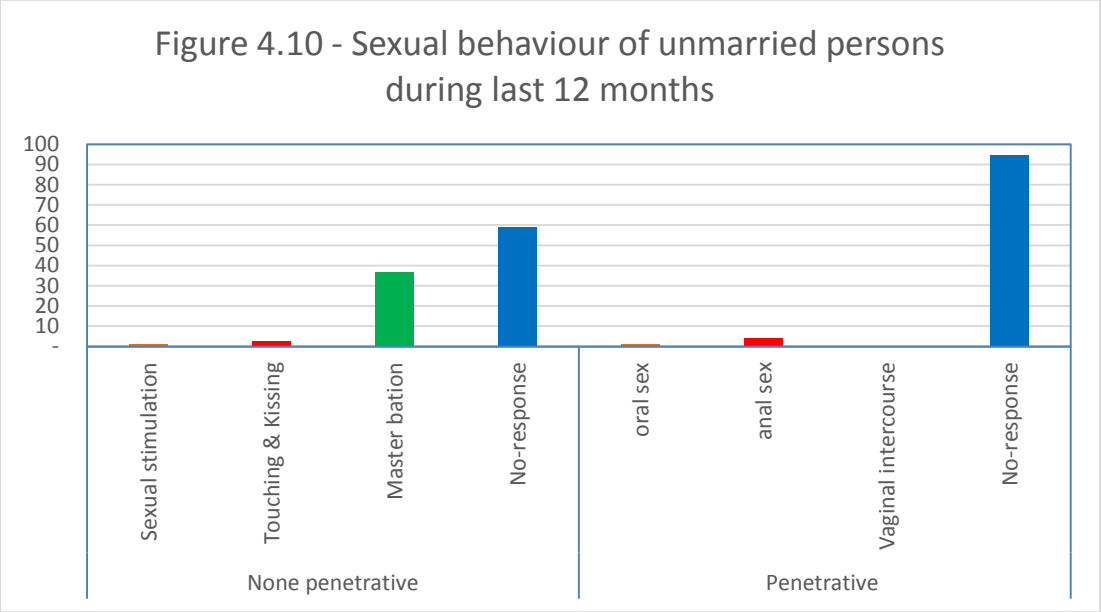
4.3 Sexual behaviour and practices

4.3.1 Sexual behaviour of unmarried and married respondents

Table 4.22 - Sexual activities of unmarried respondents during last 12 months

estate	Penetrative/none penetrative								total	
	Yes	%	No	%	Don't like to expose	%	No response	%	No	%
Attampitiya		-	8	88.89		-	1	11.11	**9**	**100**
Aislaby	1	14.29	6	85.71		-	-	-	**7**	**100**
Pitarathmale		-	19	86.36	1	4.55	2	9.09	**22**	**100**
Medakanda	2	20.00	6	60.00	1	10.00	1	10.00	**10**	**100**
Millawitiya	2	11.11	16	88.89		-	-	-	**18**	**100**
Cecilton		-	4	57.14		-	3	42.86	**7**	**100**
Total	**5**	**7**	**59**	**80**	**2**	**3**	**7**	**10**	**73**	**100**

It was observed that only 7% of the unmarried respondent out of 73 had sexual activities either penetrative or non-penetrative during last 12 months period while 81% did not divulge their sexual behaviour to the enumerators. In addition there are about 10% unmarried respondents who have not given their response in this regard. Results in Table 4.22 imply that 87% of youth in the estates of the two districts are sexually active before getting married.



4.3.2 Sexual behaviour of married person

Table 4.23 presents the information on behaviour, practice and relationship of married persons. According to the Table, about 45% respondents mentioned that they have sex with their spouse regularly, 33% indicated that they are not having sex with their spouse regularly about 18% did not like to respond to the question. In addition, about 23% of respondents mentioned that they do enjoy having sex with their spouses and about 55% mentioned that they do not enjoy having sex with their spouses. There are about 17% respondents who did not respond to the question. If a married person or spouse did not like to have sex with either partner, it was further investigated on under what circumstances they had sex with their married partner. About 85% did not respond and about 3% mentioned that they do have sex as a customary requirement, 8% have sex by force and balance 3% do have sex to get relief from stress and pressure situations. It was further explored to see the frequency of having sex amongst the married persons who enjoy having sex with married partners. Amongst the respondents, 20% indicated that they do have sex occasionally, 18% on weekly basis, 10% monthly and 6% on daily basis. About 44% respondents did not mention the frequency of having sex with their partners. The condom use among the married couples was very seldom as 44% indicated that they do not use condoms when having sex with legal partner. Only 10% mentioned that they used condoms when having sex with their spouses. Amongst the condom users, only 3% used condoms every time when having sex and 9% some time and 3% used occasionally and 44% indicated that they never used condoms when having sex with spouses. Another 41% did not respond to the question.

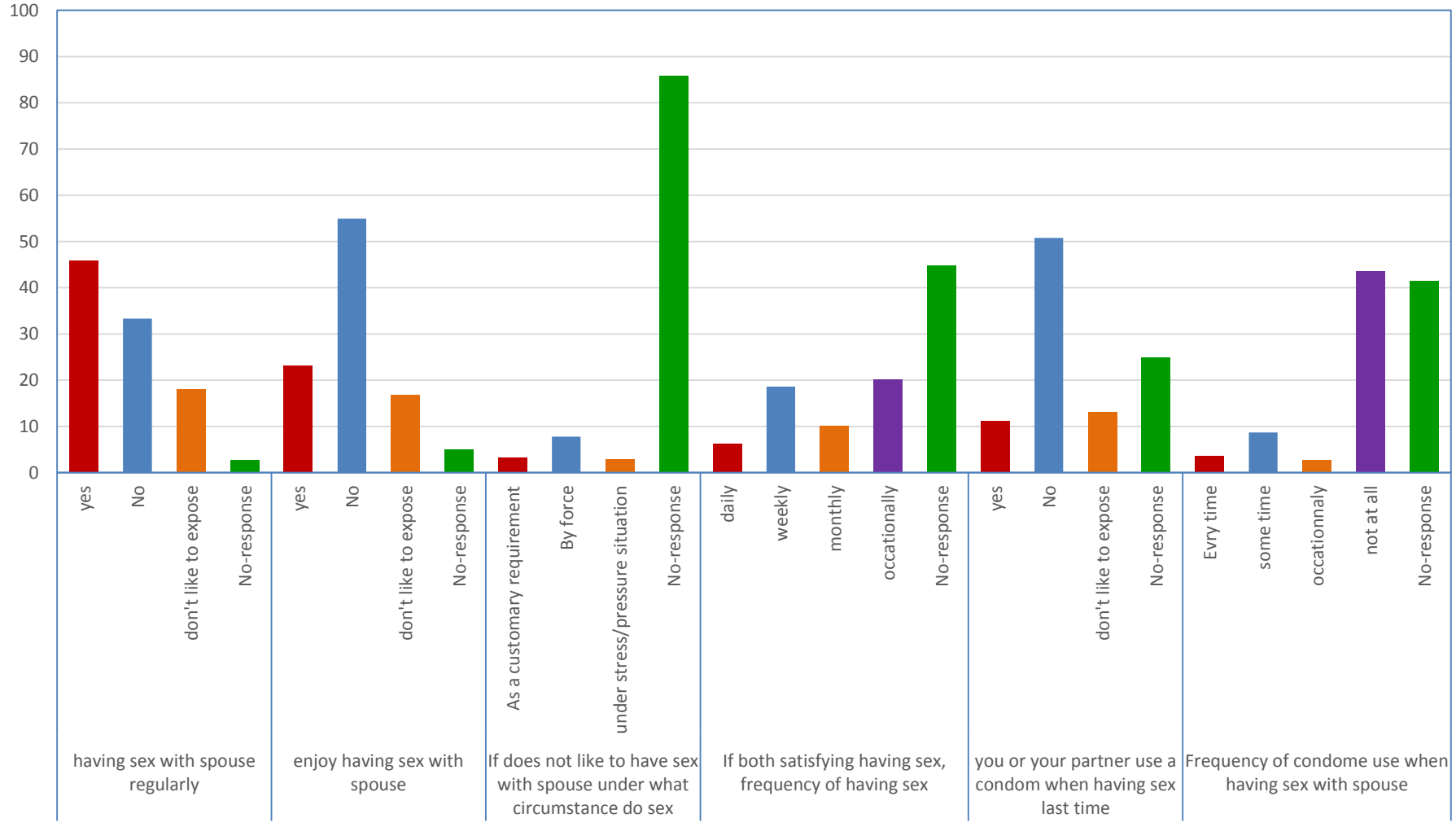
Table 4.23 - Behaviour, practice and relationship of married person

sexual practices	assessment	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
having sex with spouse regularly	yes	31	51.67	24	38.71	24	57.14	29	49.15	18	35.29	27	45.76	153	45.95
	No	19	31.67	27	43.55	9	21.43	21	35.59	12	23.53	23	38.98	111	33.33
	don't like to expose	9	15.00	8	12.90	8	19.05	7	11.86	21	41.18	7	11.86	60	18.02
	No-response	1	1.67	3	4.84	1	2.38	2	3.39		-	2	3.39	9	2.70
	sub -total	***60***	***100***	***62***	***100***	***42***	***100***	***59***	***100***	***51***	***100***	***59***	***100***	***333***	***100***
enjoy having sex with spouse	yes	8	13.33	19	30.65	6	14.29	14	23.73	14	27.45	16	27.12	77	23.12
	No	41	68.33	30	48.39	27	64.29	35	59.32	19	37.25	31	52.54	183	54.95
	don't like to expose	9	15.00	9	14.52	7	16.67	7	11.86	16	31.37	8	13.56	56	16.82
	No-response	2	3.33	4	6.45	2	4.76	3	5.08	2	3.92	4	6.78	17	5.11
	sub -total	***60***	***100***	***62***	***100***	***42***	***100***	***59***	***100***	***51***	***100***	***59***	***100***	***333***	***100***
If does not like to have sex with spouse under what circumstance do sex	As a customary requirement		-	4	6.45	1	2.38		-	1	1.96	5	8.47	11	3.30
	By force	2	3.33	4	6.45	7	16.67	1	1.69	7	13.73	5	8.47	26	7.81
	under stress/pressure situation	2	3.33		-	1	2.38	4	6.78	2	3.92	1	1.69	10	3.00
	No-response	56	93.33	54	87.10	33	78.57	54	91.53	41	80.39	48	81.36	286	85.89
	sub -total	***60***	***100***	***62***	***100***	***42***	***100***	***59***	***100***	***51***	***100***	***59***	***100***	***333***	***100***

Table 4.23 - Behaviour, practice and relationship of married person (continuation)

sexual practices	assessment	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
If both satisfying having sex, frequency of having sex	daily	2	3.33	5	8.06	2	4.76	4	6.78	5	9.80	3	5.08	21	6.31
	weekly	8	13.33	12	19.35	8	19.05	14	23.73	6	11.76	14	23.73	62	18.62
	monthly	5	8.33	6	9.68	7	16.67	5	8.47	2	3.92	9	15.25	34	10.21
	occasionally	13	21.67	9	14.52	10	23.81	13	22.03	12	23.53	10	16.95	67	20.12
	No-response	32	53.33	30	48.39	15	35.71	23	38.98	26	50.98	23	38.98	149	44.74
	sub -total	***60***	***100***	***62***	***100***	***42***	***100***	***59***	***100***	***51***	***100***	***59***	***100***	***333***	***100***
you or your partner use a condom when having sex last time	yes	3	5.00	8	12.90	5	11.90	5	8.47	7	13.73	9	15.25	37	11.11
	No	32	53.33	32	51.61	21	50.00	29	49.15	24	47.06	31	52.54	169	50.75
	don't like to expose	8	13.33	9	14.52	6	14.29	2	3.39	14	27.45	5	8.47	44	13.21
	No-response	17	28.33	13	20.97	10	23.81	23	38.98	6	11.76	14	23.73	83	24.92
	sub -total	***60***	***100***	***62***	***100***	***42***	***100***	***59***	***100***	***51***	***100***	***59***	***100***	***333***	***100***
Frequency of condom use when having sex with spouse	Every time		-	1	1.61	1	2.38	1	1.69	3	5.88	6	10.17	12	3.60
	some time	3	5.00	5	8.06	7	16.67	3	5.08	6	11.76	5	8.47	29	8.71
	occasionally	2	3.33	1	1.61		-	3	5.08	2	3.92	1	1.69	9	2.70
	not at all	30	50.00	28	45.16	19	45.24	23	38.98	24	47.06	21	35.59	145	43.54
	No-response	25	41.67	27	43.55	15	35.71	29	49.15	16	31.37	26	44.07	138	41.44
	sub -total	***60***	***100***	***62***	***100***	***42***	***100***	***59***	***100***	***51***	***100***	***59***	***100***	***333***	***100***

Figure 4.11 - Behavior, Practice and Relationship having by married respondents



Sexual relationships respondents had with casual sex partners during last 12 months is given in Table 4.24. According to the Table, about 3% of respondents had sexual relationships with casual sex partners during the period and 55% of respondents did not have sexual relationships with casual sex partners. There are about 42% respondents in the two districts did not respond to the question. It was further investigated to see how respondents used condoms when having sex with casual sex partners, it was indicated that about 3% among the respondents have used condoms when having sex with casual partners and 29% mentioned they did not use condoms. Another 68% amongst the respondents in the two districts did not answer the question. With respect to the frequency of condom use when having sex with casual sex partners, about 2% mentioned that they used condoms every time and about 2% indicated that they used condoms some time. About 1% used occasionally and 24% never used condoms when having sex with casual sex partners.

Results indicated that estate workers tend to avoid having sex with casual sex workers and also use safety measure like condoms when having sexual relationship with casual sex partners as preventive measure of HIV transmission.

Table 4.24 - Sexual relationship

Relationship	Assessment	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Sex with casual sex partner during last 12 months	yes	2	2.90	2	2.90	1	1.52	1	1.45	4	5.80	3	4.55	13	3.19
	no	47	68.12	47	68.12	41	62.12	22	31.88	31	44.93	34	51.52	222	54.41
	not like to exposed		-		-		-		-	1	1.45		-	1	0.25
	No-response	20	28.99	20	28.99	24	36.36	46	66.67	33	47.83	29	43.94	172	42.16
	sub -total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
Use of condom when having sex with casual sex partner last time	yes	1	1.45	3	4.35	1	1.52	3	4.35	3	4.35	2	3.03	13	3.19
	no	15	21.74	14	20.29	12	18.18	24	34.78	28	40.58	24	36.36	117	28.68
	not like to exposed		-		-		-		-		-		-	-	-
	No-response	53	76.81	52	75.36	53	80.30	42	60.87	38	55.07	40	60.61	278	68.14
	sub -total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***
Frequency of condom use when having sex with casual sex partner	every time		-	2	2.90	1	1.52		-	2	2.90	2	3.03	7	1.72
	some time		-	1	1.45		-	3	4.35	4	5.80	1	1.52	9	2.21
	occasionally		-	1	1.45		-		-	2	2.90		-	3	0.74
	not at all	15	21.74	16	23.19	11	16.67	19	27.54	18	26.09	20	30.30	99	24.26
	No-response	54	78.26	49	71.01	54	81.82	47	68.12	43	62.32	43	65.15	290	71.08
	sub -total	***69***	***100***	***69***	***100***	***66***	***100***	***69***	***100***	***69***	***100***	***66***	***100***	***408***	***100***

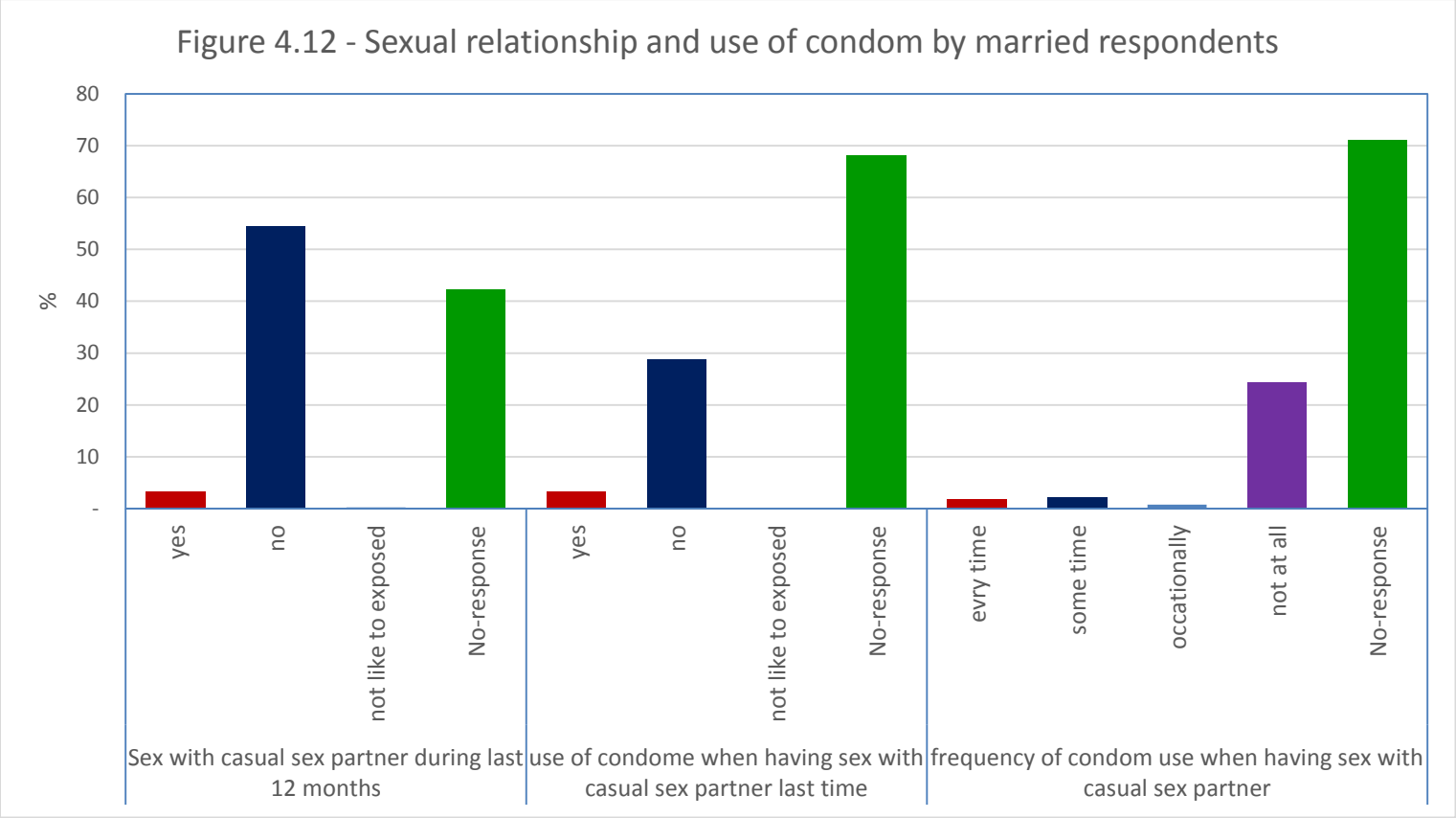


Figure 4.12 - Sexual relationship and use of condom by married respondents
%
80
70
60
50
40
30
20
10
-
yes
no
not like to exposed
No-response
yes
no
not like to exposed
No-response
evry time
some time
occationally
not at all
No-response
Sex with casual sex partner during last 12 months
use of condome when having sex with casual sex partner last time
frequency of condom use when having sex with casual sex partner

4.3.3 Knowledge, Attitudes and Use of Male condom

This study tried to assess the knowledge, attitude and practice of condom use by estate workers as protective measure for HIV transmission. It was found that very large percentage (77%) of respondents had heard about the condom and only 20% were not aware of the use of condom. This is a significant improvement compared to the pre-intervention survey figures of 51% and 43% respectively. As a whole 20% used condoms when having intercourse with sex partners and 69% did not use. According to the respondents' perception on the necessity of condom use by married person with non-regular sex partners, about 60% mentioned as necessary and 18% as not necessary. It implies that project intervention on protective measure have been adopted by the estate workers and being practiced now. This is a remarkable achievement of the programme.

