Situation Assessment of Condom Programming in Sri Lanka 2015

National STD/AIDS Control Programme
Ministry of Health Nutrition & Indigenous Medicine
and United Nations Population Fund

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Message from the Director General of Health Services

Sri Lanka is unique among the other South-East Asian countries as it is the only country that offers universal healthcare and education free of charge to the public. Currently Sri Lanka is experiencing a low level of Human Immunodeficiency Virus epidemic with a HIV prevalence of <1% in the general population. Further, the HIV prevalence rate in the 15-49 age group was less than 0.1% at the end of 2014. My sincere gratitude goes to all the stakeholders who contribute to maintain this low HIV prevalence in Sri Lanka.

Although Sexual & Reproductive Health indicators at the national level are satisfactory, there is a great need to sustain and further improve our achievements in the area of Sexual & Reproductive Health, while addressing regional disparities, especially ensuring the access to services for relevant segments in the population. Condoms are widely available in the country and are distributed through retail outlets, STD clinics, Famliy Planing clinics, Non-Governmental Organizations and Public Health Midwives. Condoms have been proven to provide dual protection, by means of preventing unwanted pregnancies as well as providing protection against sexually transmitted infections and HIV. Condom programming includes three components: demand, supply, and enabling environment. Demand promotion emphasizes dual protective benefits of condoms.

Situation Assessment of Condom programming in Sri Lanka is a timely need to identify current issues in order to plan an effective evidence based National Condom Strategy. This is the first ever comprehensive assessment carried out on the current condom programme in the country, addressing present and past condom programme situations. The National Condom Strategy in Sri Lanka will provide a comprehensive plan in line with the expectations of the stakeholders, to achieve a better health status of the Sri Lankan population by reducing transmission of HIV infection. We look forward to work with the other ministries and develop partnerships with all the other stakeholders to implement the recommendations from this assessment.

I sincerely acknowledge the commitment of the National STD/ AIDS Control programme and the support given by the United Nations Population Fund to make this event a success.

Dr. P.G. Mahipala

Director General of Health Services

Ministry of Health, Nutrition & Indigenous Medicine

Sri Lanka

Message from the Deputy Director General Public Health Services

Sri Lanka, a country with low HIV prevalence in the region, has been able to maintain its low prevalence, due to the efforts taken by the Ministry of Health together with other stakeholders in maintaining the health of the nation. It is the only country in the region providing free health care services.

Condoms play the most important role in the preventive efforts in Human Immunodeficiency Virus Infection & Sexually Transmitted Infections and unwanted pregnancies. The "most at risk populations" in Sri Lanka, namely Men who have sex with men, Male & Female sex workers, Beach boys and Drug users, are given condoms free of charge by the STD clinics and Non-Governmental Organizations.

The initiatives taken by the National STD/AIDS Control Programme to conduct its first situation assessment of condom programming in Sri Lanka is a timely process which is highly appreciated.

Situation Assessment of Condom programming in Sri Lanka was a current need with the view of planning the National Condom Strategy of the country. I take this opportunity to thank those who made this important research possible, the advisory committee, the research team as well as all the respondents starting from policy makers, key affected populations and pharmacy owners, who sacrificed their valuable time to participate in the research with their views and experiences.

A special thanks goes to the staff of the peripheral STD clinics who took part in the data collection process.

In conclusion, I would like to thank the staff of the National STD/AIDS control programme and wish them strength and success in their future endeavors as well.

Dr Sarath Amunugama

DDG PHS - 1

Ministry of Health, Nutrition & Indigenous Medicine

Sri Lanka

Message from the Director of the National STD/ AIDS Control Programme

National STD/AIDS Control Programme is the focal point for planning and implementing preventive and curative activities in the field of HIV and STD, together with other stakeholders.

NSACP promotes condoms for ensuring sexual health and well-being of people in Sri Lanka, and has identified condom promotion as a cost effective strategy for prevention of STIs & HIV. Condoms are an essential component of the peer led programmes that have been designed for high risk groups. These condoms were distributed through the network of STD clinics and the Family Planning Association to clinic attendees and key affected groups as well as to the vulnerable population.

In 2014, Regional Sex worker Study and IBBS survey which was completed by the NSACP recommended the development of a National Strategy for Condom Programming in Sri Lanka. UNFPA country programme action plan (2013-2017) for the government of Sri Lanka has also given priority to strengthen the national capacity to deliver quality Reproductive Health services under its activity plan. As a result, the activity of "Condom Situation Assessment" was carried out by the NSACP with the support of the UNFPA.

It is with great fulfillment that I announce the conclusion of the 1st islandwide "Situation Assessment of Condom Programming" in Sri Lanka. This report is the result of a collaborative process among many stakeholders working for family planning and STI/HIV prevention.

This report revealed the availability and use of condoms in the context of HIV/AIDS, STIs prevention and family planning, and the factors affecting condom programming in Sri Lanka in terms of usage, availability, distribution, challenges and priority needs for improving condom programming.

The programme highly appreciates all stakeholders from policy level, procurement level, main sales personnel in distribution outlets and condom users, for the immense support given during the data collection process. The experiences shared by the Key affected populations, vulnerable and general populations are also of great value.

I highly acknowledge the support given by the advisory committee, and NSACP & peripheral STD clinic staff including all data collectors for their valuable support given during this process. A special thank goes to Dr Thalatha Liyange,Consultant of Faculty of Medicine University of Sri Jayewardenepura, Dr Janaki Vidanapathirana, Consultant Community Physician and the Multi sectoral unit team of the NSACP for their commitment during this whole process. I would also like to take this opportunity to thank the UNFPA for the partnership that was provided.

The findings of this survey will provide good insight for decision makers, program planners and implementers of the current condom programming situation and guide them to strengthen the condom programming efforts in the country.

Dr. Sisira Liyanage

Director, National STD/AIDS Control Programme

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EXECUTIVE SUMMARY OF THE SITUATION ASSESSMENT OF CONDOM PROGRAMMING IN SRI LANKA 2015

Sri Lanka remains as a low prevalence country, with an estimated HIV prevalence among adults (15-49 years) less than 0.1%. Individuals considered at higher risk of HIV infection also remain below 1%. The main mode of transmission of HIV is unprotected sex between men and women (78%), with men who have sex with men accounting for 16 % of the transmission. The percentage use of condoms by sex workers at last sexual act with a client was 93%, while the percentage of condom use at last anal sexual encounter with a male partner, among MSM and drug users was 58% and 25%, respectively. Contraceptive prevalence among currently married women in the age group of 15-49 in Sri Lanka is 68% in 2006/2007, and prevalence of modern methods of contraceptives was 52.5%. Condom use among currently married women in the age group of 15-49 as a contraceptive method, has increased from 1.9 to 6 percent during the 20-year period since 1987 in Sri Lanka. While the prevalence of modern methods of contraceptives among eligible couples was 55.4% and condom usage was 7.7% in 2013.

Condoms are the only method of contraception to get protected from sexually transmitted infections, as well as pregnancy. Condom use for unprotected sex, has been recognized as one of the most successful prevention strategies for HIV infection worldwide, including in Sri Lanka. Condoms are widely available in the country and are distributed through retail outlets, STD clinics, family planning clinics and Public Health Midwives.

Both Regional Sex Worker Study (2014) and IBBS survey completed by the NSACP in 2014 recommended to develop a National Strategy for Condom Programming in Sri Lanka. Further, the Situation Assessment of Condom Programming was a prerequisite before developing the National Condom Strategy. This is the first ever comprehensive situation assessment of condom programming carried out in Sri Lanka, addressing present and past condom situations. The main objective of the situation assessment was to assess the availability and use of condoms in the context of HIV/AIDS, STIs situation, family planning & the factors affecting condom programming in Sri Lanka in terms of use, availability, distribution, challenges and most pressing needs for improving condom programming. The initiative had been supported by the United Nations Population Fund.

The situation assessment was conducted in four stages: desk review, in-depth interviews, Focus Group Discussions (FGDs) and observation assessment on education and demonstration of condoms. All collected data were analysed in narrative synthesis.

The purpose of the desk review was to study the relevant documents to understand the current context of policies, guidelines, strategies and management of condom programming in order to synthesize all relevant evidences to develop a customized condom programming strategy to the country. In total, 51 in-depth interviews were conducted with representatives of different categories of stakeholders such as policy makers, managers and condom procurement authorities from both public and private sector and NGO sector, including PLHIV network. In addition to that, chief salesmen of condom distribution outlets were interviewed. A total of 43 FGDs were conducted among service providers, KPs, vulnerable populations and general population. Last part of this assessment was to find out the use of information, education and communication skills correctly by the service providers and peer leaders of KPs on condom demonstration.

The desk review revealed that there are a number of supportive policies, laws, plans, guidelines, strategies and programs in Sri Lanka which oversee the structure of the Reproductive and Sexual Health issues in the country, in order to ensure the supportive and conducive environment for condom programming for prevention of STIs/HIV and family planning. In addition, Sri Lanka is a signatory to several international conventions that uphold sexual and Reproductive Health rights. All these documents support the condom programming directly and indirectly, and provide a supportive environment for condom use in favour of dual protection.

There is no specific legal offence in sex work in private. However, many facets of sex work including homosexuality are prohibited under the three ordinances, namely; Vagrants Ordinance, the Brothels Ordinance and the Houses of Detention Ordinance. There are misinterpretations of the law, which makes KPs reluctant to keep condoms with them, to use in need. But during the recent past, these unpleasant situations were overcome with continuous training programmes among the Police sector. It is high time to revisit and amend the respective legal framework in the country, to facilitate improving sexual health including condom programming.

Condoms are not manufactured in Sri Lanka. Condoms are listed under the medical device category in the essential drug list of the Ministry of Health. The Cosmetics, Devices and Drugs Act No. 27 of 1980 regulates (National Medicines Regulatory Authority ACT, No. 5 of 2015) and controls the manufacture, importation, sale and distribution of cosmetics, devices and drugs in Sri Lanka. Registration, sample license, manufacturing license and condom advertisements are regulated by the Cosmetics, Devices & Drugs Regulatory Authority. There are no specific quality tests carried out after importing condoms, other than documentary checkups.

The Ministry of Health, Sri Lanka provides free condoms for both family planning and HIV prevention through health care service providers. NSACP is responsible for distribution of free condoms for STD clinic clients, in order to achieve the objectives of dual protection and prevention of developing ART resistance occurring from exchanging different virus strains among positive people during sex. Clinic clients include people who seek treatment from the island-wide network and PLHIV. Further, NSACP provides free condoms for KPs through principal recipient 2 under the GFATM.

The Family Health Bureau is the national focal point of the family health programme and supplies free condoms to the community for family planning through 1800 islandwide family planning clinics and through grass root level Public Health Midwives, based on the cafeteria method. The two NGOs

in Sri Lanka (FPASL & Population Services Lanka) offer Sexual and Reproductive Health services, contraceptives and condoms free of charge through a limited number of centres. The commercial sector supplies condoms to the pharmacies, supermarkets, grocery shops, private hospitals and other retail places at a varying price range based on the quality of the condoms.

The FPASL, PSL and other surveyed five companies cover more than 99% of the commercial sector condom supplies in the country. Distribution of condom volumes varied from one company to another and the highest contribution is by FPASL followed by PSL. Female condoms are not available in the commercial sector and are available only in the STD clinics from time to time .

The Directorate of Medical Supplies Division is responsible for procurement of condoms for the public sector in par with government purchasing guidelines, based on the requested estimates of NSACP & FHB. Although there is government allocation for FHB to purchase condoms for family planning, NSACP has donor funds except on a few instances where they were provided condoms by the FHB under government funds.

There are no national level explicit guidelines in the country for management of condoms to ensure the quality through the path from the point of importation to the point of user, except storage guidelines issued by the FHB for the government sector. However, Family Planning Association of Sri Lanka manages its condom transport and storage according to specific guidelines (Contraceptive Security Guideline).

All commercial sector providers had a wide range of condom products with varying prices. This assessment identified that the private sector has the challenges of profit margin, credit risks and restrictions from religious groups for advertising the products, which leads to poor awareness among the community. Also it was noted that there was a negative perception among authorities in electronic media stations resulting in timing restriction on condom advertisements. The need to expedite the registration process of condoms was identified.

Still the majority of people are reluctant to use the word “condom” and use many terminologies as alternatives. It was noted that people ranging from youth to adults in various age groups buy condoms from outlets, and more sales and the majority of expensive brands are available in urban outlets than in rural outlets. Some of the outlets have taken special interest to display condoms at the cashier’s counter in order to facilitate pointing the finger without asking for condoms. This assessment revealed the unavailability of proper guidelines on condom management for outlet distributors. Further, they do not have sales promotions or special discounts from the dealers for encouragement of condom sales.

There is a significant level of stigma associated with condom acceptability and usage, especially for different target groups in different settings. The majority in the different target groups including KPs perceived that condoms in the government sector are low in quality and give a smell of rubber, and requested to provide good quality condoms. Still, myths on condoms among almost all FGD members including the service providers indicated that condoms give less sexual satisfaction. The majority had no idea about the different types and flavoured condoms, except MSM and a few other groups. The majority of personnel from the different target groups recommended the use of common media campaigns for condom promotion, and suggested the need of educating adolesents at schools before they enter the society. Also they highlighted the need of dual protection messages for condom promotion.

The need for improvement of knowledge on condoms among health care providers and other target groups was revealed. The majority of key affected populations had good knowledge and knew how to use condoms correctly with the intention of prevention of STIs, rather than for dual protection. It was further observed that female sex workers had a habit of continuous use of condoms and were empowered to refuse sex without condoms. It is interesting to note that the majority of clients of sex workers have used condoms with their enforcement. Some KPs including male sex workers have not used condoms continuously. Male sex workers cited that a higher price is paid for oral sex without condoms. The assessment revealed the reluctance of MSM to have condoms in procession due to the unfavourable legal environment for MSM. It was identified as a major barrier for the condom programme in the country.

University students being a segment of educated youth in the country, had views quite different from others. Although they had good knowledge on the usefulness of condoms, they agreed with the negative perception of the community on condoms. Although university students are a segment of educated youth in the country, they had negative perception on condoms. This was seen among Jaffna urban youth too. Colombo urban youth had good knowledge and positive perception on condoms. Tamil speaking estate youth and internal migrants of the factory workers had very poor knowledge on condoms. Teenage pregnant mothers had very poor knowledge on condoms compared to other antenatal mothers. External migrant workers had a sound knowledge on condoms, and have received training at migrant worker's training programmes before departure. Armed forces and hospitality sector personnel had good knowledge and perception on condoms. The majority in all groups had an impression that the use of condoms give less sexual pleasure, which was seen even among the service providers.

Other groups such as working females and elderly (>35years) eligible females had fair knowledge about condoms compared to internal migrant group of factory workers. Almost all PLHIV used condoms without interruption and expressed that they had good skills on condom use. PLHIV acknowledged that they use condoms to prevent others getting infected with HIV. None of the PLHIV had any difficulties in obtaining condoms from the present condom distribution mechanism from NSACP. Law enforcement officers had a sound knowledge on vagrants ordinance, and knew that the condom is not an illegal item according to the vagrants ordinance. They had a clear understanding that posession of condoms by sex workers is not an offence.

This assessment identified the need of well planned social marketing campaigns. A number of Focus Group Discussions expressed that installing vending machines at selected places is a cost effective strategy for condom promotion. None of the interviews revealed the need of introduction of condoms in to the prison sector.

Condom demonstration and communication skills to strengthen the condom use were highest among peer leaders of drug users, sex workers and MSM groups (more than 67%), while it was lowest among polyclinic service providers (32.5%). Besides, good condom demonstration skill percentage was more than 50% among STD clinic staff.

Above observations recommended to plan and develop the "National Condom Strategy" with a comprehensive activity plan to fulfil the condom demand, supply, and enabling environment for dual protection in Sri Lanka.

EVOLUTION OF CONDOMS

Condoms have been a subject of curiosity throughout the history. The first description of condoms comes from 3000 BC when King Minos of Crete (Greece), used a goat bladder to protect his wife from his semen which was said to contain venom of “scorpions and serpents” and led to the death of his mistresses. Animal sheaths, plant material and linen/silk sheaths were the initial raw material used for condoms. The term “condom” was the result of a doctor named Colnal Condom who prescribed a sheath made of lamb intestine to the then king Charles- II who was in power during the late 17th century in England (1661- 1685). Charles Goodyear, the American inventor changed the face of condoms, with the invention of rubber vulcanization during the industrial revolution in 1844, after which condoms were produced in a large scale. In the 1920’s, the invention of latex led to the development of the condom in to what it is today. Latex could be coated with spermicides and flavours.

Following World War II in the late 1940’s, condoms were recognized as a contraceptive among the Americans and Europeans. However, during the post war period, people were released from depression and war of 16yrs duration, the so called “**baby boom generation”** resulted unexpectedly high birth rate in the US. In the 1980’s, condoms became more popular as a result of discovering HIV and AIDS **[1]**. Now condoms are widely available globally.

An essential conclusion drawn from this medical history is that civilizations had to deal with contraception and sexually transmitted infections always as these affected people of all races.

CONTENTS

List of Tables

List of Annexes

List of Figures

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Therapy
BB	Beach Boys
BCC	Behavioural Change Communication
BSS	Behavioural Sentinel Surveillance
CCMSL	Country Coordination Mechanism, Sri Lanka
CDDRA	Cosmetics, Devices & Drugs Regulatory Authority Sri Lanka
CBO	Community Based Organization
FHB	Family Health Bureau
FGDs	Focus Group Discussions
FP	Family planning
FPASL	Family Planning Association, Sri Lanka
FSWs	Female sex workers
GARPR	Global AIDS Response Progress Reporting
GFATM	Sri Lanka Global fund to fight AIDS, Tuberculosis and Malaria
HMP	Health Master Plan
IBBS	Integrated Biological and Behavioural Survey
KPs	Key affected population
MCH	Maternal and Child Health
MDESC	Medical Device Evaluation Sub-Committee
MOH	Medical Officer of Health
MO/MCH	Medical Officer of Maternal & Child Health
MSM	Men who have sex with men
MSW	Male sex workers
NAC	National AIDS Committee
NDQAL	National Drug Quality Assurance Laboratory
NGOs	Non-governmental organizations
NHDP	National Health Development Plan
NSACP	National STD/AIDS Control Programme
NSPAH	National Strategic Plan Adolescent Health
PEs	Peer educators
PHII	Public Health Inspectors
PHMM	Public Health Midwives
PLHIV	People living with HIV

PR1	Principal recipient one
PR2	Principal recipient two
PWUD	People who use drugs
RDHS	Regional Director of Health services
SPC	State Pharmaceutical Corporation
STIs	Sexually Transmitted Infections
STD	Sexually Transmitted Diseases
TPMs	Teenage pregnant mothers

1. INTRODUCTION

Sri Lanka is an island with a total land area of 65,610 km^2 including inland water. The population of Sri Lanka was 20.6 million in 2012. More than three fourths (77.7 %) of the entire population resides in the rural sector, followed by 18.3% in the urban sector and 4.4% in the estate sector. The population density in the country was 323 persons per square kilometre. There is a huge regional variation of population density among districts. Over half of the population is concentrated in the Western, Central and Southern provinces which jointly covers less than one fourth of the total land area of the country **[2]**.

Colombo district showed the highest population density of 3,417 persons per square kilometre in 2012, while Mullaitivu district recorded the lowest population of ninety thousand. Sri Lanka is a multi-ethnic and multicultural country which serves as a home to many religions, ethnic groups, and languages. In addition to the majority of Sinhalese, it is a home for Sri Lankan and Indian Tamils, Moors, Burghers, Malays and aboriginal Veddhas. The country has implemented the law and order to protect the fundamental rights of the citizens **[3]**.

Sri Lanka is divided into nine provinces, 25 districts and 331 divisional secretary areas, for the purpose of administration.

The average economic growth of the country between 2002 and 2013 was 6.3%, with an increase of Gross Domestic Product (GDP) per capita from US$ 859 in 2000 to US$ 3,256 in 2013. Sri Lanka is categorized as a lower middle income country with a high literacy rate of 96.8% for males and 94.6% for females **[4]**.

In the year 2014, the country achieved a high rank (73rd out of 187 countries) of Human Development Index of 0.750 **[4]**. The annual population growth rate in the recent years was approximately 0.7%. The total fertility rate was 2.4 children per woman. Life expectancy at birth was 70.3 years for males and 77.9 years for females. The population is expected to stabilize at 24 million in 2030. The population is ageing rapidly. The elderly population is expected to increase by 40% during the time period from 2010-2020, from 2.6 million to 3.6 million **[3]**.

Sri Lanka is unique among the other South-East Asian countries as it is the only nation that offers universal healthcare and education free of charge to the public. The country ensures gender equity and provides better opportunities for social mobility as well. Eighty percent (80%) of in-patient services and 60% of outpatient care services are provided by the public sector**[2]**.

The mandate of the Health Policy of Sri Lanka is to provide accessible, efficient and cost effective health care services free of charge to its people in an equitable manner. Five year health master plan of 2007 - 2016 which was developed based on the National Health Policy, has given special emphasis to provide health services equitably for the rural, poor, under served, vulnerable population efficiently and effectively **[5]**.

1.1 Overview of STD & HIV Control in Sri Lanka

The Venereal Diseases Control Programme was initiated in 1938 and the Venereal Diseases Ordinance No. 27 was ratified. Anti-Venereal Diseases Campaign (Anti-VD Campaign) was established in 1952 with the objective of controlling and preventing sexually transmitted diseases (STDs) **[6].** Anti-VD Campaign was renamed as the National STD AIDS Control Programme (NSCAP) in 1985 and more attention was given for the prevention of HIV and provision of treatment and care for people infected with HIV, in addition to the prevention and control of STDs **[7].**

At the end of 2014, there were 30 full-time and 22 branch STD clinics to provide curative health services and sexual health promotion including condom promotion in Sri Lanka. NSACP provides services to various categories of the community including key affected populations. NSACP is the focal point for planning and implementing the National HIV Strategic Plan and AIDS/HIV Policy, together with all the stakeholders, to fulfil the objectives of preventing transmission of Sexually Transmitted Infections (STIs) including HIV and providing care and support for those infected and affected with STIs including HIV **[7].**

STI prevention and control services, HIV counselling and testing services and HIV care services are rendered through STD Clinics islandwide. Currently, the National STD/AIDS Control Programme of the Ministry of Health is the sole provider of Anti-Retroviral Therapy (ART) for the people with HIV infection in Sri Lanka, and there are 11 ART centres manned by Consultant Venereologists, and three branch centres in operation. As a proven and cost effective strategy for prevention of STIs, NSACP promotes condoms for promotion of sexual health and well-being of the people in Sri Lanka. **[7].**

At the onset, the condom promotion and distribution by the NSACP focused on people attending STD clinics and the key affected populations (KPs) in the community. The latter group was reached via trained public health staff attached to the STD clinics, and their whereabouts were identified with the help of non-governmental workers working for them.

At present there is a robust programme being implemented by the National STD/AIDS Control Programme along with the Family Health Bureau, aiming at eliminating mother to child transmission of HIV. It is integrated with the existing programme for elimination of Syphilis, and both programmes were scaled up in 2014. This programme aims to cover screening of all antenatal mothers attending the government institutions in the entire country by 2016.

Prevention of HIV infection and STIs among KPs has been recognized in the "Round nine of the Global fund to fight AIDS, Tuberculosis and Malaria (GFATM) " project (2011-2015) covering all key affected groups, namely: female sex workers (FSWs), men sex with men(MSMs), people who use drugs (PWUD) and beach boys (BB). NSACP is the principal recipient one (PR1) of the project grant, while the Family Planning Association of Sri Lanka (FPASL) is the principal recipient two (PR2). FPASL is responsible for designing, implementing and monitoring the interventions with KPs, with technical partnership of PR 1.

The principal recipient performs interventions with KPs under the patronage of the GFATM round nine. It is linked to the Sub-recipients and Sub-sub recipients to reach the KPs and the majority of the interventions are targeted for them. Interventions for key affected populations are reached through the peer leader intervention model.

Peer led targeted interventions with FSWs, MSM, drug users and beach boys were commenced in year 2011 under the patronage of GFATM. Condoms comprised an essential component of the peer led programmes which have been designed for the above categories of KPs. With the initiation of the GFATM round nine project, condom procurement was done through their funds. In 2012, NSACP procured around three million condoms for the use during years of 2013-2014. These condoms were distributed through the network of STD clinics and the Family Planning Association who played a vital role of PR two of the GFATM project. The FPASL utilizes a network of sub recipients who are working under them for the distribution of condoms to high risk categories. The network of STD clinics distribute condoms to their usual clients as well as to the other vulnerable groups.

1.2 HIV Situation in Sri Lanka

Currently Sri Lanka is experiencing a low level of HIV epidemic which is indicated by a HIV prevalence of <5% in any defined key populations and <1% in the general population. HIV prevalence rate in the 15-49 age group was less than 0.1% at the end of 2014. Detection of the first patient with HIV in Sri Lanka dates back to 1987, and since then the NSACP reports a cumulative number of 2133 HIV positives by the end of the 2nd quarter of 2015, while the cumulative AIDS cases reported is 557. There is a total of 100 foreigners reported to be HIV positive up to date. The cumulative number of prenatally acquired HIV is 74 as at the end of the 2nd quarter of 2015 **[8]**. In 2014, a total of 899,277 HIV tests were carried out (majority of tests were carried out by blood banks) and based on the results of those tests, HIV Sero-positivity was 0.03%. The majority of people tested were male, and the male to female ratio amounts to 1.6:1. The cumulative AIDS deaths reported to the NSACP is 345 by the end of the 2nd quarter of 2015 **[8].**

The largest proportion of people with HIV falls in the age category of 25 to 49 years (75%) and this age category continues to dominate over the reporting years. Ten percent (10%) of the cumulative number of HIV positives is above the age of 50 years at the time of diagnosis. The age category of below 15 years, which is an equivalent to prenatally acquired HIV, has a cumulative figure of 3%. The majority of HIV positives are concentrated in the Western province and the cumulative percentage was 56% in 2014.

A closer observation of data shows a small but a rising trend in the prevalence of HIV infection among male to male or bi-sexual relationships over the years, while the predominant mode of HIV transmission still continues to be heterosexual. There are no HIV cases reported due to blood transfusions since year 2000. The data shows that only one case was detected as prenatally acquired in 2014 and 1% of reported cases had a history of injecting drug use in the same reporting period. The rate of HIV among young (15-24 age group) shows a slow but a steady upward trend since 2003. Colombo, Gampaha and Puttalam districts show the highest HIV rates, with over 10 HIV cases per 100,000 population in a district. The data indicates that the number of reported HIV positives to the NSACP per quarter has doubled, compared to the situation 6 years ago **[8]**.

1.3 Overview of Family Planning programme of Sri Lanka

1.3.1 History and Present Situation of Family Planning in Sri Lanka

Maternal mortality rate in Sri Lanka has declined rapidly to 37.7 per 100,000 live births in 2012 from 2700 per 100,000 live births in 1937, as a result of the provision of a synergistic package of health and social services that reached the poor since 1940s. Family planning (FP) was one of the key strategies of success. In the initial era, condoms were marketed mainly as a family planning aid.

Family Planning was introduced to Sri Lanka in 1953. Family Planning Association of Sri Lanka (FPASL) which is a non-governmental organization, was the first made an effort to introduce family planning services to Sri Lanka in 1953, and was given the financial grant from the government. The first family planning clinic of FPASL was inaugurated on the 2nd of September in 1953 at the De Zoysa Maternity Hospital in Colombo which provided some contraceptive services including provision of condoms. In 1965, family planning was accepted as a part of the national policy, and its service components were integrated into Maternal and Child Health (MCH) services. In 1968, the Maternal and Child Health (MCH) Bureau was established in the Ministry of Health, to oversee the maternal and child health and family planning services in the country **[9]**. In view of this policy decision, the Swedish government came forward in assisting for the family planning services in Sri Lanka enormously, by providing free contraceptive commodities and training for the field health staff **[10]**. Later, in the 1970s, the FPA conducted a very successful condom social marketing programme, where they introduced the condoms under the brand name “Preethi”. The name subsequently became popular and was used as a synonym to condoms, to identify condoms in the Sri Lankan condom market **[9].**

International agencies including United Nations Population Fund (UNFPA) supported the family planning services substantially in 1972/73, by providing financial assistance. Later, MCH bureau was re-designed as the Family Health Bureau (FHB) to highlight the intergrated nature of the MCH/ FP services in the country. The Family Health Bureau of the Ministry of Health is the national focal point of the family health programme, and its total service package of MCH is delivered through an extensive well developed network of institutional and islandwide field based service delivery points. The mandate of the FHB includes planning, coordination, monitoring and evaluation of MCH and FP services in the country **[9].**

FHB plays a central role in maintaining a close collaboration with the NSACP, and plays a key position in providing technical and logistic support, procurement and distribution of contraceptives and other equipment, and monitoring and evaluation of the programme.