Figure 4.13 - Knowledge on male condom and their use by estate workers

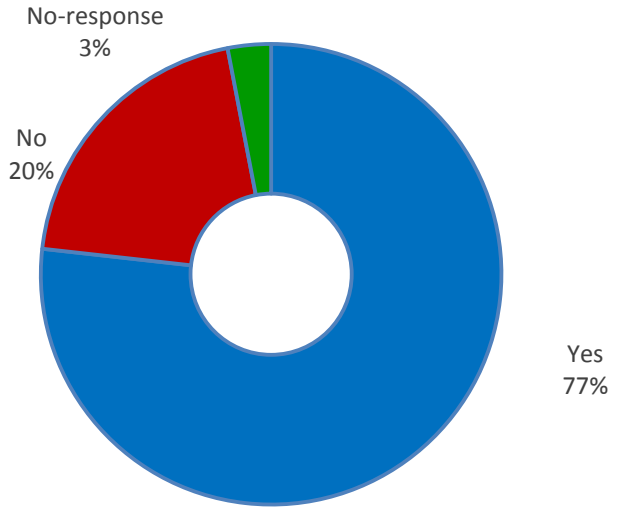


Table 4.25 - Practice of condom use

practice	assessment	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Heard of condom	Yes	22	61.11	21	63.64	25	78.13	24	85.71	32	84.21	28	90.32	152	76.77
	No	13	36.11	10	30.30	6	18.75	3	10.71	5	13.16	3	9.68	40	20.20
	No-response	1	2.78	2	6.06	1	3.13	1	3.57	1	2.63		-	6	3.03
	sub -total	***36***	***100***	***33***	***100***	***32***	***100***	***28***	***100***	***38***	***100***	***31***	***100***	***198***	100
Use of condom for sexual intercourse	Yes	6	16.67	9	27.27	3	9.38	5	17.86	9	23.68	7	22.58	39	19.70
	No	27	75.00	20	60.61	24	75.00	20	71.43	25	65.79	21	67.74	137	69.19
	No-response	3	8.33	4	12.12	5	15.63	3	10.71	4	10.53	3	9.68	22	11.11
	sub -total	***36***	***100***	***33***	***100***	***32***	***100***	***28***	***100***	***38***	***100***	***31***	***100***	***198***	100
Necessary to use condom when married person having sex with non-regular sex partners	yes	18	50.00	17	51.52	19	59.38	21	75.00	27	71.05	18	58.06	120	60.61
	No	8	22.22	8	24.24	6	18.75	2	7.14	2	5.26	9	29.03	35	17.68
	Cant response	4	11.11	4	12.12	3	9.38	1	3.57	5	13.16	1	3.23	18	9.09
	No-response	6	16.67	4	12.12	4	12.50	4	14.29	4	10.53	3	9.68	25	12.63
	sub -total	***36***	***100***	***33***	***100***	***32***	***100***	***28***	***100***	***38***	***100***	***31***	***100***	***198***	***100***

Results further indicate that 20% have used condoms when they had intercourse with sex partners, 11% did not respond and 69% indicated that they haven't used condom on such occasion. According to the pre-intervention survey only 10% estate workers used condoms with a sexual partner. After 4 years it has increased to 20% which is a significant improvement due to the project intervention. Assessment was carried out on the perception of estate workers for condom use by married person when having sex with non-regular sex partners. About 61% indicated that a married person should use condom when having sex with non-regular sex partners and 18% indicated that it is not necessary to use condom for such occasion.

Figure 4.14 - Use of condom by estate workers when having sexual intercourse

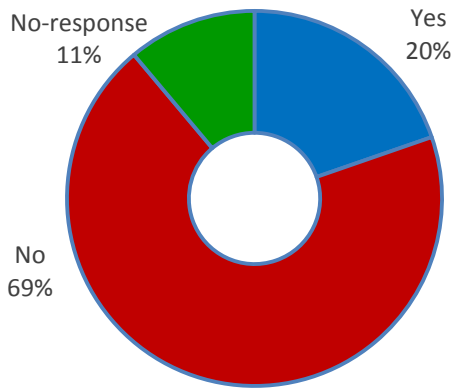
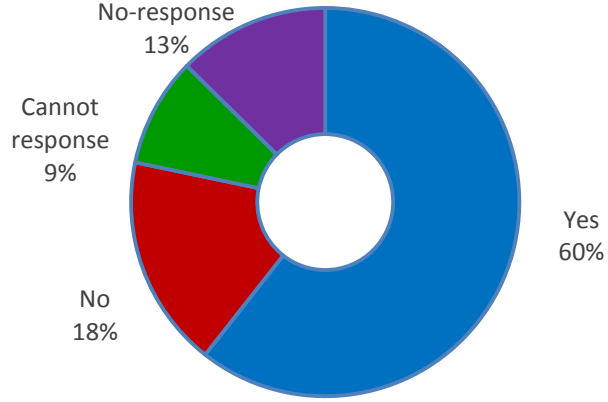


Figure 4.15 - Perception on use of condom by married person when having sex with non regular sex partners



Investigation was carried out to assess respondents' knowledge on the correct manner of wearing the condom amongst the respondents who are using condoms as family planning measure. According to Table 4.26, about 56% mentioned that they always need to use new condom when having intercourse, 35% mentioned that it should be worn when the penis is erreected, 5% mentioned that it should be rolled down the penis for proper wear and 6% mentioned it should be disposed after use. However, none of them responded for "do not remove air in tip of the condom while using it".

Table 4.26 - Correct way of using condom

Way of use	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Always use new condom for intercourse	1	2.78	3	9.09		-	5	17.86		-	1	3.23	10	5.05
wear it on erected penis		-	1	3.03		-	4	14.29		-	1	3.23	6	3.03
Roll the condom down the penis		-	1	3.03		-		-		-		-	1	0.51
do not remove air in tip of condom when it is using		-		-		-		-		-		-	0	-
dispose after using it		-		-		-		-	1	2.63		-	1	0.51

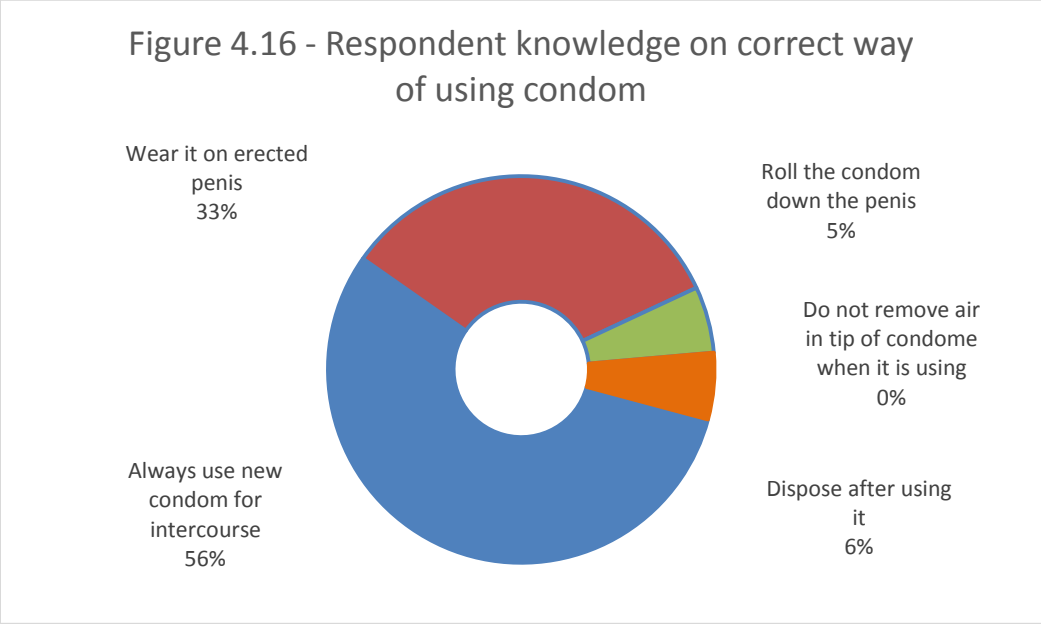
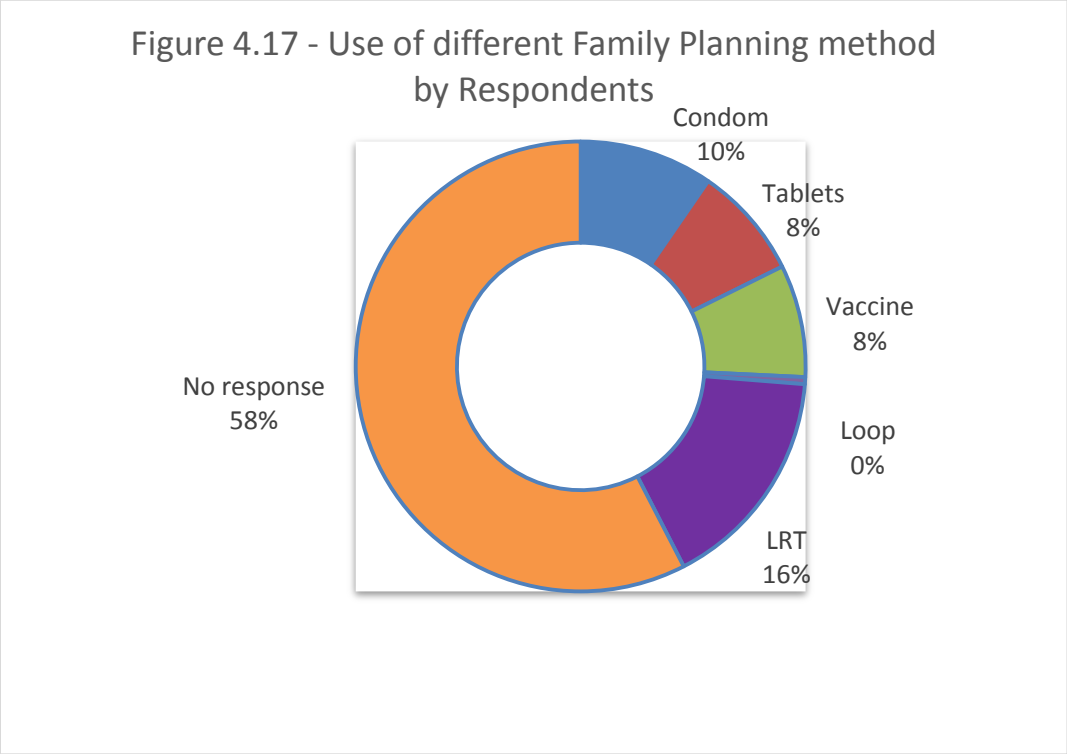


Table 4.27 - Adoption of family planning methods

Status	Methods	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Use of family planning method	Yes	12	33.33	13	39.39	6	18.75	8	28.57	14	36.84	11	35.48	64	32.32
	No	14	38.89	11	33.33	10	31.25	12	42.86	9	23.68	12	38.71	68	34.34
	Don't know	5	13.89	3	9.09	9	28.13	3	10.71	8	21.05		-	28	14.14
	No-response	5	13.89	6	18.18	7	21.88	5	17.86	7	18.42	8	25.81	38	19.19
	sub -total	***36***	***100***	***33***	***100***	***32***	***100***	***28***	***100***	***38***	***100***	***31***	***100***	***198***	***100***
Type of family planning method	Condom	3	8.33	4	12.12	1	3.13	2	7.14	4	10.53	5	16.13	19	9.60
	Tablets	3	8.33	5	15.15	3	9.38	2	7.14	2	5.26	1	3.23	16	8.08
	Natural		-		-		-		-		-		-	-	-
	Depot Vaccination	4	11.11	2	6.06		-	3	10.71	7	18.42		-	16	8.08
	loop		-		-		-		-		-	1	3.23	1	0.51
	LRT	7	19.44	5	15.15	2	6.25	7	25.00	3	7.89	8	25.81	32	16.16
	Vasekthami		-		-		-		-		-		-	-	-
	No-response	19	52.78	17	51.52	26	81.25	14	50.00	22	57.89	16	51.61	114	57.58
	sub -total	***36***	***100***	***33***	***100***	***32***	***100***	***28***	***100***	***38***	***100***	***31***	***100***	***198***	***100***

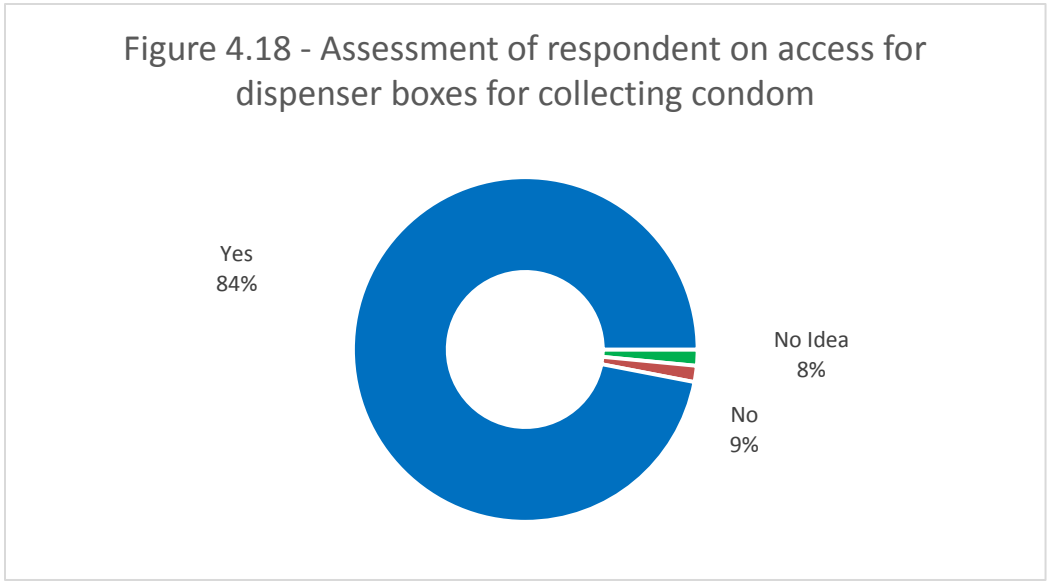


It was investigated how the respondents were adopting family planning methods. As indicated in Table 4.27, about 32% used faimily planning methods and 34% did not use any family planning method. According to Table 4.27 and above chart, majority did not respond, but results indicated that 16% used LRT, 10% used condom, 8% used Tablets, 8% use vaccine and the least number of respondents used loop.

Table 4.28 Access for condom dispenser boxes

estate	Yes		No		No idea		Total	
	Number	%	Number	%	Number	%	Number	%
Attampitiya	30	18.1	3	17.6	3	20	36	100
Aislaby	29	17.5	2	11.7	2	13.3	33	100
Pitarathmale	27	16.3	4	23.6	1	6.7	32	100
Medakanda	21	12.6	3	17.6	4	26.7	28	100
Millawitiya	34	20.5	1	5.9	3	20	38	100
Cecilton	25	15.1	4	23.6	2	13.3	31	100
Total	**166**	**83.8**	**17**	**8.6**	**15**	**7.6**	**198**	**100**

This study attempted to assess the perception of the respondents about availability of condoms to the estate workers. According to the survey results, a majority of respondents (84%) agreed that the condoms be freely accessible in the estates. This is an increase of 36% from the pre-intervention survey position. Only about 9% had a negative attitude (Table 4.28).

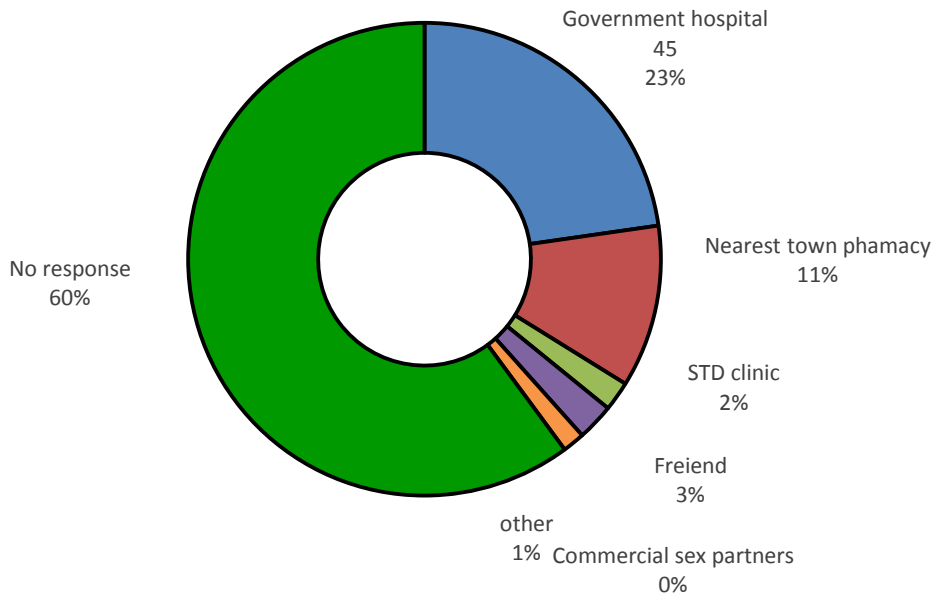


As with the programme intervention, condom use by estate workers has been increased compared to the pre-intervention survey situation and they did not totally depend on the dispenser boxes to collect their condom requirement. They have used other sources for collecting the condom. Amongst them majority (45 respondents, 23%) have used to collect their requirement from government hospitals and 22 (11%) indicated that they collected their requirement from a pharmacy in the nearest town. About 4 (2%) respondents had collected their requirement from STD clinic and 5 (3%) respondents indicated that they collected the requirement from their friends when they required the condom. Another 119 (60%) respondents out of 198 did not mention their practice on this.

Table 4.29 - Source of condom collection other than the estate condom dispenser boxes

source	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Government hospital	10	22.22	9	20.00	7	15.56	5	11.11	11	24.44	3	6.67	45	100
Nearest town pharmacy	2	9.09	3	13.64	2	9.09	7	31.82	3	13.64	5	22.73	22	100
STD clinic		-		-		-		-	4	100		-	4	100
Friend		-		-		-		-	3	60	2	40.00	5	100
Commercial sex partners	-	-	-	-	-	-	-	-	-	-	-	-	-	-
other	1	33.33		-	1	33.33		-		-	1	33.33	3	100
No response	23	19.33	21	17.65	22	18.49	16	13.45	17	14.29	20	16.81	119	100
Total	**36**	**18.18**	**33**	**16.67**	**32**	**16.16**	**28**	**14.14**	**38**	**19.19**	**31**	**15.66**	**198**	**100**

Figure 4.19 - Condom collecting centre other than dispensing boxes



4.4 Knowledge of STDs

Table 4.30 - Familiar with STD Diseases

Disease	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Gonorrhoea	30	43.5	22	10.14	26	4.55	29	24.64	32	31.88	29	21.21	168	41.2
Syphils	12	17.4	17	11.59	13	4.55	15	7.25	13	5.80	16	10.61	86	21.1
Chlamydia	2	3.9	6	-	4	3.03	3	1.45	5	-	2	3.03	22	5.4
Genital Herpes	2	3.9	3	4.35		-	3	4.35	1	-	1	1.52	10	2.4
Genital warts	9	13.0	6	-	5	3.03	7	1.45	6	1.45	5	1.52	38	9.3
Trichomonasis	3	4.3	2	-	4	-	1	1.45	1	-	1	-	12	2.9
No-response	11	16.0	13	18.84	14	21.21	11	15.94	11	15.94	12	18.18	72	17.7
Total	**69**	**100**	**69**	**100**	**66**	**100**	**69**	**100**	**69**	**100**	**66**	**100**	**408**	**100**

Attempt was made to ascertain respondents' familiarity on STD diseases and found that about 61% of respondents out of 408 are familiar with at least one disease. According to the Table 4.30, about 41% mentioned that they are familiar with Gonorrhoea, and 21% Syphils. In ascertaining respondents' knowledge on STD, it was revealed that about 18% of respondents are not familiar with none of the diseases mentioned in the questionnaire. Amongst the respondents, 21% mentioned that they are familiar with two diseases.

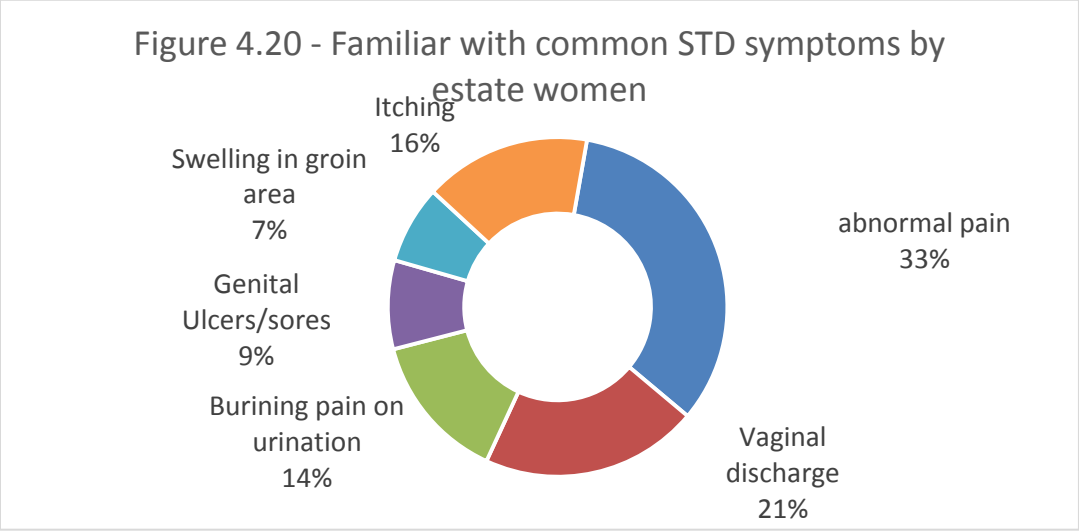
Table 4.31 - Familiar with STD diseases

Diseases	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
none of diseases	11	16.0	13	18.9	14	21.2	11	15.9	11	15.9	12	18.2	72	17.7
at least one disease	40	58.0	45	65.2	38	57.6	45	65.2	41	59.4	39	59.1	248	60.8
two diseases	18	26.0	11	15.9	14	21.2	13	18.9	17	24.7	15	22.7	88	21.5
Total	**69**	**100**	**69**	**100**	**66**	**100**	**69**	**100**	**69**	**100**	**66**	**100**	**408**	**100**

In the process of getting responses on knowledge of STD and symptoms of STD diseases from women respondents, measures were taken to capture the knowledge on disease symptoms by matching and relating the answers given by women respondents with similar symptoms of diseases as summarized in Table 4.32. In this regard, a majority of respondents have mentioned that they have heard about abnormal pain, vaginal discharge and itching and burning pain on urination as most common symptoms of STD irrespective of the estate.

Table 4.32 - Common Symptoms of STD heard about – Women

Symptoms	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
abnormal pain	14	29.79	20	31.75	19	37.25	23	26.74	27	35.53	27	40.30	130	33.33
Vaginal discharge	8	17.02	15	23.81	7	13.73	21	24.42	15	19.74	15	22.39	81	20.77
Burning pain on urination	9	19.15	11	17.46	6	11.76	8	9.30	10	13.16	11	16.42	55	14.10
Itching	11	23.40	10	15.87	6	11.76	17	19.77	11	14.47	7	10.45	62	15.90
Genital Ulcers/sores	3	6.38	4	6.35	2	3.92	10	11.63	12	15.79	2	2.99	33	8.46
Swelling in groin area	2	4.26	3	4.76	11	21.57	7	8.14	1	1.32	5	7.46	29	7.44
Total	**47**	**100**	**63**	**100**	**51**	**100**	**86**	**100**	**76**	**100**	**67**	**100**	**390**	**100**



In addition, their knowledge on common symptoms of STD as expressed by number of symptoms is described in Table 4.33. Accordingly, 38% mentioned that they have not heard about the disease. About 35% of respondents mentioned at least one symptom among the number of symptoms. Likewise, about 20% mentioned two symptoms and 6% mentioned three symptoms.

Table 4.33 - Common Symptoms of STD heard about - Women

Symptoms	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
none of symptom	35	50.72	27	39.13	27	40.91	18	27.69	22	30.14	25	37.88	154	37.75
at least one symptom	22	31.88	24	34.78	28	42.42	19	29.23	32	43.84	16	24.24	141	34.56
Two symptoms	11	15.94	15	21.74	10	15.15	20	30.77	13	17.81	17	25.76	86	21.08
three symptoms	1	1.45	3	4.35	1	1.52	8	12.31	6	8.22	8	12.12	27	6.62
4 symptoms		-		-		-		-		-		-	0	-
all symptoms		-		-		-		-		-		-	0	-
Total	**69**	**100**	**69**	**100**	**66**	**100**	**65**	**100**	**73**	**100**	**66**	**100**	**408**	**100**

In contrast to the knowledge of women on STD diseases, a majority of men have mentioned that they have heard about 29% Urethral discharge as common symptom of STD followed by 19% on burning pain, 19% itching, 16% genital ulcers and 14% swelling as indicated in Table 4.34.

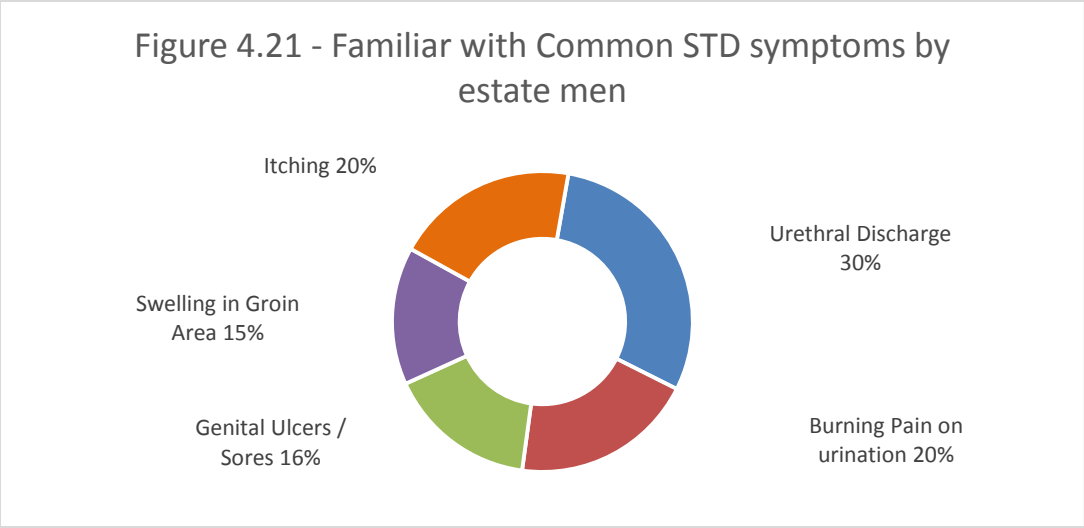


Table 4.34 - Common Symptoms of STD heard about - Men

Symptoms	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Urethral Discharge	8	15.38	15	26.79	8	13.33	12	14.63	8	9.64	24	29.63	29.63	29.63
Burning Pain on urination	16	30.77	18	32.14	12	20.00	22	26.83	14	16.87	16	19.75	19.75	19.75
Genital Ulcers / Sores	7	13.46	5	8.93	6	10.00	12	14.63	12	14.46	13	16.05	16.05	16.05
Swelling in Groin Area	6	11.54	9	16.07	13	21.67	8	9.76	28	33.73	12	14.81	14.81	14.81
Itching	15	28.85	9	16.07	21	35.00	28	34.15	21	25.30	16	19.75	19.75	19.75
Total	**52**	**100**	**56**	**100**	**60**	**100**	**82**	**100**	**83**	**100**	**81**	**100**	**100**	**100**

Knowledge on STD symptoms by men are quite different from women as 52% men have mentioned that they heard at least one symptom, 17% mentioned two symptoms and 4% mentioned three symptoms.

Table 4.35 – Assessment of common Symptoms of STD heard about - Men

Symptoms	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
None of symptom	26	37.68	23	33.33	15	22.73	18	26.09	12	17.39	12	18.18	106	25.98
At least one symptom	34	49.28	37	53.62	42	63.64	33	47.83	36	52.17	33	50.00	215	52.70
Two symptoms	9	13.04	8	11.59	9	13.64	13	18.84	16	23.19	15	22.73	70	17.16
three symptoms		-	1	1.45		-	5	7.25	5	7.25	6	9.09	17	4.17
4 symptoms		-		-		-		-		-		-	0	-
all symptoms		-		-		-		-		-		-	0	-
Total	**69**	**100**	**69**	**100**	**66**	**100**	**69**	**100**	**69**	**100**	**66**	**100**	**408**	**100**

As indicated in Tables 4.34 and 4.35, most common symptoms are urethral discharge, burning pain, itching and genital ulcers irrespective of the gender.

Only one respondent has stated that she is having genital discharge during the last 12 months. There is no other response on genital wound or sore during last 12 months amongst the respondents.

4.5 HIV/AIDS testing and services

4.5.1 HIV/AIDS testing

Table 4.36 - Knowledge on Places where blood testing undertaken

Knowledge	Sex	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Yes	Male	30	83.33	25	75.76	26	81.25	25	89.29	18	47.37	22	70.97	146	73.74
	Female	32	96.97	26	72.22	31	91.18	37	90.24	29	93.55	34	97.14	189	90.00
No	Male	5	13.89	5	15.15	5	15.63	3	10.71	14	36.84	7	22.58	39	19.70
	Female	1	3.03	6	16.67		-	1	2.44	2	6.45		-	10	4.76
No idea	Male	1	2.78		-	1	3.13		-	5	13.16	2	6.45	9	4.55
	Female		-	4	11.11	2	5.88	1	2.44		-	1	2.86	8	3.81
No-response	Male		-	3	9.09		-		-	1	2.63		-	4	2.02
	Female		-		-	1	2.94	2	4.88		-		-	3	1.43
Sub-total	***Male***	***36***	***100***	***33***	***100***	***32***	***100***	***28***	***100***	***38***	***100***	***31***	***100***	***198***	***100***
	Female	***33***	***100***	***36***	***100***	***34***	***100***	***41***	***100***	***31***	***100***	***35***	***100***	***210***	***100***

The Table 4.36 indicates whether the workers are aware of the places where blood testing undertaken. It is clearly shown in both districts that 74% of male and 90% of female workers were aware of the places where blood testing is undertaken.

Figure 4.22 - Knowledge on available blood sample testing places

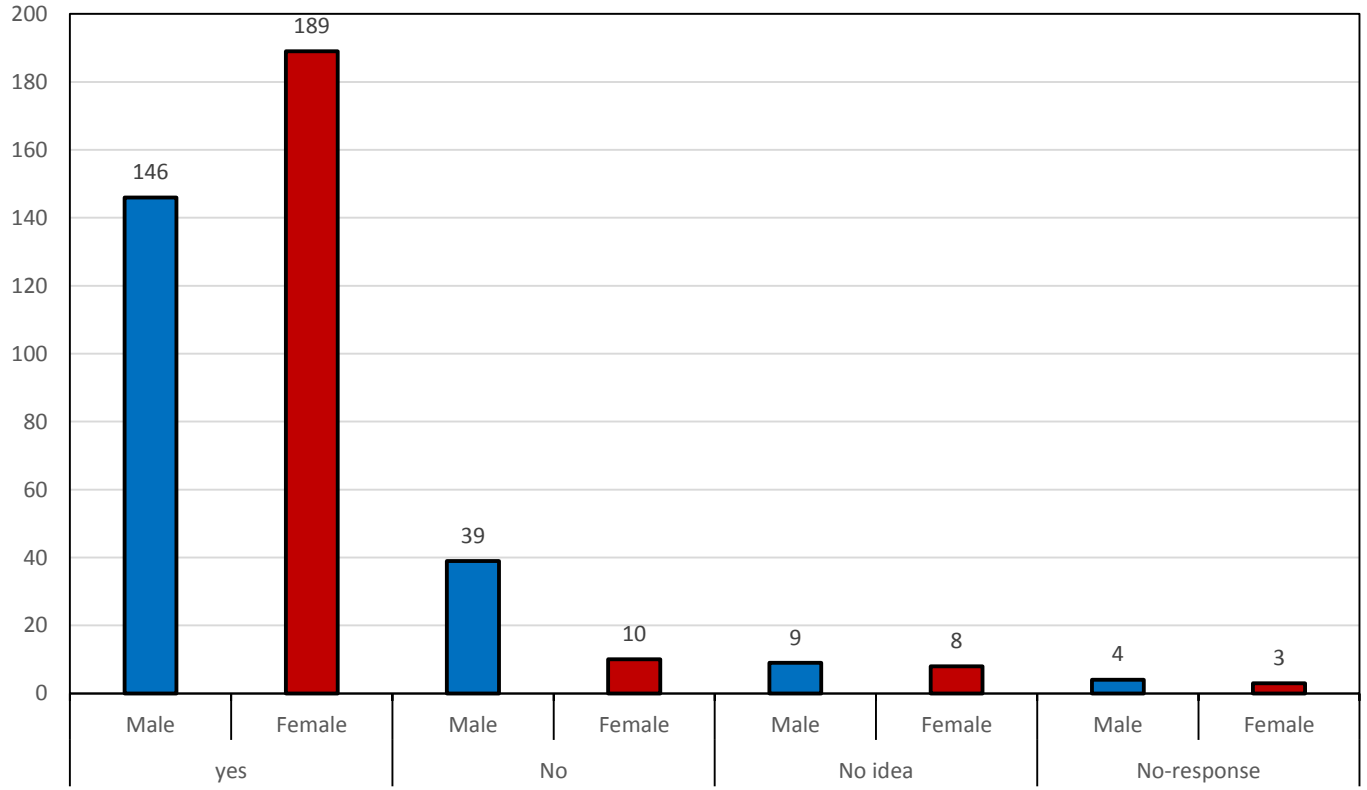
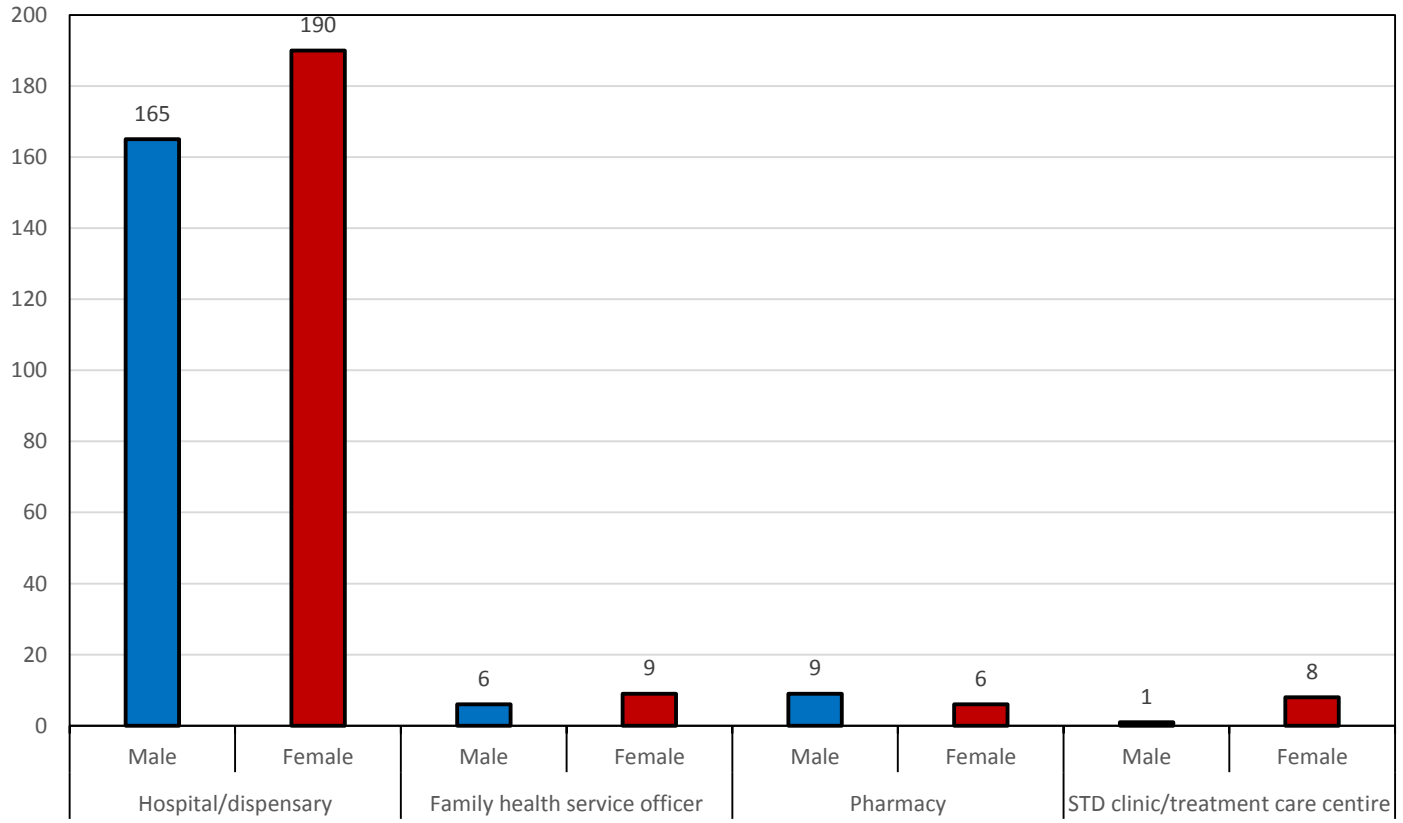


Table 4.37 - Places where blood sample testing done

Places	Sex	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Hospital/dispensary	Male	27	90.00	26	96.30	30	93.75	26	83.87	28	87.50	28	96.55	165	91.16
	Female	32	96.97	26	100.0	32	100.0	38	79.17	29	90.63	33	78.57	190	89.20
Family health service officer	Male	2	6.67		-	1	3.13	2	6.45		-	1	3.45	6	3.31
	Female	1	3.03		-		-		-	3	9.38	5	11.90	9	4.23
Pharmacy	Male	1	3.33	1	3.70		-	3	9.68	4	12.50		-	9	4.97
	Female		-		-		-	5	10.42		-	1	2.38	6	2.82
STD clinic/treatment care centre	Male		-		-	1	3.13		-		-		-	1	0.55
	Female		-		-		-	5	10.42		-	3	7.14	8	3.76
Sub-total	***Male***	***30***	***100***	***27***	***100***	***32***	***100***	***31***	***100***	***32***	***100***	***29***	***100***	***181***	***100***
	Female	***33***	***100***	***26***	***100***	***32***	***100***	***48***	***100***	***32***	***100***	***42***	***100***	***213***	***100***

The places where blood sample testing is done are presented in Table 4.37. Overall 91% of male workers and 89% of female workers indicate that Hospital/Dispensary is the most preferred place where blood sample testing is done. Other places have a low priority. Similar pattern was observed in the pre-intervention phase too. About 73% of the respondents preferred to go to the government hospital in the pre-intervention survey.

Figure 4.23 - Places where blood sample testing done



4.5.2 Counselling services

Table 4.38 - Service obtained from STD clinics

Services	sex	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Testing facilities	Male	3	23.08	3	21.43	3	37.50	7	77.78	8	44.44	4	36.36	28	38.36
	female	4	100.0	2	100.0	2	66.67	8	88.89	4	25.00	7	77.78	27	62.79
treatment	Male	1	7.69	2	14.29		-	1	11.11		-		-	4	5.48
	female		-		-	1	33.33		-	10	62.50		-	11	25.58
Other	Male	9	69.23	9	64.29	5	62.50	1	11.11	10	55.56	7	63.64	41	56.16
	female		-		-		-	1	11.11	2	12.50	2	22.22	5	11.63
Sub-total	***Male***	***13***	***100***	***14***	***100***	***8***	***100***	***9***	***100***	***18***	***100***	***11***	***100***	***73***	***100***
	female	***4***	***100***	***2***	***100***	***3***	***100***	***9***	***100***	***16***	***100***	***9***	***100***	***43***	***100***

The services obtained from STD clinics are presented in Table 4.38. About 63% of female and 38% of male respondents have stated that testing facilities were obtained from clinics followed by 12% female and 56% male workers indicating that other services were obtained from the clinics. About 26% female and 6% male respondents have received treatment from the clinics.