The Family Health Bureau of the Ministry of Health has been catering the modern methods of family planning including condoms to people through Public Health Midwives from 1960. In Sri Lanka, free FP services are provided through primary health care facilities, hospitals and the network of Public Health Nursing Sisters and Public Health Midwives (PHMM).

Government family planning clinics integrated into the maternal and child health clinics in the Medical Officer of Health (MOH) areas, offer information to the clients on contraceptive methods ensuring confidentiality, and provide contraceptives free of charge including condoms. There are nearly 1800 family planning service delivery points in government institutions including MCH field clinics and hospitals in the country.

The non-governmental organizations (NGOs) too, provides an important supportive function to the Reproductive Health programme, especially in the areas of family planning, including condom programming. FPASL and Population Services Lanka (PSL) have been partners of the national family planning programme for the last two to three decades. There are a few other private companies who play an important role in condom promotion in the commercial sector at present. Although data is not available, the private sector which includes private hospitals, nursing homes and general practitioners, also provide Reproductive Health services to a considerable proportion of the community.

The estate sector has its own health care system and provides MCH/FP services to the estate population through the Plantation Human Development Trust. The Ministry of Health provides technical guidance and necessary support for the plantation sector health programme.

The Family Planning programme in the country offers a wide range of modern contraceptive methods enabling all couples to have the desired number of children with optimal spacing, whilst preventing unintended pregnancies.

Contraceptive prevalence among currently married women in the age group of 15-49 in Sri Lanka was 68% in 2006/2007. Contraceptive prevalence for any method and modern methods has increased from 62 to 70 percent and 40.6 to 53.1 percent, respectively, during the 20-year period since 1987. During the same period, male condom usage has increased from 1.9 to 6 percent **[10]**.

Over half of currently married women (53 %) in 2006/2007 were using a modern method and only 16 % were using traditional methods. Among modern methods, most commonly used methods are female sterilization (16%), injections (15%) and pills (8%). Condoms account for 6%. Among traditional methods of family planning, the most popular is the rhythm method, and 10% of currently married women are using it to avoid or delay getting pregnant (DHS 2006/2007). According to the DHS 2006/2007, it was evident that almost 70 percent of women who used condoms reported that they used a socially marketed brand **[10]**.

Reduction of the family size and the health of children are favourable for sustainable development of the country. High fertility is associated with an increased risk of maternal morbidity and mortality. According to the DHS survey 2006/2007, the total fertility rate in the country was 2.3 and that is closer to the replacement fertility level of 2.1. Although Reproductive Health indicators at the national level are satisfactory, there are significant regional disparities in Sri Lanka. Hence, there is a need to sustain and further improve our achievements in the area of Reproductive Health, while addressing regional disparities, especially ensuring the access to services for vulnerable segments in the population.

Condoms are widely available in the country and are distributed through retail outlets, STD clinics and Public Health Midwives. The PHMM counsel eligible family clients (15-49 years) at home on adopting a contraceptive method, provide condoms and oral contraceptives or make appropriate referrals for service outlets.

According to the Reproductive Health -Medical Information System in FHB, 64.6 percent of eligible families (15-49 years) were using some contraceptive method (current users) during the year 2012. The proportions of modern and traditional methods of contraceptives users were 55.1% and 9.5%, respectively. Nearly 7% of acceptors used condoms as a family planning method **[11].**

1.4 Teenage pregnancies, unwanted pregnancies and abortions in Sri Lanka

1.4.1 Teenage Pregnancies

Teenage pregnancies are known to be associated with unfavourable effects during pregnancy and childbirth, such as negative obstetric and fetal outcomes and social consequences. According to the national statistics and DHS survey 2007, teenage pregnancy rate is 6.7% in the country. Teenage pregnancy rate is highest in the estate sector, which accounted for 9.8%, as a result of various socioeconomic factors. As shown in the DHS survey of 2006-2007, 6.4% of female youth (age 15-19 years) were already mothers, or were pregnant with their first child at the time of the survey **[11]**.

The recently conducted youth & development survey of 2014 revealed that 50% of the youth were unaware of contraceptive methods. Out of those who knew about contraceptive methods, only 73% of youth knew about condoms, indicating the vulnerability of youth for HIV/STI infection **[13].**

High teenage pregnancy rates indicate the lack of knowledge and skills among them and the unmet need of Reproductive Health services to unmarried teenagers. However, the role of the Public Health Midwives in improving such services to adolescent females has been emphasised by the Ministry of Health. Family Health Bureau has finalized the National Strategic Plan on Adolescent Health (2013-2017) to guide the districts and other stakeholders to develop their plans for development of adolescent health **[12].**

1.4.2 Unwanted Pregnancies and Abortions

Unsafe abortions are a major health and social concern in Sri Lanka. A national survey conducted in 1999 reported an abortion rate of 45 per 1000 women in the 15 – 49 age group. An alarming factor is the prevalence of induced abortion among married couples being 94%, with an abortion rate of 58 per 1000 among ever married women **[14].**

Except for therapeutic reasons, abortions are illegal and categorized under criminal offences according to the Sri Lankan penal code. Despite these strict legal restrictions, a large number of abortions are occurring in Sri Lanka.

Estimates of abortions in urban and rural settings in Sri Lanka in 1999, showed that a larger proportion (94%) of induced abortions was reported among married couples, while the abortion rate among "ever married" women was 58/1000. According to the study, the abortion rate among unmarried women was 12/1000 **[14].**

Although the legal age of marriage in Sri Lanka is eighteen (18) years, a person is allowed to have sexual intercourse at the age of 16 years. Hence, there is an unsafe two year period which includes all youth who are between the age of 16 and 18 years, making them not eligible for receiving relevant services. The country accepts sexual relations only among married couples due to dominant cultural norms and values. Hence culturally, Sexual and Reproductive Health services are meant only for married people, creating a barrier for youth between 16 to 18 years to get available services. Thus, the situation permits females to seek illegal unsafe abortions. These abortion seekers are exposed to illegal private service providers for abortions, where they end up with life threatening situations. Nearly 92% of unsafe abortions are performed surgically, mostly by unqualified personnel **[14]**. Even when induced abortions are performed by qualified persons, they are often performed in an environment where minimal medical and hygienic standards are prevailing, thus, septic abortion will be the result. As indicated in the annual report of the Family Health Bureau, one fourth of the maternal deaths (26%) reported in 2013 were due to unwanted pregnancies **[12]**.

According to a study conducted among abortion seekers in the Colombo District, unwanted pregnancy was ranked first by nearly two thirds of the respondents as the most important reason for having induced abortion. Being an unmarried mother was ranked as the second reason and contraceptive failure was placed third in the ranking **[15].**

1.4.3 Unmet Need for Family Planning

Unmet need of family planning is defined as the presence of a sexually active couple who is not expecting a child in the next two years and not yet practicing any family planning method. The unmet need for contraception was 7.1% in 2013, with geographical variations ranging from 3.5% to 23%. The highest unmet need for family planning was 13.5%, which was for the 15-19 age group, which indicated suboptimal service coverage for the young **[12]**.

Unmet need for family planning among eligible couples (15-49 years) over the last 7 years has decreased from 9.2% to 7.1%, and needs to reduce further for reduction of maternal deaths **[2]**. A case control study conducted in 2010 found that, unmet need of family planning accounted for 73% of unsafe abortions **[16]**. These adverse effects could have been prevented if relevant health care personnel had provided family planning services for the needy people appropriately.

1.5 Background for the Situation Assessment of Condom Programme in Sri Lanka

Condoms are the only method of contraception which protects against sexually transmitted infections, as well as unwanted pregnancy. Condoms are recognized as a medical device worldwide. Condom use for unprotected sex has been recognized as one of the most successful prevention strategies for HIV infection worldwide, including in Sri Lanka. When used consistently and correctly, condoms are the only method that can help in preventing transmission of sexually transmitted infections (STIs) such as HIV, and preventing unwanted pregnancy. The contraceptive benefit of condoms is around 98% when used correctly and consistently. Condoms also protect against STDs that are transmitted through body fluids, such as Gonorrhea, Chlamydia, Syphilis and HIV. The protection offered for other STDs transmitted through skin to skin contact is lesser, as in the case of genital herpes and genital warts. However, considerable protection is offered by correct and consistent use of condoms. Condoms made from latex and synthetic latex do not contain pores, thereby preventing passage of bacteria and viruses.

According to the U.S. Centre for Disease Control and Prevention (CDC), when condoms are used consistently and correctly, they are 98% effective in preventing pregnancy **[17,18].** Besides, condoms have been proven to provide protection against sexually transmitted infections (STIs). Studies among serodiscordant couples have shown that consistent condom use reduces the risk of HIV transmission by between 80% to 94% **[19,20].**

Correct and consistent condom use is one of the most effective means for preventing transmission of HIV. It is the most important component of the HIV prevention strategy. Moreover, experience has shown that actions to increase uptake and use of effective barrier methods are more successful and sustainable, when they are part of a strategic, coordinated and comprehensive condom programming effort **[21].**

Condoms can help to protect fertility by preventing transmission of sexually transmitted infections, such as chlamydia and gonorrhea, that cause infertility. Women whose partners use condoms are at a much lower risk of hospitalization for pelvic inflammatory diseases which is a condition that causes infertility, than those whose partners do not use condoms **[22].** Chlamydia and gonorrhea are common sexually transmitted diseases which cause pelvic inflammatory disease in the upper genital tract, leading to permanent damage to the fallopian tubes, uterus, and surrounding tissues, resulting in infertility. The women whose partners use condoms are at a 30 percent lesser risk of infertility due to sexually transmitted infections **[23].**

Evidence has shown an association between condom use and a reduced risk of HPV-associated diseases, including cervical cancer. Condom use has been shown to clear HPV infections and the abnormal cell growth they cause on the cervix and on the penis **[24,25].** Failure to use condoms has been shown to be among the most significant risk factors for precancerous conditions related to certain types of HPV **[26].** Using condoms can also enhance sexual pleasure by reducing anxieties about the risk of infection and pregnancy **[27].**

Abstinence, Being Faithful and Condoms (A, B, C strategy) for unprotected sex, have been recognized as the most successful prevention strategy for HIV infection worldwide. Condom promotion has been identified by the National Strategic plan for high risk and vulnerable population in Sri Lanka. The condom serves the dual protection for prevention of sexually transmitted diseases including HIV/AIDS and prevention of unwanted pregnancies. The Ministry of Health provides free condoms for both family planning and HIV prevention, with the support of principal recipient two (FPASL), for KPs who are in the GFATM project implementing areas. At present, condom promotion and marketing are carried out at various levels in Sri Lanka; the two NGOs are playing the leading role In addition, a small number of companies too, supply condoms to the market in a small scale. The government continues its undisturbed role in condom promotion & distribution through STD clinics as well as through the public health staff. However, use of condoms has not been completely accepted by the society, but comparatively, the society has given a deeper thought to its dual role, heralding a way forward.

Condom programming includes three components: demand, supply, and enabling environment. Demand promotion emphasizes dual protection, for prevention of both HIV /STI and unwanted pregnancies.

Hence, a well-developed policy or strategy for distribution and promotion of condoms for dual protection would provide a conducive environment for expected achievements in condom programming in the country.

1.6 Justification

Condom situation assessment survey is a timely need to identify current strengths, weaknesses, opportunities and threats, in order to plan a condom programming strategy for dual protection. Moreover, a similar survey has not been carried out in the past. Both Regional Sex Worker studys(2013) and IBBS survey completed by the NSACP in 2014 recommended to develop a National Strategy for Condom Programming in Sri Lanka to defeat the present HIV/AIDS situation in the country **[28].**

In addition, UNFPA country programme action plan (2013-2017) for the government of Sri Lanka has also given priority to strengthen the national capacity to deliver quality Reproductive Health services, under the output one of the activity plan. One of the tasks that has been identified for the National STD/AIDS control programme is, to conduct the Situation Assessment of Condom Programming in Sri Lanka and to develop the National Condom Strategy.

In general, one of the major challenges of condom programming is the actual usage of condoms in different settings. This is because of the stigma attached to condoms, where condoms are perceived to be associated with sexual promiscuity and sex.

Condom acceptability, especially for different target groups including family planning and STI/ HIV prevention, should be assessed to plan programme strategies according to the client requirements. Proper management of good quality and acceptable condoms throughout the country with sufficient stocks is vital for programme sustainability. It is important to identify the need for smooth operation of distribution outlets where condoms can be accessed easily by all groups, especially the youth, at all times, and to evaluate the manner of condom distribution through the public or commercial outlets and social marketing.

According to the programme point of view, there is a need to identify the existing policies supporting the condom programme, in terms of demand, supply and supportive environment, for both family planning and STI prevention. The desk review was very useful in this endeavour, to find out the available favourable policies, in order to obtain maximum support from all the stakeholders for implementation of the strategic framework.

The findings of this survey will provide good insight for decision makers, programme planners and implementers about the current condom programming situation, and will guide them to strengthen the condom programming efforts in the country. More importantly, the survey will provide necessary evidence and information to develop the National Condom Strategy.

The National Condom Strategy in Sri Lanka will provide a comprehensive plan in line with the expectations of the stakeholders, to achieve better health status of the Sri Lankan population by reducing transmission of HIV infection & support for family planning. The Condom Programming Strategy would address an overall strategic direction for better planning for condom demand, better availability of logistics/supplies and establishing a supportive environment to support condom programming/ promotion.

1.6.1 Aim and Objectives of the Situation Assessment of the Condom Programming in Sri Lanka:

Aim - The overall aim was to review the availability and use of condoms in the context of HIV/ AIDS & STIs prevention and family planning, and the factors affecting condom programming in Sri Lanka, in terms of usage, availability, distribution, challenges and priority needs, for improving condom programming.

1.6.2 General Objective:

- To assess the availability and usage of condoms in the context of HIV/AIDS & STIs situation and family planning, and the factors affecting condom programming in Sri Lanka, in terms of usage, availability, distribution, challenges and priority needs of condom programming in Sri Lanka.

1.6.3 Specific Objectives:

- To assess the availability and use of condoms in the context of HIV/STIs prevention
- To assess the availability and use of condoms in the context of family planning
- To review the support provided for condom programming at policy and managerial level
- To assess the factors affecting condom programming in terms of usage, availability, distribution, challenges and priority needs
- To identify the needs to improve condom programming in Sri Lanka
- To give recommendations for the development of the National Condom Strategy for Sri Lanka

2. METHODOLOGY

2.1 Research Design

The situation assessment of condom programming was a prerequisite before developing the National Condom Strategy. The assessment was carried out in four stages:

1. Desk Review
2. In-depth interviews
3. Focus Group Discussions (FGDs)
4. Observation assessment on education and demonstration of Condoms

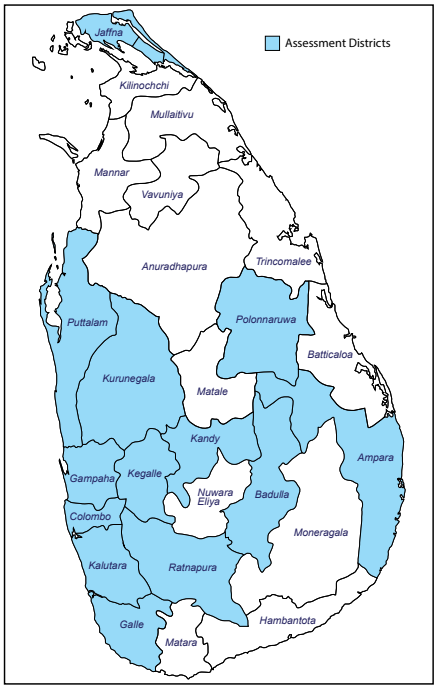
These methodologies were chosen based on their ability to provide reasonably accurate information and in-depth understanding of factors influencing condom use, availability, distribution, use, strengths, weakness and challenges, and to identify priority needs.

2.2 Study Areas

The situation assessment was carried out in 13 districts of Sri Lanka.

(Jaffna, Puttalam, Pollonnaruwa, Kurunagala, Ampara, Gampaha, Kegalle, Kandy, Colombo, Kaluthara, Badulla, Rathnapura, Galle)

Figure 1 The Sitruation Assessment Districts in Sri Lanka



2.3 Desk Review

Objective:

The purpose of the desk review was to study the relevant documents, to understand the current context of policies, guidelines, strategies and management of condom programming, in order to synthesize all relevant evidence to develop a customized National Condom Strategy to the country.

During the introductory meeting of the research, the principal investigator requested HIV/AIDs prevention programme stakeholders to share relevant documents available with them on this research (policies, strategies, workplace private sector programmes, communication, advocacy, tools and guidelines on HIV/AIDs prevention), to be used at the desk research. In addition, several documents were collected based on the several searches carried out in different databases. Finally, relevant documents were selected from the collected document pool.

The desk review involved a systematic literature search, review of policies, laws and papers, and finally synthesis of all relevant documents related to the condom use, demand, supply, and enabling environment. Further, the desk review looked at the availability of existing programmes for condom promotion. Documents that were taken for the desk review are indicated under the reference list.

The desk review was organized in several principal sections corresponding to the following themes: Policies and Laws, Plans, Programmes and Committees, Management and Governance, and International response and National literature relevant to condom programming, Key affected populations and other vulnerable groups, Condom registration and marketing in Sri Lanka, Condom availability in Sri Lanka.

2.4 In-depth Interviews

In total, 51 in-depth interviews (IDI) were conducted with the representation of four categories of stakeholders. Selection of participants for the in-depth interviews was based on their involvement in condom programming in the country at different levels. Selected participants are as follows:

2.1. Policy makers, managers of government, NGO and private sector (17 IDI)

2.2. Condom procurement authorities in public and private sector (06 IDI)

2.3. Main sales person of condom distribution outlets (24 IDI)

2.3 Policy makers from Prison department and Plantation sector (04 IDI)

Objective of the In-depth Interviews

Objective of the in-depth interviews was to identify the support, gaps and weaknesses of the present condom programming situation in the country at different operational levels, and to obtain their recommendations for improvement.

Officers for the interviews were selected based on their experience and involvement in condom programming, as well as their involvement with special target groups. Table 1 shows the list of officers who participated for the in-depth interviews.

Table 1 - The list of Officers who Participated for the In-depth Interviews

Respondents for the Interviews	Agency	No
Policy makers, managers of government and NGO sector	Director/ Medical Supplies Division	1
	Director National Drug Quality Assurance Laboratory	1
	Deputy Director/ The Cosmetics, Devices & Drugs Regulatory Authority	1
	Director/ National STD/AIDS Control Programme	1
	Director/ Maternal and Child Health	1
	Regional Director of Health Services	1
	Medical Officers of Health	1
	Medical Officer Maternal & Child Health	1
	Director - HIV &Advocasy/Family Planning Association	1
	Country Director/ Population Services Lanka	1
	Executive Director/ Heart To Heart (MSM organization)	1
	Executive Director/ Community Strengthen(Sex worker organization)	1
	Executive Director/ (Drug users organization)	1
	Executive Director/ One HIV Positive (Positive Women network)	1
	Brand Manager/ Delmage Forsyth & Co. Ltd	1
	Senior Brand Manager/ Reckitt Benkizer Lanka Limited	1
	Director/ Harcourt Group of Companies	1
Condom Procurement Authorities- **(Supplies and Logistics)**	Officers in-charge of Medical Supplies Division, Ministry of Health	1
	Officers in-charge of Condom Procurement in Family Planning Association	1
	Officers in-charge of Condom Procurement in Population Services Lanka	1
	Officer in-charge of Condom Procurement in Delmage Forsyth & Co. Ltd	1
	Officer in-charge of Condom Procurement in Reckitt Benkizer Lanka Limited	1
	Officer in-charge of Condom Procurement in Harcourt Group of Companies	1
Main Sales Persons of Condom Distribution Outlets	Owners of two Randomly Selected Pharmacies of Urban and Rural Areas of 12 Districts	24
Prison & Plantation	High rank officers from each sector	4

Interview guides with probing questions on condom logistics, demand, support and distribution systems were prepared for the three different groups to facilitate the interviews. These guides which were developed based on the objectives of the situation assessment, are attached as ***Annex 1-3.***

2.5. Focus Group Discussions

Focus Group Discussions (FGDs) are able to reveal a wealth of detailed information and give deep insight to the problems. When well executed, a focus group discussion creates an accepting environment that puts participants at ease, allowing them to thoughtfully answer questions in their own words, adding meaning to their answers.

Objective

To obtain narrative views from members of key affected populations, vulnerable groups, other condom users and selected service providers, on strengths, weaknesses and challenges of condom programming.

The literature review provided the information and findings from local and international researches that guided the formulation of key questions. The literature review was conducted prior to the development of the FGD Guides.

Focus group discussions were conducted based on the focus group guides. FGD guides are attached as ***Annex 4 and 6***. One guide was prepared for the service providers in the Ministry of Health **(Annex 4)** and another separate guide was developed for the Law enforcement officers (Police sector **-** ***Annex 5***). These FGD guides were based on service provision aspects, as well as their attitudes and beliefs on the condom programme.

Another FGD guide was prepared for the KPs, vulnerable and general population ***(Annex 6)***. The FGD questions highlighted the key issues such as attitudes and beliefs on use of condoms relevant to HIV prevention and family planning, challenges, perception and recommendation of the relevant groups. The questions were prepared under several themes such as condom need/ demand, acceptability and affordability, availability, accessibility and challenges. The initial focus group guide was prepared in English and was translated to Sinhalese local language. Latter, it was retranslated back to English, to prevent ambiguity.

The first draft of the FGD Guide Questions was presented to the Advisory Committee to review, for obtaining their feedback. Necessary modifications were made according to their opinion.

Table 2 shows the groups selected and the numbers of FGDs conducted in each category:

Annex 7 shows the areas (Districts) where the FGDs were held.

Table 2 - The Groups Selected and the Numbers of Focus Group Discussions Conducted in each Category

Category	Number	Category	Number
Urban Youth (20-25 years)	4	Rural Youth (20-25 years)	1
Men Sex with Men	2	External migrant workers	2
Male sex workers	1	Female sex workers	5
Drug users	2	Clients of sex workers	2
People living with HIV	2	Beach Boys	2
Antenatal mothers	2	Teenage pregnant mothers	2
Elderly (35-45) eligible females	2	Working women less than 35 years	2
Internal migrant workers(Factory workers)	2	Armed forces	2
Law enforcement officers	2	Hospitality sector	2
Public Health Midwives	2	Public Health Inspectors	2
Total	**43**		

Annex 7 shows the areas (Districts) of the FGDs held**.**

2.6. Observation Assessment of Education and Demonstration of Condoms

Objective -To find out the use of information, education and communication skills correctly by the service providers on condom demonstration.

The observations were carried out in places where clients directly obtained services for condom use such as government STD clinics, government family planning clinics and NGO settings. Observers were post graduate medical professionals who had experience in working in the NSACP and were competent in condom demonstration.

Following ***Table 3*** shows the number of observation sessions carried out in both governmental and non-governmental STD and family planning clinic sectors.

Table 3- The number of "Observation Assessment of Education and Demonstration of Condoms" Sessions Carried out in Different Settings.

Places of Observation	Number
STD Clinics (Central & peripheral clinics)	4
Poly clinics- Family Planning clinics in the government sector	3
Sex workers - NGO settings	2
Men Sex with Men - NGO settings	2
Drug user - NGO setting	1
Nurses Training Tutor	1
Total	**13**

Condom demonstration carried out by the service providers was the final component of the Situation Assessment of Condom Programming. The observations were carried out in selected settings such as STD clinics, family planning clinics, NGO sector where the clients directly receive services for condom use, and in a training institution where service providers are trained on condom demonstration.

The condom demonstrations were assessed by non-participatory observation technique, using a guide prepared as a checklist, in keeping with the relevant standards. The guide was prepared based on the criteria presented in the global evidence, for correct demonstration of condoms and communication skills needed during condom education and demonstration. Introduction of the importance of condoms, education on condom consistency, opening the condom packet and wearing the condoms were the observation criteria. Criteria for communication skills during condom education and demonstration were, building a rapport, delivering the message and getting client participation.

Each criterion had different numbers of standards or norms, stating the level of performance required for the desirable outcome. The "Guideline for Assessment of Education and Demonstration of Condoms" is attached as ***Annex 8.*** The presence of the "standard" was awarded one (1) mark while zero (0) was given in its absence. Finally, all the scores were added and percentage scores were calculated for correct practice and communication skills, separately. A grand total score was calculated for each session and an average percentage score was calculated for each setting.

The observations were carried out based on the guidelines indicating the correct steps and communication skills needed to be fulfilled by the service provider.

2.7 Training Of Data Collectors and Data Collection

Prior to the data collection, all the participating medical officers were given a detailed training on how to conduct interviews and focus group discussions using the already developed guides. Practical sessions were included in the training programme to improve the effectiveness.

Each Focus Group Discussion had a facilitator and a recorder. The facilitator's goal was to generate the maximum number of different ideas and opinions from many people during the time allocated. The facilitator facilitated the discussion and the recorder took down the notes.

The principal investigator and the data collection team conducted the interviews with policy makers, public and private sector managers and condom procurement authorities. The interviews with the owners of the condom distribution outlets were carried out by the data collection team comprising of medical officers who are attached to the STD clinics in the respective districts. The same data collection team conducted the Focus Group Discussions in the respective districts. Observations of education and demonstration of condoms were carried out by specially trained four (04) data collectors.

2.8 Duration of Data Collection

The data collection period was from the 8th of May 2015 to the 25th of July 2015.

2.9 Data Analysis

Narrative of qualitative synthesis was applied for interviews, Focus Group Discussions and the desk review. A summary of the preliminary report, describing the themes that emerged from the focus groups discussions was prepared. Later, the themes were organized in a taxonomy, in which themes are categorized into coherent groups that share similar properties or dimensions. Finally, these taxonomical categories were elaborated and analysed by relating each to the findings from the desk research on local policies and initiatives.

Direct observation involved looking at the service provider's performance during condom demonstration and keeping records of the service provider's actions in the developed checklist. The checklist was prepared taking all the standard steps in condom demonstration in to consideration, in accordance with the literature review and validating to the local situation. If the step was carried out correctly, it was marked as 1 and if it was incorrect, it was marked as 0. Finally, the scores were added and the correct percentage of condom demonstration was calculated. This marking was developed for communication skills and performance skills separately, and was later totalled together.

3 .RESULTS PART 1 DESK REVIEW

The results of the Condom Situation Assessment were analysed under four chapters:

1. Results Part 1 - Desk Review

2. Results Part 2 - In-depth Interviews

3.Results Part 3 - Focus Group Discussions

4.Results Part 4 -Observation Assessment of Education and Demonstration of Condoms

Findings of the desk review were discussed under the following components.

3.1 Policies and Laws

3.2 Plans, Programmes and Committees

3.3 Management and Governance

3.4 International Response

3.5 National Literature Relevant to Condom Programming

3.6 Key Affected Populations and other Vulnerable Groups

3.7 Social Marketing of Condoms on a Global Prospectives

3.8 Regulations and Marketing Condoms in Sri Lanka

3.9 Procurement and supply of condoms

3.1 Policies and Laws

There are number of policies and programmes in Sri Lanka which oversee the structure of the Reproductive and Sexual Health issues in the country, and ensure the supportive and conducive environment for condom programming, for prevention of STIs/HIV and family planning. The Cosmetics, Devices & Drugs Regulatory Act (CDDRA) of the Ministry of Health ensures that the Pharmaceuticals, Medical Devices and Cosmetics available to the public meet the expected standards at all levels. Condoms are listed under the medical device category in the essential drugs list of the CDDRA of the Ministry of Health.

Supportive Policies

3.1.1 Constitution of Sri Lanka - Article 12.

The Constitution of the Democratic Socialist Republic of Sri Lanka 1978, recognizes equal fundamental human rights for all. All persons are equal before the law and are entitled to equal protection of the law, and no citizen shall be discriminated against on the grounds of race, religion, language, caste, sex, political opinion, place of birth or any one of such grounds. Also, it recognizes that no person shall, on the grounds of race, religion, language, caste, sex or any one of such grounds, be subjected to any disability, liability, restriction or condition with regard to access to shops, public restaurants, hotels, places of public entertainment and places of public worship of his own religion.

Therefore, the Sri Lankan constitution permits accessibility of every person for Reproductive and Sexual Health services, irrespective of the marital status, age, sex or religion **[29]**.

3.1.2 International Human Rights Instruments

Sri Lanka is a signatory to several international conventions that uphold Sexual and Reproductive Health rights. These international human rights instruments are: Convention on the Elimination of All Forms of Discrimination Against Women in 1979, International Covenant on Civil and Political Rights in 1976, International Covenant on Economic, Social and Cultural Rights in 1966, Convention on the Rights of the Child in 1989 and Convention on the Elimination of All Forms of Racial Discrimination in 1963. These international instruments have provisions for access to reproductive and sexual health services and education for all human beings without discrimination **[30]** .