Figure 4.24 - Assessment on services obtained from VCT center

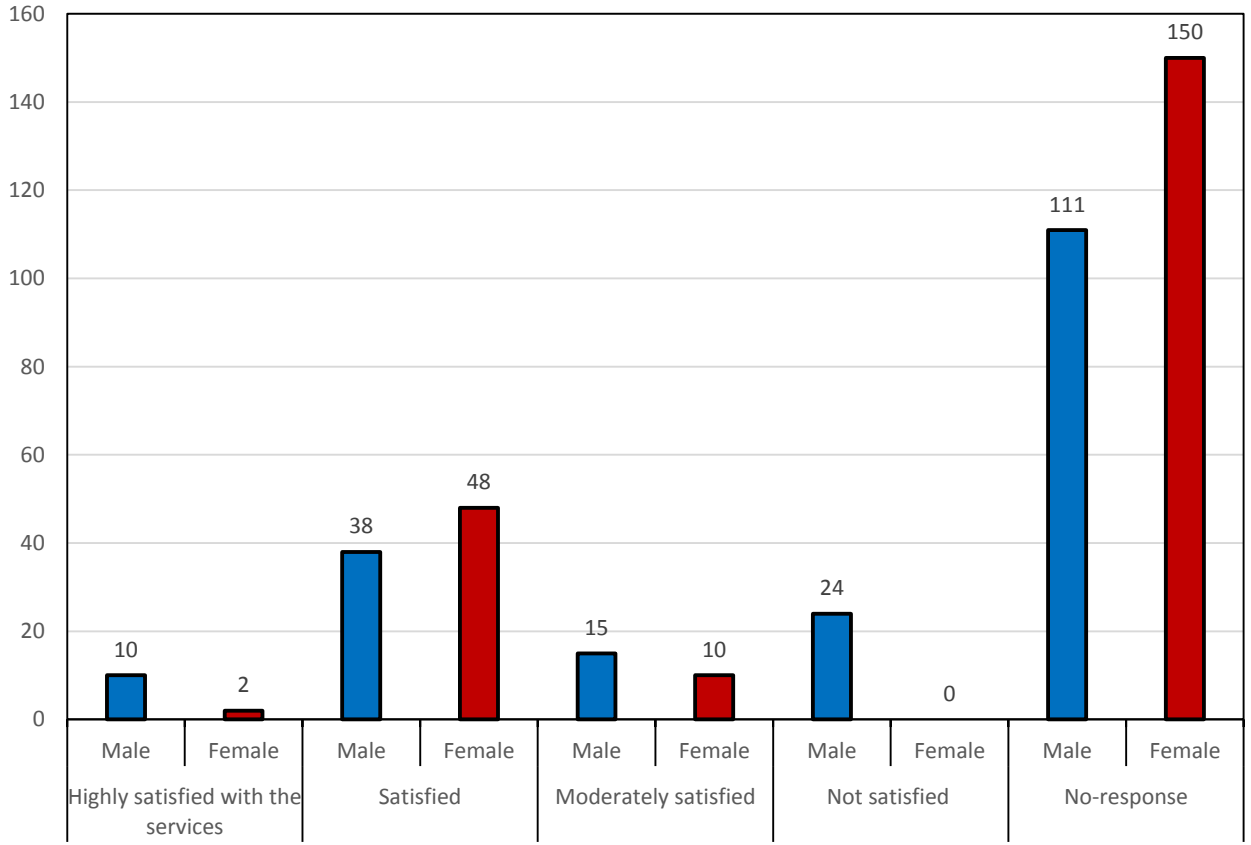


Table 4.39 - Assessment on services offered by STD clinic

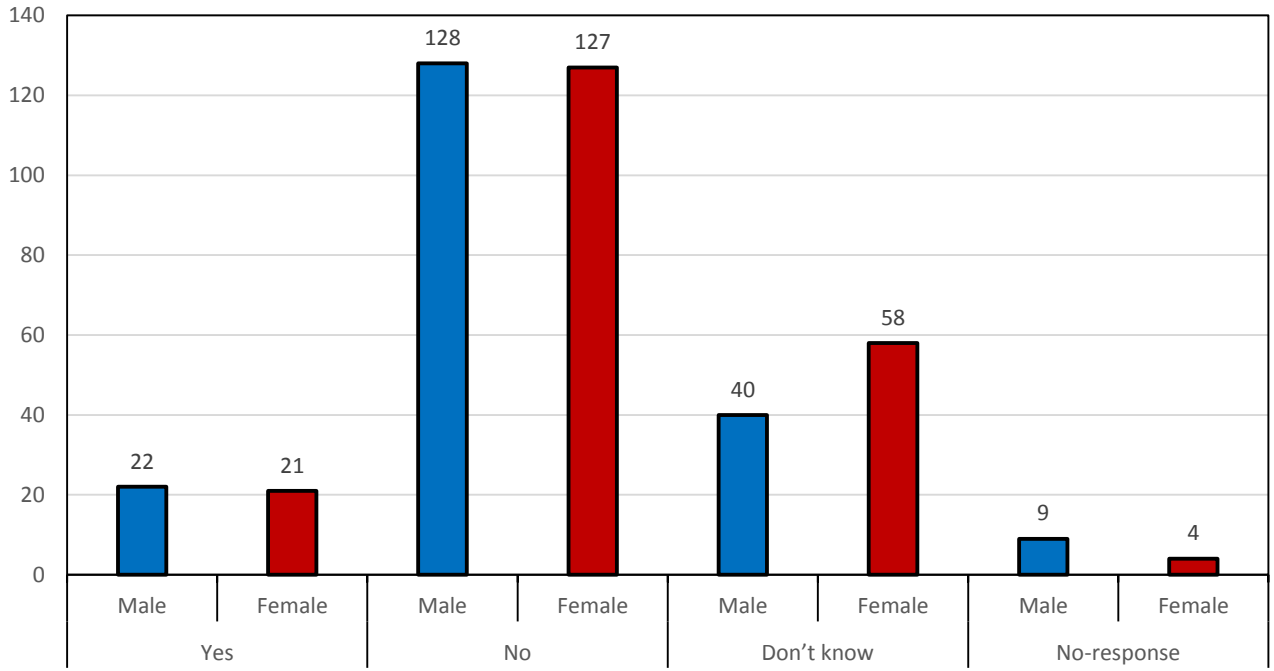
Assessment	sex	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Highly satisfied with the services	Male		-		-		-	6	21.43	2	5.26	2	6.45	10	5.05
	Female		-		-		-	1	2.44	1	3.23		-	2	0.95
Satisfied	Male	4	11.11	5	15.15	2	6.25	5	17.86	14	36.84	8	25.81	38	19.19
	Female	5	15.15	2	5.56	3	8.82	10	24.39	16	51.61	12	34.29	48	22.86
Moderately satisfied	Male	1	2.78	3	9.09	6	18.75	1	3.57	3	7.89	1	3.23	15	7.58
	Female		-		-	2	5.88	4	9.76	4	12.90		-	10	4.76
Not satisfied	Male	9	25.00	7	21.21	4	12.50	1	3.57	2	5.26	1	3.23	24	12.12
	Female		-		-		-		-		-		-	0	-
No-response	Male	22	61.11	18	54.55	20	62.50	15	53.57	17	44.74	19	61.29	111	56.06
	Female	28	84.85	34	94.44	29	85.29	26	63.41	10	32.26	23	65.71	150	71.43
Total	***Male***	***36***	***100***	***33***	***100***	***32***	***100***	***28***	***100***	***38***	***100***	***31***	***100***	***198***	***100***
	Female	***33***	***100***	***36***	***100***	***34***	***100***	***41***	***100***	***31***	***100***	***35***	***100***	***210***	***100***

The results on the assessment on services offered STD clinics are presented in Table 4.39. Majority of respondents (56% of male and 71% of female workers) did not respond to this question. However, about 23% female and 19% male workers are satisfied with the services offered by STD clinics. In addition it was observed that 5% of male workers are highly satisfied and about 8% male and 5% female workers are moderately satisfied with the services.

Table 4.40 - Existence of unidentified STD/HIV infected workers still in the estate

Judgment	Sex	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Yes	Male		-	1	3.03	3	9.38	5	17.86	8	21.05	5	15.63	22	11.06
	Female	3	9.09	1	2.78	4	11.76	2	4.88	7	22.58	4	11.43	21	10.00
No	Male	28	77.78	22	66.67	21	65.63	18	64.29	20	52.63	19	59.38	128	64.32
	Female	19	57.58	25	69.44	15	44.12	27	65.85	13	41.94	28	80.00	127	60.48
Don’t know	Male	7	19.44	7	21.21	7	21.88	5	17.86	7	18.42	7	21.88	40	20.10
	Female	10	30.30	10	27.78	12	35.29	12	29.27	11	35.48	3	8.57	58	27.62
No-response	Male	1	2.78	3	9.09	1	3.13		-	3	7.89	1	3.13	9	4.52
	Female	1	3.03		-	3	8.82		-		-		-	4	1.90
Total	**Male**	**36**	**100**	**33**	**100**	**32**	**100**	**28**	**100**	**38**	**100**	**32**	**100**	**199**	**100**
	Female	**33**	**100**	**36**	**100**	**34**	**100**	**41**	**100**	**31**	**100**	**35**	**100**	**210**	**100**

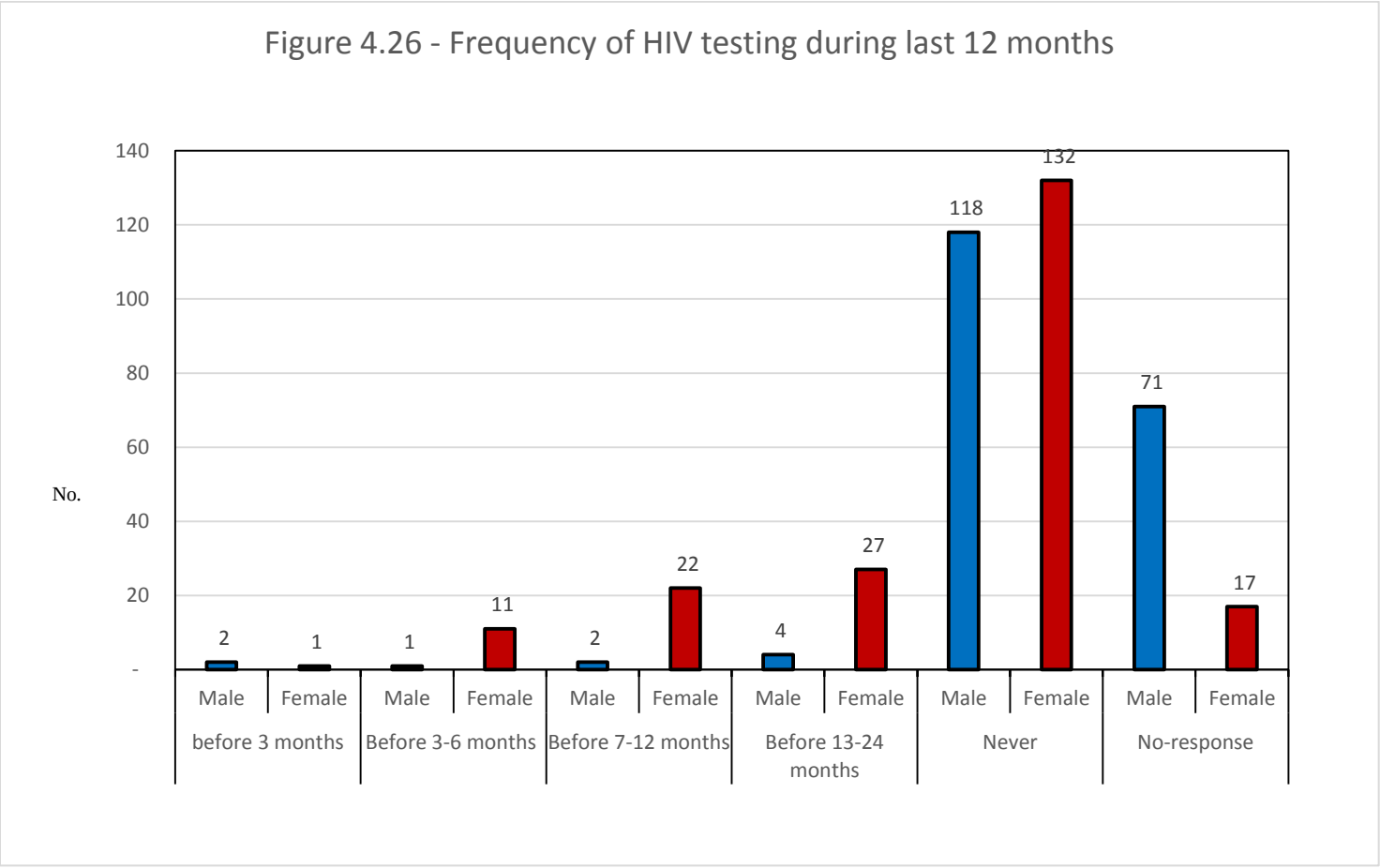
Figure 4.25 - Perception of estate workers on potential existence of unidentified HIV Suspect cases



Perception of estate workers on potential existence of unidentified HIV suspect cases are presented in Table4.40. Nearly 63% of respondents believe that there are no potential unidentified HIV suspect cases whereas about 11% are of the view that there is potential unidentified HIV suspected cases in the estates and 24% indicated that they do not know while 3% refrained from responding.

Table 4.41 - Latest date of HIV testing done

Time period	Sex	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
before 3 months	Male		-		-		-	1	3.57	1	2.63		-	2	1.01
	Female		-		-		-		-	1	3.23		-	1	0.48
Before 3-6 months	Male		-		-		-		-		-	1	3.23	1	0.51
	Female	1	3.03	1	2.78	1	2.94		-	5	16.13	3	8.57	11	5.24
Before 7-12 months	Male		-		-		-		-	2	5.26		-	2	1.01
	Female	4	12.12		-		-	6	14.63	4	12.90	8	22.86	22	10.48
Before 13-24 months	Male		-		-		-	3	10.71		-	1	3.23	4	2.02
	Female	5	15.15	4	11.11	5	14.71	4	9.76	3	9.68	6	17.14	27	12.86
Never	Male	25	69.44	19	57.58	10	31.25	19	67.86	24	63.16	21	67.74	118	59.60
	Female	21	63.64	21	58.33	26	76.47	28	68.29	18	58.06	18	51.43	132	62.86
No-response	Male	11	30.56	14	42.42	22	68.75	5	17.86	11	28.95	8	25.81	71	35.86
	Female	2	6.06	10	27.78	2	5.88	3	7.32		-		-	17	8.10
Total	**Male**	**36**	**100**	**33**	**100**	**32**	**100**	**28**	**100**	**38**	**100**	**31**	**100**	**198**	**100**
	Female	**33**	**100**	**36**	**100**	**34**	**100**	**41**	**100**	**31**	**100**	**35**	**100**	**210**	**100**



The workers responses to frequency of HIV testing done are presented in Table4.41. Very low percentage of workers carried out testing before 3 months (less than 1%), before 3-6 months (3%), before 7-12 months (6%) and before 13-24 (8%). Sixty one percent of workers never tested for HIV infection and 22 % did not respond.

Table 4.42 - Most important benefits for the workers offered by programme

Most important services offered	Sex	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Awareness /knowledge improvement	Male	12	75	11	73	9	75	16	89	16	64	23	92	87	78
	Female	14	100	14	93	19	100	28	97	25	96	28	100	128	98
Testing and treatment care	Male	1	6	2	13		-	2	11	6	24	1	4	12	11
	Female		-	1	7		-	1	3	1	4		-	3	2
Counselling and surveillance	Male	1	6	1	7	1	8		-	3	12	1	4	7	6
	Female		-		-		-		-		-		-	-	-
Empowerment and attitude change	Male		-		-		-		-		-		-	-	-
	Female		-		-		-		-		-		-	-	-
other	Male	2	13	1	7	2	17		-		-		-	5	5
	Female		-		-		-		-		-		-	-	-
Total	***Male***	***16***	***100***	***15***	***100***	***12***	***100***	***18***	***100***	***25***	***100***	***25***	***100***	***111***	***100***
	Female	***14***	***100***	***15***	***100***	***19***	***100***	***29***	***100***	***26***	***100***	***28***	***100***	***131***	***100***

The perception of the workers on the most important benefits for the workers offered by the programme is presented in Table 4.42. 53% percent of respondents believed that awareness and knowledge improvement services offered by the programme were the most important benefits for the estate workers and were the most attractive. There was poor response for testing and treatment care (3.6%) followed by counselling and surveillance (1.7%)

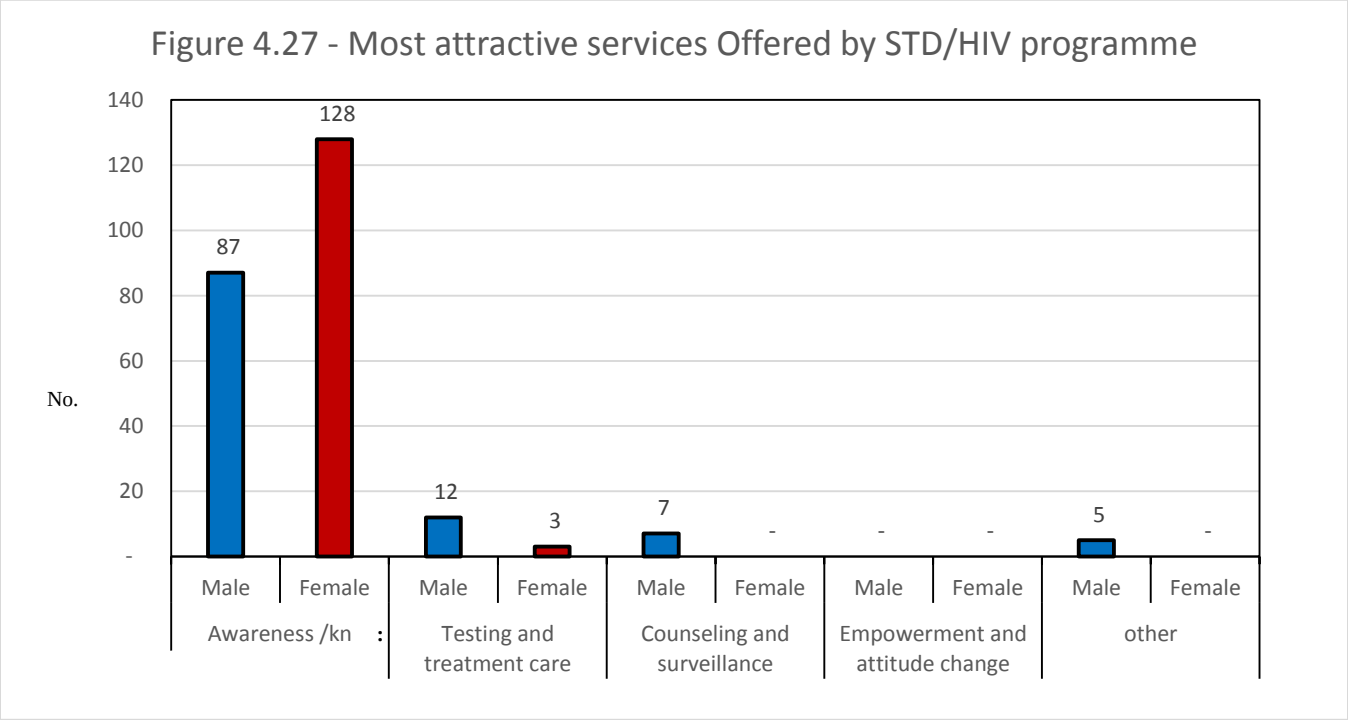


Table 4.43 - Adequacy of counselling centre established in estate to cater entire estate workers

Adequacy	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Adequate	33	47.83	29	42.03	24	36.36	27	39.13	39	56.52	33	50.00	185	45.34
Not adequate	18	26.09	22	31.88	30	45.45	23	33.33	25	36.23	30	45.45	148	36.27
No-response	18	26.09	18	26.09	12	18.18	19	27.54	5	7.25	3	4.55	75	18.38
Total	**69**	**100**	**69**	**100**	**66**	**100**	**69**	**100**	**69**	**100**	**66**	**100**	**408**	**100**

The perception on the adequacy of counselling centres established in an estate to cater entire estate workers is presented in Table4.43. Forty five percent of workers are of the view that VCT centres established are adequate whereas 36 % feel that they are not adequate and 19 % of the respondents have not responded.

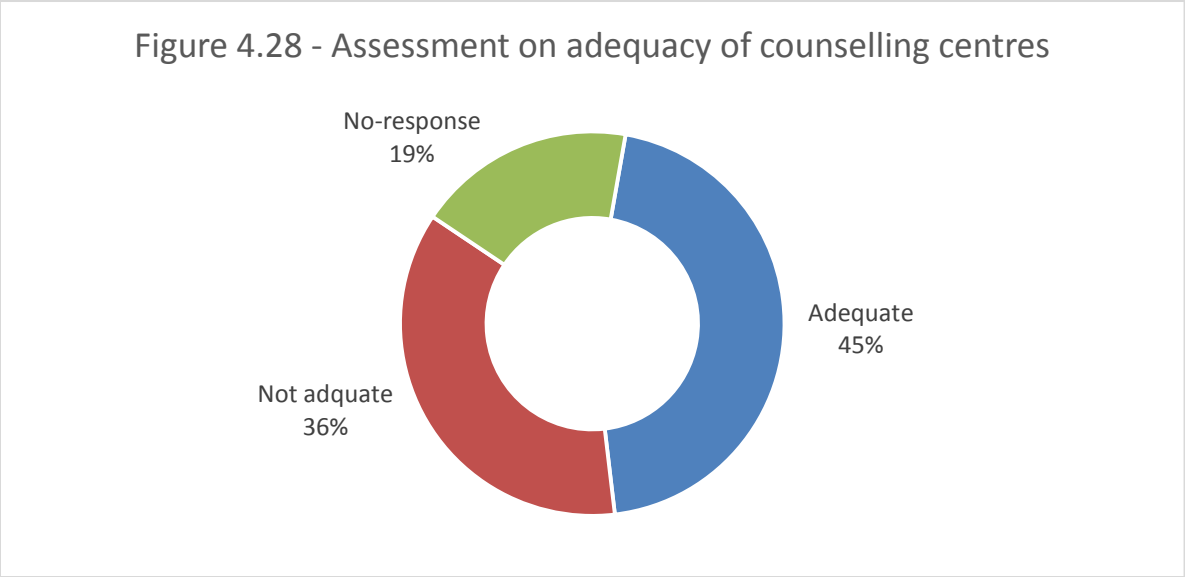


Table 4.44 - Possibility for bring them to counselling centre

Judgment	Sex	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Yes	Male		-		-	3	100.0	5	100.0	8	100	5	100	21	95.45
	Female	1	33.33		-	2	50.00	2	100.0	6	85.71	4	100	15	71.43
No	Male		-	1	100.0		-		-		-		-	1	4.55
	Female		-		-		-		-		-		-	-	-
Don't know	Male		-		-		-		-		-		-	-	-
	Female	2	66.67	1	100.0	2	50.00		-	1	14.29		-	6	28.57
Total	**Male**	**-**	**-**	**1**	**100**	**3**	**100**	**5**	**100**	**8**	**100**	**5**	**100**	**22**	**100**
	Female	**3**	**100**	**1**	**100**	**4**	**100**	**2**	**100**	**7**	**100**	**4**	**100**	**21**	**100**