3.1.3 National Health Policy

Since 1992, there has been a great interest over the years to understand and develop a national health policy, and as a result, the Presidential Task Force was formulated to develop a National Health Policy for the first time. Political changes in the country over time led to the development of two major policy reviews. In spite of these reviews, the overall policy remained unchanged, and still it is not available to the public. The Health Master Plan (HMP) was the third attempt to address these challenges for health system improvement. There are common principles in all three different documents. There is a commonality in the principles of these three documents for providing accessible, efficient, cost effective health care services, including sexual and reproductive health for all, in an equitable basis, free of charge, in a safe and effective manner. It also ensures free health services for all people in the country, which include providing free condoms from the public health sector.

3.1.4 Population and Reproductive Health Policy (1995)

The Population and Reproductive Health Policy was introduced by the Ministry of Health in 1998, considering the importance of addressing negative effects of population growth on socioeconomic development of the country. The policy consists of eight goals, with a strategic framework expected to be achieved over the next decade.

The policy addresses the crucial emerging population and Reproductive Health issues, such as safe motherhood, subfertility, induced abortions, reproductive tract infections and sexually transmitted diseases. Comprehensive family planning information, education, communication and services through government, NGOs and private sectors, has been highlighted in the policy to overcome those problems.

The policy has provisions to ensure the reduction of Reproductive Health system morbidity and mortality including STDs and HIV/AIDs, especially among specific segments of the population, youth, trainers in vocational training centres and educational institutions and working people including migrant workers **[31]**.

3.1.5 National Maternal and Child Health Policy (2009)

Maternal and child health has been a long standing priority in the country, and has been reflected in the National Health policy (1992), and in the Health Master Plan 2007-2016. Ministry of Health has realized the emerging challenges in the areas of maternal, child and adolescent health. Thus, the present policy climate has provided an opportunity to develop a separate policy document for MCH, with a broader view.

The National Policy on Maternal and Child Health was published (No 1760/32) in 2012. This policy document consists of twelve (12) goals, which comprehensively address the wellbeing of the mother and the child and the family at large. Further, this policy has identified the requirement of providing the highest possible levels of health to all women, children and families, through provision of comprehensive, sustainable, equitable and quality maternal and child health services including family planning, through 12 goals **[32]**.

3.1.6 National HIV/AIDS Policy (2011)

The National HIV/AIDs Policy was developed by the Ministry of Health in 2011. The objectives of the policy were, to prevent HIV and other sexually transmitted infections in Sri Lanka through effective strategies aimed at reducing sexual transmission, transmission through blood and blood products, and mother to child transmission, and to improve the quality of life of people infected and/or affected by HIV/AIDS through minimizing stigma and discrimination, and providing quality care and support.

The policy has identified twelve strategic areas for implementation in the country to achieve the expected objectives. These strategies are implemented at central, provincial and regional level, with close monitoring and evaluation of the central NSACP.

These strategies emphasize the importance of safe responsible behaviours among youth and the general population. The use of condoms is of utmost importance in this context, for KPs and vulnerable target populations. Further, the use of condoms has been identified as one of the priority areas and strategies to promote safe and responsible sexual behaviours **[23]**.

3.1.7 National Policy on HIV and AIDS in the World of Work in Sri Lanka (2011)

The National Policy on HIV and AIDS in the World of Work in Sri Lanka has been developed by the Ministry of Labour and Labour Relations with the help of the ILO in June 2010, for the safety of the workforce in Sri Lanka from HIV and AIDS.

Sri Lanka has a workforce of nearly 7.6 million men and women in the formal and informal sectors. The workforce constitutes of a large group of people in the reproductive age group, who are sexually active. An annual migrant workforce of 220,000 can be added to this group. Since the majority of the workforce belongs to the reproductive age group, it is essentially a workplace issue.

The impact of HIV/AIDS on the working population is enormous, in terms of absenteeism at work, poor work performance due to physical and psychological morbidity, reduced productivity and premature mortality which adversely affect the enterprise performance and threatens national economy. Socioeconomic consequences of premature morbidity and mortality among a large segment of the population cannot be underestimated.

The policy incorporates the 10 key principles of the ILO Code of Practice on HIV/AIDS and the world of work, and abides by the National HIV/AIDS Policy of Sri Lanka. The condom promotion, availability and accessibility of condoms to the workforce has been identified as one of the strategies for prevention of HIV infection among workers and their families **[34]**.

3.1.8 National Youth Policy (2014)

The Youth Policy (2014) is a collaborative attempt of The Ministry of Youth Affairs and Skill Development, the National Youth Service Council and the Department of social studies of Open University in Sri Lanka. The policy highlights the promotion of health and wellbeing among young people as a current need, and the lack of Sexual and Reproductive Health information and access to youth friendly services as challenges.

Policy Interventions emphasize to review and improve school health programmes and to expand and strengthen physical, mental and Sexual and Reproductive Health education at schools. Further, this policy points out the importance of continuation of these services as appropriate to the higher education sector, including universities and technical and vocational training institutes. The policy provides access to youth friendly services, which is an excellent opportunity to promote health, including sexual and reproductive needs and wellbeing of youth **[35].**

3.1.9 National Policy and Strategy on Health of Young Persons

The National Policy and Strategy on Health of Young Persons was developed by the Ministry of Health in 2011, and approved by the cabinet in 2015. This policy ensures the government commitment to provide life skills based, age appropriate Sexual and Reproductive Health education, in a gender sensitive and culturally acceptable framework, and to provide youth friendly Reproductive Health services. This policy promotes safe and responsible sexual behaviour among young people **[36].**

3.1.10 Sri Lanka National Migration Health Policy (2012)

Sri Lanka recognizes that the health is a vital asset for migrants and their families throughout the migration cycle. The Sri Lanka National Migration Health Policy was developed by the Ministry of Health in recognition and promotion of the right to health, for internal, in bound and out bound migrants and their families left behind in Sri Lanka. **[37]**.

The National Labour Migration Policy developed in 2009, commits to the governance, protection and, empowerment and development of migrant workers. However, this National Labour Migration Policy does not cover the services for HIV and Reproductive Health after the migration **[38].**

But, Sri Lanka National Migration Health Policy fulfills this gap, and ensures the improved access to Reproductive Health information and services to all internal migrant populations during whole migration cycle **[37]**.

3.1.11 Restrictive Environment in the Legal Framework in the Sri Lankan Penal Code

3.1.11. 1 Vagrants Ordinance (1841)

According to the Sri Lankan Law, sex in private is not an offence. Adultery is also not a criminal offence, whereas, it is a marital offence. Adultery means the spouse practices sexual activities with another person besides his or her legal partner. There is no specific legal offence for sex work in private. However, many facets of sex work are prohibited under three ordinances, which were introduced during the British colonial rule: the Vagrants Ordinance, the Brothels Ordinance and the Houses of Detention Ordinance.

The section 7 of the vagrants ordinance which was introduced in 1841, indicates that any person in or about any public place soliciting any person for the purpose of the commission of any act of illicit sexual intercourse or indecency, whether with the person soliciting or with any other person, whether specified or not, shall be guilty of an offence, and shall be liable on summary conviction to imprisonment of either description for a period not exceeding six months, or to a fine not exceeding one hundred rupees, or to both **[39]**.

3.1.11. 2 Brothels Ordinance (1889)

The Brothels Ordinance was introduced in 1889, 48 years after the enactment of the Vagrant ordinance. Under the section 2, it indicates that "Any person who keeps or manages or acts or assists in the management of a brothel; or being the tenant, lessee, occupier or owner of any premises, knowingly permits such premises or any part thereof to be used as a brothel, or for the purpose of habitual prostitution, shall be guilty of an offence". The Houses of Detention Ordinance allows for the placement of convicted vagrants into rehabilitation facilities run by the Ministry of Social Services, rather than into prisons **[40]**.

3.1.11. 3 Penal Code 365 A (1995)

Same-sex sexual activity is criminalized under the article 365 of the Penal Code. This was first introduced during the British colonial rule, in tandem with the introduction of the British family law system of marriage, divorce, property and inheritance laws. The Penal Code (Amendment) Act No. 22 of 1995 changed the rape and sexual harassment laws, introduced incest, child sexual exploitation and trafficking into the Penal Code and raised the age of sexual consent. It also changed the language in the A article 365, making "gross indecency between male persons" gender neutral, thus extending the law against same-sex sexual activity to women **[41]**.

In the past, there was an instance of arrest of a woman with condoms in a public place, by mistake. But, possession of a condom does not illustrate commission of any offence. Condoms are considered as medical devices and not as tools to prove sex work. Condoms are listed as medical devices in the essential drug list of in the Ministry of Health. However, some officers misinterpret the vagrants ordinance and 365 A laws and believe that condoms should not be distributed as they promote homosexuality which is illegal.

Another example is where, a few years back, the police often considered condoms as a proxy for sex work, and used condoms as evidence to arrest FSWs or venue owners who distributed condoms. These unlawful arrests were reduced by continuous advocacy and conducting master training programmes by NSACP for Police officers island wide, on prevention of HIV infection among KPs. However, sex workers who were arrested under the vagrants ordinance often claim that they got caught because of condoms. Recent evidence showed that this type of arrests have been reduced after advocacy and master training programmes conducted by the NSACP.

3.2 Plans, Programmes and Committees

3.2.1Health Master Plan 2007-2016

The Health Master Plan (HMP) for Sri Lanka provides the policy and strategic framework for an innovative health system responding to people's needs, and working in partnership with the other stakeholders to ensure comprehensive, high quality, equitable, cost effective and sustainable development targeting the year 2016. The HMP reflects the health concerns of communicable diseases including STD/AIDs, among vulnerable populations.

The HMP has identified HIV/AIDS as an emerging problem resulting from social changes due to rapid urbanization and industrialization experienced over the last few decades. HMP has given provision under the guidance of the Director NSACP for STD/AIDs control as a recommended project for implementation.

The Health Master plan 2007- 2016 has made national budgetary allocations for contraceptive procurement through forecasting estimates, procurement, storing and issue/distribution of contraceptives (OCP, DMPA, Implants, Condoms & IUD) to all the districts, and through exploring the possibility for UNFPA to procure less lead time, good quality FP items. In the 2010 action plan, the Ministry of Health allocation was 150 million. Further, Health Master Plan has proposed to provide adequate supplies of contraceptives to all the service outlets through proper inventory control procedures and logistic support, and periodically check the quality of contraceptives/ devices as a part of quality assurance, from an accredited quality assurance lab.

One of the objectives identified in the annual action plan of the NSACP under the Health Master plan (2007-2016) is, to prevent transmission of HIV infection among plantation workers by creating awareness and influencing behaviour change to achieve the expected increase of condom usage. The estimated costs for condom procurement (800,000) and distribution are US$ 40,000 and US$3600, respectively **[5]**.

In 2010, the target number of condom vending machines installed and functioning in the estates sector was one hundred (100), and the number of condoms distributed to the plantation workers was 1 million under the GFATM round 6 **[5]**.

3.2.2 National Health Development Plan

The Ministry of Health has laid down the National Health Development plan (NHDP) 2013-2017, in order to achieve the highest attainable health status, by responding to people's needs and working in partnership to ensure access to comprehensive high quality, equitable, cost-effective and sustainable health services.

The NHDP has identified areas such as Sexual Health services for sex workers, increasing quality and coverage of HIV/AIDS treatment services, improving generation and use of information for planning and policy development, and creating more supportive public policies and a legal environment for HIV/AIDS control.

The five Year National Health Sector Development Plan 2013-2017 will benefit directly those vulnerable, to prevent adverse health outcomes including HIV/AIDs **[42].**

3.2.3 National HIV Strategic Plan - Sri Lanka 2013-2017

The National HIV Strategic Plan 2013 -2017 (NSP) has been developed based on the most recent epidemic data on HIV/AIDS and evidence based findings. These findings were put in to strategies, in consultation and partnership with all the sectors involved in HIV response such as: different communities, civil society organizations, ministries and development partners.

The plan has five strategic directions contributing to the development of a healthy nation through Sexual Health promotion, emphasizing the importance of prevention, control and provision of quality services for sexually transmitted infections including HIV. All these five strategies are directly or indirectly related to the condom promotion. Out of these five strategies, under the prevention strategy, condom promotion has been recognized for KPs, general population and youth **[43]**.

3.2.4 Country Coordinating Mechanism (CCM) - Sri Lanka

Country Coordinating Mechanism, Sri Lanka (CCMSL) is the governing body for the use of Global Fund to Fight AIDS, Tuberculosis and Malaria for the HIV/AIDS prevention programme in Sri Lanka. The CCMSL comprises of 25 members, with the Secretary to the Ministry of Health as the Chairperson, and meet once in two months to uphold the principles of national ownership and participatory decision making on HIV/AIDS prevention**.** The CCMSL is responsible for the coordination and development of suitable proposals through a public- private partnership, for the submission to the GFATM in order to obtain funds, and to oversee the proper utilization of such resources to mitigate the impact caused by HIV/AIDS, Tuberculosis and Malaria in Sri Lanka **[44]**.

3.2.5 GFATM Programmes for Comprehensive Sexual Health Care Package for Key Affected Populations

Prevention of HIV infection and STIs among KPs has been recognized in the Round Nine (09) of the GFATM project (2011-2015), and includes all groups of KPs namely, FSWs, MSM, DU and BBs. NSACP is the Principal Recipient 1 (PR1) of the project grant, while the Family Planning Association of Sri Lanka is the Principal Recipient 2 (PR2). FPASL is responsible for designing, implementing and monitoring the interventions to KPs in technical partnership with PR 1. The principal recipient 2 carries out interventions for the high risk target groups under GFATM round

9. It is linked to the Sub-recipients and Sub-sub recipients to reach the KPs, and the majority of interventions are targeted for them.

Interventions for Key affected populations are received through the peer leader intervention model. All the key affected population groups, namely, FSW, MSM, DU and BBs, receive an equal sexual health service package and the number of peers to be reached is different for each group. The FPASL has produced a procedure manual for the implementation of GFATM round 9, and this includes guidelines for providing sexual health services for MSM, sex workers and their clients, beach boys, and drug users. Therefore, guiding principles have been developed to carry out their efforts according to the standard procedures spelt out at the outset, to minimize misunderstandings and performance gaps **[45].**

The comprehensive sexual health package includes the following:

- Identify and register FSW, MSM, DU and beach boys
- Conduct pocket meetings/support group meetings to provide basic information on HIV/STI
- Provide information on HIV prevention services
- Provide information on HIV testing services
- Provide information about HIV treatment services
- Condom demonstration
- Condom distribution
- Escort to the STD clinics

Table 4 - Intervention Districts for the Key Affected Populations Covered Under the GFATM Round 9

	FSW Project Locations	MSM Project Locations	DU Project Locations	BB Project Locations
Districts covered by GFATM project	Colombo Gampaha Galle Ratnapura Matara Hambantota Kandy, Kurunegala Anuradhapura Polonnaruwa Puttalam	Colombo Kalutara Gampaha Galle Kandy Anuradhapura	Colombo Gampaha Galle Ratnapura Matale Kandy Kurunegala Puttalam	Galle Matara Hambantota Puttalam Gampaha Colombo Kalutara
% of Project target coverage by the end of 2014	40.2%	104%	57.8%	163%
% of islandwide target coverage by the end of 2014	33.9%	79.5 %	45.8%	123%

The Islandwide STI/HIV prevention intervention coverage of KPs is very low. Hence, expanding a comprehensive Sexual Health package for KPs in the uncovered districts with the intervention package, is a challenge for the GFATM. The present punitive laws are barriers to access Sexual Health services, especially to reach the grass root level delivery system, which directly affects the health of the Key affected populations.

3.2.6 UNFPA Country Programme Action Plan (2013-2017) with the Sri Lankan Government

The present action plan of the UNFPA country programme (2013-2017), developed with the Sri Lankan government, emphasizes the need of strengthening the health system capacity to address the unmet need for family planning to prevent unwanted pregnancies, by supporting the condom programming. Condom programming initiatives recommended by the UNFPA country programme will strengthen the linkages between Sexual, Reproductive Health (SRH) and HIV programmes in the country **[46]**.

3.2.7 National Strategic Plan on Maternal and New-Born Health (2012-2016)

The Maternal and New-born Health Strategic Plan is a document developed by the Family Health Bureau, Ministry of Health, based on the current scenario of maternal and new-born health in the country. This document has identified several strategies to achieve the National MCH goals, and family planning has been identified as one of the important strategies **[47]**.

3.2.8 National Strategic Plan - Adolescent Health (NSPAH) (2013 - 2017)

The National Strategic Plan Adolescent Health [NSPAH] (2013 - 2017) was developed by the Family Health Bureau, Ministry of Health, to promote health and wellbeing of the adolescents. NSPAH is an outcome of the National Survey findings on emerging issues among adolescents in Sri Lanka in 2004. The survey indicates that the ages of sexual initiation for males and females were 15.3 years and 14.4 years, respectively. The rise in sexual experience at an early age, coupled with unprotected sexual intercourse, requires intensification of information, education, counselling and other Reproductive Health and contraceptive services for adolescents.

In order to overcome this situation, the NSPAH has introduced a comprehensive and efficient health service package, for the guidance on pursuing more innovative and cost effective approaches to empower adolescents. Contraceptive services for eligible young people, clinical management of Reproductive Health problems and syndromic management of STI, are very important strategic areas included in the package **[48]**.

3.2.9 Maternal Health Care Package - A Guide to Field Healthcare Workers

The Maternal Health care package is a guide to complement the National Policy on Maternal and Child Health. The package provides correct guidelines for field healthcare workers to promote quality MCH /FP services.

The guide is an elaborative document of many areas related to maternal and child health, which illustrate the methods to prevent STD/HIV during pregnancy, delivery and mother to child transmission. The guide promotes access to condoms for dual protection and discusses the importance of behaviour change efforts among vulnerable groups, with promotion and provision of condoms for individuals at risk for becoming HIV infected or spreading HIV infection **[49]**.

3.2.10 School Curriculum

Although Sri Lanka has a comprehensive reproductive health education policy in the education sector for a long time, it is not comparable with international standards in relevance to sexual health. Teaching about condoms is a taboo in schools except in the advanced level biology subjects.

Teachers often lack the knowledge and skills on reproductive and sexual health. They are reluctant to discuss sensitive reproductive health issues openly due to cultural barriers. Therefore, in many schools they do not teach skill-based reproductive and sexual health matters to the students. Some sections of the sexual education have been incorporated into the school curriculum in Health and Physical Education subjects. However, Health and Physical Education subjects are optional subjects for the Ordinary Level Examination (O/Ls), and only 40% of students select this subject for ordinary levels. As such, the majority of the students do not get proper knowledge on sexual education at schools.

The recently conducted UNDP youth survey 2013 has revealed that 50% of youth were unaware of contraception. Out of those who knew about contraceptive methods, only 73% knew about condoms, indicating the vulnerability of youth for HIV/STI infection. Lack of awareness on reproductive health issues among the majority of youth in the society have made them more vulnerable for HIV/STI infection.

3.3 Management and Governance

The NSACP is the focal point and is responsible for carrying out planning and coordination of national response for HIV prevention, through partnerships with other stakeholders. There are two governing bodies which oversee the HIV prevention in the country.

- National AIDS Committee
- Country Coordinating Mechanism ***(Described under the section 3.2.4)***

3.3.1 National AIDS Committee and Sub Committees

In keeping with the multi-sectoral approach towards HIV/ AIDS prevention, the national level policy making body is responsible for HIV/AIDS related decision making. The National AIDS Committee which includes representation from all the relevant stakeholders, guides and monitors the national response to HIV/AIDS. The National AIDS Committee (NAC) co-ordinates activities on HIV/AIDS at the national level and is chaired by the Secretary to the MOH. The NAC comprises of several other ministry representatives, including Finance, Education, Justice, Social Services, Labour, Women's Affairs, Tourism, Youth Affairs, Defence and Sports. It also has representation from the Chamber of Commerce, UN Theme Group, non-governmental organizations, community-based organizations and people infected with HIV.

The National AIDS Council guides and monitors the inter-ministerial support extended to the national response to fight HIV/AIDS, under the chairmanship of His Excellency the President of Sri Lanka, and this council has met once in the recent past.

The NAC is supported by four technical subcommittees, namely; 1. HIV care, treatment, counselling, and laboratory services, 2.Policy, legal and ethical issues; 3.Multi-sectoral (prevention) 4. Strategic information management. Each subcommittee has separate terms of references, and provides necessary recommendations to the supreme body, which is the NAC.

The members of those subcommittees consist of implementation level officers from government, NGOs, CBOs and positive organizations for people living with HIV. The role of these sub committees is to identify the challenges in implementing the national programme and take necessary partnership measures to solve those problems. Unresolved problems and the problems that need higher policy level decisions are directed to the NAC for necessary recommendations.

There are two special subcommittees appointed by the NAC, namely:

- Sub Committee on prevention of mother to child HIV transmission
- Sub Committee on HIV prevention among youth

The responsibility of the sub Committee for HIV prevention among youth is, to plan and organize different programmes through master trainers who are attached to the Youth Corps and youth councils. The training package consists of a comprehensive Sexual Health promotion programme including condom promotion **[50].**

3.3.2 National Committee on Family Health

The National Committee on Family Health of the Ministry of Health shall be the highest-level of policy and decision-making body for the Family Health programme in Sri Lanka, and is chaired by the Secretary to the Ministry of Health. The committee provides policy support, guidance and direction to the Family Health Programme. The committee facilitates a conducive environment for intra and inter-ministerial coordination, for the implementation of the family health component in the country, in par with the National MCH Policy **[51]**.

3. 4 International Response

3.4.1Millennium Development Goals

The Millennium Development Goals (MDGs) are the world's time-bound and quantified targets that were established following the millennium summit in year 2000. There are eight Millennium Development Goals. All UN countries including Sri Lanka have committed to achieve the following Millennium Development Goals by 2015:

1. To eradicate extreme poverty and hunger
2. To achieve universal primary education
3. To promote gender equality
4. To reduce child mortality
5. To improve maternal health
6. To combat HIV/AIDS, Malaria and other diseases
7. To ensure environmental sustainability
8. To develop a global partnership for development

Goal 5 and 6 are directly related to dual protection, and all the other goals are indirectly related to condom programming **[52]**.

3.4.2 Global AIDS Response Progress Reporting (GARPR)

The "2011 UN Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS" (General Assembly resolution 65/277), which was adopted at the United Nations General Assembly High Level Meeting on AIDS in June 2011, mandated the UNAIDS to support countries to report on the commitments in the 2011 UN Political Declaration, on HIV and AIDS. The Global AIDS Response Progress Reporting (GARPR) is one such annual reporting requirement, and Sri Lanka systematically reports these indicators every year **[53].**

These GARPR data are used widely by the international community and organizations to assess the country situation, to justify fund allocation. There are four direct indicators on condom use. Out of these four indicators, Sri Lanka has data on only three indicators. Data for the percentage of women and men aged 15-49 who had more than one partner in the past 12 months and used a condom during their last sexual intercourse, is not available **[7].**

3.5 National Literature Related to Condom Programming

3.5.1 National AIDS Spending Assessment

According to the latest National AIDS Spending Assessment, the total HIV/AIDS estimated expenditure in Sri Lanka during the years 2009 & 2010 was Rs 518 million & Rs 534 million, respectively. The central government was the chief financing source for implementing HIV/AIDS activities, which accounted for 46% in 2009 and 48% in 2010 of the total expenditure. Most of the spending was for services delivered by the public sector, principally for the activities in the central STI clinic, Colombo and the peripheral STI clinics. Public sector spending was predominately for prevention, which accounted for over 80% of the total budget.

HIV/AIDS allocations were spent for prevention, diagnosis and treatment of STIs (33%), conducting prevention programmes for sex workers and their clients (14%), for blood safety (11%), communication for social and behaviour change (11%), voluntary counseling and testing (9%), risk reduction for vulnerable and accessible populations (9%), programmes for MSM (5%), programmes in the workplaces (3%) and for other prevention categories (5%). Analysis of the fund spending on category of prevention has shown that the total cost for condom social marketing was 6.0 million & 4.7 million Sri Lankan rupees in 2009 and 2010, respectively (public & commercial sector male & female condom provision have not been considered separately). The overall expenditure spent on condoms was estimated by multiplying the number of condoms distributed to the STI clinics by the unit cost of a condom **[54]**.

3.5.2 Sri Lanka Health Accounts: National Health Expenditure 1990 – 2008

According to the Sri Lanka Health Accounts: National Health Expenditure 1990- 2008, the total health expenditure in Sri Lanka in 2008 was an estimated Rs 154.3 billion (equivalent to Rs 7,633 per person). Public sector financing accounted for 47% of the total expenditure. Central government financing share of total public spending increased from 57% in 1990 to 65% in 2008. Inpatient care and prevention & curative health services are predominantly publicly financed. Expenditure for prevention and public health services in 1990 was 9% of the total expenditure , and decreased to about 5% in 2008. The decline of preventive care share from the total health expenditure was solely due to a reduction in the central Ministry of Health expenditure. However, the preventive care services are mainly financed by the public sector, and it was observed that the share fluctuated between 91% and 84% during the period of 1990 to 2008 **[55]**.

3.5.3 Assessment of the National Monitoring and Evaluation System of the NSACP, Ministry of Health Sri Lanka 2015 (MESST Report)

Assessment of the National Monitoring and Evaluation System of the NSACP was performed using the National Monitoring and Evaluation strengthening tool (MESST). According to the recently conducted MESST at the NSACP, under the M & E component of the survey and surveillance, it was highlighted that conducting surveys on condom availability is a priority need. Further, the same report suggested a total financial allocation of US $ 9,000.00 for the above broader component [56].

3.5.4. National HIV Monitoring & Evaluation Framework 2015 – 2017

Under the National M& E framework 2015 - 2017, three indicators out of forty have been identified with a direct bearing to the use of condoms by key populations. They are the percentage of female sex workers reporting use of a condom with their most recent client, the percentage of men reporting use of a condom last time they had anal sex with a male and the percentage of people who inject drugs/ drug users reporting the use of a condom the last time they had sexual intercourse. Target for the first indicator is >90% for the three years from 2015 -2017. For MSM, the initial target was set at >75%, but over the next two years the target has been increased to >80%. For the other key populations, targets have not been set due to the unavailability of baseline data.

For all three indicators, the reporting frequency was agreed to be four yearly. The data are to be obtained by the way of conducting surveys, either BSS or IBBS.

There are other indicators which show an indirect bearing on the provision and use of condoms by the key affected populations which get reported in the National M & E framework. They are the indicators addressing the reach of key affected populations with HIV prevention programmes (total of three indicators) and the number of key affected populations provided with HIV prevention services (total of four indicators) **[57]**.

3.5.5 Costed Activity plan of the National Strategic Plan 2015 – 2017

In the costed activity plan developed in line with the National Strategic Plan of the National STD/ AIDS Control Programme (2013-2017), specific activities have been identified related to promotion of condom use in Sri Lanka. The activities spelt out in the activity plan have either been directed to the key affected populations or to the general population. They follow a common pattern in terms of enumerating the activities for each group.

Condom social marketing by preparation and printing of KPs specific IEC material for condom education in all 3 languages, preparation of a condom stratey for KPs and others, condom promotion by outreach peer educators in selected districts, procurement of male & female condoms and lubricants, procurement and supply of dildos for condom education and installation of condom vending machines at selected hotspots are the activities identified for the MSM in the activity plan.

For Female sex workers, in addition to the common set of activities, preparation of new IEC material for condom promotion, condom promotion by outreach peer educators in selected districts, procurement of condoms (male/female) and water based lubricants, procurement and supply of dildos for condom education and establishing condom storage facilities at SR level are the enumerated set of activities.

Condom promotion by preparation and reprinting of KPs specific IEC material for condom education in all 3 languages and condom promotion by outreach peer education in selected districts are the identified activities for the drug users.

Condom promotion by preparation and reprinting of KPs specific IEC material for condom education in all 3 languages, condom promotion by outreach peer educators in selected districts, making available condom vending machines at venues close to beaches and developing condom storage facilities at selected sites -e.g. at offices of SSRs - mini storage facilities, are the main activities targeting the beach boy component.

Condom promotion by use of IEC materials in all 3 languages is the specific activity targeting the migrant workers, while distribution of condoms for prison home leavers is the activity aiming the prisoners. For Armed forces and Police personnel, establishing & maintaining a condom dispensing mechanism is the proposed strategy.

Reviewing & updating communication material for condom promotion for the general population in all 3 languages, preparation of a condom promotion stratey, promotion of condoms by a condom social marketing strategy, conducting operational research on condoms (extent of condom use in high risk sex acts, barriers to use condoms, effective ways of condom promotion etc.) and establishing a regular condom distribution method within work places- e.g: condom vending machines to be fixed at toilets etc, are the selected activities for the general population **[58]**.