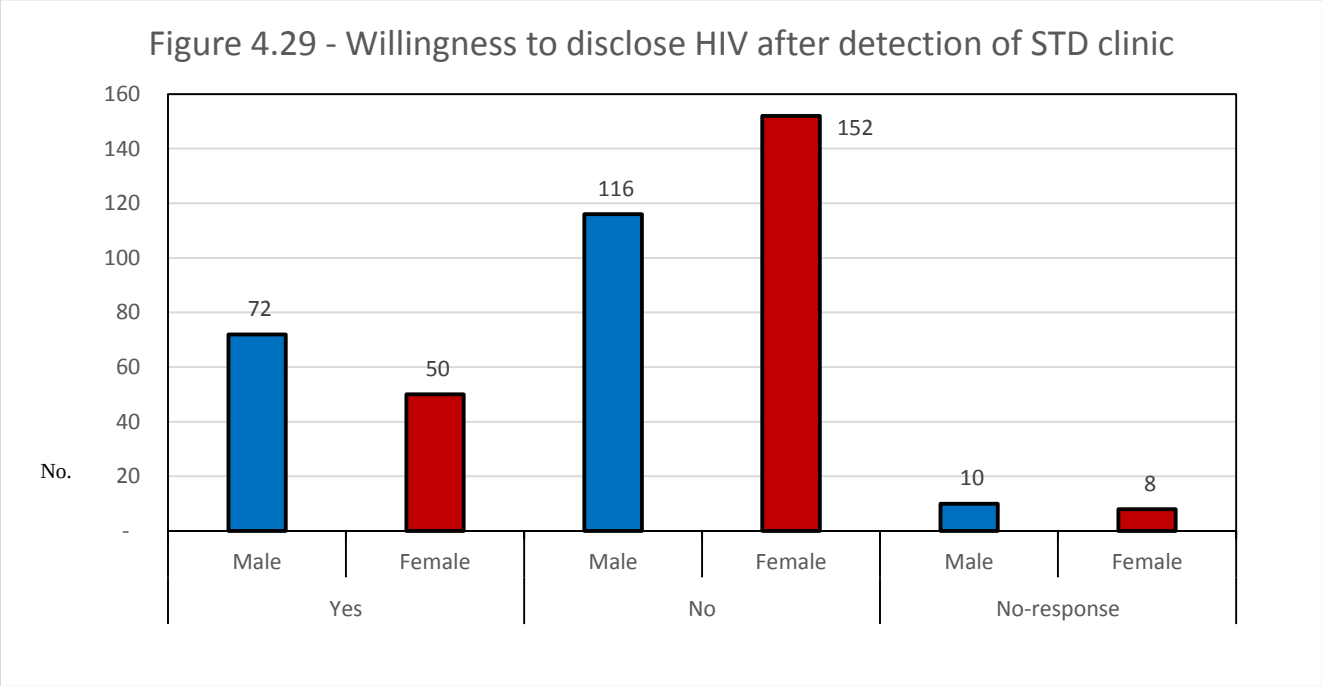
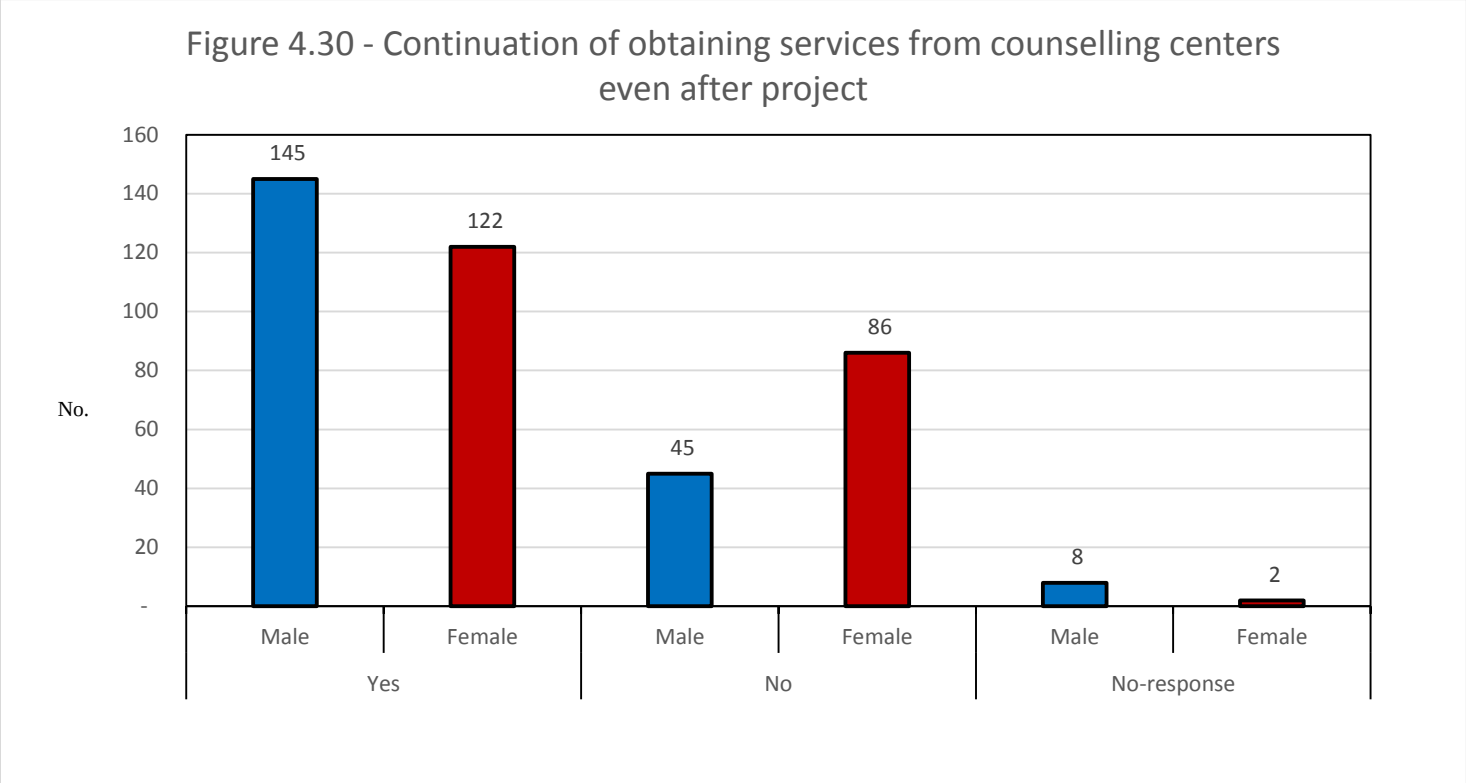


Table 4.45 - Continuous use of services offered at counselling centre

Judgment	Sex	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%
Yes	Male	10	27.78	10	30.30	6	18.75	10	35.71	19	50.00	17	54.84	72	36.36
	Female	10	30.30	8	22.22	1	2.94	7	17.07	12	38.71	12	34.29	50	23.81
No	Male	25	69.44	19	57.58	25	78.13	17	60.71	16	42.11	14	45.16	116	58.59
	Female	23	69.70	28	77.78	30	88.24	30	73.17	19	61.29	22	62.86	152	72.38
No-response	Male	1	2.78	4	12.12	1	3.13	1	3.57	3	7.89		-	10	5.05
	Female		-		-	3	8.82	4	9.76		-	1	2.86	8	3.81
Total	Male	**36**	**100**	**33**	**100**	**32**	**100**	**28**	**100**	**38**	**100**	**31**	**100**	**198**	**100**
	Female	**33**	**100**	**36**	**100**	**34**	**100**	**41**	**100**	**31**	**100**	**35**	**100**	**210**	**100**



The perception of workers on the continuous use of services offered at counselling services even after the project was studied and the results are presented in Table 4.45. Sixty five percent of workers are of the view that they will continue to use the services offered by the VCT centres even after the project. However, 32% mentioned that they will not continue using the services offered by the counselling centres and 2.5% respondents did not respond to the question.

4.6 Exposure to Mass media

4.6.1 Newspapers

Table 4.46 – Reading News papers

Estate	Reading News Papers											
	Yes				No				Total			
	Male		Female		Male		Female		Yes		No	
	No	%	No	%	No	%	No	%	No	%	No	%
Attampitiya	14	20.29	11	20.37	22	17.05	21	16.67	**25**	**20.33**	**43**	**15.09**
Aislaby	9	13.04	7	12.96	24	18.60	29	23.02	**16**	**13.01**	**53**	**18.59**
Pitarathmale	10	14.50	8	14.81	22	17.05	26	20.63	**18**	**14.63**	**48**	**16.84**
Medakanda	8	11.59	6	11.11	20	15.51	35	27.78	**14**	**11.38**	**55**	**19.30**
Millawitiya	17	24.64	13	24.07	21	16.28	18	14.28	**30**	**24.39**	**39**	**13.69**
Cecilton	11	15.94	9	16.68	20	15.51	27	21.43	**20**	**16.26**	**47**	**16.49**
Total	**69**	**100**	**54**	**100**	**129**	**100**	**156**	**100**	**123**	**100**	**285**	**100**

It was noted that 35% of the male respondents reading newspapers and 25% of female respondents reading newspapers. The total number of respondents reading newspapers is 30% as noted in the Table 4.46 above.

Table 4.47 – Frequency of reading newspapers

Frequency	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Daily	4	16.0	1	6.2	2	11.1	1	7.1	3	10.0	1	5.0	12	9.8
Once a week	13	52.0	6	37.5	5	27.8	4	28.6	11	36.7	10	50.0	49	39.8
When available	8	32.0	9	56.3	11	61.1	9	64.3	16	53.3	9	45.0	62	50.4
Total	**25**	**100**	**16**	**100**	**18**	**100**	**14**	**100**	**30**	**100**	**20**	**100**	**123**	**100**

Table 4.48 – Popularity of newspapers

Channels	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Veerakesari	11	40.8	7	41.2	8	57.2	8	66.7	14	43.8	11	52.3	59	48.0
Thinakaran	7	25.9	4	23.5	3	21.5	2	16.7	11	34.4	5	23.7	32	26.0
Sudar Oli	1	3.7	1	5.9	-	-	1	8.3	-	-	1	4.8	4	3.2
Thinakural	1	3.7	1	5.9	1	7.1	-	-	2	6.3	1	4.8	6	4.1
Uthayan	2	7.4	1	5.9	1	7.1	-	-	-	-	1	4.8	5	7.5
Silumina	-	-	1	5.9	-	-	-	-	1	3.1	-	-	2	1.6
Dinamina	1	3.7	-	-	1	7.1	-	-	1	3.1	-	-	3	2.4
Divaina	1	3.7	1	5.9	-	-	-	-	1	3.1	1	4.8	4	3.2
Lankadeepa	2	7.4	1	5.9	-	-	1	8.3	1	3.1	1	4.8	6	4.9
Vaaramanjari	1	3.7	-	-	-	-	-	-	1	3.1	-	-	2	1.6
Total	**27**	**100**	**17**	**100**	**14**	**100**	**12**	**100**	**32**	**100**	**21**	**100**	**123**	**100**

Veerakesari was identified as the most popular newspaper though the percentage of respondents fell from 58% in the pre-intervention survey to 48% in the post intervention. Thinakaran has increased its popularity from 14% to 26% in the post intervention survey. Other notable newspapers are Uthayan – 7%, Lankadeepa – 5% and Dinamina 2%. Further, 50% of the respondents indicated that they read newspapers when available.

4.6.2 Radio

Table 4.49 - Listening to radio

Estate	Listen to radio											
	Yes				No				Total			
	Male		Female		Male		Female		Yes		No	
	No	%	No	%	No	%	No	%	No	%	No	%
Attampitiya	34	94.44	31	93.94	2	5.56	2	6.06	**65**	**97**	**4**	**6**
Aislaby	32	96.97	33	91.67	1	3.03	3	8.33	**65**	**98**	**4**	**6**
Pitarathmale	29	90.63	31	91.18	3	9.38	3	8.82	**60**	**95**	**6**	**9**
Medakanda	24	85.71	35	85.37	4	14.29	6	14.63	**59**	**94**	**10**	**14**
Millawitiya	35	92.11	24	77.42	3	7.89	7	22.58	**59**	**95**	**10**	**14**
Cecilton	30	96.77	31	88.57	1	3.23	4	11.43	**61**	**98**	**5**	**8**
Total	**184**	**49.86**	**185**	**50.14**	**14**	**35.90**	**25**	**64.10**	**369**	**96**	**39**	**10**

Radio listening of respondents is presented in Table 4.49. Ninety three percent (93%) of male workers and 88% female workers listen to the radio as revealed by the study.

Figure 4.31 - Listening to radio by male respondents

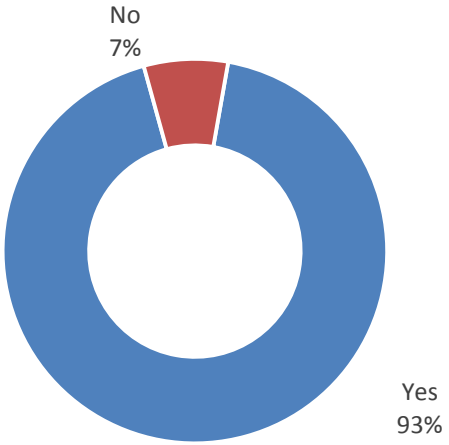


Figure 4.32 - Listening to radio by female respondents

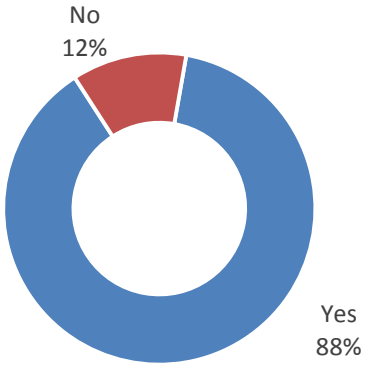
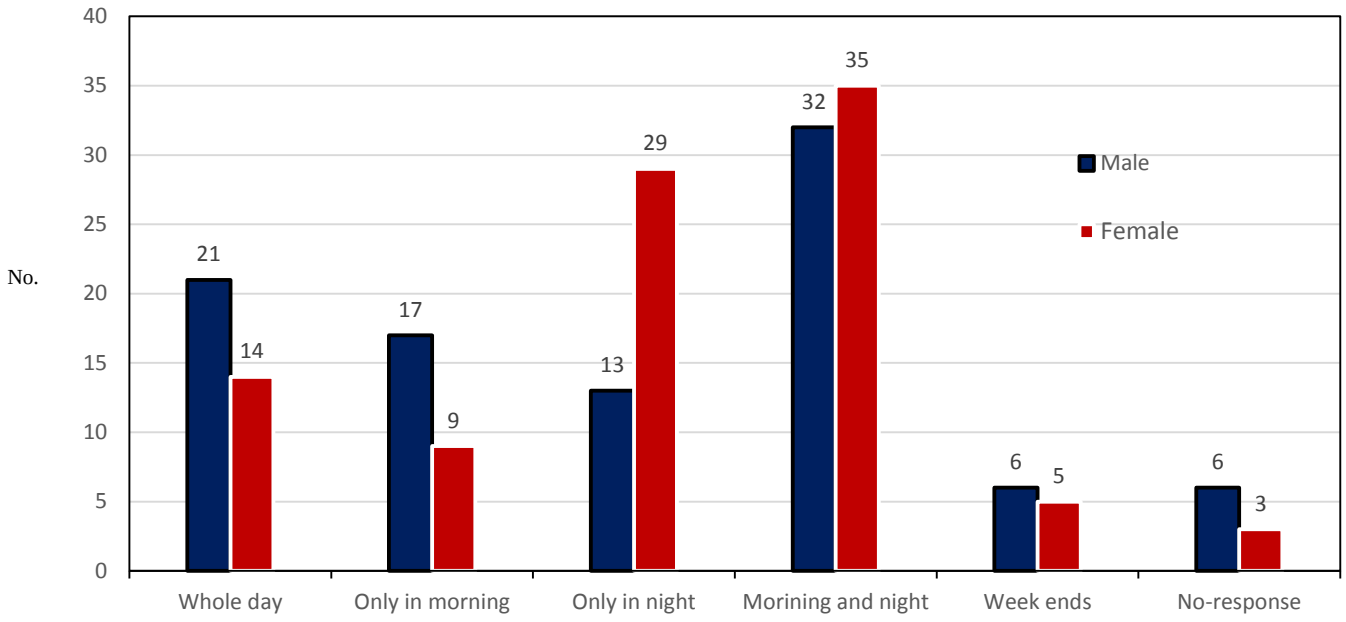


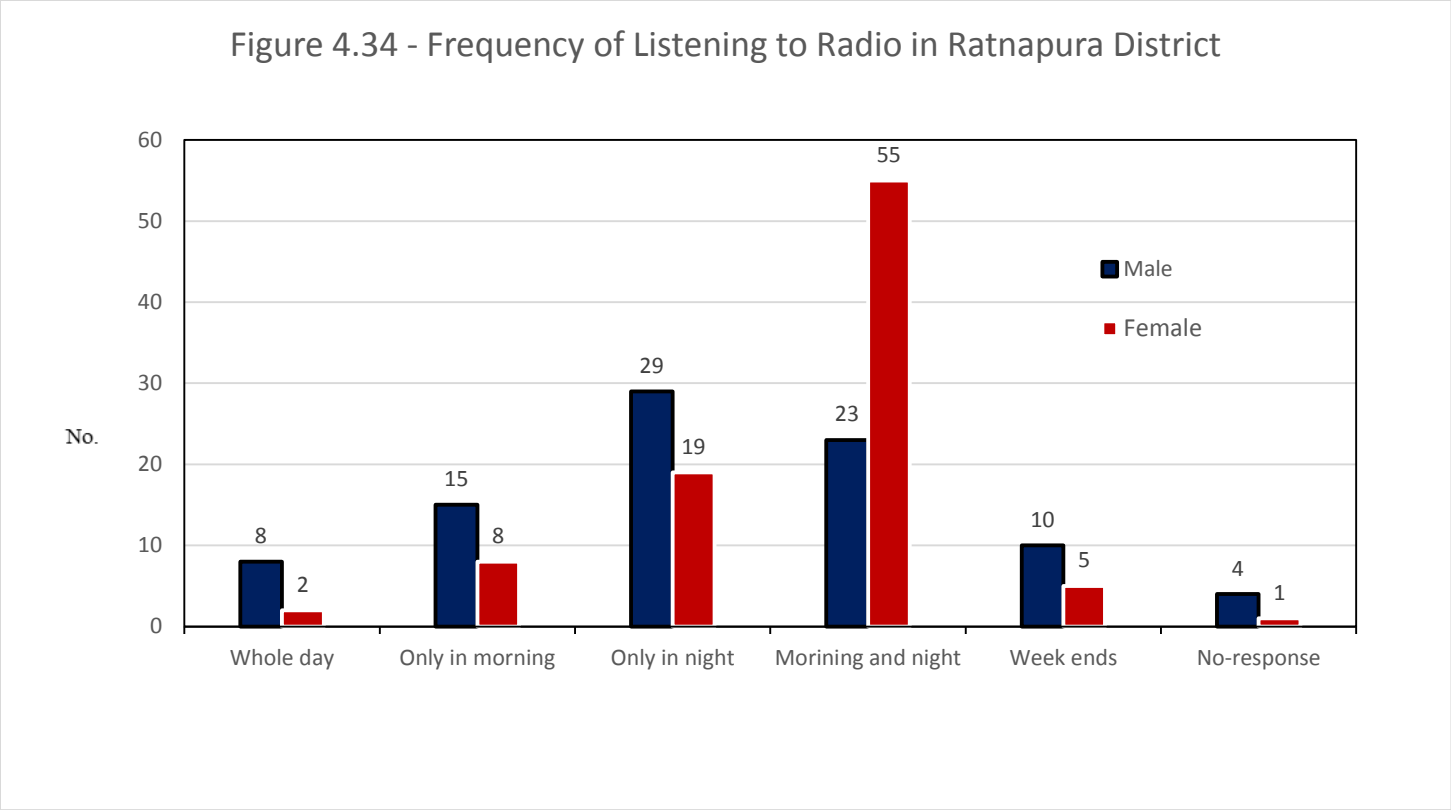
Table 4.50 - Frequency of listening to radio

Frequency	Attampitiya				Aislaby				Pitarathmale				Total			
	Male		Female		Male		Female		Male		Female		Male		Female	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Badulla District																
Whole day	8	23.53	10	32.26	6	18.75	2	6.06	7	24.14	2	6.45	21	60	14	40
only morning	5	14.71	4	12.90	6	18.75	1	3.03	6	20.69	4	12.90	17	65.38	9	34.61
only night	2	5.88	7	22.58	8	25.00	9	27.27	3	10.34	13	41.94	13	30.95	29	69.05
Morning and night	12	35.29	6	19.35	10	31.25	21	63.64	10	34.48	8	25.81	32	47.76	35	52.24
Week ends	4	11.76	2	6.45	1	3.13		-	1	3.45	3	9.68	6	54.55	5	45.45
No-response	3	8.82	2	6.45	1	3.13		-	2	6.90	1	3.23	6	66.67	3	33.33
Total	**34**	**100**	**31**	**100**	**32**	**100**	**33**	**100**	**29**	**100**	**31**	**100**	95	50	95	50
Ratnapura District																
Frequency	**Medakanda**				**Millawitiya**				**Cecilton**				**Total**			
Whole day	2	8.33	1	2.86	2	5.71	1	4.17	4	13.33		-	8	80	2	20
only morning	5	20.83	2	5.71	8	22.86	5	20.83	2	6.67	1	3.23	15	65.22	8	34.78
only night	9	37.50	6	17.14	10	28.57	2	8.33	10	33.33	11	35.48	29	60.42	19	39.58
Morning and night	5	20.83	23	65.71	8	22.86	15	62.50	10	33.33	17	54.84	23	29.49	55	70.51
Week ends	2	8.33	2	5.71	6	17.14	1	4.17	2	6.67	2	6.45	10	66.67	5	33.33
No-response	1	4.17	1	2.86	1	2.86		-	2	6.67		-	4	80	1	20
Total	**24**	**100**	**35**	**100**	**35**	**100**	**24**	**100**	**30**	**100**	**31**	**100**	89	49.72	90	50.28

The results of the frequency of listening to the radio by the estate workers are presented in Table4.50. In both districts morning and night is the most preferred time for listening. However in Badulla district more respondents listen during the whole day and only in the mornings when compared to Ratnapura district. In Ratnapura district listening during the weekends is slightly higher than in Badulla district. In Ratnapura district has significantly more female respondents listening during morning and night than the male workers in the same district.

Figure 4.33 - Frequency of Listening to Radio in Badulla District





It was observed that 41% of the respondents were listening to radio at night during the pre-intervention period and this number has increased to 59% in the post intervention survey.

Table 4.51 - Favourite Radio channel for listening

Channel	Attampitiya				Aislaby				Pitarathmale				Total			
	Male		Female		Male		Female		Male		Female		Male		Female	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Badulla District																
Uva radio	5	14.71	10	32.26	5	15.63	9	27.27		-		-	10	34.48	19	65.52
Sirasa		-	2	6.45	2	6.25	3	9.09		-	3	9.68	2	20	8	80
Shakti	18	52.94	13	41.94	13	40.63	13	39.39	18	62.07	2	6.45	49	63.64	28	36.36
lakhanda		-	1	3.23		-	1	3.03		-	21	67.74	0	0	23	100
Hiru		-		-		-		-	1	3.45		-	1	100	0	0
Neth		-		-	1	3.13		-	1	3.45		-	2	100	0	0
Sooriyan	8	23.53	5	16.13	8	25.00	6	18.18	2	6.90	4	12.90	18	54.55	15	45.45
No-response	3	8.82		-	3	9.38	1	3.03	7	24.14	1	3.23	13	86.67	2	13.33
sub total	**34**	**100**	**31**	**100**	**32**	**100**	**33**	**100**	**29**	**100**	**31**	**100**	95	50	95	50
	Ratnapura District															
Channel	**Attampitiya**				**Aislaby**				**Pitarathmale**				**Total**			
Uva radio	3	12.50	11	31.43	1	2.86		-	1	3.33	3	9.68	5	26.31	14	73.68
Sirasa	3	12.50	2	5.71	1	2.86		-		-	7	22.58	4	30.77	9	69.23
Shakti	10	41.67	16	45.71	15	42.86	18	75.00	23	76.67	17	54.84	48	48.49	51	51.52
Hiru		-		-	1	2.86		-		-		-	1	100	0	0
Neth		-		-		-	1	4.17		-		-	0	0	1	100
Shri		-		-		-	3	12.50	1	3.33		-	1	25	3	75
SLBC		-	1	2.86	4	11.43		-		-	1	3.23	4	66.67	2	33.33
Sinha	1	4.17		-	1	2.86	1	4.17		-		-	2	66.67	1	33.33
Sooriyan	1	4.17	2	5.71	3	8.57		-	1	3.33	2	6.45	5	55.56	4	44.44
No-response	6	25.00	3	8.57	9	25.71	1	4.17	4	13.33	1	3.23	19	79.17	5	20.83
sub total	**24**	**100**	**35**	**100**	**35**	**100**	**24**	**100**	**30**	**100**	**31**	**100**	89	49.72	90	50.28

Table 4.51illustrates the estate workers response for favourite radio channel in the two districts. In both districts the most preferred radio channel is Shakthi followed by Uva radio. It was noted that 43% of the respondents listening to Shakthi radio, 18% of the respondents listening to Uva radio and 12% of the respondents listening to Lakhada radio. Pre-intervention survey identified that 49% of the respondents listening to Shakthi radio followed by 36% of the respondents listening to Lakhada radio. It is noted that the new radio channel (Uva radio) has gained 18% effecting the reduction in both Shakthi and Lakhada radio channels.

Figure 4.35 - Favorite Radio Channel listening in Badulla District

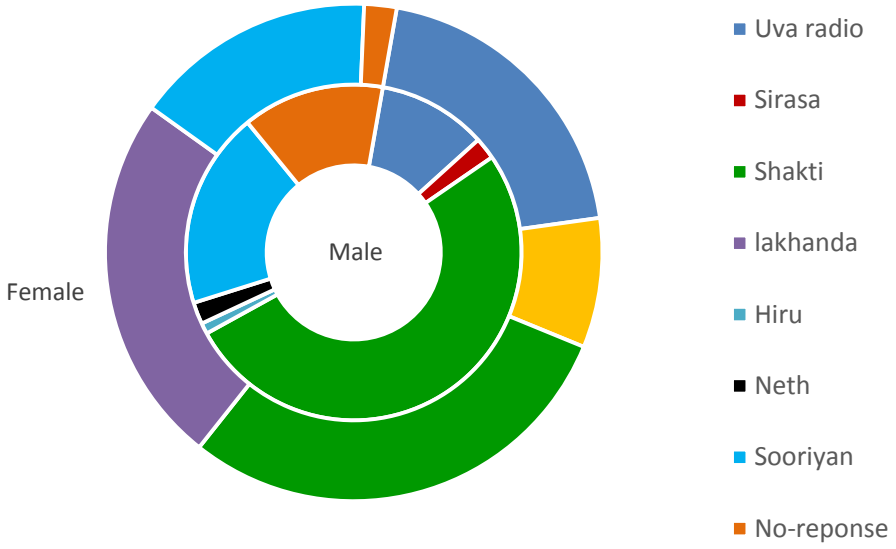
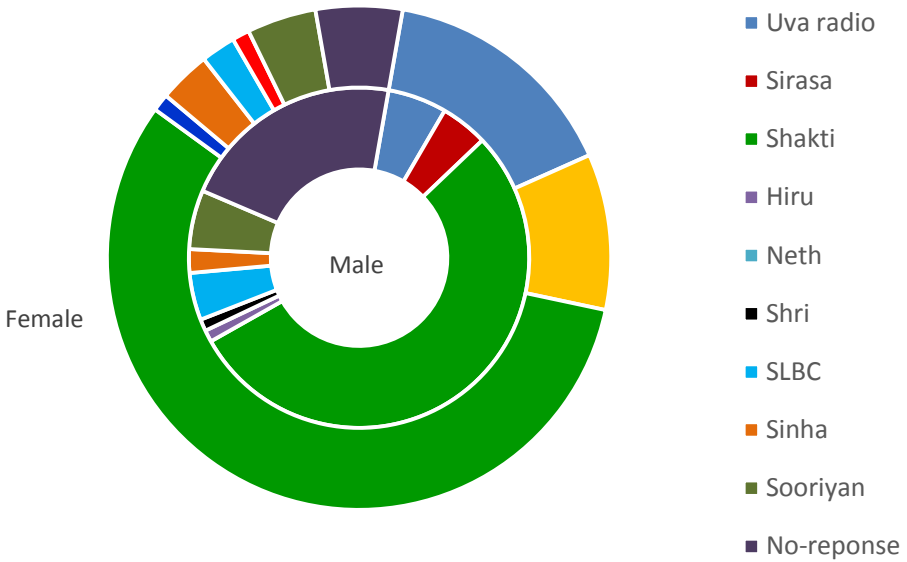


Figure 4.36 - Favorite Radio Channel Listening in Ratnapura District



4.6.3 Television

Table 4.52 – Watching Television

Estate	Watching TV											
	Yes				No				Total			
	Male		Female		Male		Female		Yes		No	
	No	%	No	%	No	%	No	%	No	%	No	%
Attampitiya	18	17.82	23	18.25	18	18.56	10	11.90	**41**	**18.06**	**28**	**15.47**
Aislaby	20	19.80	24	19.05	13	13.40	12	14.28	**44**	**19.38**	**25**	**13.81**
Pitarathmale	14	13.86	19	15.10	18	18.56	15	17.86	**33**	**14.53**	**33**	**18.23**
Medakanda	13	12.87	17	13.49	15	15.46	24	28.57	**30**	**13.22**	**39**	**21.55**
Millawitiya	20	19.80	25	19.84	18	18.56	6	7.14	**45**	**19.83**	**24**	**13.26**
Cecilton	16	15.85	18	14.27	15	15.46	17	20.24	**34**	**14.98**	**32**	**17.68**
Total	**101**	**100**	**126**	**100**	**97**	**35.90**	**84**	**64.10**	**227**	**100**	**181**	**100**

56% of respondents watch televisions as per the Table 4.52. It is noted that about 51% of the male respondents and 60% of female respondents watch televisions in both districts.

Table 4.53 - Frequency of Watching Television at night

Frequency	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
5.00 – 7.00 p.m.	5	13.16	7	17.50	5	17.24	4	16.67	9	23.68	6	22.22	36	18.37
7.00 – 9.00 p.m.	21	55.27	24	60.00	17	58.62	15	62.50	19	50.00	15	55.55	111	56.63
9.00 – 11.00 p.m.	12	31.57	9	22.50	7	24.14	5	20.83	10	26.32	6	22.23	49	25.00
Total	**38**	**100**	**40**	**100**	**29**	**100**	**24**	**100**	**38**	**100**	**27**	**100**	**196**	**100**

It was noted that 83% of the respondents were watching TV between 7.00p.m to 9.00p.m during pre-intervention survey and which has reduced to 57% in the post intervention survey. The percentage of those watching TV between 9.00p.m to 11.00p.m has increased to 25% from 7% in the post intervention survey. This increase could be due to televising Tamil and Sinhala teledramas and films during this time.

Table 4.54 – Popularity of TV channels

Channels	Attampitiya		Aislaby		Pitarathmale		Medakanda		Millawitiya		Cecilton		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Shakthi	13	31.7	16	36.4	11	36.36	12	33.3	19	42.2	15	44.1	86	37.8
Sirasa	8	19.5	6	13.6	5	15.1	5	33.33	9	20.0	5	14.7	38	16.7
Channel Eye	2	4.9	1	2.3	-	-	1		-	-	-		4	1.8
Rupawahini	3	7.3	2	4.5	1	3.0	2	27.54	1	2.2	1	2.9	10	4.4
Suwarnawahini	3	7.3	4	9.1	3	9.1	2	27.54	2	4.4	3	8.8	17	7.5
Derana	2	4.9	4	9.1	2	6.1	1	27.54	3	6.7	2	5.9	14	6.2
Hiru TV	4	9.7	3	6.8	4	12.1	2		3	6.7	2	5.9	18	7.9
Indian Channels	5	12.2	4	9.1	4	12.1	3	27.54	4	8.9	3	8.8	23	10.1
Other	1	2.4	4	9.1	3	9.1	2		4	8.9	3	8.8	17	7.5
Total	**41**	**100**	**44**	**100**	**33**	**100**	**30**	**100**	**45**	**100**	**34**	**100**	**227**	**100**

Shakthi TV was the most popular channel with 38% of the respondents and maintains the same position as in the pre-intervention survey. In the popularity range Sirasa has decreased from 31% to 17%.

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CHAPTER – 5

CONCLUSSIONS AND RECOMMENDATIONS

This chapter presents the conclusions and recommendations of the post-intervention survey.

5.1 Relevance

National STD/AIDS control programme has identified five districts in the country where the plantation sector workers are found. These districts are also found to have poor health indices such as malnutrition, anaemia, low birth weight and high infant mortality. The poor health indicators show that promotion and prevention services have not adequately reached the people. The five districts selected for the project by the programme has been appropriate due to the conditions prevailing in those areas. Therefore, the selection of these five districts for the project implementation can be considered as relevant and appropriate.

5.2 Effectiveness and efficiency of interventions and activities implemented by STD/HIV control programme

This study was conducted with 408 estate workers selected from 3 estates in Badulla and 3 estates in Ratnapura districts. The results of the study reflect the effect of the intervention carried out by the programme on Knowledge, Attitudes and Practices of estate workers with respect to the STD and HIV. It was observed that 97% of the study population are aware about the STD and 98% are aware about HIV. The comparable figures in the pre-intervention phase study conducted in 2008 are 30% of estate population are aware about STD and 78% are aware about HIV. The result of the study implies that Information, Education and Communication (IEC) campaign conducted by the programme has significantly increased knowledge on STD and HIV and developed positive attitudes towards STD and HIV.

The majority of workers both male and female workers (35%) received training on STD/HIV prevention followed by 20% receiving testing services and counselling and 13.5% received services for testing of blood samples. About 8% received support from the programme to change attitudes and behaviour towards living with HIV patients and HIV.

53% of respondents believed that awareness and knowledge improvement services offered by the programme were the most important benefits for the workers.

The overall knowledge of the modes of HIV transmission among the estate workers which was 52% in the pre-intervention survey has significantly improved to 89% in the post-intervention survey.

A very large percentage (77%) of respondents are aware of the use of condoms, this is a significant improvement compared to the baseline awareness of 51%. The increase of knowledge of the use of condoms will have a higher level of protection against HIV infection.

The study reveals inconsistencies between knowledge and practice as most of estate workers are now gained vast knowledge about the HIV, their preventive measures, mode of transmission and protection methods but they have not much used such knowledge when practicing the sexual activities and still have fairly significant number of workers who have stigma about the disease. This indicates the acquiring of knowledge has not effectively eliminated the misconceptions or negative attitudes of certain groups within the community of estate workers.

The study shows that although increased awareness and education are important to prevent the spread of HIV/AIDs among the estate workers, the key is translating this knowledge in to safer behaviour and practice.

5.3 Sustainability of project interventions and services in future

The STD/HIV control programme has taken a remarkable effort to change knowledge, attitudes and practice on STD and HIV among the estate workers but the momentum has to be sustained. A significant percentage of estate workers still lacks basic knowledge about transmission and spread of HIV/AIDS. Activities carried out by the programme such as awareness campaign, IEC campaign, mass media and involvement of counsellors, peer leaders have contributed to change the knowledge, attitudes and practices of estate workers. But still lacks basic knowledge about transmission and spread of HIV/AIDS.

5.4 Recommendations

A section of the present estate workers and new persons entering for estate employment are not fully aware on modes of STD/HIV transmission, prevention and protection measures. Periodical intervention on STD/HIV awareness should be undertaken to ensure more effective achievement of desired outcomes of prevention of transmission and prevention of STD/HIV.

It is recommended that the normal health service institutions such as MOHs, PHIs, STD clinics, should be involved for the provision of services which were previously provided under the project.

The services provided by the counsellors and the peer leaders continue in some estates through absorption of counsellors and peer leaders to the estate work force. The superintendents/managers should be encouraged through the managing companies to maintain the counsellors and a sufficient number of peer leaders in the estate workforce to improve the counselling services.

During the programme period PHIs and MOHs in charge of the district STD clinics had assisted in the programme implementation which has ceased at the end of the programme. The awareness programme has also been ceased. It is recommended that the health department should institutionalise an appropriate scheme with the involvement of the PHIs and MOHs and officers' in-charge of STD clinics and in conducting periodical awareness programmes.

Condom distribution had been systematically implemented through the supply of required quantity of condoms and operating condom dispensing boxes in all the six estates during the project implementation period. These services have also ceased or have become irregular after December 2012. It is recommended that the estates superintendents should be encouraged to ensure the regular supply of required quantity of condoms and also to maintain the condom dispensing boxes.

STD control programme to exercise the overall supervision of the project activities through involvement of Regional Directors of Health Services, Divisional Directors of Health Services (MOH), MOHs in charge of STD clinics and PHIs.

It is recommended to deliver all future HIV/AIDS prevention literature and IEC materials to the superintendents/managers of the estates who will get them delivered through the counsellors and peer leaders.

The IEC materials distributed and displayed in the estates such as Billboards, Posters, Banners, Flipcharts are broken, defaced, illegible, torn or discoloured. The HIV prevention messages were effectively communicated through these channels. Therefore, the estates managing companies should be encouraged to repair or reprint these IEC materials as well as any other new materials developed by the STD programme and appropriately display them in the estates.

ANNEXURES:

Annexure 1: References

1. Report of the HIV prevention project among plantation workers, implemented by Alliance Lanka in Association with Ministry of health - 2008.
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12. Annual report 2012-Central bank of Sri Lanka.
13. Census and statistics 2012

Annexure 2: KAP survey questionnaire

Questionnaire for Post-intervention KAP survey to measure changes in the target population on knowledge, attitudes, behaviour, practice, adoption of means of preventions and access for care and treatment services in Rathnapura and Badulla Districts

Questionnaire Id. No. :……..District:…….Estate:…….
Village/GN Division/Division of estate:……
Name of Enumerator: ……Interview completed date:……..

Circle the correct answer or answers or fill the blank as per response given by respondent

A. BACKGROUND INFORMATION

Question and coding categories

A.1 Record sex of correspondent
Male 1 Female 2

A.2. How old are you now?
Years ……Months……..Don't Know year of birth

A.3. Have you ever attended school?
Yes 1 No. 2

A.4. What is the highest level of school you attended?
Grade 1-6 1, Grade 6-OL 2, Up to AL 3, Higher Education 4

A.5. Marital Status
Married 1, Unmarried 2, Living together 3, Separate/Widow/Divorced 4

A.6. With whom do you currently live?
With parents 1, With wife/husband 2, With a relative/friend 3, Alone 4 Other……..5

A.7 How many family members are there in your house?
Male child……., Female child…., Other relatives (specify)…….

A.8 What is your current employment?
Tea pluckier 1, rubber tapper 2, Estate labourer 3, Kankani/thalavar/supervisor 4,
Worker at garment factory 5, Work outside the estate 6, Abroad (career/Tour) 7
Other (specify)…….…… 8

A.9 If you are working outside the estate, indicate where you work and type of work
Work place……..Type of work……

A.10 What are the countries you have visited during last 10 years?
India 1, Pakistan 2, Nepal 3, Bangladesh 4, Thailand 5, Philippines 6. Middle East Countries (specify)……7, Any other country……..8

A.11 Have you been abroad for more than 6 months? Yes 1, No 2

A.12 What are those countries?.....

B. INFORMATION ON INVOLVEMENT WITH STD/HIV PROGRAMME

B.1 Have you participated in the Baseline survey conducted in 2008? Yes 1, No 2

B.2 Have you visited the counselling centre (VCT) operated in your area?
Yes 1, No 2

B.3 Have you visited a testing/Treatment care centre to get services? Yes 1, No 2
B.4 Have you got any training/awareness on SDT/AIDS? Yes 1, No 2
B.5 Where were you trained or got awareness on STD/HIV?
MOH office 1, VCT 2, Estate hospital 3, Base hospital 4, STD clinic 5, other (specify)……..6
B.6. Who gave you training or awareness on STD/HIV?
MO 1, Counsellor 2, PHI 3, Nurse at STD clinic 4, Peer leaders 5, Other (specify)……6….
B.7 How many times you have visited the VCT and Treatment care unit during last 12 months?
VCT centre…….STD clinic/Treatment care centre……

C. KNOWLEDGE AND ATTITUDES ON STD/HIV

C.1 Have you ever heard of the following diseases ?
1.1 STD: Yes 1, No 2, 1.2 HIV: Yes 1, No 2,, 1.3 AIDS: Yes 1, No 2,
C.2 How did you know about STD/HIV/AIDS?
Newspapers 1, Electronic media (Radio, TV, educational films) 2, Educational lectures 3
Awareness programmes Conducted by MOH Office 4,
Awareness programmes Conducted by SDT clinic 5
Counsellor/Friends/peers leader 6, Parents/relatives 7, Health personnel (MO, Nurse, PHI) 8
Family doctor 9, Estate management 10, Other (specify)……11
C.3 What are the differences between STD and HIV?
STD not danger but HIV danger 1, STD can be cured but HIV cannot be cured -2
STD is the early stage of HIV 3, STD spread cannot be controlled by using condom but HIV could be-4, other specify ….5
C.4 What are the STD you had ever heard?
(If mention the name or describe the nature of the disease tick the relevant name)
Gonoria 1, Siphillis 2, Chlamydia 3, Genital Herpes 4, Genital Warts 5, Trichomonasis 6
C.5 What are the common symptom/s of STD infected women?
Abdominal Pain 1, Vaginal Discharge 2, Burning Pain on urination 3, Genital Ulcers / Sores 4, Swelling in Groin Area 5, Itching 6
C.6 What are the common symptom/s of STD infected Men?
Urethral Discharge 1, Burning Pain on urination 2, Genital Ulcers / Sores 3, Swelling in Groin Area 4, itching 5
C.7 Have you had a genital discharge during the past 12 months?
Yes 1, No 2, Don't Know 3
C.8 Have you had a genital wound /sore during the past 12 months?
Yes 1, No 2, Don't Know 3
C.9 If yes, have you received the treatment?
Yes 1, No 2
C.10 If yes, from where did you get the treatment?
Family Doctor 1, Private Hospital 2, Government Hospital 3, STD Clinic 4, Ayurwedic /native doctor 5, pharmacy 6, EMA 7, Estate medical centre 8, Other 9, Can't Remember
C.11 Can STDs be transmitted from a pregnant mother to her baby?
Yes 1, No 2, Don't know 3
C.12 Would you like to marry a person from a family having a HIV infected patient?
Yes 1 No2, No idea 3
C.13 If a HIV infected person is identified within your community, do you propose that he/she should be separated and treated isolated? Yes 1, NO 2 No idea 3
C.14 Do you allow your children to play and study with children who may have HIV?

Yes1, No 2, No idea 3

C.15 Would you like to send your children to study in a school where children infected with HIV? Yes 1, No 2, No idea 3

C.16 Would you mind working with your co-worker further, after knowing that he/she is infected with HIV? Yes 1, No 2, Cant Response 3

C.17 If you find that a coworker is infected with HIV, would you mind sharing toilet with him/her? Yes 1, No 2, No idea 3

C.18 Would you mind having or sharing a meal with a HIV infected person?
10.1 Have meal together: Yes 1, No 2, No idea 3
10.2 Share meals with: Yes 1, No 2, No idea 3

C.19 If HIV infected person works with you, would you mind using the tools/ equipment which he/she had used? Yes 1, No 2, No idea 3

C.20 Would you mind sharing a room with a HIV infected person? Yes 1, No 2, No idea 3

C.21 You think the HIV infected children also be allowed to learn in the same school with others? Yes 1, No 2, No idea 3

C.22 Are you prepared to live with a family member having infected with HIV? Yes 1, No 2, No idea 3

C.23 Are you prepared to taking care of one of your family members who got infected with HIV? Yes 1, No 2, No idea 3

C.24 What can community do if anyone found to be HIV infected within the community?
Directing to get tested at STD clinics followed with treatment care 1
Bring the person to VCT centre -2
Encourage the person to go for treatment care 3
Financially assisting to live and take care of his/her family – 4
Other (specify)……..5

D. KNOWLEDGE ON MEANS AND WAYS OF TRANSMITTING HIV

(Sexual means vaginal, anal or oral intercourse)

D.1 Can HIV be transmitted to any one through unsafe sexual intercourse? Yes 1, No 2, don/t know 3

D.2 Can a person get the HIV by receiving a Blood Transfusion? Yes 1, No 2, Don't know 3

D.3 Can a person get the HIV from an injection with an unsterilized needle? Yes 1, No 2, Do not know3

D.4 Can HIV be transmitted from an infected mother to her baby?
4.1 During the pregnancy period: Yes 1, No 2, Do not know 3
4.2 Breast feeding: Yes 1, No2, Do not know 3

D.5 Can HIV be transmitted from following means?