3.6 Key Affected Populations and Other Vulnerable Groups

3.6.1 Female Sex Workers & Regional Sex Worker Study

According to the National level estimation in 2013, there were an average of 14,312 FSW in Sri Lanka. Out of these sex workers, 51% were residing in the Western Province, while the district of Colombo accounted for 44% of the total. As pointed out in the HIV Sentinel sero-Surveillance,

the prevalence of HIV among sex workers was less than 0.2% over the last 10 year period. The IBBS 2014 detected an aggregated prevalence of 0.81% across the three district samples, with 1% prevalence in the capital Colombo. The percentage of use of condoms at last act of sex with a client was 93%, and an equally high percentage of 90% was revealed with non-paying partners. Average number of clients per day was 2.1 clients **[28, 59]**.

Regional sex worker study

Regional Sex Worker Study had been carried out under the theme " Sex Work and Violence in Colombo, Sri Lanka: Understanding Factors for Safety and Protection", among 30 sex workers in 2013. The study methodology was basically conducting in depth interviews among sex workers. The study revealed a strong link between the violence and the risk of HIV infection. In particular, violence affects the sex workers' abilities to negotiate condom use. Nearly all the cases affected with sexual violence reported that they had sex without a condom (three respondents reported that perpetrators used condoms), clearly illustrating that violence increases the sex workers' risk of contracting or transmitting STIs/HIV. Rape may lead to abrasions and tears, which increases the likelihood of HIV transmission.

Furthermore, the majority of respondents (18 out of 30) pointed out that the police searched for condoms while questioning them, and arrested them granting condoms an evidence of sex work. Unfortunately, the study has not identified the exact time period of the event **[60]**.

Evidence from the NGO sector shows that processing condoms to prove sex work by police has decreased during the recent past, following the NSACP interventions to the Police sector. The National STD/AIDS Control programme has been conducting 03 day training programmes for master trainers in the police, to facilitate a conducive environment for sex workers, since 2010. Several unpublished data & Department of Police data show that there is a decrease in the incidence of harassment of sex workers due to procession of condoms at present, except the arrests that had been made under the vagrants ordinance.

3.6.2. Men sex with Men

According to the National estimates in 2013, there are an average 7,551 MSM in the country as shown in the HIV Sentinel Sero-Surveillance. HIV prevalence among this group of people was 0% in 2008, 0.48% in 2009 and 0.9% in 2011. The IBBS 2014 detected an aggregated prevalence of 0.88% across the three district samples, with a 1.2% prevalence in the capital Colombo.

The percentage of men reporting the use of a condom at the last anal sex encounter with a male partner was 58 %. A majority of MSM are having concurrent sex with women. For these bisexual men, their condom usage is lower with women (50%). The 2014 IBBS found that 4% of FSWs and 3% of MSM refused health services due to their unwillingness to be identified as FSWs or MSM **[28,59]**.

3.6.3 People Who Use Drugs

According to the national estimate, there were an average of 17,459 drug users in Sri Lanka in 2013, and it is estimated that there are 423 IDUs in the country on a given peak day. Although needle exchange and substitution therapy are not available for IDUs in Sri Lanka, drug users receive a comprehensive sexual health package through the GFATM project. According to the IBBS 2014, the percentage of injecting drug users reporting the use of a condom at the last anal sex encounter with a male partner was 25 % **[28,59]**.

3.6.4 Beach Boys

Beach Boys are a group of males, either homosexual, heterosexual, or bisexual, who function as tourist guides in an unofficial manner (not registered in the Tourist Board). The national size estimation of 2013 revealed that an average of 1,314 beach boys are present in and around coastal areas in the country on a given peak day. They are mostly found in selected coastal areas where tourists aggregate, mainly in 2 districts, Galle in the Southern Province and Amapara in the Eastern province, accounting for 44% of the total. Over 80% of BB could be reached in 5 districts in 3 Provinces **[28,59]**.

According to the IBBS 2014, condom use at the last casual sex act among BB was fairly high (70%), even though consistent condom use was very low at 35%. Condom use at the last sexual act with a tourist was also fairly high (67%). The main reason cited for not using condoms was lack of availability. With respect to the sex work, 28% of BB reported receiving money in exchange for sex, and 22% reported giving money in exchange for sex. Interestingly, condom use at last sex act was much lower for those receiving money (50%), than for those who gave money (62%), both of which are lower than condom use at the last casual sex act **[28,59]**.

3.6.5 Transgender and Transsexual Population

There was no national size estimation of transgender and transsexual people in Sri Lanka. The need has been identified and planned to be carried out in the near future.

3.6.6 Prison Population

Prisoners are a vulnerable group due to the high incidence of unprotected homosexual activities in the prisons. There were approximately 117839 convicted and unconvicted prisoners entered into the the island-wide prisons in year 2014. Daily average convicted and unconvicted prisoners were 19108 in Sri Lankan Prisons in year 2014 **[61]**.

HIV prevention activities in prisons island-wide include advocacy and skill building programmes for rehabilitation officers and sexual health promotion for medical staff and welfare officers. Trained rehabilitation officers educate prison inmates as peer educators (PE). The PE are carrying out both formal and informal education sessions for inmates and promote HIV testing. Prison

inmates voluntarily participate for HIV testing after peer educator's discussions. 30 mobile clinics are conducted Island-wide within the prison setup with the help of local STD clinics. HIV testing is carried out through 30 mobile clinics on a monthly basis since 2012. The sero-prevalence rate of HIV positive cases among prison inmates in year 2014 was 0.03. Distribution of condoms is not permitted within the prison setup.

3.6.7 Armed Forces

The three armed forces in the country record around 400,000 active personnel. The NSACP continuously trains the master trainers in various categories in all three Armed forces over the last 4 years, based on a training module with participatory approach on HIV prevention. The training includes condom demonstrations as role plays on participatory basis, too. These master trainers are supposed to carry out both formal and informal training at their level.

NSACP provided continuous supply of condoms from the year 2001- 2008, under the IDA World Bank fund for all three Armed forces. Presently, condoms are supplied to the Armed forces by the Family Health Bureau.

3.7 Social Marketing of Condoms on a Global Perspective

- Social marketing is an effective tool in the global response to HIV/AIDS for making condoms more accessible, affordable and acceptable to the community. Social marketing is highly effective in "de-stigmatization" in many settings, to overcome social and cultural resistance in the society on using condoms for preventing of STDs and HIV/AIDS.
- "Social marketing" could be defined as an adaptation of commercial marketing and sales concepts and techniques, to attain the expected social goals. It promotes healthier sustainable behaviour among low- income and those at risk, by providing health-related information, products and services which are easily available and affordable. There are different models of the approach, as mentioned below.
- Sales agents are recruited from the particular general population in the "Community -based systems" which include both product promotion and distribution. These sales agents are given a basic training on Reproductive Health communication and they receive an income from the sales. This approach is especially useful in difficult geographical areas with poor accessibility .
- In the "manufacturer's model", the support is usually given from a grant directly to the manufacturer and / or their distributing agent (local or foreign). It reduces their commercial marketing costs, allowing greater investment in key activities such as promotion and advertising. The end result is a significantly low retail price below the usual market price for the customers.

- The “targeted service delivery approach” involves planning to reach and distribute products using appropriate social marketing methodology, and targeting specific groups such as key populations or other priority segments of the general public inadequately served by other service delivery mechanisms.

In the global context, some countries have used social marketing very effectively for condom promotion, using different approaches as mentioned below:

- Community-based distribution in Haiti and Mozambique
- Community-based social marketing - selected states of India
- Social marketing based on targeted service delivery in Cameroon
- Social marketing with existing commercial brands in Kenya
- A local private sector initiative in social marketing in Colombia
- 100% Condom Programme among sex workers in Thailand using all approaches **[62,63,64]**

3.8 Regulations and Marketing of Condoms in Sri Lanka

Registration, sample licensing, manufacturing licensing and condom advertisements are regulated by the Cosmetics, Devices & Drugs Regulatory Authority (CDDRA). CDDRA was under the Ministry of Health until June 2015. During the period of situation assessment of Condom programming, there were some changes in the administrative structure of CDDR and became an separate Authority named, National Medicines Regulatory Authority. Furthermore some components of the previous drug Act amended and endorsed as National Medicines Regulatory Authority ACT, No. 5 of 2015. Although there were developments in the Act, the regulations pertinent to the condom procurement were remained unchanged. Hence the information gathered according to the former Act were acknowledged in the situation analysis. and became an authority recently under a separate administration.

3.8.1 Cosmetics, Devices & Drugs Regulatory Authority

The Cosmetics, Devices & Drugs Regulatory Authority is the institution which ensures that the Pharmaceuticals, Medical Devices and Cosmetics are according to the required standards of quality, and are within the existing legislative framework with respect to the production, marketing and dispensing of these items.

3.8.2. Registration for Condoms

The Cosmetics, Devices and Drugs Act No.27 of 1980 and its subsequent amendments are the legislative framework to regulate Cosmetics, Devices and Drugs in the country and it replaced with National Medicines Regulatory Authority ACT, No. 5 of 2015.

Condoms are defined under the "Device" in the act. According to the act, the Device is "manufactured or sold for use, in the care of human beings or animals during pregnancy and at and after birth of the off-spring, including care of the off-spring, and includes a contraceptive device but does not include a drug".

3.8.3 The Cosmetics, Devices and Drugs Act, No. 27 of 1980/ National Medicines Regulatory Authority ACT, No. 5 of 2015.

The Cosmetics, Devices and Drugs Act, No. 27 of 1980, regulates and controls the manufacture, importation, sale and distribution of cosmetics, devices and drugs in Sri Lanka.

Under this Act, no person shall manufacture, import, sell, offer for sale or distribute any device that may cause any injury to the health of the user when that device is used;

(a) under conditions that are customary or usual in the use of that device; or

(b) according to the direction on the label accompanying that device.

This Act further elaborates that no person shall manufacture, import, sell, offer for sale or distribute any device without a license issued by the Cosmetics, Devices and Drugs Authority.

The regulations governing labelling, packaging and advertising devices under this Act are as follows:

(1) No person shall label, package, treat, process, sell or distribute, or offer for sale or advertise any device in a manner that is false, misleading, deceptive or likely to create an erroneous impression regarding its composition, merit or safety.

(2) A device that is not labelled or packaged as required by the regulations made under this Act, or labelled or packaged contrary to those regulations, shall be deemed to be labelled or packaged contrary to the above subsection.

The Acts further says that where a standard is prescribed for any device, no person shall label, package, sell, offer for sale or distribute or advertise any device which does not confirm to that standard in such a manner as is likely to be mistaken for the device for which the standard has been prescribed **[66]**.

3.8.4 Sample Registration of Condoms

Condoms are not manufactured in Sri Lanka. A new product of condoms should be registered in the CDDRA prior to the release to the market. The sample should be submitted to the CDDRA along with the other relevant documents for new registration. Before the sample registration, the condom sample should be imported and a sample license to import the product should be obtained. This sample license should be requested from the CDDRA. When applying for a sample license, the applicant should submit a written request for registration, along with the business registration certificate and the authorization letter issued by the manufacturer to the local agent for the condoms. The authorization letter or the mandate letter should be addressed to the Director CDDRA & duly signed by the General manager or CEO of the manufacturing company. In addition, the information on agents in other countries is preferred together with a copy of the free sale certificate.

Once the sample registration is issued by the CDDRA, the applicant's company can import the samples. Usually, the sample registration takes three (3) weeks **[67]**.

3.8.5 Registration of a Device (Condoms)

In the case of registration of devices, individual products are registered separately after evaluating each product for the following parameters : quality, safety, effectiveness and durability.

The applicant or the registration holder, either the manufacturer or the importer, must in writing declare that they are responsible for ensuring safety, quality and effectiveness of the registered devices, and that the product complies with all the existing regulations and specifications (standards).

Industrial Technology Institute report is necessary to submit applications for the registrations. The management of the Industrial Technology Institute is unreservedly committed to maintain the ISO 17025 Quality Management System for the Testing and Calibration services, and ISO 9000 Quality Management System for the entire Institute, in keeping with the National Quality Policy, thus providing customers with services of the highest professional standards **[67]**.

3.8.6 Medical Device Evaluation Sub-Committee

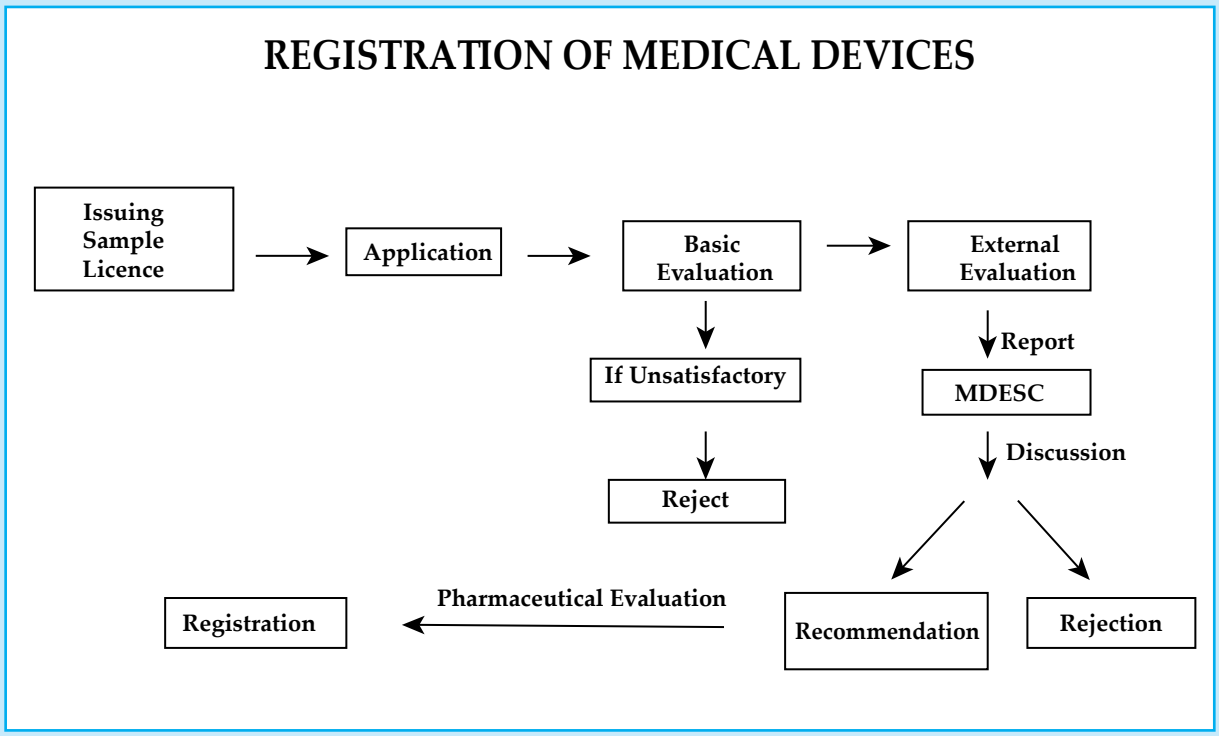
The Medical Device Evaluation Sub-Committee (MDESC) is the regulatory body for the decision making for granting approvals for the registrations. The decision is made based on the outcome of the evaluation of the submitted documentation. The evaluation may be done by both external expertise and internal evaluators. The decision is submitted to the Medical Device Evaluation Sub-Committee for further opinion. The MDESC may, in the interest of public safety, reject the registration of any product. The final decision will be notified to the applicant.

If all the required documents are in order, the process of licensing/registration usually takes one year for the registration of a device. The full registration of a product is valid for a period of five years and is specified in the certificate. The applicant has to submit for renewal of registration after 5 years. The application for renewal should be made before six months from the date of expiry of registration.

Under certain circumstances, provisional registration will be granted for a period of one year, such as; new device, new specifications of a device, new manufacturer, in case of agency transfers, products which have been suspended due to quality problems and applications that do not provide required documentation as outlined above for registration of a device.

Issuing of the manufacturing license and import license for cosmetics or devices takes another three (3) weeks each. Every time, the applicant has to submit for the manufacture and import license when it is needed.

Figure 2 Registration of Medical Devices



3.8.7 Product Identification Number

An identification number will be allocated by the authority when a product application is deemed to have satisfied the registration requirements. The identification number is specific for the product registered with the name, identity, characteristics, origin (manufacturer) and market authorization holder. It may not be used for any other product. The following prefix is used before the product identification number **[67]**.

DVR - Registration of a new device

DVR - RR - Re Registration of a registered device

3.8.8 Cancellation of Registration

The authority may cancel the registration of condoms if:

1. Any of the conditions of registration of the product have been contravened or changed.
2. Any complaints on quality failure of the product have been reported from National Pharmacovigilance Centre or any other national or international sources or customers.
3. The information which was furnished at the time of application is later found to be false or insufficient.
4. For any other matters as specified by the authority at the time of cancellation.

3.8.9 Quality Assessment of Condoms

The National Drug Quality Assurance Laboratory (NDQAL) is providing the technical support needed to operate the quality assurance system in Sri Lanka, by monitoring the compliance of drug products with respect to quality and safety at pre and post marketing stages, and issuing recommendations based on the findings. When there are post marketing problems for the condoms, immediately it is informed to The National Drug Quality Assurance Laboratory (NDQAL) and arrangements are made for quality testing by the NDQAL. The primary function of the NDQAL is to conduct laboratory tests necessary for determining compliance with product safety and quality requirements. This involves pre-marketing and mainly post-marketing quality surveillance of pharmaceutical products. For the quality assurance of condoms, only the document test and the elasticity test are carried out. Sri Lanka does not have facilities to carry out leak test, length test and other relevant tests for condom quality. Further action will be taken in the future according to the report (may be withholding the whole batch) **[68]**.

3.8.10 Advertisements of Condoms

TV commercials & radio and paper advertisements on condoms should be submitted to the CDDRA for approval. CDDRA is only responsible for the products registered by them. Advertisement subcommittee meets every 3rd Thursday of the month and approves the advertisements based on the quality related information, taking care to prevent misleading information reaching the public. The relevant company should submit the device registration certificate along with the draft copy of the advertisement (TV advertisement-story board and draft copy of the paper advertisement).

Following the CDDRA approval, the company should submit the approval letter, with the relevant advertisement, to the broadcasting channel or the newspaper editor board. There is no specific time restriction for broadcasting of the advertisement. The approval of the CDDRA is not required if the Ministry of Health is advertising a general health message through media without using a brand name. But prior approval from the CDDRA is mandatory if the particular advertisement is sponsored by a private company.

3.9 Procurement and Supply of Condoms

3.9.1 Public Sector Condom Procurement and Distribution

The Ministry of Health, Sri Lanka provides the requirements of condoms free of charge for both family planning and STD/HIV prevention programmes in the country. The National STD/AIDS Control Programme and the Family Health Bureau are the two main institutions responsible for managing the distribution and promotion of condoms in the community, through peripheral public health units in the public sector. The Directorate of the Medical Supplies Division is responsible for procurement of condoms for the public sector in the country, under the guidance and supervision of the Deputy Director General of laboratory services.

The forecasted annual condom requirement, based on the annual usage of condoms, is sent to the Medical Supplies Division by the directorates of the National STD/AIDS Control Programme and the Family Health Bureau. As per the forecasted requirements, the Medical Supplies Division provides condoms to National STD/AIDS Control programme and the Family Health Bureau. the National STD/AIDS Control programme purchases condoms using donor funds, while the Family Health Bureau purchases condoms using government allocations. They are forecasting the future requirements quarterly for the country, based on the available stocks and the utilization pattern.

The Condoms Purchasing Procedure by the Medical Supplies Directorate is Indicated Below:

- The Medical Supplies Directorate places condom purchasing orders to the State Pharmaceutical Corporation (SPC). The SPC carries out international bidding and purchases the required amount following government tender procedures. The Ministry of Health pays a 10% commission to the SPC for the procedure. These orders should be placed to the State Pharmaceutical Corporation 02 years before the required date of the supply. In 2014, the NSACP was provided condoms through the voluntary pool procurement process through the GFATM. The Medical Supplies Directorate was involved only for the clearing of condoms from the customs.
- Product registration is not done by the SPC since it has to be done by the supplier.
- When delivering condoms purchased at international level from donor funds, clearing charges need to be paid from the Ministry of Health. All the taxes are exempted for condoms, since the purchasing is done through the UN donor funds.
- When there is a shortage, condoms are locally purchased for a period of maximum three months by the Medical Supplies directorate, from local agents.
- Distribution of condoms takes place in two ways.

    1. The condoms ordered by the Family Health Bureau are obtained directly from the Medical Supplies Division and are sent to the Regional Medical Supplies Division. From the Regional Medical Supplies Division, the condoms are distributed to the Medical Officers of Health in the region.
    2. The condoms ordered by the National STD/AIDS Control Programme are obtained directly from the Medical Supplies Division and are distributed to the islandwide STD clinics and PR2.

Once the products are received at the Medical Supplies Division, officers check the state of packing requirements, labelling and other relevant documents. There are no explicit guidelines in the country for the management of condoms, to ensure the quality through the path from the point of importation to the point of user, except the storage guideline issued by the FHB. There are separate staff members for the procurement of medical devices in the Medical Supplies Division of the Ministry of Health, including the pharmacists.

3.9.2 Distribution Services and Marketing of Condoms in Sri Lanka

The following Table 5 shows the service delivery points of condoms for various target groups. Condom promotion and condom distribution services are implemented at these points.

Table 5 Condom Promotion and/or Condom Distribution Services in Sri Lanka

	Service providers	Service provider level for Condom promotion and/or distribution	Main target groups	Fee
Public health Sector	National STD/ AIDS Control Programme	Islandwide 30 STD clinics and 22 branch STD clinics	STD attendees & key affected populations	Free of charge for all at the point of delivery and no referral system is needed
	Family Health Bureau	MOH and the field health staff- domiciliary services by PHMM 1800 Family planning clinics at the field level and hospital level	Mainly eligible couples, Youth when they request	Free of charge for all at the point of delivery and no referral system is needed
GFATM project through PR 2	Sub recipient and sub- sub recipient of the relevant NGOs	NGOs level and field level in GFATM intervention areas	Key affected populations	Free of charge for all at the point of delivery
Family Planning Association*	FPASL	6 clinics in different places	Any target group	Free of charge
Population Services Lanka*	PSL	8 clinics in different places	Any target group	Free of charge
Commercial sector		Pharmacies, supermarkets, general practitioners and medical consultants, grocery shops, private hospitals, selected sites of some NGOs	Any target group	Different prices according to the type of the condom

FPASL & PSL provide condoms for the commercial sector, in addition to their clinics

3.9.2.1 National STD/AIDS Control Programme, Ministry of Health

The National STD/AIDS Control Programme, Ministry of Health, leads the national response to HIV/AIDS/STIs in Sri Lanka. The NSACP is the focal point for planning and implementation of the HIV National Strategic Plan and the AIDS Policy, together with all the stakeholders, to achieve quality sexual health services to achieve a healthy nation.

The Ministry of Health and the GFATM were the main financial contributors (48% each) for the implementation of planned activities by the National STD/AIDS Control Programme (NSACP) throughout the country in 2013. The total expenditure for the STD/AIDS prevention programme exclusive of regional level programmes in 2014 was Sri Lankan Rupees 158,359,761. The contribution of the Ministry of Health is mainly for the functioning of the Central STD clinic under the guidance of the National STD/AIDS Control Programme, while at the regional level, STD/AIDs control programmes are mainly funded by the provincial authorities. The contribution for the programmes from developmental partners such as UN (UNFPA, WHO and UNAIDS) is approximately 4%.

The NSACP is responsible for the distribution of free condoms for all the STD clinics, in order to supply condoms for the clients including HIV positive people attending the islandwide network of thirty (30) STD clinics and twenty two (22) branch clinics including the national central clinic .

The objectives of the condom programming of NSACP are as follows:

- Prevent the STIs and HIV infection through sexual transmission
- As a family planning measure for the clients attending the STD clinics
- Prevent the exchanging of different virus stains among HIV positive people when they have sex with positive partners, to avoid ART drug resistance.

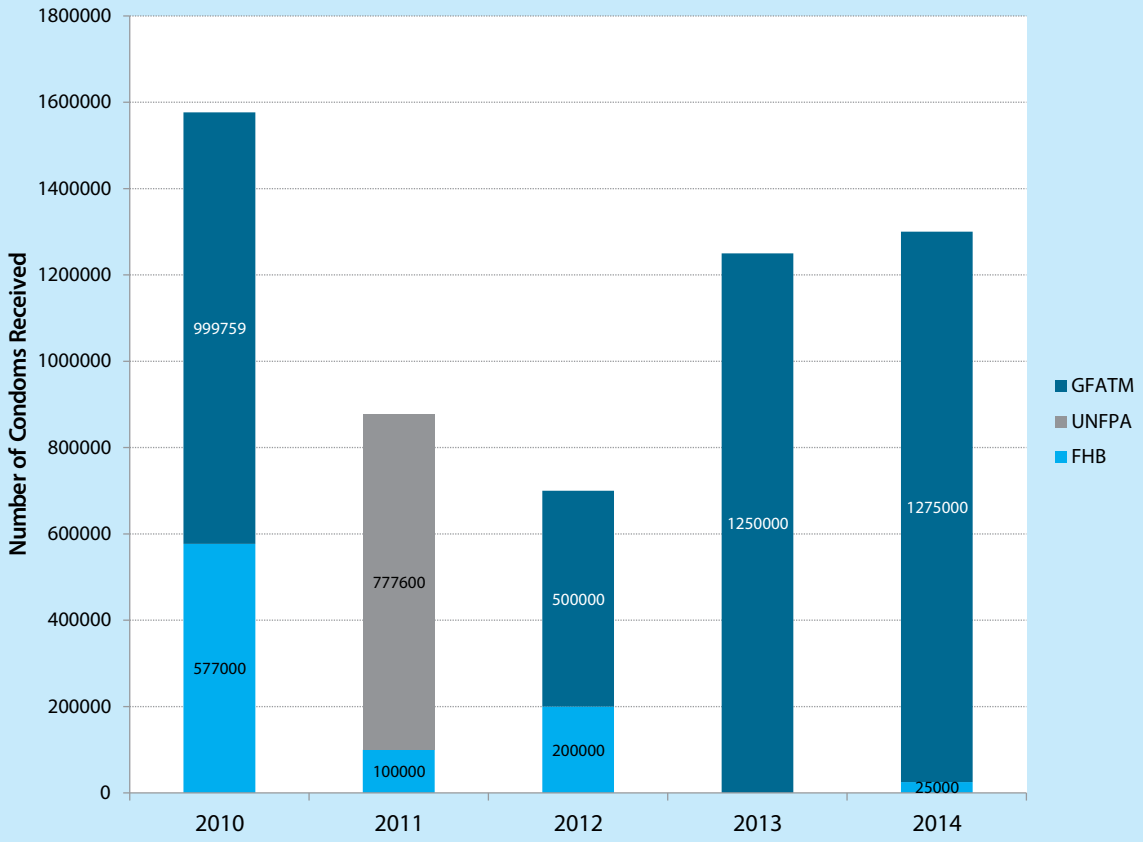
NSACP encourages consistent condom use, in conjunction with the additional contraceptive methods among PLHIV women who need family planning services. The objective of giving an additional family planning method is to avoid accidental unplanned pregnancies among women who have not achieved undetectable viral load. This will prevent the mother to child transmission of HIV. All these steps are taken following a series of counseling sessions.

The National STD/AIDS Control Programme procures condoms from donor funds, except in a few occations where the FHB supported government funds were used in the past. The NSACP started to distribute free condoms for the STD clinic clients from the early nineties. At present, GFATM funds are available for condom supply in the country under the NSACP. In addition to the GFATM, over the past few years the World Bank and the UNFPA provided funds to procure condoms.

The NSACP estimates the condom requirement for the island-wide STD clinics and PR2 intervention for KPs. Currently, the responsible agent for PR2 (KP's) intervention is Sri Lanka Family Planning Association. They are responsible for condom promotion and distribution among Key affected populations of GFATM intervention districts, in collaboration with the NSACP.

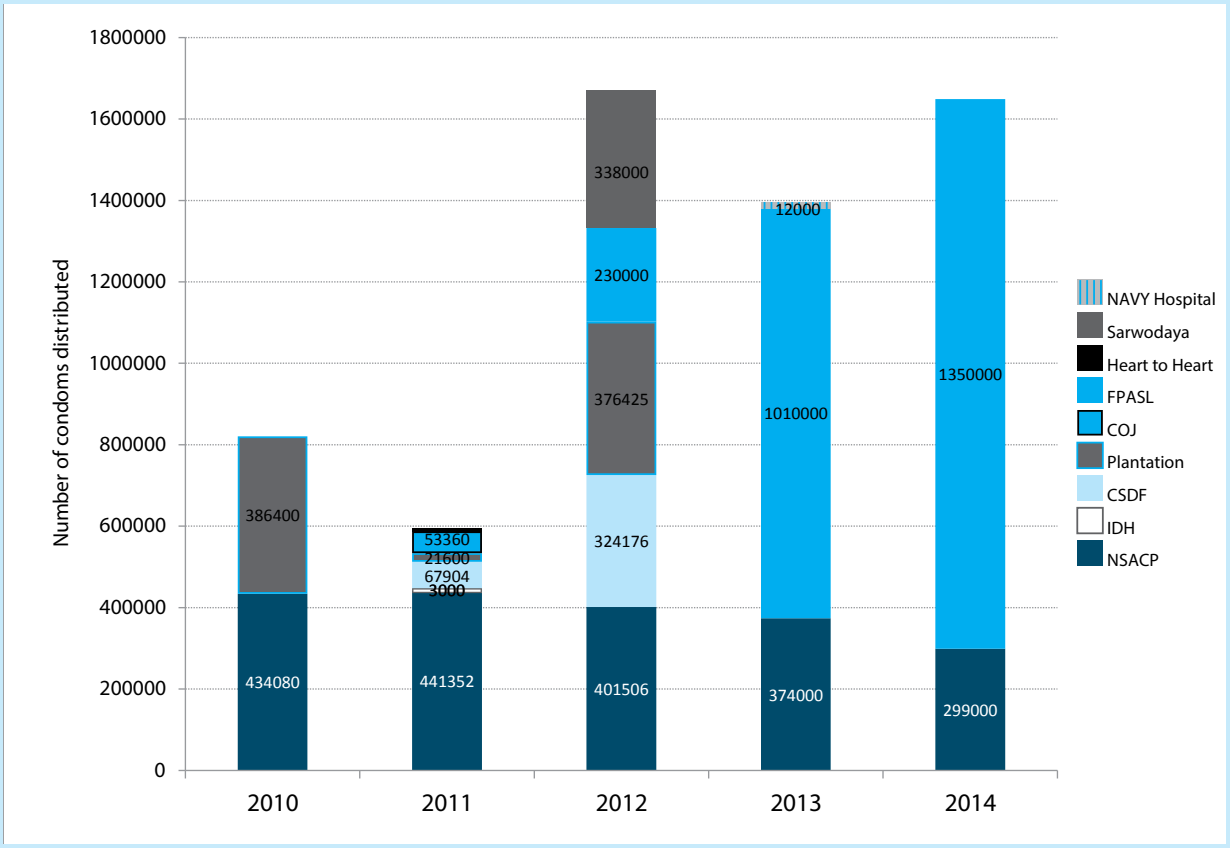
STD clinic attendees including KPs, clients of sex workers, general and vulnerable populations obtain condoms from the respective STD clinics according to their requirements. The NSACP always takes maximum efforts to ensure an uninterrupted supply of condoms to districts without going out of stock. Currently, the NSACP is able to cover all island condom programming through STD clinics. Several condom promotion materials such as leaflets & short video clips have been developed by the NSACP for their clients and different stakeholders. Dildos for condom demonstrations are available for trainers to do condom education sessions and are distributed to different stakeholders to carry out training sessions.

Figure 3 The Number of Condoms Received by the NSACP during the Last 5 years



The above bar chat shows the NSACP condom procurement from 2010- 2014 which was basically from donor funds except in certain instances, where the FHB supported the NSACP for condom procurement. The condom procurement was totally taken over by the GFATM in year 2013 & 2014.

Figure 4 The Number of Condoms Distributed by the NSACP during the Last 5 years



The above bar chart indicates the number of condoms distributed through the STD clinics.

COJ - Companions on A Journey

IDH - Infectious Disease Hospital

Table 6 The Number of Condoms Issued by each STD Clinic from 2010-2014

Province	STD Clinic	2010	2011	2012	2013	2014
Central Province	Kandy	5,473	10,544	14,637	9,659	9,015
	Nuwaraeliya	820	6,065	5,000	0	1200
	Matale	8,298	16,286	31,078	30,540	31,300
Eastern Province	Ampara	15,752	7,211	11,559	18,787	16,475
	Batticaloa	1,200	3,048	3,024	2,476	1,300
	Trincomalee	4,780	1,420	998	934	1,570
	Kalmunai	2,307	625	248	192	0
North Central Province	Anuradhapura	28,944	3,268	10,800	11,020	19,400
	Polonnaruwa	6,898	2,160	6,695	6,858	8,915
North Western Province	Chilaw	4,326	17,468	6,750	8,940	13,920
	Kurunegala	10,080	5,900	12,982	14,180	18,000
Northern Province	Jaffna	0	4,659	2,360	65	2,985
	Mannar	1,650	1,530	2,016	1,024	1,728
	Vavuniya	10,472	2,200	2,640	3,000	2,300
Sabaragamuwa Province	Kegalle	12,087	12,560	12,452	17,370	23,505
	Ratnapura	44,723	28,515	32,666	51,092	31,336
Southern Province	Balapitiya	2,016	1,079	1,262	2,500	3,022
	Galle	7,470	2,298	4,962	10,200	12,387
	Hambantota	3,036	1,946	6,091	9,881	16,000
	Matara	2,079	1,550	6,074	9,284	2,800
Uva Province	Badulla	6,900	5,272	5,912	4,380	7,670
	Monaragala	400	600	0	1,350	1,350
Western Province	Colombo	32,616	7,880	39,484	52,720	45,668
	Gampaha	16,365	11,633	18,374	14,742	15,807
	Kalubowila	8,632	4,659	9,792	12,102	12,638
	Kalutara	5,825	13,010	9,202	9,288	8,900
	Negombo	2,195	4,026	12,191	6,635	6,165
	Ragama	4,690	5,046	5,612	5,772	7,721
	Wathupitiwala	NA	NA	70	236	325
Total		**250,034**	**182,461**	**274,931**	**315,227**	**323,402**

This shows the gradual increase of distribution of condoms among STD clinic attendees in most of the STD clinics.

Female Condoms

At present, female condoms are not accessible in the commercial sector and are only available in the STD clinics. These supplies are solely dependent on the donor support and are not always available even in the STD clinics. Main target population for female condoms in the country are female sex workers.

3.9.2.2 Family Health Bureau of Ministry of Health

The Family Health Bureau is the focal point for Maternal and Child Health in Sri Lanka, and services are provided through the structured infrastructure of the Ministry of Health and Provincial Health Services which comprise of a wide network of medical institutions and Medical Officer of Health Units. The main components of the programme include: Maternal Health, child health, women's health and family planning. The Family Health Bureau is the central organization of the Ministry of Health responsible for planning, coordination, monitoring and evaluation of Maternal and Child Health and Family Planning programmes within the country.

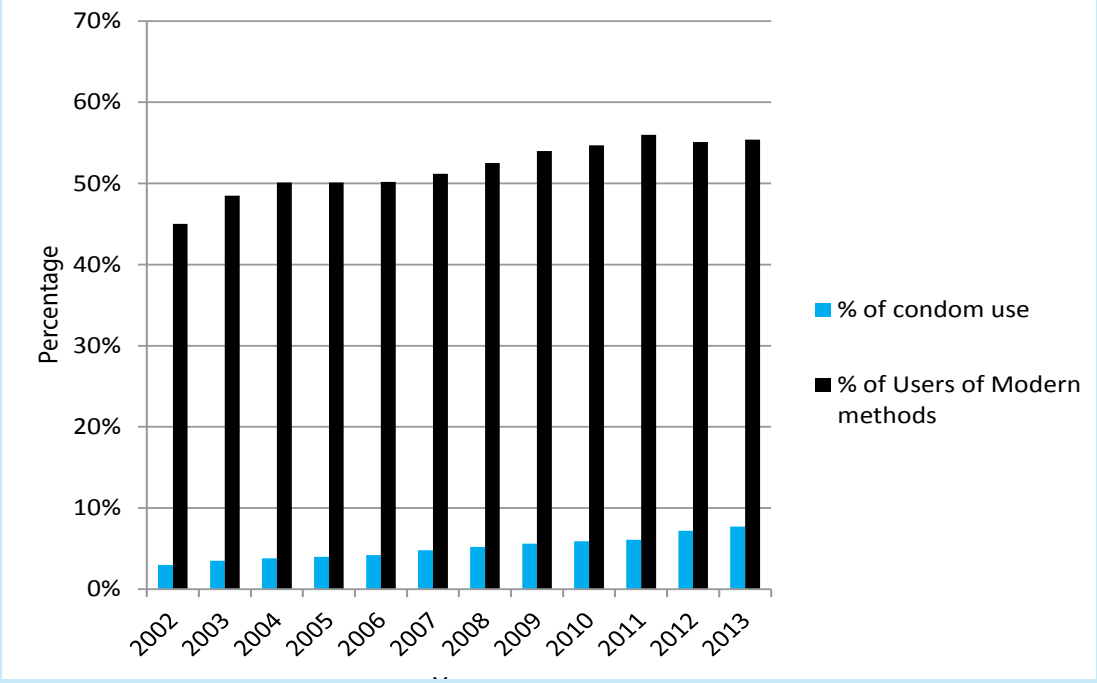
The Family Health Bureau of the Ministry of Health supplies free condoms to the community for family planning through the public health system in the country. There are 1800 family planning clinics islandwide to provide family planning services to the population. Grass root level service provider PHMM, facilitate family planning to the community at the door step, by delivering FP commodities such as condoms, and giving information.

During the last five decades, the FHB was the central point for estimation and management of condoms for family planning services at the national level for the public sector institutions. Over the years, the Ministry of Health has had a separate allocation to the FHB, for condom procurement. Accordingly, the FHB annually prepares the consolidated condom estimation for the country for the family planning services, based on the district level condom estimations, and forwards it to the Ministry of Health (Director, Medical Services).

The FHB provides condoms as a cafeteria method rather than condom promotion. Dildos for condom demonstrations are available for PHMM to conduct condom education sessions. Condom provision is a compornent of the National Family Planning programme, and prevention of teenage pregnancies is one of the main objectives. The main target groups for the FP programme are eligible couples (15-49 yrs) and sexually active teenagers. Negative perception on condoms has been identified as the main challenge for the family planning programme. FHB has taken many initiatives to overcome these challenges by conducting island-wide awareness programmes in the community through public health staff, and ensuring a continuous supply of condoms at the district level. It has been identified that the suboptimal level of storage facilities in some places for condoms at the peripheral level is another challenge for the programme.

Before the year 2010, a condom was sold for 5 cents by the PHMM. Considering the present situation, the Ministry of Health has taken a policy decision to provide condoms free of charge to the community, in order to promote family planning services.

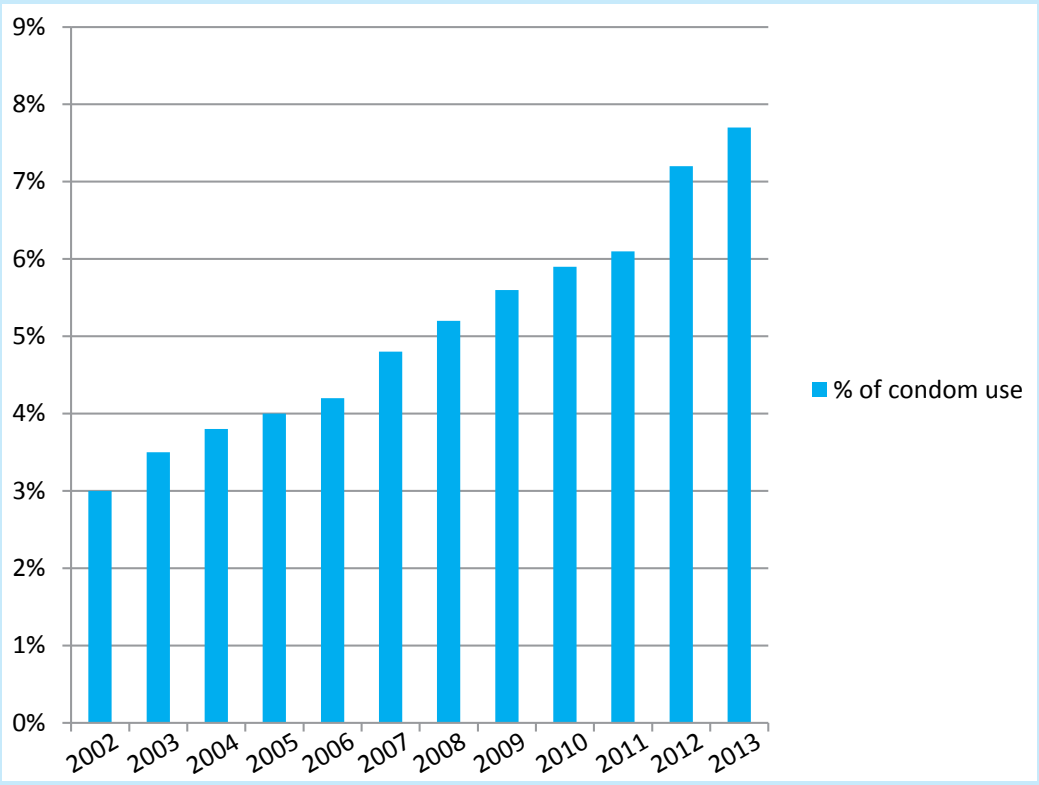
Figure 5 : Modern Methods of Contraceptive Usage and Condom Use Among Eligible Couples From 2002-2013



Source - FHB data

This above bar chart shows that a significant number of eligible couples use condoms

Figure 6: Condom Use among Eligible Couples from Year 2002-2013



The above bar chart shows that the condom use among eligible couples from year 2002-2013 has gradually increased from 3% to 7.7%.

3.9.2.3 Family Planning Association

The Family Planning Association of Sri Lanka was established in 1953, and it focuses on family planning, Sexual and Reproductive Health and welfare of the family. The FPASL is working on five key priority areas such as the Adolescents, AIDS/HIV, Advocacy, and Abortions.

The FPASL has two main roles in condom programming, namely condom marketing programme for the commercial sector and PR 2 activities assisted by GFATM ***(GFATM role has been explained under the previous section 3.2.5).***

The FPASL is importing and marketing condoms for the last 40 years. The FPASL is one of the leading organizations in the private sector for distribution of condoms in the country, covering the whole island with a good annual growth of condom distribution. The FPASL distributes condoms for all levels including supermarkets, pharmacies, groceries and boutiques, in urban and rural settings, through their own sales team. The FPASL distributes the highest market volume of condoms annually in the country. They import a wide variety of condom brands for different prices, from Vietnam, Indonesia, Thailand and Malaysia, under direct negotiation basis.

The FPASL conducts one of the most successful social marketing programmes in the country. The FPASL provides contraceptives and Sexual and Reproductive Health products at a reasonable price. Long established products such as “Preethi “condoms, and “Mithuri” oral contraceptive pills have become highly popular among people, and are called by their brand names. The FPASL runs its own distribution network manned by twenty strong sales and marketing team members including sales executives and medical delegates. The programme was tasked recently with the aim of helping to develop guidelines on contraceptive security, the first such initiative in Asia.

The FPASL conducts special training programmes based on sales, credit control and Sexual and Reproductive Health, covering all aspects of the organization.

They target all sexually active groups for condom promotion at various levels: end user promotions, POS promotions, dealer promotion and promotions for medical professionals. In addition, the FPASL organizes workshops and training programmes to promote their products.

They forecast the condom requirement for the current year based on the previous year’s sales and predictions. They have quarterly and annual procurement plans, prepared based on the forecasts, considering the type of condoms. Usually condoms don’t go out of stock in the FPASL and if it happens, they manage to sell other brands of condoms and execute emergency procurements.

The Family Planning Association conducts Sexual and Reproductive Health clinics at their service delivery points including Ampara, Batticaloa, Nuwaraeliya, Koggala, Maradana and Colombo. They provide FP services, contraceptives and advise on STI/HIV, and provide information and counselling at these delivery points. Condoms are provided free of charge through these clinics. In addition to that, mobile clinic services are provided in Matara and Killinochi **[69].**

The FPASL is the PR 2 of the GFATM and condoms are distributed for KPs. The following table shows the number of condoms distributed by peer educators of KPs through the Family Planning Association (PR2) in 2010 -2014.

Table 7 Condom Distribution According to the Key Populations, by Principal Recipient 2 of the GFATM

Year	Number of condoms distributed for Sex workers	Number of condoms distributed for Drug users	Number of condoms distributed for Beach boys	Number of condoms distributed for MSM
2010	No data	No data	No data	No data
2011	No data	No data	No data	No data
2012	No data	No data	No data	184,106
2013	566,439	27,411	52,972	217,738
2014	822,443	102,142	87,845	385,046

The above table shows a higher distribution of condoms for KPs in year 2014 than in 2013.

3.9.2.4 Population Services Lanka

The Population Services Lanka (PSL) is one of the pioneer non-governmental organizations, which had been functioning actively for the last 35 years, mainly catering for the Sexual & Reproductive Health (SRH) of the Sri Lankan population. The PSL is also one of the members of an international chain of organizations. Since 1973, the programme has provided contraceptives and other Sexual & Reproductive Health services throughout the island. The PSL has its own condom distribution network for the commercial sector and it has a condom social marketing system. The PSL provides contraceptives and Sexual & Reproductive Health services through six clinic centers in Sri Lanka , in Mannar, Vavuniya, Trincomalee, Horowpathana, Puttalam and Hatton. Plans are underway to open a clinic in the Mullaitivu district. Condoms are provided free of charge through these clinics **[70]**.

The Population Services Lanka is importing and marketing condoms over the last 20 years and imports condoms from Vietnam and Malaysia. The PSL is one of the leading organizations in the private sector for distribution of condoms in the country, covering the whole island with a good annual growth of condom distribution, which is only second to the FPASL. The Population Services Lanka (PSL) targets sexually active males. They distribute condoms to every level in the urban and rural settings of Sri Lanka including supermarkets, pharmacies, groceries and boutiques, through their own sales team. They forecast the condom requirements for the current year based on the previous year's sales and predictions. Usually condoms don't go out of stock in the PSL. In addition, the PSL is one of the agents supplying condoms to the Ministry of Health through the SPC. The PSL covers the full range of condom programming, which consist of importing, advertising, marketing and sales of condoms through distribution channels across the country **[70]**.

4. RESULTS -PART 2
IN DEPTH INTERVIEWS

4.1 Results of the In-depth Interviews of Public Sector Policy Making Level

In depth interview findings among officers of the Ministry of Health were discussed under the previous sections of ***3.8. & 3.9.*** In addition to that, further views are given below.

4.1.1 Views from Policy maker Level - National STD/AIDS Control Programme, Ministry of Health

Objectives, activity areas and condom distribution in the NSACP were discussed under the section ***3.8.2 .1*** . Challenges and recommendations to overcome those challenges are discussed below.

NSACP has taken every measure to distribute condoms in order, through peripheral STD clinics and KPs' interventions. There are quarterly review meetings held at the NSACP with peripheral MO/STDs, in order to solve the problems regarding services and technical aspects, including the condom programming.

The NSACP encounters difficulties in obtaining condom stocks in time from donor funding due to the frequent, various bottlenecks within the chain of the procurement procedure, both at the donor's side and the country's side. There are no explicit guidelines issued for the condom distribution cycle and no post quality tests are available in the country.

There are quarterly review meetings held at the central NSACP level with the NSACP officials and other stakeholders who are involved in PR 2 (Joint PR1 & PR2 meeting with the other NGOS who are involved in the KPs' interventions), in order to solve the problems encountered at KP's interventions.

The NSACP has taken the following measures to improve the condom programming in the country:

- Individualized counselling for condom education and demonstration for clients of sex workers
- Awareness programmes for various categories of people and the media
- Skill building programmes for master trainers in different sectors including NGOs and CBOs. (Youth Ministry, Armed forces, Education Sector, Police sector, and NGO and CBO master trainers)

Recommendations:

- Youth should start receiving comprehensive sexual education at school level
- Condom Promotion among youth considering their risk taking behaviours
- The vending machines should be installed in suitable places
- Condoms should be easily available and accessible in hotels and lodges
- Development of innovative condom promotion programming
- Capacity building of STD staff and public health staff on condom programming on dual protection
- Strengthening of condom social marketing programmes

4.1.2 Views from Policy maker level- Family Health Bureau

Objectives, activities and condom distribution of the FHB were discussed under the section ***3.8.2.1.*** Challenges and recommendations are discussed below.

- The FHB has taken many steps to improve the condom programming in the country. Individual level counseling for FP, condom education and demonstration for eligible couples are carried out by the Public Health staff at the domicilliary level and at family planning clinics. Condom education and demonstration at pre pregnancy clinics are conducted for newly married couples.
- Awareness programmes for various categories of people, and conducting media programmes
- Capacity building of master trainers to carry out training health staff

Recommendations:

- Promotion of condoms among youth to avoid teenage pregnancies
- Development of innovative condom programmes
- Conducting more staff training programmes for both STD staff and public health staff on dual protection
- Improve storage facilities
- Strengthening condom social marketing programmes

4.1.3 Views of a Regional Director of Health Services

Under the decentralized health system, the Regional Director of Health Services (RDHS) is responsible for both preventive and curative health care services in the district. The RDHS oversees all condom distribution procedures in all the MOH offices in the district through the regional Medical Supplies Division.

A Regional Director of Health Services was interviewed to obtain his views regarding the condom programming in the district. The RDHS explained that the MOH staff is playing a vital role for condom promotion for eligible couples, with the objective of providing family planning services in the community, while the STD clinic staff reach KPs for condom promotion with the objective of STI prevention. All these activities are carried out under the administration, guidance and supervision of the RDHS.

It was revealed from the discussion that there is big challenge for the condom programming in the district, due to poor demand, as a result of insufficient knowledge on condoms. It was identified further that, the condom supply for the district level is inadequate at times.

The RDHS expressed his views that the district level officers follow the general rules and regulations of the Ministry of Health and stated that the role played by the Ministry of Health for condom promotion, is insufficient. He stressed the need of active involvement of the central ministry for condom promotion to improve the present status of condom programming.

R**ecommendations**

- Reorientation of MOH staff regarding condom programming for dual protection since it is limited for family planning at present.
- To avoid stigma associated with buying condoms from pharmacies, and installing vending machines in appropriate places.
- Staff linking between family planning and STD programmes at district level to achieve the objective of dual protection

4.1.4 Views of Medical Officer of Health (MOH) and Medical Officer of Maternal & Child Health (MO/MCH)

In Sri Lanka, preventive health services to the community are provided through the 341 Medical Officer of Health units. The geographical demarcations in most MOH areas are similar to the Divisional Secretary areas in the district. Usually, the MOH area consists of an average 60,000 population. The Medical Officer of Heath is responsible for the provision of preventive health services to the designated population. Each Medical Officer of Health provides Maternal and Child Health services including family planning and Reproductive Health services to the community with his/her staff consisting of Public Health Midwives, Supervising Public Health Midwives and Public Health Nursing Sisters. In addition to MCH services, environment health services are provided through the Public Health Inspectors and Supervising Public Health Inspectors.

Although the MOH and his staff support condom programming for dual protection, their main objective is to provide condoms for family planning. There is no sound evidence to conclude that they promote condoms for STI /HIV prevention.

The Medical Officer MCH appointed to each RDHS office is responsible to the RDHS and acts on his behalf in respect of all family health activities within the district. He/she is responsible for planning, organization, monitoring and evaluation of MCH, nutrition, immunization, family planning, health education and school health activities in the district.

A Medical Officer of Health and a Medical Officer of Maternal and Child Health were interviewed to understand their views regarding the condom programming in the district. The findings were almost similar between both officers, except for a few recommendations.

MOH level condom promotion is carried out mainly for the eligible couples at preconception sessions, and at antenatal clinics for pregnant mothers through cafeteria approach. In addition, Public Health Midwives conduct condom education & distribution at the domiciliary level. Public Health Inspectors also support condom programming in the field.

Discussions revealed that reaching adolescent and youth groups for sexual education is the most difficult. The majority of youth who are below 19 years are at school. They have observed a big knowledge gap in Sexual Health in this age group. At the MOH level, they have tried to get involved some youth groups working in factories, for raising awareness on Sexual Health. However, it is impossible to cover the majority of the youth. Hence, they suggested that it would be highly cost effective to target them at school. They pointed out that addressing the high risk youth is not practical even at the school.

They stressed the need of training and changing the attitudes especially among public health staff (PHMM, PHII) for STI prevention. There is no special counseling room for condom education at MOH offices and the staff conduct individualized sessions among selected couples. Condom demonstrations are carried out at preconception sessions for condom users only, and not done as a routine. Both of them did not have any idea about condom regulations or policies.

Recommendations from both MOH and MO/MCH level:

- Develop a structured method to give sexual education for adolescents and youth at the school level.
- Plan and implement in-service programmes to change the attitudes of the public health officers attached to the MOH offices, with special emphasis on STD prevention and use of condoms for dual protection.
- The MO/MCH recommended a short video clip on condom programming for both public health staff and for community education
- Dildos for condom demonstration should be provided to the public health staff (PHNS, PHM, SPHI, PHI)
- Setting up condom vending machines in selected places

4.1.5 Views from Policy Maker Level - Prison Sector

The prison sector in depth interviews were carried out with two high rank officers and one middle level officer. The interviews were conducted in the view of gathering information on the condom promotion activities in the prison and in the prison community.

All three officers are currently working in the prison sector HIV prevention programme and they have long years of experience of the current HIV prevention programme in the prison sector. All the officers expressed that introduction of condoms in to the prison sector will be a problem as homosexuality is illegal in Sri Lanka. Further, one officer expressed that the prisoners will misuse condoms for packing illegal drugs.

Following recommendations were made by all three officers:

- Strengthening existing HIV prevention programmes through peer leaders in the prison sector.
- Further update the knowledge level of the prisoners in the waiting list to be released, by Prison Rehabilitation Officers.
- An officer stated that condoms should be promoted using mass media and the need of incorporating it into the school curriculum. The remaining two officers did not accept his views and claimed that it might change the children's attitudes towards sexual practices.

4.1.6 Views from Policy Maker Level - Plantation Sector

An in depth interview was carried out with the Director of the Plantation Human Development Trust. The Plantation Human Development Trust caters the estate population, with the objective of promoting health and wellbeing of the estate population to improve the quality of life. There is a structured programme for MCH activities through estate medical staff, who are employed by the Plantation Trust. Condoms are distributed for FP activities through the estate medical staff.

At present, there is no structured programme for condom programming for HIV prevention. Various organizations including, government and other NGOs carry out ad hoc HIV prevention programmes from time to time for the estate population. These programmes are mainly educational programmes under the GFATM round 6 project, and the project has implemented a condom distribution programme for the estate population for HIV prevention, combined with HIV testing.

Recommendations

- Capacity development of estate medical staff on HIV prevention, emphasizing the dual protection of condoms
- Comprehensive sexual education should be incorporated into the school curriculum
- Condom promotion through mass media

4.2 Results of the In-depth Interviews of NGO and Commercial Sector-Policy Maker Level

4.2.1 Views from Policy Maker Level- Family Planning Association

Objectives, activity areas and condom distribution were discussed under the section ***3.8.2.3***. Methods of overcoming challenges and FPASL recommendations are discussed below.

An in-depth interview was carried out with the Director Advocacy and HIV in the Family Planning Association. The FPASL is involved in social marketing of the condom programme since 1972. The FPASL is involved in the whole spectrum of condom programming, covering condom importing, advertising, marketing and sales through distribution channels across the country. They promote condoms for dual protection. The main difficulties that they have encountered while implementing condom programming are as follows:

- Barriers are mainly cultural and religious beliefs on family planning
- Myths and misconceptions saying that condoms reduce sexual satisfaction
- Difficulty in having adequate media coverage

The FPASL had overcome these challenges with the government support as it is well aligned with government social and macroeconomic policies. Existing policies in the Ministry of Health which produce a conducive environment for the FPASL interventions are Health policy, Maternal and Child Health policy, Reproductive Health policy, National HIV/AIDS Policy, Youth Policy, commodity registration and government regulations on advertising and marketing of condoms. The FPASL has its own commodity logistic manual for all contraceptive items including condoms.

The FPASL conducts awareness programmes for different segments of the community.

The FPASL is satisfied with its current condom programming methodology. According to its views, the main barrier for the programme is having to obtain the approval from the CDDRA before advertising all the time. But for condom distribution, they do it on their own, following their guidelines.

the FPASL promotes condoms mainly for the 15-49 age group and promotes different condom varieties through their marketing outlets. In addition, it promotes “stamina” to improve the sexual pleasure by delaying the time of ejaculation. Also, they strongly believe that depending on the sexual behaviour of the person, different types of condoms should be promoted.

Presently, the FPASL does not have any gaps in condom programming, but it expects evidence based technical support from the Ministry for further improvement of the condom programming in the country. Recommendations are given below under the section ***4.2.6.***

4.2.2 Views from Policy Maker Level - Population Services Lanka

Objectives, activity areas and condom distribution were discussed under the section ***3.8.2.4.*** Challenges and recommendations are discussed below.