	Means	Response
5.1	From a toilet which is used by an infected person?	Likely 1, Less likely 2, not at all 3, no response 4
5.2	From mosquito bites?	Likely 1, Less likely 2, not at all 3, no response 4
5.3	From cough or sneeze?	Likely 1, Less likely 2, not at all 3, no response 4
5.4	By speaking face to face with infected person?	Likely 1, Less likely 2, not at all 3, no response 4
5.5	By touching/shaking hands with infected	Likely 1, Less likely 2, not at all 3,

	person	no response 4
5.6	From sharing cups/plates/glass/clothes used by infected person	Likely 1, Less likely 2, not at all 3, no response 4
5.7	From sharing, sharp needles and object used by infected person	Likely 1, Less likely 2, not at all 3, no response 4

E. BEHAVIOUR, PRACTICE AND RELATIONSHIPS

E.1 Unmarried

E.1.1 Have you ever had some kind of sex related activities (penetrative and non-penetrative) with any person during last 12 months?
Yes 1, No 2, Don't like to expose 3

E.1.2 What are the penetrative and non-penetrative sex you had during last 12 months:
12.1 Non penetrative: sexual stimulation 1, touching and kissing 2, Masturbation 3, other 4
12.2 Penetrative sex: oral sex 1, anal sex 2, vaginal intercourse 3

E.1.3 How many girls/boys friends currently do you entertain and having sex with them?
Girls Friend:……..1, Boys Friend ……2

E.1.4 Have you used condom when having penetrative sex with your girls /boys friend during last 12 months?
Yes 1, No 2, Don't like to expose 3

E.2 Married

E.2.1 Have you had sex with your spouse regularly during the past 12 months?
Yes 1, No 2, don't like to expose 3

E.2.2 Do you enjoy having sex with your spouse?
Yes 1, No 2, don't like to expose 3

E.2.3 If you or your spouse does not enjoy having sex with your under what circumstance you are having sex with spouse?
As a customary requirement 1, by force 2, under stress/pressure situation 3, other 4

E.2.4 If you and your spouse satisfied having sex with you how often you have sex with spouse?
Daily 1, weekly 2, monthly 3, occasionally 4, other 5

E.2.5 Did you or your partner use a condom when having sex last time?
Yes 1, No 2, don't like to expose 3

E.2.6 With what frequency did you and partner use a condom during the past 12 months?
Every Time 1, Sometimes 2, Occasionally 3, Not at all 4

E.3 Sexual Relation

E.3.1 Have you had sex with casual partner/s (none regular or other than spouse) during the past 12 months?
Yes 1, No 2, don't like to expose 3

E.3.2 Did you or your casual partner used a condom when having sex last time?
Yes 1, No 2, don't like to expose 3

E.3.3 What frequency did you and your casual partner/s use condoms during the past 12 months?
Every Time 1, Sometimes 2, occasionally 3, Not at all 4

E.4. Sex - Only for males

E.4.1 Have you had sexual intercourse with a commercial partner during the past 12 months?
Yes 1, No 2, don't like to expose 3
E.4.2 Do you have a permanent faithful sex partner? Yes 1, No 2
E.4.3 How many commercial partners did you use for sexual intercourse during the past 12 months?
One 1, Two 2, More than two 3
E.4.4 Have you used condom when having sex with commercial sex partner last time ?
Yes 1, No 2
E.4.5 How often did you and all of your commercial partners use condom during the past 12 months?
Every Time 1, Sometimes 2, occasionally 3, not at all 4
E.4.6 Have you ever had sex with any male sexual partner? Yes 1, No 2
E.4.7 Have you had anal sex with a male partner during the last 12 months? Yes 1, No 2
E.4.8 Have you use condoms when having sex with your male partner last time?
Yes 1, No 2, Don't Know 3
E.4.9 How often you use condom when having sex with your male partner?
Every Time 1, sometimes 2, Occasionally 3, not at all 4
E.4.10 Have you ever used any of following item when having sex with male partner?
Smoke 1, Liquor 2, Heroin 3,Ganja (Hashis) 4
E.4.11 What are the items currently being used from those given below when you having sex with male partner?
Smoke 1, Liquor 2, Heroin 3,Ganja (Hashis) 4

E.5. Male condom use and availability

E.5.1 Have you ever heard of a male condom? Yes 1, No 2
E.5.2 Have you ever used a male condom with anyone of your sexual partner? Yes 1, No 2
E.5.3 Do you think it is necessary to use a condom when a married person having sex with non - regular partners?
Yes 1, No 2, Can't Response 3
E.5.4 Do you or your wife use any family planning method? Yes 1, No 2, Don't Know 3
E.5.5 What is your spouse's family planning method?
Condom 1, Tablets 2, Naturally 3, Depo. Vaccination 4, Loop 5, LRT 6, Vasekthami 7
E.5.6 What is the correct manner of using condom?
Always use a new condom for each intercourse 1
Wear it on erect penis 2, Roll the condom down the penis 3,
Do not remove air in tip of condom after using it 4, Dispose it after intercourse .5
E.5.7 Do you have any difficulties in wearing a condom?
Yes 1, No 2, Can't Response 3
E.5.8 If yes what sort of difficulties do you experience?
Some incompatibility 1, size not matched 2, spouse does not like 3, other sexual partners do not like to wear it 4
E.5.9 Do you have easy access to a condom dispenser machine location?
Yes 1, No 2, No idea 3
E.5.10 If No, what distance do you have to travel to reach the machine? ……km
E.5.11 Have you experienced any shortage of condoms in the dispenser machine during last 12 months?
Yes 1, No 2, No idea 3

E.5.12 How often have you collected condoms from dispenser machine?
One a week 2, Every fortnight 2, Thrice a week 3, Monthly 4, any other period…….5

E.5.13 How many condoms do you collect from dispenser machine in one visit?
Less than five 1, Five to ten 2, eleven to twenty 3, more than twenty 4

E.5.14 Would you use all condoms during the period before next visit to the dispenser machine?
Yes 1, No 2

E.5.15 If dispenser machine not operated for a while from where you can buy condoms?
Government hospital clinic 1, Nearest town pharmacy 2, STD clinic 3, friend 4, Commercial Sex partner 5, other ……6

E.5.16 Does your regular sex partner wish to have sex when wearing a condom?
Yes 1, No 2

E.5.17 If No, which way does your partner/s (spouse, casual sex partner, commercial sex partners) prefer?
Without wearing condom 1, Initially without wearing and wearing sometime later 2, Do not like due to some incompatibilities 3, other ……4

E.5.18 When are you more inclined to wear a condom when having sex?
When having sex with spouse1, when having with my trusted sex partner 2
During anal sex with male/female sex partner other than with spouse 3
During oral sex with sex partner other than spouse 4

E.5.19 Do you believe that use of condom when having sex with a sex partner completely prevents transmission of HIV? Yes 1, No2, Don't know 3

F. PROTECTION FROM STD/HIV

F.1 What are the ways anyone can protect from HIV infection? (Let them reply without help)
Abstaining from any sexual intercourse 1, Restricting sexual activity to a Faithful sex partner 2, Using a Condom at every sexual intercourse 3, Avoid sex with unknown person especially military officers, foreigners, drug users, seaman, tri-so drivers etc 4, select sex partner who personally known and looks healthy 5, commercial/casual sex workers undergone for regular check-ups 6, avoid sharing of injection needles, and any other sharp objects 7, use protection when assisting a person who bleeding due to accident 8

F.2 Can people protect themselves from the HIV limiting to a uninfected faithful sex partner?
Yes 1, No 2, Don't Know 3

F.3 Can people protect themselves from the HIV virus that causes AIDS by using a condom correctly when having sexual intercourse? Yes 1, No 2, Don't Know 3

F.4 Can people protect themselves using only sterilized needles and syringes?
Yes 1, No 2, Don't Know 3

F.5 Can a pregnant mother reduce the risk of infection of HIV to her baby by taking drugs which control the HIV? Yes 1, No 2, Don't Know 3

F.6 Can a person get the HIV by having sexual intercourse without using condom with a healthy – looking person? Yes 1, No 2, Don't Know 3

F.7 Is there any possibility to getting infected with HIV when using liquor or drugs during or before sexual activity?
Yes 1, No 2, Don't Know 3

G. COUNSELING, TESTING AND TREATMENT CARE SERVICE AVAILABILITY

G.1 Do you know the place where the counselling centre (VCT) functions in your area?
Yes I, No2, No idea 3

G.2 Have you visited the counselling centre during the last 12 months period?
Yes 1, No 2

G.3 How far from your home it is located?
Less than 5 km 1, 5 to 10 km 2, 11 to 15 km 3, more than 15 km 4

G4. How often you have visited the centre?
One a week 2, Every fortnight 2, Thrice a week 3, Monthly 4, any other period…….5

G.5 What are the services you got from the counselling Centre?
Awareness on STD/HIV/AIDS 1, Correct way to use condom 2
Video presentation on HIV/AID 3, Training on prevention of HIV 4,
Awareness on testing facilities 5, training peer leadership 6, other (specify)…….7

G.6 How do you assess the services provided by the counselling centre?
Highly satisfied with the service 1, moderately satisfied with the services 2,
Not satisfied with the services 3

G.7 Do you still need awareness or training on STD/HIV? Yes 1, No 2, don't know 3

G.8 If yes, what subject areas do you prefer to have more insight? ……., ……

G.9. What type of challenges could be faced by counsellors in bringing estate workers to Counselling centers/testing centers for screening and treatment care……., …….

G.10 What are the main sources of STD/HIV spread in the estates?
People who work in Colombo 1, People who work abroad 2, Women who work as house workers/as servants in urban areas 3, Within the estate who are having sex with commercial sex workers 4, Other…….5

G.11 Do you know the place where the blood testing could be done in your area?
Yes I, No 2, No idea 3

G.12 From where could you a get blood test?
Hospital / Dispensary 1, Family Health service officer 2, Pharmacy 3, STD clinic/treatment care centre -4, other ……..5

G.13 Have you visited a STD clinic during the last 12 months period?
Yes 1, No 2

G.14 How far was it located?
Less than 5 km 1, 5 to 10 km 2, 11 to 15 km 3, more than 15 km 4

G.15 How often do you visit the centre?
One a week 2, Every fortnight 2, Thrice a week 3, Monthly 4, any other period…….5

G.16 What are the services you have received from the counselling Centre?
Obtained testing facilities 1, obtained treatment 2, other (specify) …….. 3

G.17 Are you satisfied with the facilities available at the testing and treatment care centre?
Highly satisfied 1, satisfied 2, Moderate 3, Poor 4

G.18. What areas/ services should be improved at the center for effective delivery of services?
Change of attitude of staff 1, Staff is not adequate 2, Facility to be improved further 3,
Ensure availability of medicine throughout the year 4, ensure testing facilities without interruption 5

G.19 If STD clinic is located far away, can you afford the cost incurring to traveling?
Yes 1, No 2

G.20 What are the benefits you have received from STD/HIV programme?
Training on STD/HIVprevention1, Testing services and counselling 2,
Testing of blood samples 3, Regular treatment for……4, Change attitudes and behaviour towards living and HIV prevention 5, work as peer leader 6, Others (specify)…….. 7

G.21 Are you satisfied with the STD/HIV programme implemented during the last 12 months period in your estate? Yes 1, No 2 , don't like to comment 3

G.22 What aspects of the programme would you think was most beneficial to people?

Awareness programme/knowledge improvement 1, Testing facility and treatment care 2, Counselling and surveillance 3, Empowerment and attitudinal change 4, Other ……5

G.23 Do you think the counselling center established in the estate is adequate to provide services to the entire estate worker population of the estate?
Adequate 1, Not adequate 2

G.24 If not, how many additional centers should be established and where should be established?
Number;…… Where:……..

G.25 Do you think that there are many STD/HIV infected/suspected persons in the estate without being exposed? Yes 1, No 2, don't know 3

G.26 IF yes, do you get them exposed to counselling Center? Yes 1, no 2, can't intervene 3

G.27 Have you or your friends continuously used the service or he counselling center?
Yes 1, No 2

G.28 If you are not a victim of STD/HIV yet, but if you happen to go to HIV test and the results turned
to HIV positive, do you wish to disclose your HIV status to your groups ? Yes 1, No 2

G.29 If No, to whom you do not disclose?
Friend 1, sexual partner 2, Family member 3, Counsellor 4, peer leader 5, Other… 5

G.30 When did you last go for HIV test?
3 months back 1, 3-6 months back 2, 7-12months back 3, 13-24 months back 4, never 5.

H. COMMUNICATION /IEC

H.1 Do you listen to the radio? Yes 1, No 2

H.2 How often do you listen to the radio?
Always 1, only in the morning 2, only in the night 3, morning and night 4, weekends only 5

H.3 What is your favourite FM radio channel?
Uva Radio 1, Sirasa 2, Shakthi 3, Lakhanda 4, Hiru 5, Neth 6, Shri 7, SLBC 8, Sinha 9, other ……10

H.4 Have you listen to any radio programme on STD/HIV from following channels?

Radio channel	Listen or not	If listen, time during the day (tick appropriate cage)		
		In the morning	During day time	In the night
Uva Radio	Yes 1, No 2			
Sirasa	Yes 1, No 2			
Shakthi	Yes 1, No 2			
Lakhada	Yes 1, No 2			
Hiru	Yes 1, No 2			
Neth	Yes 1, No 2			
Shri	Yes 1, No 2			
SLBC	Yes 1, No 2			
Sinha	Yes 1, No 2			
Other	Yes 1, No 2			

H.5 What massage you has got from radio programme?
General awareness on STD/HIV 1, about the STD/HIV programme 2, Services available at counselling center and STD clinics 4, means of transmitting 5, method of control 6, other ….7

H.6 How useful and effective is the radio programme?

Informative and useful 1, useful but need more information 2, effective and provided all information for general people 3, not effective as message and language not clear 4, Other ……..5

H.7 Have you watch any mobile video show on STD/.HIV in your estate by Uva Radio? Yes 1, No 2

H.8 How do you assess its effectiveness in creating awareness and knowledge on STD/HIV?
Highly satisfactory 1, satisfactory 2, moderately satisfactory 3, not satisfactory at all 5

H.9 Have you ever seen the poster displayed by the programme during last 12 months period in your area (show the sample of poster)?
Yes 1, No 2

H.10 What was the massage you have got from the poster?
Awareness on STD/HIV programme 1, awareness on HIV disease 2, facilities offered by programme 3, other (specify) 4

H.11 Have you received the small booklet on AIDS? Yes 1, No 2

H.12 How is this book effective in educating general people on AIDs?
Very effective 1, effective 2, not effective 3

H.13 Have you seen flash cards (show the sample card) during last 12 months period on STD/HIV?
Yes 1, No 2

H.14 If yes, who has explained the messages on the flashcard to you?
Counsellors 1, Peer leaders 2, PHI 3, Nurse 4, MO 5, Other 6

H.15 Have you seen this leaflet (show the leaflet) during last 12 months? Yes 1, No 2

H.16 Do you read newspapers? Yes 1, No 2

H.17 How often do you read newspapers?
Daily 1, weekly 2, only when available 3

H.18 What are the newspapers you prefer?
Veerakesari 1, Thinakaran 2, Sudar Oli 3, Thinakural 4, Uthayan 5, Silumina 6, Dinamina 7, Divaina 8, Lankadeepa 9, Vaaramanjari 10.

H.19 Do you watch TV? Yes 1, No 2

H.20 When do you spend more time to watch the TV during the day?
5p.m – 7.pm 1, 7p.m – 9.00p.m 2, and 9.00p.m to 11.00pm 3,

H.21 Which TV channel you prefer most?
Shakthi 1, Sirasa 2, Channel Eye 3, Rupawahini l 4, Suwarnawahini 5, Derana 6, Hiru TV 7, Indian Channels 8, Other 9.

Annexure 3: Information sheet and the consent forms

Information sheet - English

Title: Post intervention KAP Survey to measure changes in the target population on disease prevention, access to care and treatment services in Ratnapura and Badulla Districts

Principal Researcher:
Dr. Nimal Kasturiarachi
"Management Frontiers"
84/4, Lauries Road
Colombo-4
Telephone: 00112554667/8

We would like to invite you to participate in this research project commissioned by the Ministry of Health, Sri Lanka. This study is conducted by the "Management Frontiers" for the Ministry of Health. You should only participate if you want to; choosing not to take part will not disadvantage you in any way. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

DETAILS OF STUDY

Infections affect well-being, and can cause distress, health problems and death. The purpose of this research is to study the knowledge, attitude and practice of the estate population on disease prevention, access to care and treatment services in Ratnapura and Badulla Districts. We aim to interview 400 people. All persons (over 15 years) who lived in the estates of the Ratnapura and Badulla Districts for the last 10 years will be eligible to take part in this study. We have excluded only those who have serious problems with communication (hearing, understanding, speaking) because of the difficulty in interviewing them. To identify eligible people, we have visited all of the households in the community. If there was more than one person eligible in your household, you have been selected at random.

You will be interviewed by a trained Tamil interviewer. Your interview will take about one hour to complete. The interviewer will visit your home and fix a time for interview at your convenience. Then you will visit to the counseling centre close by at the fixed time and will be interviewed in private. The questions will focus on your health, infections and sexual practices. Since this study focus on the health and welfare of the estate community we believe this study will benefit the community as a whole.

We recognize that the questions on sexual practices can be distressing. We would ask you to tell us if there are any questions that you prefer not to answer, and your wishes will be respected. We would also ask that you tell the interviewer if you are feeling distressed. The interview can be stopped, and we can discuss with you what you would like to do.

The information that you provide us with will be treated as confidential. We will not tell anyone what you tell us. The data collected by the questionnaires in this study will be entered into a computer data file. When the data collection is finished the study data will be anonymised, which means that no one, not even the study investigators, will be able to tell what information has been provided by what person. The anonymised data set will be stored safely and will be destroyed once the study report is concluded.

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. You may withdraw your data from the project at any time until the end of the data collection (01.08.2013), when the data set will be fully anonymised and it will no longer be possible to identify the information that you have given us.

If you have any problem or doubt about this study you may clarify from the interviewer or directly contact Dr.K A M Ariyaratne, 29, De Saram Place, Colombo-10 who is in charge of this research at 0012682859

Information sheet - Tamil

ஆய்வில் பங்குபற்றுபவர்களுக்கான விபரக் கொத்து

இந்த விபரக் கொத்தின் ஒரு பிரதி உங்களிடம் கையளிக்கப்படும்.

ஆய்வுத் தலைப்பு : இரத்தினபுரி மற்றும் பதுளை மாவட்டங்களில் இலக்குக்கு உள்ளாகும் மக்களுக்கு சுகாதார நலன்புரி, சிகிச்சை சேவைகளை அணுகுவது சம்பந்தமான அறிவு, மனப்பான்மை, நடைமுறை, பழக்கம், தடுத்தல் வழிவகை என்பனவற்றில் ஏற்படும் மாற்றங்களை அளவிட பிந்திய இடையீட்டு ஆய்விற்கான வினாக்கொத்து

பிரதான ஆய்வாளர் :
கலாநிதி நிமால் கஸ்தூரியாராச்சி

“Management Frontiers”

84/4, ெரோறிஸ் தெரு,

கொழும்பு – 4.

தொலைபேசி இலக்கம் : 0112554667/8

சுகாதார அமைச்சினால் மேற்கொள்ளப்படும் இந்த ஆய்வில் கலந்து கொள்ளுமாறு உங்களை வரவேற்கிறோம். இந்த ஆய்வானது “Management Frontiers” நிறுவனத்தினால் சுகாதார அமைச்சிற்காக மேற்கொள்ளப்படுகிறது. நீங்கள் இதில் கலந்து கொள்ள விருப்பமுடையவராக இருந்தால் மட்டுமே நீங்கள் பங்குபற்ற வேண்டும். இந்த ஆய்வில் நீங்கள் கலந்து கொள்ளாமல் இருக்க தீர்மானித்தால் அது உங்களை எவ்விதத்திலும் பாதிக்காது. நீங்கள் இந்த ஆய்வில் கலந்து கொள்வதைத் தீர்மானிப்பதற்கு முன்னர் இந்த ஆய்வு ஏன் நடத்தப்படுகிறது என்பதைப் பற்றியும், உங்களுடைய பங்களிப்பு எவ்வாறு இருக்கும் என்பதைப் பற்றியும் நீங்கள் விளங்கிக் கொள்வது மிகவும் அவசியமாகும். கீழே தரப்பட்டுள்ள தகவல்களை போதிய நேரமெடுத்து கவனமாக வாசிப்பதுடன் உங்களுக்கு விருப்பமானால் ஏனையோருடன் கலந்தாலோசிக்கலாம். இதில் குறிப்பிட்டுள்ள விடயங்கள் உங்களுக்கு தெளிவாக இருக்கவில்லை என்றாலோ அல்லது மேலதிக விபரங்கள் உங்களுக்குத் தேவை என்றாலோ நீங்கள் எங்களைக் கேட்கலாம்.