The PSL promotes condoms for dual protection. The main target groups are all fertile couples including youth. The main barriers for condom programming are as follows:

- Competition in the market
- Availability of very low priced condoms elsewhere
- Coverage for young people
- Besides, the PSL enforces maximum efforts to support condom programming for HIV prevention at different levels:
- Awareness programmes at different settings - especially for Free Trade Zone Factory workers
- Individualized interviews at the PSL Clinics for key affected populations
- Supply condoms for government tenders
- Condom advertisements and social marketing

The PSL strictly follows the Cosmetic, Devices and Drugs Act. No. 27 of 1980, although PSL does not have a procurement cycle guideline manual. They promote condoms for dual protection. Their main constrains for condom promotion are:

- Unfavourable cultural and religious beliefs for family planning
- Myths and misconceptions for condoms such as it causes less sexual satisfaction
- Poor media coverage

The Population Services Lanka overcomes these challenges with the government support as it is well fitted with government social and macroeconomic policies. The existing policies like: Maternal and Child Health policy, Reproductive Health policy, National HIV/AIDS policy and Youth Policy, commodity registration and government regulations on advertising and marketing of condoms facilitate to carry out their interventions without any difficulties.

Recommendations are given below under the section ***4.2.6***

4.2.3 Views from Policy Maker level - Delmege Forsyth & Co Ltd

Delmege Forsyth & Co. Ltd involves in importing, marketing and distribution of “Moods” condoms in the country. They do promotions through pharmacies. The company provides a wide range of products to the market over the last 4 years. The product range includes nineteen varieties of

condoms such as: ultrathin, dotted, ribbed and all-night – the climax delay version; differently flavoured condoms including the essence of chocolate, banana, strawberry, coffee and bubble-gum; scented condoms with dissimilar fragrances such as rose, jasmine and musk, etc.

The major challenge they have encountered was the social stigma associated with the condoms. There were some problems with the buyers even at the pharmacy level, for promoting condoms. Delmege Forsyth Company carries out various strategic interventions including social marketing, to overcome these challenges. Advising pharmacy owners to display the condoms at the cashier point and distribution of posters and leaflets at the pharmacies are some of them. Company authorities think that it is important to promote condoms among young people to avoid STIs and unwanted pregnancies. They mainly target males between 18- 40 years for islandwide coverage. The policy makers of Delmege Forsyth & Co Ltd acknowledged the importance of raising public awareness and promotion using innovative communication materials.

The company suggested to conduct more advocacy programmes for policy makers, in order to increase the financial allocation. They think that the government should plan and implement effective promotional campaigns for the public, and claimed that the government contribution for the condom promotion is not satisfactory at present. Recommendations are given below under the section ***4.2.6.***

4.2.4 Views from Policy Maker Level - Reckitt Benkiser Lanka Limited

Reckitt Benckiser Lanka Ltd is an Anglo-Dutch multinational consumer goods company, headquartered in Slough, Berkshire. It is a major producer of health, hygiene and home products. Reckitt Benkiser assumed operations after the merge between the long standing UK based Reckitt & Colman (founded more than 150 years ago) with Netherlands-based Benckiser NV. The merger took place between these two reputed Anglo-Dutch companies in 1999. Reckitt Benckiser Lanka Ltd operates business as a cluster with Bangladesh since 2014. The company has a strong financial performance coupled with a strong social responsibility network.

Durex is one power brand in the Reckitt portfolio which is available is Sri Lanka since 2012. The main objective of condom programming is to ensure safety from STD and also to provide sexual intimacy for the valued consumers. The target group for the brand is consumers of 18 to 45 years of age residing in the urban territories.

One key challenge in condom marketing is the social stigma associated with condom marketing to reach consumers who are in need for condom usage. In order to overcome these challenges company has initiated few partnerships with local authorities, and also with key bodies who are interested in preventing STD and other disease such as AIDS.

The company carries out condom promotions mainly through digital activations on social media platforms and also World AIDS Day public forums. Further the to support the consumers, the company also has increased its distribution to reach them more conveniently.
Recommendations are given below under the section ***4.2.6.***

4.2.5 Views from Policy Maker Level - Harcourts (pvt) Limited

Harcourts (pvt) Limited was established in 1989 and they directly import and distribute pharmaceuticals, food products and cosmetics. The company has a two year history for importing condoms from Germany. Harcourts (pvt) Limited is the sole agent for importing the branded condom "Masculan". Apart from that, the company has an island wide chain of pharmacies under the name "Harcourts". Masculan condom brand is targeted for the customers belonging to the high-class society in the urban settings. The brand is only available at Arpico supermarkets and at Harcourts pharmacies. The company promotes dual protection and targets young adults over 18 years of age, in the upper and middle class society, due to its high cost. They do condom promotion through mass media.

4.2.6 Private Companies and NGO's Policy Level Recommendations :

- Need political commitment with strong technical support from the Ministry of Health to understand the client's needs and develop tools accordingly.
- Youth should be educated about condoms as they are sexually active before marriage. It should be promoted for dual protection
- Conduct more awareness programmes for condom promotion to reduce stigma
- Condoms should be easily available in hotels and lodges
- Innovative promotion campaigns of condom programming should be developed.
- Installation of condom vending machines at different places
- Expedite the process of condoms registration

All three private companies except 2 NGOs (FPASL& PSL) were not aware of the government condom distribution plans including free condom distribution. None of the companies knew about the government regulations (policies & programmes) that support condom promotion.

4.2.7 Views from Policy Makers Level- Men Sex with Men Organization

An in-depth interview was carried out with the Executive Director of the "Heart to Heart" which is one of the organizations implementing MSM interventions in sub- sub recipient level in Global fund round 9. "Heart to Heart" organization provides services for both MSM and male sex workers and have experience of more than 10 years.

The organization carries out individual discussions for Sexual Health promotion through peer educators. The organizational staff conduct counselling sessions according to the comprehensive sexual care package introduced by PR 2. A MSM officer in the organization is in charge of condom distribution according to the GFATM guideline.

The organization carries out condom promotion and distribution through peer educators in identified GFATM project districts. Further, they conduct HIV prevention programmes including condom promotion for other districts, in addition to the members in the GFATM intervention districts. Although these activities have been planned, the implementation depends on the availability of organizational funds.

The organization does not have condoms for distribution among members in the other districts other than for members in GFATM intervention districts. It has been identified as a significant issue in their programme.

It was revealed that multiple sexual partnerships are common among MSM due to non acceptance of homosexuality in the legal system in the country. This leads to difficulty of having one partner, due to legal restrictions. It was revealed that some MSM members had problems of keeping condoms at home due to the difficulty in keeping condoms at home in privacy leading to disclosure of their sexual orientation to their family members. This makes them reluctant to use condoms. Besides that, there were some instances where some male sex workers practice sex without condoms for a higher cost. A fair number of MSM criticized that condoms give a bad smell, and are of low quality. Some members complained that they do not like to use condoms because they do not get maximum satisfaction during sex with condoms, and the officer pointed out that it was a major challenge for condom promotion among this group of people.

There are organized gay parties with the participation of MSM members. They refuse to distribute condoms at gay parties due to legal restrictions for condoms in the legal framework in the penal code. Further, they found that it is difficult to change the behaviours of MSM to use condoms after the age of early twenties, due to inadequate knowledge on HIV/STI that they gained from school. The officer understands that a considerable number of MSM perform sex without condoms.

The suggestions recommended by the MSM policy maker:

- To remove legal restrictions for homosexuality
- Private companies should provide different varieties of condoms at a subsidized rate for MSM organizations.
- Condom education for late adolescents and youth. Suggested to use common media for condom promotion.
- Display of celebrity condom man at gay parties
- More researches on condom use among MSM.

4.2.8 Views from Policy Maker Level- Sex Worker Organization

An in depth-interview was carried out with the Executive Director of the “Community Strengthen Development Foundation”, one of the organizations implementing sex worker interventions in sub recipient level in GFATM round 9. He had more than 13 years of experience in this field.

This organization provides services mainly for street based female sex workers with limited coverage of brothel based sex workers and clients of sex workers in Colombo and Gampaha districts.

This organization carries out face to face discussions with all the sex workers for Sexual Health promotion, through peer educators. Organizational staff conduct individual discussions based on the comprehensive sexual care package introduced by PR 2. This organization has a separate officer in charge of condom distribution and follows the GFATM guideline for distribution. Peer educators in the organization carry out condom promotion and distribution in GFATM project districts. Further, they carry out HIV prevention programmes including condom promotion for members in the other districts, too. Those programmes are conducted in the other districts based on the availability of organizational funds. According to the GFATM regulations, they distribute 27 condoms per sex worker per month. This amount is not sufficient for some sex workers, while if is an excess for some sex workers.

Following problems have been identified at the implementation level:

- GFATM estimation for condom distribution is problematic
- Keeping condoms by street based sex workers may mislead police officers
- Distributing condoms only for the members in GFATM districts
- Frequent turnover of staff & sex workers at peer leader level
- High sex worker turnover rate affects the implementation of interventions
- Punitive laws e.g.- vagrants ordinance
- Donor dependent interventions
- Low level of education among sex workers is a big challenge for behaviour change communication programmes

To overcome these challenges, the sex worker organization has taken the following measures:

- Maintaining a good relationship with the NSACP and discussing organizational problems and getting their feedback for solutions
- Participating in PR1 & PR2 meetings to discuss the problems.
- Empowering sex workers for ***"No Condom, No Sex"***

The condom promotion through GFATM interventions are happening and implementation of other districs are limited due to financial constraints.

The suggested recommendations by the sex worker policy maker level:

- Remove all legal restrictions
- More advocacy for police sector/ owners of massage parlors and brothels
- Need capacity building for outreach workers
- Condom education for late adolescents and youth through common media

4.2.9 Policy Maker Level- Drug User Organization

An interview was conducted with the Executive Director of the "Alcohol Drug Information Center". "Alcohol Drug Information Center" (ADIC) is working for the GFATM Round 9 as a SR for the Drug User component at present. The ADIC provides services for drug users in 8 districts [Colombo, Gampaha, Kandy, Kurunegala, Ratnapura, Galle, Matale (started in 2015) and Puttalam (started in 2015)]. The ADIC provides services for prevention of HIV infection and STIs in the same package as for the other KPs, which were identified in the PR2 component, through a comprehensive Sexual Health care package.

Condom distribution and condom promotion among this group is implemented as per the guideline given under PR 2. Although working with drug users is a difficult task in front of the law, there are several policies (Health policy, HIV policy, work place HIV policy and the National HIV Strategic Plan of Sri Lanka) which facilitate the health of drug users, especially for the condom programming.

Also, it was revealed that there is an improvement in the current condom programming and efforts towards reducing stigma among drug users in order to increase health care accessibility. Drop-in centers and providing health services at the doorstep through mobile clinics facilitate to reduce stigma associated with drug use.

4.2.10 Views from Policy Maker Level- Network of People Living with HIV in Sri Lanka

There are four networks established for providing services for people living with HIV (PLHIV) in Sri Lanka. The mandate of these organizations is to improve the quality of life among PLHIV. The main strategies of these organizations include prevention of stigma and discrimination, empowerment of PLHIV and Sexual Health promotion including condom promotion. PLHIV get membership in these positive organizations voluntarily on their own.

An in-depth interview was carried out with the president of one of the HIV positive organizations (Positive Women Network) who had 14 years of experience in the field.

It was revealed that positive organizations carry out individual discussions for sexual health promotion for all positive members of the organization, and provide care and support for people living with HIV including their affected families. Condom education is carried out for needy people on an individual basis at this centre, in addition to the knowledge and skills given at the STD clinics. From the discussion, it was realized that they reinforce condom education using a video clip demonstration produced by the NSACP.

Although they do not have a separate counseling room, they carry out counselling with maximum confidentiality. It was noted that there were difficulties in changing behaviour of some people to use condoms. Further, some women provide love and care for their positive male partners without having sexual relationships. It was noted that those positive male partners tend to have

multiple sexual relationships with young males. It is very difficult to change the behaviour of some positive people for condom use. They conduct repeated counseling sessions for them to overcome these challenges.

It was also acknowledged that they have enough stocks of condoms for positive people, supplied by the STD clinic, and it is not necessary to distribute condom stocks for them other than for training purposes.

The recommendations made by positive people at policy maker level:

- Latest data have shown an increase in the number of HIV positives among the 15-24 age group. Hence, the government should take necessary steps to initiate Sexual Health education for late adolescents and youth.
- Use common media for condom promotion and carry out condom education on an individual basis.
- Technical support is necessary to train trainers in all positive organizations, to carry out condom promotion and demonstration in special counseling sessions on condom use among difficult clients of PLHIV.

4.3 In Depth Interviews Among Private Sector Condom Procurement Authorities

The objective was to identify the support, gaps and weaknesses of present condom programming in the country at different operational levels. In depth interviews were carried out among five (5) condom procurement authorities of private sector institutions (3 private companies and 2 NGOs). The interviewed companies are listed below:

- Family Planning Association
- Population Services Lanka
- Reckitt & Benkiser (pvt) Limited
- Harcourts (pvt) Limited
- Delmege Forsyth & Co.Ltd

These five companies cover more than 99% of the commercial sector condom supplies in the country. Distribution of condom volumes varied from one company to another, and the highest contribution is by the FPASL, followed by the PSL. The other companies had significantly less market volume compared to the FPASL & PSL. All these companies had a wide range of products with different prices. Price range varies from Rs. 50 to Rs 350 per pack consisting of 3 condoms. Some companies had packs of more than 3 condoms. None of the companies sell female condoms and they are not available in the commercial sector in Sri Lanka.

All the companies take into account the quality of condoms with 2-3 months of lead time when importing the stocks, rather than considering the lowest quotations. They pay custom duties and obtain the condom stocks through a clearing agent. All companies follow the guideline relevant to the medical devices, issued by the CDDRA. After importing, they have to follow the Drug act of 1980, for the rest of the procedure for condom distribution.

They mentioned that the registration process takes 1-2 years for a new product. All the companies have cost insurance freight and the usual lead time is two months. All the companies have pharmacists to maintain the condom programming in their respective companies.

All the companies have warehouses for storing condoms. All the companies do not follow special guidelines for the procurement cycle except the FPASL. The FPASL staff follow the guideline developed by the FPASL for contraceptive security. All companies should take the transport license from the CDDRA for the distribution of condoms.

All the companies have a buffer stock of condoms. They audit the availability of their products in the stores monthly and quarterly. All the companies do not perform quality testing other than at the manufacturing level. But they need the ITI report for registration and do only physical attribute after importing. All the companies buy condoms in bulk except one company. All have direct negotiation when they import condoms.

Only the FPASL and the PSL are willing to sell female condoms. There is sufficient staff in all the companies for condom programming, and this consists of various positions in the condom programming. Only FPASL and the PSL have recognized the need of lubricants for clients. The interviews revealed that the staff training coverage was at a significant level in both sales and technical aspects in the FPASL. There is another company which conducts staff training on condom programming on sales aspects, while the others do not conduct staff training on a regular basis.

The FPASL has developed a guideline for contraceptive security to maintain the quality of contraceptives, including condoms.

4.3.1 FPASL Sri Lanka Guidelines for Contraceptive Security

This is the only company which has a guideline for contraceptive security including condoms.

The FPASL developed a manual on guidelines for contraceptive security, which included proper logistics management for the staff engaged in the supply chain of contraceptives (Including condoms) of the Family Planning Association of Sri Lanka. The main body of these guidelines consist of Objectives and Policies, the General Principles and Procedures and Capacity Building on each component of the Logistics Cycle. It included standard forms used in logistic management and calculations needed in arriving at important data, and the present status of the FPASL. The guideline has incorporated the contraception quality inspection primary data report and the consumer complaint management form.

Main Challenges Identified by All Surveyed Private Sector Condom Procurement Authorities

- Profit margin
- Credit risks
- Restrictions from religious groups for advertising the products
- Poor awareness among the community
- One company has identified that they do not have sufficient funds to carry out continuous training of their staff on condom programming
- Although there are no regulations in the country for timing of the advertisements of condoms, it was difficult to convince some of the electronic media authorities to advertise before 10 p.m.

Recommendations of all surveyed private sector condom procurement authorities

- Educate media to remove the condom advertising restrictions
- Accelerate the registration process which takes 1-2 years at present
- Reduce the taxes and vat for condom import
- Encourage to sell female condoms

4.4 Results of the In-depth Interviews Among Main Sales Persons of Condom Distribution Outlets

Data were collected from 24 condom distribution outlets from 12 randomly selected districts. The researched sample consisted of 12 urban and 12 rural outlets, considering the socio-cultural background of the two different settings. The survey was carried out in one rural and one urban pharmacy, in each selected district. Among the selected pharmacies, one pharmacy representing the State Pharmaceutical Corporation (Osusala) was also included.

4.4.1 Selling Patterns of Condom Distribution Outlets

All urban and rural pharmacies included in the survey have been selling condoms for 2 – 40 years, and the majority of the selected pharmacies have been selling condoms for more than five years. It was found out that outlet owners of 16 out of the total 24 outlets which were selling condoms for more than five years, had good experience on condom programming than the other owners. The number of condoms sold per day had a marked difference between urban and rural pharmacies. More sales were noted in the urban outlets than in the rural outlets. Table 8 shows the selling pattern of condoms in the urban and the rural outlets.

Table 8- Selling Patterns of Condoms in the Urban and Rural Condom Distribution Outlets

Description	Urban Outlets	Rural Outlets
Number of outlets selling condoms	All	All
Years of selling	Range is 2 years -40 years	Range is 2 years -20 years
Selling capacity per day	Range is 1 -40 packs (Total number of condoms 3-150)	Range is 3 -28 packs (Total number of condoms 9-84)
Average selling capacity per day	52 condoms	27 condoms
Average selling capacity in a pharmacy per year	11158 condoms	3644 condoms

4.4.2 Pattern of Customers

It was observed that there are different categories of customers who purchase condoms, as listed below.

- Males 20-50 years
- Married males
- Educated professionals
- Youth
- Married males who have extra marital affairs

According to the experiences of the outlet owners, some customers have the habit of buying condoms through trishaw drivers without coming to the outlets. It was observed that nine outlet owners have taken additional steps to display the condoms at the cashier's counter to make condoms easily accessible for their customers. They explained that displaying provided their customers an opportunity to buy condoms by finger pointing, which prevented them from getting stigmatized. All the pharmacy owners had experienced selling condoms to young males, except one pharmacy in Galle where they had experienced selling condoms to young girls. In contrary to the majority pharmacy owners' observations, a pharmacy owner from Galle district had observed more female customers visiting his condom sales outlet for purchasing condoms than male customers. Also it was reported that the number of condoms sold is usually more on Saturdays between 8am - 11am (peak time), which is the time, tuition classes are conducted during the weekends. The outlet owners reported that there are a number of guest houses and rooms for rent, which are located near the tuition classes, which facilitate sexual activities. Some condom outlet owners have observed that the age group of some buyers is between 16-17 years.

The majority of the outlet owners reported that both male and female customers prefer to buy condoms from same gender pharmacists. The owners of three (3) condom sales outlets (Chilaw, Kandy and Ampara), reported that there were some customers requesting female condoms. However, those owners couldn't fulfill the demand due to the non-availability of female condoms in the outlets. Further, it was observed that the majority of the outlet owners came to know about female condoms during the in-depth interview sessions.

All the outlet owners agreed that they maintain the customer's confidentiality and it was interesting to note that some pharmacy owners have taken additional measures to issue condoms enclosed. Some owners have noticed that during busy sales times, the customers are reluctant to request condoms, and they wait outside the outlet until the crowd gets cleared up. In such instances, the sales personnel go out of the outlet to sell condoms. The majority of the outlet owners mentioned that recently they have observed a reduction of condom sales due to the easy availability of "Postinor"(Emergency Contraception Pill) tablets in the market to prevent pregnancies. Further, some outlet owners stated that "Postinor" has more sales than condoms.

4.4.3 Products and Range of Prices

There are several brands of condoms available in the market and distributed by different companies.

	place	**Price**	**Others**
Preethi	All pharmacies	Rs 50	Except Badulla and Jaffna Rs 40
Sathuta	All pharmacies (except 3 places - one rural and two urban)	Rs 50	Galle - Rs 60
Stamina	15 Pharmacies (Majority in urban places)	Rs 80	Rs 70
Moods	Only 4 urban and 3 rural outlets	Rs 160	
Rough rider	Only 5 urban and 3 rural outlets	Rs 90	
Excite	Only one rural outlet (Kandy)	Rs 80	
Happy	Only 1 urban and 2 rural outlets	Rs 50	
Thriller	Only 2 rural outlets	Rs 80	
X-sutika	Only one urban outlet	Rs 150	More popular now

The majority of the outlet owners stated that the most sold brands of condoms are Preethi, Sathuta and stamina.

4.4.4 Condoms Storage, Supply and Credit Limit

The survey results showed that twelve (12) condom outlets did not have separate storage facilities for condom stocks, while ten (10) outlets had separate condom storage facilities. Although twenty one (21) condom outlets were air-conditioned, three (3) rural pharmacies in Kandy, Kurunagala, and Galle districts did not have air conditioning facilities. One urban pharmacy sales agent stated that they are not using air conditioning throughout the day.

The majority of the outlet owners said that none of the supervising authorities have given them proper instructions on condom storage, such as condoms are required to be stored avoiding exposure to direct sunlight. It was observed that one outlet has kept the condoms in a display cabinet which is exposed to direct sunlight.

During the interviews, it was revealed that the majority of the outlets did not experience any problem of condom sales as they had different brands of condoms for sale and had never gone out of stock. Only one rural condom outlet in the Galle district reported that condoms went out of stock due to the distributor's poor delivery system. The "Osusala" outlet in Polonnaruwa district had the same problem of receiving a regular supply of condoms.

All subjected condom outlet owners mentioned that the condom stocks are delivered to the doorstep by the distributors. Except for one outlet, all the outlet owners have been purchasing condom stocks on a credit basis from the distributors. The credit facility limit varied from 02 weeks to 03 months. It was found out that only eight outlets were visited by sales representatives from the FPASL and Delmege Company. (4 places by the FPASL and 3 places by Delmege)

4.4.5 Regulations, Quality Assurance and Client Complaints

The majority of the outlet owners did not have the knowledge on the government regulations imposed on condoms sales. Even though a condom is an item that could be sold over the counter, the Food and Drugs Authority (FDA) officials should visit and inspect the outlets to ensure that they are not selling expired products.

As per the government regulations, condom packets should display the expiry date, price and "Sri Lanka quality assurance standards" (SLS) certification seal. It is the responsibility of the FDA inspectors to check whether the above requirements are met in condoms available for sale in the outlets. The outlet agents were not aware that prior approval is needed for condom advertisements from the CDDRA.

Further, three outlet owners had negative views regarding selling condoms to customers below 18 years, and they were in the opinion that condoms should be a prohibited item for them similar to the government regulations applied for sales of cigarettes for children below 21 yrs.

The complaints/feedback made by the customers to the outlets on condom purchase are listed below.

Few outlet owners from Kandy and Galle stated: “Preethi and Sathuta condoms are more prone to break”

Some outlet owners used to give new condoms, replacing the damaged condoms, free of charge and at the same time some owners have advised them to change over to another brand. Some outlet owners were able to sell condoms considering individual customer requirements. For example, when they get an opportunity to discuss, they used to sell “Stamina” for people to get delayed ejaculation, and flavoured condoms for people who are practicing oral sex. But, a few stated that they were unable to discuss with clients because of the stigma. Some owners stated that some of the clients have complained that the condoms provided by the government have a ‘rubber smell and are of poor quality.

4.4.6 Condom Promotion at Outlet Level

A fair number of outlet owners have attempted to display condoms at the cashier’s counter, in order to facilitate customers to see condoms at once and to point the finger without asking for condoms, while one rural outlet owner has taken special measures to avoid displaying condoms to the public.

Some companies provide posters depicting condom brands to the outlets and usually they are displayed inside. But the outlet owners expressed that they are unaware of the negative attitudes of the sales agents. All the interviewed outlet owners believed that comprehensive condom promotion is essential to educate the public today. Only one urban pharmacy (Colombo) stated that they get promotional items (T-shirts) and supermarket gift vouchers for them. But, there are no promotional activities for the clients.

Following are some terms that are used by the clients for condoms, when they request for them from the outlets.

- Asking directly saying “condom” or “Kopu” (in Sinhala term)
- Packet for 50
- Family planning packet
- Most of the youth request by the trade name
- Some clients point the finger directly, when they see it on display
- Some just show the empty packets without telling anything
- Some secretly point out
- Show “Preethi” symbol using hands

- Three in one
- Give a flavoured one
- Using the word " coat (kaverekak)"
- Write on a piece of paper and show as if it is a prescription
- Pre-arranged telephone call

Although condoms have been available in the market for decades in the country, it was found that the majority of people are still reluctant to say the word "condom". Irrespective of the stigmatization towards condoms, the needy people use many methods to make condoms available for them. These facts indicate policy makers and programme executors to identify innovative, more user friendly condom distribution methods to facilitate easy access to condoms for the needy people without a hassle.

4.4.7 Recommendations of Main Sales Persons of Condom Distribution Outlets

Condom promotion should be strengthened and carried out in an organized manner.

- Messages should highlight the condoms for dual protection. Condom promotion messages should highlight the importance of disease prevention more than highlighting the "Pleasure". Dual protection messages should be displayed on the outer covering of the condom pack
- Arrange awareness programmes to overcome the negative attitudes on the use of condoms among different society groups
- Install vending machines in selected places to avoid unprotected sex in the midnight, because the majority of the outlets are closed during the midnight. Also no stigma is associated with that
- Sexual education for youth
- Condoms should be normalized in the society
- Promotion posters, and each and every brand of condoms should have a symbol to point out condoms
- Publicity should be given to educate the people on different types of condoms available, and their application
- Condoms should be available through self-service method in supermarkets and other big shops

- Expansion of sales representation to islandwide outlets
- Improve quality of condoms
- Discounts should be arranged to the pharmacies by the distributing agents. Then it can be tailor made to the customers buying large quantities of condoms. At present, there is no such system
- Discounts should be arranged for different credit card categories
- Social media campaign for condom promotion through different media channels
- Strengthening the existing public health staff for condom promotion
- Small leaflets for condom promotion which can be given with the condoms
- Display promotion posters on the wall

5. RESULTS PART 3
FOCUS GROUP DISCUSSIONS

Focus Group Discussions were conducted to obtain narrative views from selected service providers, key affected populations, vulnerable and general population groups, and special groups. FGDs were conducted based on the focus group guides developed for the respective target groups, to identify the strengths, weaknesses and challenges of condom programming.

5. 1 Service providers

5.1.1 Focus Group Discussions - Public Health Inspectors

Sri Lanka excels in having a highly successful public health system in the region, for many decades. The Public Health Inspectors (PHII) are in the forefront in the public health programmes, and is an important member of the health team functioning under the Medical Officer of Health system ("Health Unit" in the past) since 1926.

Focus Group Discussions were carried out among two groups of PHII at MOH area Rathnapura and Kegalle, in the Sabaragamuwa province. Each focus group comprised of eight Public Health Inspectors.

In general, almost all the PHII mentioned that condoms could be used for both prevention of unwanted pregnancies and STI/HIV and a few PHII further stated that "people use condoms for sexual promiscuity". The majority cited several advantages of condoms such as, "It has dual protection, cost effective, easy to carry and could be used by both males and females". Further, the majority agreed that lack of satisfaction, contraceptive failure, tendency to rupture and difficult to keep condoms at home, are the disadvantages. More than half of the PHII highlighted that "removing condoms after use is very unpleasant". Several PHII commented that although condoms are easily available in the urban setting, it is not so in the rural settings.

Although nearly a half of the focus group members stated that they are competent to perform condom demonstrations, only half of them could follow the steps correctly. All the PHII had obtained condom demonstration training at the PHI basic training course, and some of them

have attended in-service training programmes. They stated that in-service training they received was not satisfactory.

Less than half of the members knew about lubricants and stated that lubricants are useful to prevent painful intercourse. None of them were aware that lubricants should be used during anal sex especially, by the MSM. They highlighted that lubricants have disadvantages like bad smell and oiliness.

The majority of the participants believed that condoms should be used only by people who practice pre-marital sex, lactating mothers, personnel from armed forces, STD clinic attendees and KPs. They thought that these people are vulnerable for STIs, except for lactating mothers.

The participants thought that some community members have favourable perceptions on condoms as they are useful for STI prevention. However, they expressed that the attitude "the condom users are sexually promiscuous and it is difficult to keep the confidentiality of condom use" has made condoms unpopular among the community. They further stated that "Some people do not like it because of problems in disposal". The PHII rejected the community perceptions that "condoms should be used only by sex workers".

All participants have distributed condoms for adult males in the past but, none of them have issued condoms in significant amounts. A few PHII have distributed condoms among vulnerable youth groups and eligible couples, but none have for KPs. They pointed out that although it is difficult to introduce condoms for eligible couples, it is not a problem for vulnerable groups. The PHII mentioned that they realized that some female clients refused due to the negative response of the husbands towards condoms. The majority of the PHII mentioned that since they do not get an adequate supply of condoms, they have experienced problems in distributing condoms among needy groups.

The PHII stated that female condoms were not yet introduced in their service component. However, a few PHII have come to know about female condoms via internet. Participants were in the opinion that their superiors had positive attitudes on condoms for dual protection. All the PHII have seen communication materials on condom promotion.

The PHII preferred cartoons and tele films as condom promotion media for community awareness. They all expressed views that the messages should highlight the use of condoms for dual protection and to use attractive themes to emphasize the advantages.

The PHII mentioned that the clients believe that good quality condoms are available in the pharmacies, and that up to now none of them have complained about the size. But they stated that it is better to improve the quality of the condoms (texture). The majority of the PHII were under the impression that using condoms gives less sexual satisfaction. The PHII agreed that condoms should be promoted in the community, and should be available in the supermarkets, vending machines and communication centres, while identifying a mechanism to maintain confidentiality.

Almost all the PHII expressed that Ministry of Health has not taken adequate steps for condom promotion. All of them expressed that condom education should be done through mass media using symbols without much description, similar to the methodology used for sanitary pads promotion. They had an idea that condom promotion should be done at different levels and the knowledge should be given about condoms, rather than advertising using different trade names.

5.1.2 Focus Group Discussions - Public Health Midwives

Public Health Midwives (PHMM) have been an important segment of the primary healthcare system in Sri Lanka since the early twentieth century. Traditionally, these health workers focused only on midwifery, but now the PHMM are included in the professional cadre, playing a role in preventive health, covering many aspects other than midwifery. Her primary responsibility is to improve the health status of the mothers and children through Reproductive Health concepts.

Two groups of Public Health Midwives (PHMM) comprising of eight and ten participants were selected from MOH areas in Kandy and Chillaw districts, respectively, for the Focus Group Discussions. In general, all the PHMM described condoms as a scientific method that used for prevention of unwanted pregnancies, and the majority had an idea that it is a device used for prevention of STI/HIV. However, a few did not know that condoms are useful for prevention of STI /HIV.

A few members of the groups cited that;

"Condoms are used by males and are useful since there are no adverse effects"

"it is available free of charge".

The common opinions of the majority of the PHMM on the advantages of condom use were dual protection, absence of hormones and cost effectiveness. Lack of satisfaction, contraceptive failure and tendency to rupture were identified as disadvantages.

They stated that "although condoms can be obtained from them free of charge, some people are reluctant to request condoms from them due to the stigma associated with the device". Although all the PHMM mentioned that they can demonstrate how to use condoms, the majority could not follow all the steps correctly. All the PHMM have had the training on condom demonstration at the basic PHMM training course and a few had participated in in-service training programmes.

Four out of the eighteen PHMM have heard about lubricants and their opinion was that lubricants could be used during the post-menopausal period to avoid painful intercourse. None of them were aware that lubricants should be used during anal sexual activity, especially by MSMs. The majority of the participants perceived that condoms should be used for pre-marital sex, and by people who have multiple partners. None of the PHMM mentioned about KPs.

The participants thought that some people in the community have positive attitudes on condom use as a safe device for both prevention of unwanted pregnancies and STIs, but that the community is not in favour of condoms due to the lack of sexual satisfaction, problems in using and due to the bad smell.

The PHMM are in the opinion that the community feels condoms should be used by female sex workers and males who are having multiple sexual partners. Few participants disagreed with the community perception while a few agreed. Two PHMM kept silent without responding. The PHMM who disagreed with the community perceptions further stressed the need of changing the community opinion.

All the PHMM have distributed condoms for their clients, but the amount distributed was not significant. A few PHMM have distributed condoms for sex workers with the intention of preventing unwanted pregnancies, and none of them had given condoms for KPs. Two PHMM have distributed condoms for youth. None of them have introduced female condoms.

The participants were in the impression that their superiors had positive attitudes on condom use for dual protection. The majority of the PHMM have seen promotional materials on condom promotion.

The PHMM mentioned that the community should be educated on condoms, using awareness programmes ,conducting workshops, distributing leaflets and through General Practitioners and peer education. But in general, all disagreed raising awareness on condoms using electronic media like Television, since the exposure could be unfavourable for children. The PHMM expressed that the messages should be acceptable to the community and should highlight dual protection.

Although the PHMM preferred condoms since they are safe, useful to prevent STDs and could be used once needed. The majority were concerned about less sexual satisfaction and male's displeasure due to the oiliness of condoms. Further, nine (9) PHMM mentioned that the clients have no idea about differents sizes and types of condoms.

One resounding complaint across almost all the PHMM was that the Ministry of Health has not taken satisfactory steps for condom promotion. Nearly half of the participants had concerns about condom education and cited that it will lead to promotion of sex among school children and youth.

They stressed the point that condom promotion should be strengthened at pharmacies, grocery shops, small boutiques and at the Gneral Practitoners' level, recommending dual protection. They highlighted the importance of distributing quality and different types of condoms through the Ministry of Health. PHMM wanted to inform the clients attending the STD clinics that condoms are available with them free of charge.

5.2. Focus Group Discussions among Key Affected Populations

5.2.1 Focus Group Discussions - Female sex workers

Focus Group Discussions were carried out among four groups of female sex workers comprising of thirty four members, selected from Rathnapura (n=8), Kurunagala (n=8), Polonnaruwa (n=10) and Colombo (n=8) districts.

The Knowledge on condoms as a STD prevention strategy, was high among the focus group members. All participants knew about condoms and have seen condoms. Almost all stated that they are useful for STI prevention and four female sex workers (FSWs) stated that they are useful for dual protection. All the women agreed that they used condoms with their clients.

The participants had different opinions regarding community perceptions on condoms, as follows;

- **It should be used by people with extra marital sexual affairs, to prevent STIs**
- **It has a dual protection effect**
- **Less sexual satisfaction when using condoms**
- **Some believed that there should not be a space between the tip of the condom and the penis, when using the condom**
- **Police officers have a negative perception on condoms, and use condoms as evidence to prove sex work**

A few members stated that some clients used to say, with condoms;

- ***"No arthal (No Fun)" "Somiyak Natha" (No fun)***

Further, all the sex workers concluded that negative attitudes of the community on condoms should be changed, and condoms should be used by sex workers, drug users, people with extra marital sexual affairs and also people who need family planning. The sex workers were under the impression that a significant number of males have extra marital affairs due to less sexual satisfaction from their partners, and all of them should use condoms regularly.

Out of the thirty four, twenty five (25) participants started using condoms for sex work and they had been motivated to use condoms by sex worker organizations. Those who were initiated to use condoms for sex work have bought condoms from the pharmacies and hotels for the first time. Few stated that they got condoms from STD clinics for the first time, free of charge.

Remaining nine (9) participants have started using condoms with their boyfriends to prevent unwanted pregnancies, and the boyfriends and trishaw drivers have brought them condoms. All participants had a common objective to use condoms for prevention of STIs. The majority felt shy and had a feeling of doubt about the condoms when they first saw condoms. A sex worker who started sex work at the age of 12 years stated that;

"I thought it was a balloon. I blew it up"

Although all the sex workers were continuing to use condoms, half of them did not use condoms regularly. However, the majority stated that at present they use condoms on a regular basis. Fourteen (14) sex workers had permanent partners, and half of the sex workers with permanent partners accepted that they did use condoms with all men except their regular partners.

Half of the sex workers believed that their clients are not in favour of condoms, and a few clients have gone away without sex when they introduced condoms.

"Some clients removed condoms before sex, although I managed to get them wear condoms"
"Some clients were scared when we requested them to wear condoms thinking that we have STIs"

In general, all the sex workers knew how to use condoms correctly, and half of them (17) were taught at the STD clinics, while a few sex workers were taught by the hoteliers (3), trishaw drivers (3) and their boyfriends (3). The remaining participants learnt about condom use at sex worker organizations. Fourteen (14) sex workers have permanent partners and half of them do not use condoms with them. Usually their permanent partners accept condom use.

Seventeen (17) sex workers knew about female condoms, and out of them, ten (10) have used them. Although they have heard and used female condoms, except two participants, the others did not have a sound knowledge.

Two participants stated; **"one condom can be used for two clients"**

Almost all the sex workers except two were getting condoms free of charge from STD clinics, NGOs and a very few from the clients. The remaining two used to buy condoms from the pharmacies. The majority stated that during the time they started commercial sex, they did not use condoms due to ignorance.

They believe that their family members are unaware that they are engaged in sex work and are using condoms. The majority stated that nearly half of their peers had negative views on condoms but some peers knew the importance of using condoms.

The participants said that they used condoms all the time because they were afraid to get STIs. A few sex workers have avoided sexual activity when they did not possess condoms**.**

"No condom, No sex".

Others used alternative methods to get a condom before sex.

- ***"I used to call a trishaw driver or a friend of mine to get down a condom"***
- ***"I used to get a condom from the hotel"***
- ***"I have used shopping bags to cover the penis"***

The majority of them expressed that they disliked condoms because of its oiliness and disliked the bad smell. Two (2) sex workers stated that it ruptured inside and they had to get it removed by a doctor. Two participants stated that clients get satisfied early, with condoms.

A few participants stated that; ***"We like condoms since it could be used for oral sex. When we practice oral sex we can earn more money"***

In general all had good knowledge on the variety of condoms: size, type, texture and taste of different condoms. They did not have special preference since they used free condoms supplied by the government supplies. Sometimes, different varieties of condoms have been supplied by the clients.

Two participants stated that; ***"flavoured condoms are made by using air freshener and we wash the condoms before use"***

According to the sex workers, they do not have any problem of sexual satisfaction with condoms, but they have experienced many difficulties when they are using condoms, such as rupture of condoms, size of the condoms not being adequate for some clients, bad smell and oiliness of the condoms and unreasonable arrests by the police.

All the participants expressed that the key message for condom programming should be for "STD prevention", except a few who wanted it to be as "dual protection". All expressed that the present market prices are acceptable for them.

All the participants have seen promotional materials on condoms, and the majority have seen leaflets and posters at the STD clinics, and World AIDS Day programmes. A few stated that they have seen the promotional materials through peer leaders. All accepted that condom promotion should be done through electronic media and a few stated that advertising should be done at a specific time through television. The majority stated that it should be promoted through trishaw drivers and hoteliers. Their views on condom promotion are;

- ***"Condoms should be available in groceries and boutiques".***
- ***"Should be available in hotels and with trishaw drivers"***
- ***"Vending machines should be placed in different settings"***
- ***"Condoms should be enclosed in an envelope"***

5.2.2 Focus Group Discussion - Male Sex Workers

A Focus Group Discussion was carried out among a group of male sex workers consisting of 10 members in the Colombo district, presently engaged in commercial sex. Almost all the participants have had sex with male clients.

In general, all the members in the Focus Group had good knowledge and have used condoms. Everybody stated that it was useful for STI prevention, and four members knew that it was useful for family planning, too. The male sex workers thought that the community had both favourable as well as unfavourable attitudes towards condoms. They stated that the community had different opinions regarding condoms;

"It should be used by people with extra marital sexual affairs, to prevent STIs"

"Less sexual satisfaction with condoms"

"The negative perception of the police officers leads to using condom possession to prove sex work"

They were concerned about these negative community attitudes, and believed that they should be changed. All the Focus Group participants agreed that condoms should be used by sex workers, drug users, MSM and people with extra marital sexual affairs. Four sex workers have started using condoms following the advice received at the STD clinics, while the others were given information by the NGO organizations to initiate using condoms. They have first seen condoms through various sources. Four sex workers have got condoms free of charge from the STD clinics for the first time. The remaining participants stated that they have received condoms from the NGOs. Initially, the majority of clients were not happy to use condoms, but they stated that the compliance is much better now with the improved awareness. Out of the three sex workers who have permanent partners, two sex workers were not using condoms since the partners do not accept condoms.

All the sex workers were using condoms. The majority of the sex workers use condoms regularly and some of them do not use regularly. All the sex workers had good knowledge on how to use condoms correctly, and half of them (5) were trained at the STD clinic and the remaining from the NGOs. Except for six participants, the others did not know about female condoms. All the sex workers have got free condoms from STD clinics and the NGOs. The majority use lubricants with condoms

Nearly half of the participants mentioned that their family members are unaware of the fact that they are sex workers or that they are using condoms. However, the majority stated that half of their peers have positive perceptions on condoms and that they can discuss about condoms easily with them.

The participants' perceptions regarding condoms were not favourable because of the oiliness and its smell. At the same time, they wanted condoms since it is useful in preventing STIs, and they stated that male sex workers have no other alternatives to prevent STIs.

All the participants had good knowledge on different varieties of condoms: size, type, texture and taste. The majority use free condoms supplied by the government irrespective of its status, but some members had special preferences.

The male sex workers expressed their views and have identified the following problems when they use condoms:

"Sometimes, the size of the condom is not enough. Condoms give a bad smell, and are oily"

"Some have premature ejaculation with condoms"

Three sex workers expressed that sexual satisfaction is less with condoms. Most of the sex workers do not use condoms for oral sex due to the bad quality of condoms.

In general, all the participants have seen communication materials on condoms promotion. The majority have seen leaflets and posters at the STD clinics, in television and print media adver-

tisements. All the participants agreed that the key message for condom programming should be for STD prevention, except a few male sex workers who wanted it to be for dual protection. All decided that condom promotion should be done through media.

All accepted the present market prices of condoms are affordable, while they had different views for selling condoms.

- ***Should be available in groceries and boutiques***
- ***Should be available in hotels and public toilets***
- ***Vending machines should be placed in different settings***
- ***Lubricants should be promoted***

5.2.3 Focus Group Discussions - Men Sex with Men

Focus Group Discussions were carried out among two groups of MSM, with the participation of nine (09), and ten (10) members in the Colombo and Galle districts, respectively. In general, all the MSM in the focus groups had good knowledge about condoms, and they were practicing condom use. Everybody stated that it is useful for STI or disease prevention and none of them spoke about its usefulness in family planning. All the MSM had the idea that the community is not favourable for condoms. They stated that the community thinks;

"It is a bad item"

"If someone uses it, it is a wrong act and is not acceptable ".

The MSM pointed out the need of changing the negative attitudes in the community.

Almost all the MSM acknowledged that condoms should be used by sex workers, drug users, MSM and people with extra marital sexual affairs. The majority of the MSM accepted sex with multiple partners, in addition to the permanent faithful partner, while five MSM did not accept their views. Two MSM pointed out that unsatisfied sexual life within the family as the cause for their extramarital male sexual activities. Out of the nineteen (19) MSM, only five (5) MSM had permanent partners. None of those MSM have used condoms with their permanent sex partners, due to the faithfulness.

The majority (15) of the MSM have initiated condom use after joining the NGOs, and out of them, four (4) MSM have started to use condoms very recently. Their objective of using condoms was to avoid STIs. The majority stated that for the first time, they got condoms free, from friends or from the partner, while the others said that they bought from the pharmacies. The majority stated that once they received condoms for the first time;

"they felt shy" and "got scared thinking that the police might catch them". The remaining MSM did not have special feelings.

From the discussion it was observed that although all the MSM are using condoms, the majority were not using them regularly. The majority of MSM were aware of how to use condoms correctly, and have learnt it from the NGO. Two MSM were not able to use condoms correctly while another two MSM have learnt it by reading the information cited in the packet.

All the MSM had sound knowledge on different varieties of condoms by size, type, texture and taste. There were individual preferences for different varieties of condoms. A few MSM did not like flavoured condoms for oral sex. Seventeen MSM have not heard of female condoms, and half of the participants said they are useful for females.

The majority of the participants have used condoms provided by the NGOs free of charge, and the others were used to buying condoms from the pharmacies. Nearly half of the MSM expressed that their family members are unaware of their sexual behaviour, and therefore it was difficult to keep condoms at home. The majority stated that their peers have positive perceptions on use of condoms, and they were able to discuss easily with them. At the same time, they pointed out that it is not so with other friends, since they had unfavourable attitudes towards use of condoms.

They suggested different options, when a condom is not available.

- ***Few stated "No condoms, No sex"***
- ***Depending of the partner, they will have sex***
- ***Go for oral sex***
- ***When under the influence of alcohol, no condoms for sex***
- ***Non penetrating sex (Intra crural sex)***

The majority of them expressed that they disliked condoms because of ;

"its oiliness and smell" "only useful for STI prevention. No fun" "less sexual satisfaction" "painful" "easily breakable"

The majority were in favour of condoms because of STIs prevention and prolonged ejaculation with **"Stamina"**. Almost all the MSM obtained condoms from the NGOs and they were scared and shy to buy condoms from the pharmacy. Further, they were scared to keep condoms with them thinking that they might get caught by the police.

The MSM stated the problems encountered by them when using condoms;

"**Lack of knowledge on how to use condoms, and the majority had the problems initially, but now they are competent to use condoms correctly"**

"MSM are reluctant to buy condoms from sales girls and also during crowded periods

"Initially had problems in finding out the correct side. Condoms also came out"

"The majority had less sexual satisfaction"

In general, all expressed that the key message for condom programming should be for STD

prevention. All the participants have seen promotional materials on condoms, and the majority have seen leaflets and posters at the STD clinics, and through television and print media advertisements. All accepted that condom promotion should be carried out through media as well as using other teaching methods like workshops and lectures at different settings.

The majority stated that condoms are expensive for them. They had different recommendations for selling condoms, as given below:

- Should be available in groceries, supermarkets and boutiques
- Should be available in hotels and public toilets
- Vending machines should be placed in different settings
- Lubricants should be promoted
- Government should provide different types of condoms

5.2.4 Focus Group Discussions - People Who Use Drugs

Focus Group Discussions were carried out with two (2) groups of People Who Use Drugs (PWUD) in the Colombo and Galle districts. The groups comprised of eight and ten drug users in Colombo and Galle, respectively.

All the drug users knew about and have seen condoms previously. Sixteen out of the eighteen participants have used condoms. The majority stated that it is useful for STI prevention or disease prevention and four members (04) stated that it is useful for family planning. The drug users think that the community has unfavourable attitudes towards condoms.

"Many people do not like to use it"

"It is against the cultural norms and are used by bad people"

"If people knew we are using condoms, they will discriminate us"

The drug users expressed their concern about the negative community perceptions and stressed the need for changing people's attitudes to reduce the STIs in the country. Almost all the participants accepted that condoms should be promoted among sex workers, drug users, MSM, people with extra marital sexual affairs and those who practice commercial sex, and people who need family planning. Almost all the participants did not have sex with anybody other than with the permanent faithful partners.

All the drug users (16) have started using condoms before marriage, or when their spouses were away from them for some reason. The majority have used condoms to avoid STIs and a very few (02) have used them to avoid unwanted pregnancies. Initially, half of the participants have bought condoms from the pharmacies and the others have obtained condoms from friends, guest house keepers and NGOs. The majority have felt shy and have got scared when they were buying condoms for the first time. Half of the drug users have continued to use condoms regularly, while

the remaining drug users were not, and gave several explanations;

“When under the influence of drugs, cannot remember to use condoms”

“Difficult to go to a pharmacy” “Did not think of the danger of not using condoms”

Ten PWUD knew how to use condoms correctly, and had learnt it from the NGOs. The remaining have learnt it from friends and by reading the information cited in the condom packet. Only one PWUD did not know about the correct condom use.

Three PWUD have used condoms with their permanent partners to avoid unwanted pregnancies , while the others have not used condoms with the permanent partners. No one has heard about female condoms.

They expressed that condoms should be available in all places like boutiques, supermarkets and groceries. At present they obtain condoms from the NGOs and a few PWUD buy condoms from the pharmacies.

All PWUD believed that their family members did not have favourable attitudes towards condoms and thought of it as a bad practice, while the majority felt that their peers had a positive attitude on condom use and promoted them to use it. When condoms were not available they had not had any alternative and have had sex, while a few participants stated **“no sex”**.

The majority had the knowledge on different condom varieties: size, type, texture and taste of different condoms, and all of them were in favour of different varieties of condoms. Their comments on condoms:

- ***“Project condoms smell of rubber, and are not very strong”***
- ***“Only useful to prevent STIs & no satisfaction”***
- ***“less sexual satisfaction”***
- ***“Rupturing of condoms***”

They have different recommendations for selling condoms:

- Should be available in groceries, supermarkets, hotels and boutiques
- There should be self-serving counters to buy condoms in supermarkets and pharmacies
- Different varieties should be available
- Vending machines should be placed in different settings
- Government should provide different types of condoms
- It should be available near the cashier’s counter
- Condoms should be normalized in the society by promoting condoms and by educating different groups
- All expressed that the key message for condom promotion should be for STD prevention.

The majority of the participants have seen promotional materials on condom promotion such as leaflets, posters, TV and print media advertisements. All accepted that condom promotion

should be done through media and by raising awareness through workshops, lectures in schools and at different community settings.

5.2.5 Focus Group Discussions - Beach Boys

Focus group discussions were conducted among two groups of beach boys consisting of 10 members in each group, in the Galle and Gampaha Districts. They all had the knowledge on condoms, and have seen them. Except for one beach boy, the others have used condoms. The majority of them accepted the fact that condoms are valuable for STI or disease prevention, and except a few members, they said it is useful for family planning, too. The beach boys thought that the community is not favourable for condoms. They quoted:

"It is a bad item" "less sexual satisfaction" "bad people use condoms" (are community perceptions, and they need to be changed**).**

They all perceived that condoms should be used by sex workers, drug users, MSMs, people with extra marital sexual affairs and people who need family planning. Half of the participants accepted multiple sexual relationships other than with the permanent faithful partner, but the remaining half did not accept. One beach boy quoted it as ***"Sundara waradak"***

All the condom users (19) stated that they have started using condoms just after leaving school, and obtained condoms from female sex workers, guest houses or bought from pharmacies. Typically, they have also circulated them among friends and peers. Their intention of using condoms was to avoid pregnancies. One beach boy stated **"female sex workers forced me to use the condoms"**

Quite a majority of the beach boys have bought condoms from pharmacies for the first time, and the others have got from friends and guest house keepers. The majority felt shy when they started using condoms for the first time and, got afraid thinking that somebody will see them with the condom, while the others did not express their concerns.

None have used condoms on a regular basis due to many reasons.

"Unplanned sex at night and difficult to find condoms" "at some occasions the condom ruptures" "expired condoms"

None of the beach boys have refused sex due to the unavailability of condoms, and even without condoms they have practiced sex. A very few (02) beach boys have used condom with the permanent partners, and the majority were embarrassed to propose condoms to the permanent partners except for family planning, while some beach boys have just ignored.

In general, most of the beach boys were competent to use condoms correctly, and have learnt it from the NGOs. Four (04) participants have learned from friends. Almost half of the beach boys

had the knowledge on female condoms, and four out of them have seen female condoms worn by foreign ladies while having sex with them. The majority have used free condoms supplied by the NGOs and none were buying condoms at present.

All expressed their opinion that their family members do not have favourable attitudes on condoms and think it's not culturally appropriate. The majority feel that their peers too have negative perceptions on condoms due to poor sexual satisfaction, although they do not reject others who are using condoms. Also, they highlighted that some peers have negative attitudes towards condoms.

In general, all the members in the groups had sound knowledge on different varieties of condoms: size, type and texture. They disclosed that when they meet casual partners without prior appointment, they did not have an alternative, other than practicing sex without a condom. They expressed their displeasure on condoms as;

" smelling of rubber "only useful to prevent STIs, no satisfaction" less sexual satisfaction" "it prolongs the sexual time" "easily breakable and oily"

They had a bad impression on govenment condoms as they think they are low quality and easily breakable.

All agreed that the existing price of condoms is reasonable. They were reluctant to buy condoms from sales girls, and during the busy business hours.

All expressed that the key message for condom programming should be for STD prevention and their views on condom sales are as follows:

- Should be available in groceries, supermarkets, hotels and boutiques
- Should have self-serving counters for condoms in supermarkets and pharmacies
- Different varieties should be available in the market
- Condom vending machines should be placed in different settings
- Government should provide different types of condoms
- Condoms should be available near the cashier counter
- Condoms should be normalized in the society
- Expensive, quality condoms are not available everywhere. They should be available in all the places. Those products do not reduce sexual satisfaction.

In general, all the participants have seen promotional materials on condom promotion, and the majority have seen leaflets and posters and TV and print media advertisements. All accepted that media and conducting workshops and lectures in selected settings would be the effective condom promotion strategies. They highlighted that it is important to teach about condoms in the high school.

One participant disclosed;

"I had condoms with me during my school days and my friends knew about it. I needed them when I had sex with my girlfriend. Sometimes I had given condoms to my friends, too."

5.3. Vulnerable and General population Groups

5.3. 1 Youth

5.3. 1.1 Focus Group Discussion-University Students

A Focus Group Discussion was carried out among a group of youth who are less than 25 years old, consisting of 10 members, selected from the Arts faculty of a state university. All the participants knew and have seen condoms previously, and they were aware of its usefulness for dual protection. The participants were in the opinion that the community has unfavourable perceptions on the use of condoms, thinking that it will control the population by family planning, and that condoms would be accessible for very young people since there is no prohibition to buy condoms. ***They agreed with the negative perceptions of the community and thought that condoms should be used by the people who are having possibilities to acquire STIs; MSM, sex workers and armed forces personnel.***

None of the participants have used condoms. The majority (6) of students have learnt how to use condoms correctly from their friends, and one student (1) has learnt that from the leadership training programme. Six students have heard about female condoms but none of them had a clear idea about it. The majority agreed that the perception of the family towards condoms is negative. All stated that the male peers have a good perception, while the female peers have a bad impression on condoms. When they do not have access to condoms, following are the alternatives they suggested;

Four students stated; **"planning for calendar method"**

One student stated; **"use a balloon"**

Five students mentioned; **"after sex use of postinor"**

No one knew about the different varieties of condoms; size, type, texture or taste of different condoms.

The majority (8) of the students acknowledged that they might use condoms in the future to prevent pregnancy. All knew that condoms can be obtained from pharmacies, and no one had the knowledge that condoms are available with PHMM or PHII. The majority suggested that the school curriculum should have a provision for condom education. All the participants have seen promotional materials on condoms through social networks and media.

Eight students expressed that condom promotion is not suitable to be carried out through media due to cultural reasons. But two students opposed the idea. These eight students stated that the knowledge on STIs should be given through media. They stated that condoms should be available in pharmacies and hospitals. They recommended that condoms should not be distributed among the public, and a control mechanism should be present for condom distribution.

5.3. 1.2 Focus Group Discussion-Estate Youth

A Focus Group Discussion was carried out among Tamil speaking youth who are less than 25 years, from the Badulla district. The group consisted of 10 members.

Seven youth have not heard of condoms. Three estate youth have heard of condoms and out of them, two members have seen condoms. Three youth who knew of condoms stated that it is useful for family planning and disease prevention. Out of the two youth who have seen condoms, one youth has used condoms for family planning purposes and obtained them from the PHMM. He did not buy condoms.

Although he felt shy when he started using condoms for the first time, he continued to use it for family planning. He was trained to use condoms correctly by the Red Cross. He stated that condoms cause less sexual satisfaction.

The participants were in the view that the community thought that it should be used by people with extra marital sexual affairs. Three youth who have heard of condoms agreed on the community perception. They thought that condoms should be used by youth who have sexual relationships with ladies. None of them were in favour for the relationships other than with the faithful partner.

No one had heard of female condoms. No one had any idea of the family opinions towards condoms. A youth who heard of condoms expressed that;

“some peers accept condoms and say that it is good”.

Even the youth who had heard of condoms did not respond to questions asked on the alternative methods they use when condoms are not available. They did not have any idea about the varieties of condoms available.

They suggested that the school curriculum should address condoms, and free condoms should be available through hospitals and PHMM.

5.3. 1.3 Focus Group Discussions-Urban Youth in Jaffna

This was carried out among urban youth who are less than 24 years, from the Jaffna area. The group consisted of 10 members.

All the participants knew and four youth have seen condoms. All knew that it is useful for family planning, and one stated that it is useful for safety during sex. One stated that it is useful for dual protection. The participants thought that the community has an unfavourable attitude that it is used for bad behaviour and not accepted in their culture. The majority expressed that they agreed with the attitude of the community, and the rest stated that it is an individual opinion. Also, they expressed the community perception that although condoms prevent STIs, it will destroy the culture. These urban youth have a perception that condoms can be used as a family planning method and should be used by people with multiple partners. It was noted that these youth

strongly believe that they should protect the culture. They strongly opposed with people who have relationships other than with the faithful partner. The majority of youth do not like condoms because they have the impression that it destroys their culture.

Two out of the ten participants have used condoms to prevent pregnancies, and have brought them from pharmacies. Only three youth were aware of how to use condoms correctly. Two users said that there is no difference of sexual satisfaction with condoms. One youth has heard about female condoms but did not have a clear idea about it. The majority thought that the perception of their families towards condoms is negative. All stated that some peers have a good perception and some peers have a bad impression on condoms. When there are no condoms, they do not have any other alternative.

They did not have any idea on the variety of condoms. In general, the majority knew that condoms could be obtained from PHMM, PHII, MOH office and pharmacy. They all agreed to include condom education in the Advanced Level curriculum. A few (2) participants have seen promotional materials on condoms through Indian TV channels. A few (2) expressed that condom promotion should not be done through media and one participant expressed that it is difficult to watch TV with the family members, when such condom programmes are telecasted. Others kept silent.