ஆய்வின் விபரங்கள் :

· நோய்த் தொற்றுகள் மக்களின் ஆரோக்கியத்தைப் பாதிப்பதுடன் மன உளைச்சலையும், சுகாதாரப் பிரச்சினைகளையும இறுதியில் இறப்பையும் ஏற்படுத்துகிறது.· இரத்தினபுரி மற்றும் பதுளை மாவட்டங்களில் பெருந் தோட்டங்களில் வாழும் மக்களின் உடல்,உள ஆரோக்கியப் பிரச்சினைகளையும் சுகாதார நலன்புரி, சிகிச்சை சேவைகளை அணுகுவது சம்பந்தமான அறிவு, மனப்பான்மை, நடைமுறை, பழக்கம், தடுத்தல் வழிவகை நலன்களையும் ஆராய்வதே இந்த ஆய்வின் நோக்கமாகும். நாங்கள் இந்த ஆய்வில் 400 பேரிடம் இருந்து தகவல்களைப் பெறுவதற்கு எண்ணியுள்ளோம். கடந்த 10 வருடங்களாக இரத்தினபுரி மற்றும் பதுளை மாவட்டங்களில் பெருந் தோட்டங்களில் வாழும் 15 வயதிற்கு மேற்பட்ட அனைவரும் இந்த ஆய்வில் பங்குபற்ற தகுதியானவர்கள் ஆவர். கருத்துப் பரிமாற்றத்தில் கடுமையான

சிக்கலுடையோர் (கேட்டல், விளங்கிக் கொள்ளுதல், பேசுதல்) அவர்களிடம் இருந்து தகவல்களைப் பெறுவதில் உள்ள சிரமம் காரணமாக இந்த ஆய்வில் இருந்து தவிர்க்கப்பட்டுள்ளனர். ஆய்வுக்குத் தகுதியானவர்களை அடையாளம் காண்பதற்காக இந்தப் பெருந் தோட்டப் பகுதியிலுள்ள அனைத்துக் குடிமனைகளுக்கும் நாங்கள் வருகை தந்திருக்கிறோம். உங்களுடைய வீட்டில் உள்ள 18 வயதிற்கு மேற்பட்டவர்களில் இருந்து நீங்கள் மீண்டும் எழுமாற்றாக இந்த ஆய்வுக்கு தெரிவு செய்யப்பட்டுள்ளீர்கள். ஒரு பயிற்றப்பட்ட ஆய்வாளர் உங்களிடம் இருந்து தகவல்களைப் பெறுவார். இவ்வாறு உங்களிடம் இருந்து தகவல்களைப் பெறுவதற்கு கிட்டத்தட்ட 1மணி நேரம் எடுக்கும். ஆய்வாளர் உங்களுடைய வீட்டுக்கு நேரடியாக வந்து உங்களுக்கு வசதியான நேரத்தில் உங்களிடம் இருந்து தகவல்களைப் பெறுவதற்கு அனுமதி பெறுவார். அதன் பின் அருகாமையிலுள்ள ஆலோசனை நிலையத்தில் நீங்கள் தனிமையில் தகவல்களை வழங்க முடியும். ஆய்விலுள்ள கேள்விகள் உங்களுடைய ஆரோக்கியம் தொற்று நோய்கள் மற்றும் பாலுறவுப் பழக்கங்கள் தொடர்பானதாக இருக்கும். இந்த ஆய்வு பெருந் தோட்டங்களில் வாழும் மக்களின் உடல்,உள ஆரோக்கியப் பிரச்சினைகளில் கவனம் செலுத்துவதனால் ஒட்டுமொத்தமாக சமுதாயத்துக்கு இந்த ஆய்வினால் நன்மை ஏற்படும் என நாம் நம்புகிறோம். பாலுறவுப் பழக்கங்கள் தொடர்பான கேள்விகள் உங்களை மன உளைச்சலுக்கும் அசௌகரியத்துக்கும் உள்ளாக்கலாம் என்பதை நாங்கள் ஏற்றுக் கொள்ளுகிறோம். கேள்விகளுக்கு பதிலளிக்குமாறு உங்களை கேட்டுக் கொள்ளும் போது, ஏதாவது கேள்விக்கு பதிலளிக்க உங்களுக்கு விருப்பமில்லையானால் அதை எங்களுக்குத் தெரியப்படுத்துமாறு உங்களைக் கேட்டுக் கொள்ளுவதுடன் உங்களுடைய விருப்பத்தை நாம் மதித்து நடப்போம்.
ஆய்வாளரின் கேள்விகளுக்கு பதிலளிக்கும் போது, நீங்கள் மன உளைச்சலுக்கு உள்ளானால் அதை ஆய்வாளருக்கு அறியத்தருமாறு கேட்டுக் கொள்ளுகிறோம். அவ்வாறான நிலைமையில் ஆய்வாளரின் விசாரணை நிறுத்தப்பட முடியும் என்பதுடன் நீங்கள் என்ன செய்ய விரும்புகிறீர்கள் என்பதைப் பற்றிக் கலந்துரையாட முடியும். நீங்கள் இந்த ஆய்வின் போது எங்களுக்கு வழங்கும் தகவல்கள் மிகவும் இரகசியமாகப் பேணப்படும். நாங்கள் நீங்கள் கூறிய எந்த விபரத்தையும் ஒருவருக்கும் சொல்லமாட்டோம்.
இந்த ஆய்வில் பயன்படுத்தப்படும் வினாக் கொத்துக்களினால் பெறப்படும் தகவல்கள் ஒரு கணணியில் பதிவு செய்யப்பட்டு அவை மிகவும் பாதுகாப்பாக வைக்கப்பட்டு அதன் பின் அழிக்கப்படும். இந்தத் தகவல்களின் மூலம் உங்களையோ அல்லது பங்குபற்றும் ஏனையோரையோ எந்தச் சந்தர்ப்பத்திலும் அடையாளம் காணமுடியாது.

இந்த ஆய்வில் பங்குபற்றுவதோ அல்லது பங்குபற்றாது விடுவதோ முற்றிலும் உங்களைப் பொறுத்தது. நீங்கள் இந்த ஆய்வில் பங்குபற்றுவதற்குத் தீர்மானித்தால் இந்த விபரக் கொத்தின் பிரதி உங்களுக்குத் தரப்பட்டு நீங்கள் ஆய்வுக்கு சம்மதிக்கும் பத்திரம் ஒன்றில் கையொப்பமிடுமாறு கேட்டுக் கொள்ளப்படுவீர்கள். ஆய்வில் பங்குபற்ற நீங்கள் தீர்மானித்த பின்பும் எந்த நேரத்திலும் காரணம் எதுவும் கூறாது ஆய்வில் இருந்து நீங்கள் விலகமுடியும். ஒரு மணி நேரத்துக்கு நீடிக்கும் இந்த ஆய்வில் நீங்கள் கலந்து கொண்டால் அதற்கு ஈடாக உங்களுக்கு ஒரு சிறு பரிசு வழங்கப்படும். இந்த ஆய்வில் இருந்து நீங்கள் விரும்பினால்

2013 மார்கழி முதல் தகவல்களை ஆராயும் பணி தொடங்குவதற்கு முன்பாக உங்களுடைய தகவல்களை அகற்ற முடியும்.

இந்த ஆய்வு தொடர்பாக உங்களுக்கு ஏதாவது சந்தேகம் அல்லது பிரச்சினைகள் இருந்தால் நீங்கள் அவற்றை உங்களைச் சந்திக்க வரும் ஆய்வாளரிடமோ அல்லது நேரடியாக இந்த ஆய்வுக்கு பொறுப்பான வைத்திய கலாநிதி Dr.K.A.M ஆரியரத்ன 29 டி சரம் இடம் கொழும்பு 10 அவர்களை 0112682859 தொலைபேசி இலக்கத்தில் தொடர்பு கொள்வதன் மூலம் தெளிவாக்க முடியும்.

Consent form for the research participants - English

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Title of Study: Post intervention KAP Survey to measure changes in the target population on disease prevention, access to care and treatment services in Ratnapura and Badulla Districts

Thank you for considering taking part in this research. The person organizing the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.
I understand that if I decide at any other time during the research that I no longer wish to participate in this project, I can notify the researchers involved and be withdrawn from it immediately.

Yes ☐ No ☐

I consent to the processing of my personal information for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled safely. I am aware that I can withdraw my data from the project at any time until the end of the data collection (01.08.2012), when the data set will be fully anonymised and it will no longer be possible to identify the information that I have given to researcher

Yes ☐ No ☐

I consent to my doctor/health professional being informed of any health concerns that are discovered as a result of this study.

Yes ☐ No ☐

Participant's Statement:
I _____
agree that the research project named above has been explained to me to my satisfaction and I agree to take part in the study. I have read both the notes written above and the Information Sheet about the project, and understand what the research study involves.

Signed Date

Investigator's Statement:

I _____

confirm that I have carefully explained the nature, demands and any foreseeable risks (where applicable) of the proposed research to the volunteer.

Signed Date

Consent form for the research participants – Tamil

ஆய்வில் பங்குபற்றுபவர்களுக்கான சம்மதப் பத்திரம்

ஆய்வில் பங்குபற்றுபவருக்கான விபரக் கொத்தை வாசித்து ஆய்வு தொடர்பான விளக்கங்களை கேட்டறிந்த பின்னர் இந்தப் பத்திரத்தைப் பூரணப்படுத்தவும்.

ஆய்வுத் தலைப்பு: இரத்தினபுரி மற்றும் பதுளை மாவட்டங்களில் இலக்குக்கு உள்ளாகும் மக்களுக்கு சுகாதார நலன்புரி, சிகிச்சை சேவைகளை அணுகுவது சம்பந்தமான அறிவு, மனப்பான்மை, நடைமுறை, பழக்கம், தடுத்தல் வழிவகை என்பனவற்றில் ஏற்படும் மாற்றங்களை அளவிட பிந்திய இடையீட்டு ஆய்வு

- ✶ இந்த ஆய்வில் பங்குபற்ற எண்ணியிருப்பதற்கு நன்றி. நீங்கள் இதில் பங்குபற்ற சம்மதிப்பதற்கு முன்னர் ஆய்வை ஒழுங்கு செய்பவர் உங்களுக்கு இந்த ஆய்வைப் பற்றி விளங்கப்படுத்த வேண்டும்.
- ✶ ஆய்வு விபரக் கொத்து அல்லது ஏற்கனவே தரப்பட்ட விளக்கங்களில் உங்களுக்கு ஏதாவது கேள்விகள் இருப்பின் ஆய்வில் பங்குபற்றுவதற்கு முடிவு எடுக்க முன்னர் அவற்றைப் பற்றி ஆய்வாளரிடம் கேட்கவும். இந்த சம்மதப் பத்திரத்தின் ஒரு பிரதி உங்களிடம் கையளிக்கப்பட்டு நீங்கள் அதை விரும்பிய நேரத்தில் மீளாய்வு செய்ய முடியும்.
- ✶ இந்த ஆய்வில் எந்த நேரத்திலும் நான் பங்குபற்ற விரும்பவில்லை என்றால் நான் ஆய்வாளர்களுக்கு அறிவித்துவிட்டு விலக முடியும் என்பதை நான் அறிவேன்.
  - ✶ இந்த ஆராய்ச்சிக்காக எனது தனிப்பட்ட விபரங்களைப் பதிய நான் அனுமதியளிக்கிறேன். இந்தத் தகவல்கள் மிகவும் பாதுகாப்பாகவும் இரகசியமாகவும் கையாளப்படும் என்பதை நான் அறிவேன்.

    ஆம்☐ இல்லை ☐
- ✶ 2013 Mtணி 1ம் திகதி வரை என்னால் வழங்கப்பட்ட தகவல்களை மீளப் பெறமுடியும் என்பதுடன் அதன் பின்பு ஆய்வாளரினால் தகவல்கள் ஒன்று சேர்க்கப்பட்டு என்னால் வழங்கப்பட்ட தகவல்களை தனியாக அடையாளம் காணமுடியாது என்பதையும் நான் அறிவேன்.

  ஆம் ☐ இல்லை ☐
- ✶ இந்த ஆய்வின் விளைவாக எனது ஆரோக்கியம் தொடர்பான கரிசனைகள் ஏதாவது கண்டுபிடிக்கப்பட்டால் அதை எனது வைத்தியர் / சுகாதார சேவை வழங்குபவருக்கு அறிவிக்க நான் சம்மதிக்கிறேன்.

  ஆம்☐ இல்லை☐

பங்குபற்றுபவரின் கூற்று :

..... ஆகிய நான் எனக்கு திருப்தி ஏற்படும் வகையில் இந்த ஆய்வு விளங்கப்படுத்தப்பட்டதோடு இந்த ஆய்வில் பங்குபற்ற நான் சம்மதிக்கிறேன். மேலே குறிப்பிட்ட விபரங்களையும் விபரக் கொத்தில் தரப்பட்ட ஆய்வு விபரங்களையும் வாசித்து இந்த ஆய்வு எவ்வாறானது என்பதை நான் அறிந்திருக்கிறேன்.

கையொப்பம் திகதி

ஆய்வாளரின் கூற்று

..... ஆகிய நான் இந்த ஆய்வில் தன்னிச்சையாகப் பங்குபற்றுபவருக்கு இந்த ஆய்வின் தன்மை, அதன் தேவைகள், அதனால் ஏற்படக் கூடிய அசௌகரியங்கள் பற்றி மிகவும் கவனமாக விளங்கப்படுத்தியுள்ளேன்.

கையொப்பம் திகதி

Annexure 4: Persons met during the post-intervention survey

1. Dr. M. Azmi medical officer In charge of STD/HiIV clinic Ratnapura
2. Dr. H.G. Chriantha Vedanayagam medical officer In charge of STD/HiIV clinic Badulla
3. Mr. M. Boralessa PHI/ STD clinic Ratnapura
4. Mr. Dammika Rajapakha PHI/ STD clinic Badulla
5. Mr. Rathnadasan Manager/ Superintendent Medakanda Estate.
6. Mr D.L.L. Premathilaka Manager/ Superintendent Millavitiya Estate.
7. Mr. I.D.D. Saranga Manager/ Superintendent Cecilton Estate
8. Mr. Wasantha wijesinigha Manager/ Superintendent Pitarathmalie Estate
9. Mr. Gunaratne Manager/ Superintendent Attampitiya Estate
10. Mr. M. Akber Manager/ Superintendent Islaby Estate
11. Mr.Lian Nanayakkara,Assitent Superindend,Medakanda Estate.
12. Ms. A.K. Kusumawathie Counsellor Medakanda Estate
13. Ms. S.A. Deepika Ramani Counsellor Millawitiya Estate
14. Ms. M.S. K. Maitipe Counsellor Cecilton Estate
15. Mr.K.Kalai alagan, Counsellor ,Pitarathmale,
16. Ms.Girty peris,EMA, Pitarathmale Estate.
17. Mr.K.E.C.Jayarathne,Field officer,Millawitiya Estate.
18. Mr.Pubudu jayawardhena, Field officer,Millawitiya Estate.
19. Mr.Wasantha rathnayake,EMA isebly.
20. Mr.Rajagoopal Leelawathi,Peer leader,Iselby Estate.
21. Ms.S.Lechchamai,Counsellor,islby
22. Ms.Mookan Theniwani,Peer leader,Iselby Estate.
23. Ms.Parmalingam thawamalar, Peer leader,Iselby Estate.
24. Ms.K.Wijayasundari, Peer leader,Iselby Estate.
25. Ms.K.Seetha,Peer leader cicilton Estate.
26. Ms.H,M.Dayawathi, Peer leader cicilton Estate
27. MS.G.Sarada,Peer leader,ciclton Estate.
28. Ms.Singarajaweelu Thiruchelvi,Peer leader,Medakanda Estate.
29. Ms.Subramanium Kalyani, Peer leader,Medakanda Estate.
30. Ms.Kandirai Pilwenishweeri, Peer leader,Medakanda Estate.
31. Ms.Subbaia pushpalatha, Peer leader,Medakanda Estate.
32. Ms.Selvarathnam sooriyakumari, Peer leader,Medakanda Estate.
33. Ms.H.G.Jayalatha, Peer leader,Medakanda Estate.
34. Ms.Ronshiya, Peer leader,Medakanda Estate.
35. Ms.R.Kavinthraa, Peer leader,Millawitiya Estate.

Annexure 5: Photographic presentation of IEC material and other materials displayed in the estates

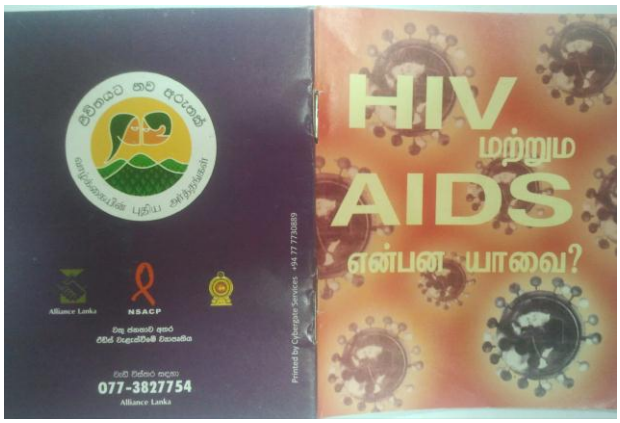
The photos taken during the field visits

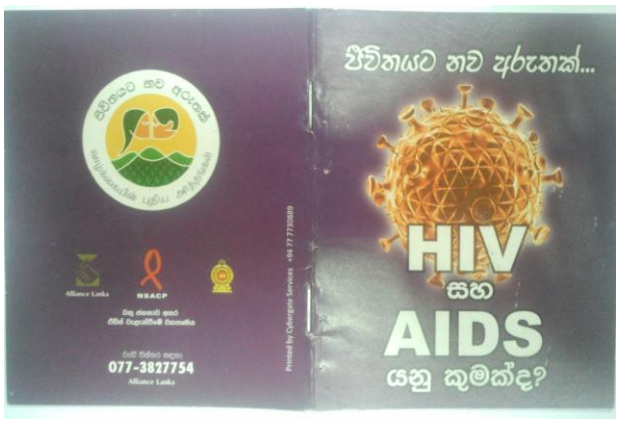
Picture 1 – Male enumerator interviews a male respondent at Aislaby

Picture 2 – A condom dispensing machine at Aislaby

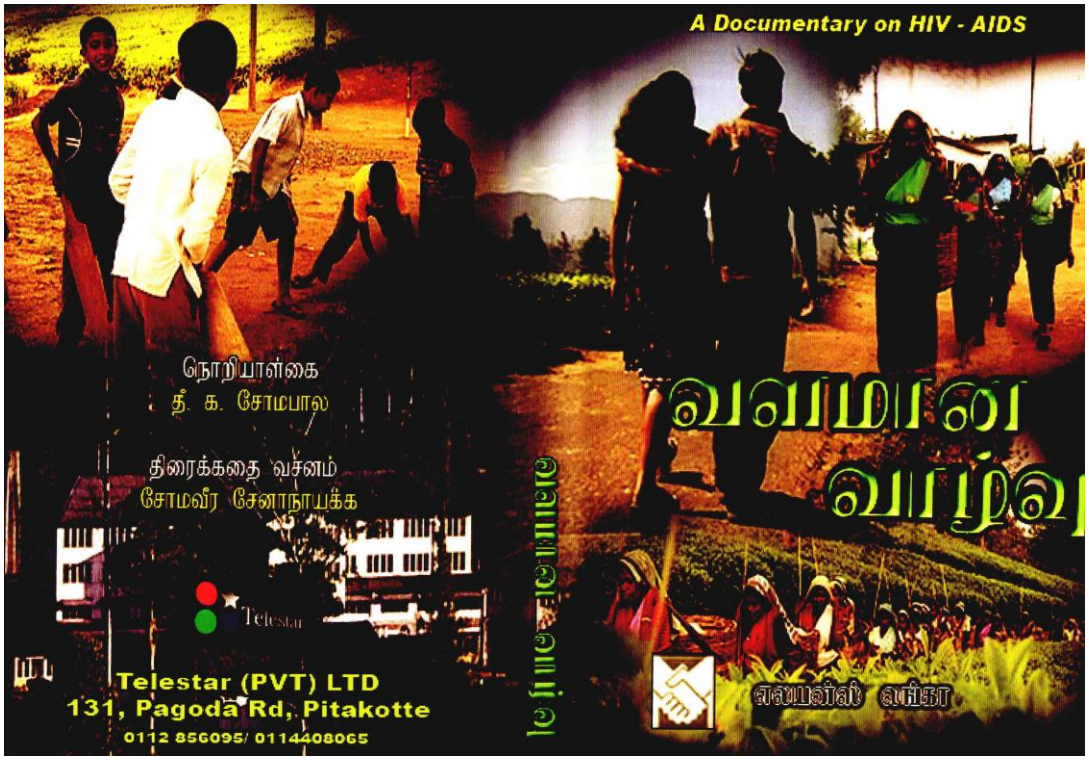
Picture 3 – Female enumerator interviews a female respondent at Madakanda counsellor office with HIV/AIDS posters in the background

Picture 4 – Sinhala and Tamil HIV/AIDS information booklets





Picture 5 – Documentary on HIV/AIDS screened at all estates by Uva Radio.



Picture 6 – HIV/AIDS awareness programme conducted by Foreign Employment Bureau for those leaving for foreign employment

Picture 7 – Information handbill on protection against HIV/AIDS infection distributed to all workers in all six estates

Picture 8 – Information handbill on protection against HIV/AIDS infection distributed to all workers in all six estates

Picture 9 – Information poster on prevention from infection of HIV/AIDS and care of HIV/AIDS infected displayed in all six estates