Recommendations for condom programming:

- Raising community awareness through health staff
- Implementing more awareness programmes among different target groups

5.3. 1.4 Focus Group Discussions-Urban Youth in Colombo

One Focus Group Discussion was carried out among 10 participants enrolled on a voluntary basis, from an urban slum area close to Borella in Colombo. The group consisted of youth from 17 – 24yrs of age. All were aware of what condoms are, and they knew the benefits of condoms in providing family planning and prevention of HIV and STIs.

All the participants have seen male condoms and only one had used a condom. None of the participants have heard about or seen female condoms. It was mainly through peers that they have got to know about condoms and the correct method of using them. Out of the group, two have seen youtube clips on condoms and how to use them. The only one person who had used condoms was happy about his ability to use it correctly. He expressed that it was not difficult to ask for condoms from a pharmacy.

They cited that the younger generation is more comfortable on condom use than the previous generation, and they are more knowlegeble of the benefits of condoms in preventing STIs. However, the majority of the group felt that everybody may not have the same view, and they think that if people use condoms other than for the family planning, they are bad. They further stated that, extra marital sex is becoming more popular nowadays.

The majority were in the view that condom education should be a part of the Reproductive Health lectures in the school curriculum. Educating school children will benefit maintaining the health of the next generation. The view on condom awareness through media was variable. All agreed that condoms should be advertised through media, but, some (4) thought that the time for these commercials should be strictly after 10 pm, so that the children would not be exposed to these. But two people were in the opinion that there is no need for such a restriction. Only one has seen promotional activities of condoms through media.

It was difficult to extract ideas on disadvantages of condoms as only one youth has used condoms and he also had limited experience.

5.3. 1.5 Focus Group Discussion-Gem Business Youth

A Focus Group Discussion was carried out in the Rathnapura District among eight small scale gem business youth, whose ages were below 25 years. All participants knew about condoms and all have seen condoms. Seven out of the eight have used condoms. Two people knew that it is useful for dual protection. They thought that it is not natural to have sex using condoms, and experienced problems with sexual satisfaction. One participant stated that it is useful for family Planning, and the others kept silent. Some participants thought that although the community has some knowledge on condoms, they may not like to use it.

They stated that the community attitude towards condoms is unfavourable because they strongly think that it should be used by people with extra marital sexual affairs to prevent STIs, and is not an item to be used by married couples. The majority expressed that they gained the knowledge on condoms from various sources such as from special lectures arranged at the school, STD clinics, and friends.

Following awareness on condoms, they have started using condoms. All seven have brought condoms from pharmacies except one who had obtained them from a friend. Only one participant had used condoms regularly for family spacing, while the others have been using condoms from time to time to prevent unwanted pregnancies and STIs. Although they had the knowledge on condoms from various sources, they were never taught on how to use condoms correctly. Two participants have heard about female condoms, but did not have a clear idea about condoms. All users have bought condoms from the pharmacy except one participant who obtained them from a Public Health Midwife. All stated that condom promotion is inadequate and that awareness needs to be improved, as the majority got to know about condoms from friends.

The majority were under the impression that family members are negative towards condoms. All stated that some peers have a good perception and the others are unfavourable towards condoms. When condoms are not available, they have no other alternatives. Except a few (2) participants, all have seen promotional materials on condoms through media. All expressed that condom promotion should be done through media.

Their recommendations for condom programming were;

"It should be available in boutiques, shops and hotels" "Increase awareness among people through PHII"

"Incorporate in to the school curriculum. It should be normalized in the society"

"Although condom prices are affordable, condoms should be available for a cheaper price"

"There should be a symbol to request from pharmacies" "Condoms should be available in rural hospitals"

5.3.1 6 Focus Group Discussions-Rural Youth

Focus Group Discussions were carried out among two groups of youth between the ages of 17-24 years, from rural areas of the Pollonaruwa and Puttalam districts, consisting of 10 and 8 members, respectively.

All members knew about condoms except one youth. While thirteen youth (13) have seen condoms, four (4) rural youth admitted that they have not seen condoms. Rural youth had different opinions on condoms. Five rural youth (5) stated that condoms are useful for dual protection. Four youth members (4) stated that it is useful for STI prevention. Four youth members stated that it is useful for family planning, and the remaining youth members thought that it is useful to delay premature ejaculation.

The participants thought that the community has both favourable attitudes on condoms as a family planning method, and also unfavourable attitudes, thinking that it is used by bad people. They agreed that negative attitudes of the community should be changed. They acknowledged that the condoms should be used by people living with HIV, people with extra marital sexual affairs and people who need family planning. Almost all the participants stated that sex other than with the faithful partner is not acceptable.

None of the participants (18) have used condoms. Only four rural youth were aware of how to use condoms correctly, and have learnt it through peers and the internet. Five youth have heard about female condoms but none had a clear idea about female condoms. One youth had avoided sex in the past without a condom, while another youth has had sex without condoms. The majority did not have any thoughts about condoms, except two youth who stated that they might have a bad impression. The majority of the participants thought that their peers may have positive attitudes, except for a few peers who might be having negative attitudes.

One youth stated that his friends used to say;

***"Amaruwe wattenna nodi beregannawa"(*saves you from getting into trouble)**

None of the youth knew about the variety of condoms available in the market. The majority (13) of the youth expressed that they may use condoms in the future to prevent STIs, and all knew that condoms are available in pharmacies. The youth were aware that condoms are available with PHMM and PHII. The majority suggested to include condom education in the school curriculum.

They all agreed that the key message for condom promotion should be for STD prevention, and pointed out the importance of advertising through media. One youth mentioned that the message should not mix-up with family planning promotion, and should only focus on STI prevention. Fifteen (15) participants have seen promotional materials on condoms through newspapers.

They have different opinions for selling condoms;

- Should be available in groceries, boutiques and hotels
- It should be sold confidentially

5.3. 2 Focus Group Discussions with Armed Forces

Two Focus Group Discussions were carried out among soldiers of armed forces in the Colombo and Pollonaruwa districts. The groups consisted of 11 and 10 members, respectively.

All the participants knew about condoms, but one participant has not seen condoms. The majority (19) of the members have used condoms. Their primary motive for using condoms was to protect themselves from STIs, and half of the participants have reasoned that their chief concerns were to prevent pregnancy.

The participants thought that the community has unfavourable attitudes towards condoms, and they thought that condoms are used by people with weak personalities having poor self-confidence. They stated that as a family planning method some people have favourable attitudes for condoms. They expressed the need of changing the negative attitudes of the community.

Participants believed that condoms should be used by sex workers, people with extra marital sexual affairs and people who require family planning. They stated that although it is not acceptable, sex with individuals other than the faithful partner is very common in the society.

Half of the army personnel had started using condoms following recruitment lectures given by the Sri Lanka Army. In addition, the Army is providing them free condoms. A few members in the group have started using condoms received from hotel owners, pharmacists and casual sex partners. Their objective of using condoms was to avoid STIs and pregnancy, and to get an experience. When they first started using condoms, some members had doubts while the others did not have any problem.

Especially those who obtained condoms from the Army did not have any concerns or bad perceptions as they thought that the condoms distributed through the Sri Lanka Army are safe and good.

The majority were aware of how to use condoms correctly. They have learnt how to use condoms correctly at the Sri Lanka Army, the family planning clinic, from the wife or a friend and by reading the condom packing note.

Eight participants knew about female condoms, and four of them had seen them during the lecture sessions. But, none had a clear idea about female condoms.

All participants stated that they used to get condoms from various places like The Army, Family Planning clinics, Pharmacies and STD Clinics.

Following are their alternatives when they have no condoms:

- **They acknowledged that they do have sex only with the people known to them.**
- **When they do not have condoms with them, they have alternatives like "No sex", "postinor use to avoid pregnancies"**
- **with the permanent partner, "withdrawal method with the permenat partner"**
- **"Use a lunch sheet".**

The majority did not suggest condoms for their permanent partners as they were embarrassed to suggest condoms, and some are still unmarried. Out of the participants, only two have suggested using condoms to their partners. Half of the participants thought that their family members are unaware about condoms, and definitely they may be having negative perceptions. Further, they did not like to discuss about condoms with them. The peers from the Army have a perception that it is useful to prevent STIs. Their peers had the perception that although sexual satisfaction is limited, it is important to use comdoms to avoid STIs. Their peers from outside the Army have negative perceptions and it is difficult to talk with them in this regard.

The majority stated "***Condoms gave less sexual satisfaction"***

Also a few stated that "it is oily and gives a bad smell". But, they liked condoms as they can prevent STIs.

The majority knew about the variety of condoms: size, type, texture and taste of different condoms. Some personnel had special preferences but the majority did not have special preferences. All accepted the condom prices. All users have experienced problems of sexual satisfaction with condoms. Everybody knew the places to obtain condoms: pharmacies, Family Planning clinics, STD clinics and PHMM.

All the participants have seen promotional materials on condoms, and the majority have seen video clips during Army lecture sessions, and the remaining members have seen from print and electronic media. They had a favourable response for condom promotion through media, and the majority expressed that the key message for condom programming should be for STD prevention, except a few who wanted promotion to be for dual protection. A few stated that media advertisements will lead to promotion of sex among adolescents.

These are their recommendations for condom sales:

- Should be available in groceries and boutiques
- Should be available in hotels

- Vending machines should be placed in different settings
- Condom prices should be reduced further

5.3. 3 Focus Group Discussions -Antenatal Mothers

Focus Group Discussions were carried out among two groups of antenatal mothers in the Kegalle and Ampara districts. Each group comprised of 10 participants. All the participants knew about condoms, and the majority of them knew that they are useful for family planning, while a few stated that they are useful for dual protection. All the participants from the Ampara district and half of the participants from the Kegalle district have seen condoms.

Nearly half of the group members thought that the community is not accepting condoms because they are used by people with extra marital sexual affairs, and further, they think that the sexual satisfaction is less with condoms. None of the antenatal mothers agreed with the community perceptions. Two participants stated that the community has a positive perception on condoms because of the less side effects and availability.

The majority of the antenatal mothers had the idea that condoms could be used by any person, but a few stated that they should be used by sex workers.

One mother stated:

"if the husband is in the armed forces, it is the best method of family planning. Husband comes once in 2-3 months"

Nobody accepted sex with others except with the faithful partner, and one member reasoning it stated that it happens due to ignorance. Nine out of the twenty participants had used condoms, and out of them, eight participants had used condoms after marriage for family spacing. Just one participant had used condoms before marriage to prevent an unwanted pregnancy.

The reason for using condoms for the first time was to avoid unwanted pregnancies. None have used condoms to avoid STIs. Out of the nine users, spouses of six participants have purchased condoms from the pharmacy, and the remaining two mothers have obtained them from the Public Health Midwife and armed forces, respectively. All these users had unpleasant feelings when their husbands were using condoms.

None of the participants were regular users and they stopped using condoms due to getting pregnant or shifting to another family planning method like "depo provera". Two participants have learnt from the Public Health Midwives and one participant from her husband, about how to use condoms correctly. The remaining seven participants were not taught by anybody to use condoms correctly. Nine condom users stated that there is no problem in buying condoms and their husbands used to buy condoms from the pharmacies easily. As an alternative, they preferred to acquire condoms from the PHMM since they wanted to keep it confidential.

Only four participants have heard of female condoms, and out of them, two were unable to describe female condoms. The other two participants knew that female condoms are used by

sex workers. One participant stated that she failed to use condoms on some occasions, due to unavailability, which resulted her getting pregnant for the second time. Only three users suggested to use condoms for their husbands as a family planning method and further stated that it will not be a difficult task for them. The majority of the participants did not know of condoms as a family spacing option.

Two members stated that if family members got to know that they were using condoms, they will misunderstand them and it would be a shame. The majority stated that their peers have positive perceptions on condoms, while two participants added that their peers have very poor knowledge about condoms and think that there is a tendency for condoms to rupture. The participants expressed that although the peers knew that they were using condoms, they are not concerned about it.

The majority stated that if there are no condoms, there are other family planning methods available, reflecting that they are using condoms only for family planning purposes. Two participants mentioned that they practice either withdrawal or washing after sex if they cannot find a condom. The majority were not happy with condoms since it is an additional item which interferes with their sexual pleasure. Almost all the participants did not have any idea about the size, type, texture and taste of different condoms, except two participants who knew about different types.

Many ideas came out from the focus group members, on condoms. Four users stated that;

"It was disgusting, sickening" " Less sexual pleasure" " could rupture during sex" " "it is oily and gives a bad smell"

One participant mentioned that condoms could rupture or could get trapped inside the body, while another participant had problems with disposal. Two members stated that their husbands faced difficulties and were embarrassed when purchasing condoms, since the people in the pharmacy are known to them.

Three participants stated that they could use condoms in the future as contraception. Others stated that they will not use condoms even in the future. Almost all the members knew that condoms are freely available in pharmacies.

In general, all the participants except one thought the condom promotion could be done through public health staff including PHMM, and through media. One participant was worried about promotion through media and she thought wrong messages could be delivered to the adolescents. Seven participants have seen promotional materials on condoms and two participants have seen IEC materials of World AIDS Day activities. The remaining two participants have seen communication materials from PHMM and at community educational programmes. Antenatal mothers were clueless about cost of condoms.

They quoted regarding selling of condoms and condom promotion:

- Condom promotion should be done through media using symbols, to avoid children asking questions

- Should be available in pharmacies, supermarkets, with public health staff and in hospitals

5.3. 4 Focus Group Discussions - Teenage Pregnant Mothers

Focus Group Discussions were carried out in the MOH areas in Ampara and Badulla districts, among 2 groups of teenage pregnant mothers (TPMs). The groups comprised of nine participants from Ampara, and 10 participants from Badulla.

Out of the nineteen teenage pregnant mothers, the majority have heard of condoms, except five participants. Half of the teenage pregnant mothers who knew of condoms thought that condoms are used for FP, and only a few understood that condoms are protective against STIs. Nearly one third of the members have seen condoms, while the majority have not seen condoms. The majority of the TPMs who had heard about condoms were in favour of condoms.

A very few members commented: ***"Although it is good, it is used for sexual promiscuity"***

The TPMs who have heard of condoms did not have any idea on community attitudes regarding condoms. The TPMs thought that it is used by married couples for family spacing, and if it is used by others, perhaps it is for sexual promiscuity.

Out of the all nineteen (19) TPMs, only three (3) have used condoms, while two (2) TPMs have not used although they have bought condoms. Out of the three users, only one participant has started using condoms before her marriage and continued using for less than one month to prevent an unwanted pregnancy, while the remaining two users have used condoms only once, and have discontinued due to negative perceptions. None of the three (3) users had any intention of using condoms for prevention of STIs. Their husbands have bought condoms from pharmacies and none of them have got condoms from the public health services.

Only two participants were aware of how to use condoms. They have been taught by their husbands who are working in the armed forces. Only one participant claimed that she got pregnant because she did not use condoms. The others did not admit even a single instance where they missed using condoms, when they should have been using. No one has suggested to use condoms for their spouses. Only two participants had heard about female condoms. No one had any idea about family attitudes towards condoms.

The TPMs described other contraceptive methods as alternatives for the condoms. The majority of the mothers did not give any positive statements in favour of condoms.

Two participants stated :

"condoms will interrupt the faithfulness between the couple"

"It is an additional item which might cause pain during sex"

They did not have any idea about the size, type, texture and taste of different condoms, and stated that they heard those words for the first time in their lives.

The majority of the non-users stated that they could use condoms as contraception in the future.

The majority of the TPMs hope to get condoms from PHMM. They all agreed that PHMM and the public health staff are sources of condom promotion. All expressed that the key message for condom programming should be for contraception, except one participant who wanted the message to include dual protection.

None of the participants have seen promotional materials on condoms. Only one participant was educated on condoms by the Public Health Midwife. No one was aware of condom market prices, and gave no suggestions for condom sales.

5.3.5 Focus Group Discussions - Internal migrants - Factory workers

Focus Group Discussions were carried out among two groups of two different types of factory workers under the internal migrant category in the Gampaha and Kurunagala Districts. They are internal migrants for the purpose of work. The groups comprised of 10 and 8 participants from Gampaha and Kuraunagala districts, respectively.

All (18) the participants knew about condoms and the majority (08) knew that it is useful for family planning. Only five participants have seen condoms. The participants were in the view that the community thinks that condoms are used for family planning, and some participants said that it is good.

The factory workers perceived that condoms should be used by people who need family planning, and when having sex with unknown people. All believed that sex with people other than with the faithful partner is really inappropriate.

None of the participants had used condoms in their lives. No one suggested their spouses to use condoms. Three participants were aware of how to use condoms correctly, after listening to a lecture on AIDs given at the MOH setting. Only two participants have heard about female condoms, but did not have any idea about it.

They had no idea about family opinions on condoms. The majority had no idea about their peers' views either, but a few workers stated that their peers had good perceptions on condoms. They did not have any idea regarding alternative methods when condoms are not available. They were not aware of the size, type, texture and taste of different condoms, except one participant. All stated that they may not use condoms even in the future.

They stated that condom promotion through media may lead to abuses and should be promoted through lectures among adolescents. They enumerated other methods like workshops, lectures and one to one discussions for condom promotion. Only two participants have seen promotional materials on condoms through lectures and printed media. None of the participants had any idea about condom prices.

They had different recommendations for selling condoms;

"There should be a control mechanism for selling, and should have a prescription for condoms"

“It should be available in pharmacies and hospitals”

5.3. 6 Focus Group Discussions - External Migrants

These were carried out in the Kurunagala and Ampara districts, among 2 groups of external migrants who have worked abroad. Each group comprised of 8 participants, and the external migrants had good knowledge on condoms, and the majority have seen condoms and have used condoms. Half of the participants stated that it is useful for STI prevention and the others mentioned that it is useful for family planning.

One participant mentioned that the condoms have very minimum side effects compared to the other family planning methods. Thirteen out of the sixteen participants have seen condoms. Half of the participants were in the opinion that the community thinks that condoms are used by people with extra marital sexual affairs to prevent STIs, and are not used by married couples, and six participants in the group agreed with the community perception. The remaining eight external migrants expressed their views**;**

“people in the community are unaware of condoms” “some members in the community have negative perceptions” “youth might try out condoms”

Eleven external migrant workers thought that condoms should be used by people with extra marital sexual affairs and the others may use them for family spacing. However, everybody rejected and condemned extra marital sexual affairs.

Out of all the migrant workers, only four participants have used condoms. Except one participant, others have used condoms with their spouses, and that one participant had used condoms for premarital sex. Their main purpose of using condoms was to avoid unwanted pregnancies. Three out of the four participants who used condoms have purchased condoms from the pharmacy, while one participant has obtained from the Public Health Midwife. None of the four users currently use condoms.

Three users expressed their views;

“It was terrible and scary to use”

One participant mentioned that condoms could rupture or get trapped inside the body. It was noted that none of them have used condoms regularly. Two participants expressed;

“less sexual satisfaction with condoms”.

Half of the users did not face any difficulties in purchasing condoms, and the other two users mentioned that they were really uncomfortable when buying condoms due to the negative perception of the people who are around them.

Ten participants knew very well how to use condoms correctly, and seven of them have learnt it at the premigrant course conducted by the Sri Lanka Bureau of Foreign Employment. One participant

had learnt from the Public Health Midwife and the remaining two participants have learned from the husband and the boyfriend, respectively. Only seven participants have heard about female condoms, and four of them mentioned that they are used by female sex workers.

One participant stated that sometimes she could not use condoms due to unavailability. None of the participants had requested their spouses to use condoms. They were unaware of family opinions on condoms. They were in the opinion that if family members knew that they are using condoms, they will discriminate them assuming that they are having extra marital affairs. The majority stated that their peers did not discuss about condoms with them due to the negative perception, and that they too, think that condoms are used for extra marital affairs. The majority stated that their peers have very low knowledge and negative attitudes about condoms, and therefore, they do not like to discuss about condoms with their peers.

The majority thought that if condoms are not available, they can use alternative family planning methods, reflecting that their purpose of using condoms was only for the family planning. One stated that;

"I will drink two tablets of aspirin with "sprite" or use "Postinor" to prevent me from getting pregnant"

The majority of them expressed that they do not like condoms because it is an additional item which interferes sexual pleasure. At the same time, they accepted that it could be used as a short term family planning method with a few side effects.

Four participants stated;

"it is oily and smells bad".

Half of the participants did not have any idea about the size, type, texture or taste of different condoms, and stated that they have heard those things for the first time in their lives. The others claimed that those things are necessary for sex workers only. A few stated that they had problems in condom disposal and in finding the correct side of the condoms to wear. The majority determined that they may not use condoms in the future. But five non users stated that they may use condoms as a contraceptive method in the future.

All the participants knew that they can obtain condoms from pharmacies and from PHMM. One participant added that condoms could be obtained from armed forces, too.

They all expressed that the PHMM, public health staff and media including social media are good sources for condom promotion. All external migrant workers agreed for condom promotion through media.

According to their opinion, the key message for condom programming should be for STD prevention, while a few mentioned dual protection.

All the participants have seen promotional materials on condoms, and the majority have seen condoms during the pre-migrant courses. Others have seen posters on condoms at the hospitals and at World AIDS Day programmes. The majority stated that condoms should be available through pharmacies, and three people stated that condoms should be only available through PHMs.

They expressed different views for condom sales:

"Should be sold as condoms"

"Should be sold as symbols"

"Should be enclosed in an envelope"

5.3. 7 Focus Group Discussions - Elderly (>35years) Eligible Females

Focus Group Discussions were carried out among two groups of elderly eligible females between the age of 35-45 years, in the Jaffna and Galle districts, consisting of 8 and 10 members, respectively.

All participants from the Galle district, and all except three participants from the Jaffna district were knowledgeable on condoms. The majority (15) have seen condoms. The participants thought that the community perception for condoms is unfavourable. They pointed out that people do not consider condoms as a good family planning method because of the tendency to rupture. They also accepted the community perceptions. The participants mentioned that condoms should be used by people with extra marital sexual affairs, sex workers and people with irregular periods who need family planning.

Almost half (8) of the members have used condoms. One participant kept silent without responding and the remaining participants have not used condoms. The views of condom users;

"**Use condoms as a family planning method. When Depo-Provera goes out of stock in the public sector and other contraceptive methods are not suitable, the majority avoid sex during the fertile period"**

"When husband comes from abroad, use condoms for sex"

Public Health Midwives have given condoms for the majority. Few clients stated obtained condoms from the pharmacy and husbands brought condoms when returning from abroad

None of them have continued the condom use as they have used it as a temporary family planning method. Half of them knew how to use condoms correctly, and were taught by the PHM. The others said that they got the information by reading books, etc. Although four participants have heard of female condoms, none had a clear idea about them. The majority thought that their family members are unaware of condoms and they have not discussed with them either.

Their peers had both good and bad perceptions. Some peers used to tell;

"It is disgusting"

When they don't have condoms, they used either "withdrawal method " or "Postinor" or "use another family planning method" as the alternatives.

The majority stated; "***Condoms give less sexual satisfaction for both husband and me"***

Also a few stated that; ***"it can get ripped off and can come off during sex"***

The majority had no idea about the variety of condoms: size, type, texture and taste of different condoms. Those who had an idea about different varieties, did not have any special preferences. No one had an idea about the prices of condoms.

The condom users too knew that condoms can be obtained from PHMM as well as from the pharmacies. They further stated that they may not use condoms in the future, since already they have undergone tubal ligation. They accepted media as a good source for condom promotion and the majority expressed that the key message should include "no side effects", while a few participants stated that "prevention of STIs" needs to be included.

5.3. 8 Focus Group Discussions - Working Females

Focus Group Discussions were carried out among working females less than 35 years of age. Ten (10) school teachers selected from the Galle district and ten (10) Development Officers selected from the Kandy district were included.

All participants from the Galle district knew about condoms as a method used for family planning. All teachers and nine (9) out of the ten Development Officers have seen condoms. The development officers thought that the community has favourable attitudes on condoms as a good family planning method, and they accepted the community perception. The teachers thought that the community badly perceived condoms due to the problems such as storage, buying, disposal and less sexual satisfaction. The teachers too agreed with the community perception.

In general, the teachers believed that condoms should be used by people with extra marital sexual affairs, people with STIs and by poor uneducated people for family planning. The Development Officers believed that condoms should be used by people with extra marital sexual affairs, university students and personnel from armed forces. It was observed that the majority of the working females were having negative feelings towards condoms.

Everybody has used condoms except for one participant from each group. All users have started using condoms as a family planning method. They have bought condoms from the pharmacies except one participant from each group, who obtained condoms from the PHMM.

All had negative feelings when they first started using condoms. None of them have continued using condoms, since they have used it as a temporary family planning method. Out of the 18 users, only one member has learnt from the Public Health Midwife how to use condoms correctly. The others have learnt to use condoms from the information printed on the condom cover, and from friends. Only one participant had heard about female condoms, and she too did not have a

clear idea about them. They have bought condoms from the pharmacies and one participant has got them from the Public Health Midwife.

The majority stated that they did not have any difficulties in requesting the permanent partner to use condoms, and half of the members stated that always they have to remind their husbands to use them. The development Officers did not have any idea about the family perceptions about condoms. Some teachers have discussed about comdoms with their sisters at home, and they thought that the family members were not negative towards condoms. Both group members stated that their peers have negative attitudes towards condoms. The views of the teachers on condom use:

All users stated; "***Condoms lead to less sexual satisfaction"***

One stated; ***"condoms will promote extra marital affairs"***

Four people stated; ***"society should be educated on condoms"***

The participants stated that; **Abstinence, Intra crural sex, Withdrawal, Have sex with fear,** as alternatives, when condoms are not available.

The majority of the members were not in favour of condoms due to the problems encountered during use, storage and disposal, and due to less sexual satisfaction. Some participants have experienced condom rupture. Some participants stated that it is difficult to change the positions during the sexual act, with condoms.

The majority had no idea about the different varieties of condoms: size, type, texture and taste of different condoms, except two participants. They stated that they used "studded "condoms to give more pleasure to the female partner.

They knew that condoms are available in pharmacies, and two participants stated that condoms could be obtained from the Public Health Midwives. Nine stated that they might need condoms in the future.

They stated media and public health staff conducting awareness programmes for different target groups as effective sources for condom promotion. The majority expressed that the key message for condom promotion should be for "STIs prevention". Some teachers stated that advertising messages through electronic media should be displayed during the midnight. They stated that condoms should be made familiar and popular among the public, and they should be available everywhere in the shops, supermarkets, boutiques and hotels.

5.3. 9 Focus Group Discussions - Hospitality sector

Focus Group Discussions were carried out among 2 groups of hoteliers consisting of 8 participants each in the Gampaha and Puttalam (Chilaw) districts. All the participants knew, and had seen condoms previously. All acknowledged that it is useful for dual protection. According to them, the community may develop positive perceptions on condoms if they knew that condoms prevent STIs, but many people do not know this fact.

All thought that condoms should be used by people having multiple sexual partners and people who need family planning. Half of the participants were in the view that having sexual activities with partners other than the faithful partner is normal. Others stated that "it is better to avoid such acts".

Twelve participants had used condoms. The majority stated that they have started using condoms with the initiation of sexually activity, after commencing employment. No one stated that they started condom use before or after marriage. One participant used condoms as a family planning method and another participant used condoms to find out the sexual satisfaction with condoms. Except these two members, the others have used condoms to prevent STIs.

Five (5) participants have purchased condoms from the pharmacies, four (4) have got from friends and three (3) have got from the hotels. Two participants claimed that they had doubts on how to use condoms at the first encounter, while the remaining users felt shy. Out of these users, only one hotelier regularly used condoms up to date. When they were asked about their behaviour, they denied without responding, except one participant who mentioned that he is using condoms while he is having sex with partners other than his wife.

All users except one participant knew how to use condoms correctly, and they have learnt it from various sources such as internet (5) friends (5) and Public Health Midwife (1). Only five participants have heard about female condoms, but even they did not have a sound knowledge on female condoms, except that they are used by females.

All users have purchased condoms from Pharmacies. Three (3) users stated that they could not use condoms sometimes due to unavailability. Only five users agreed to use condoms with their permanent partners, and said still they feel shy to suggest. Further, they stated that it would be difficult to convince the partners because they might dislike condoms.

They did not have any idea about the family members' views on condoms. But, they thought their peers have positive perceptions regarding condoms because of safety. But every peer had complained that condoms give less sexual satisfaction. Four participants claimed that they practice withdrawal method and the remaining two members use "shopping bags or balloons" as alternatives, when there were no condoms. The rest of the participants did not have any option.

Five participants disliked condoms for its oiliness, and the others did not express any negative ideas on condoms. The majority felt that condoms cause less sexual satisfaction. They knew about different varieties of condoms (size, type, texture, taste), and had special preference for studded condoms and condoms that prolong sexual time. Also, they were in favour of condoms because of

the dual protection. Two participants claimed that they may not use condoms even in the future.

All the participants have seen promotional materials on condoms from various sources such as electronic and printed media. They all thought that condom promotion should be done through various programmes and media, including social media. They expressed that the message should address on dual protection. All participants thought that condom prices are affordable.

They had different views for selling condoms;

- Should be given free and available in the work places and hotels
- It should be freely available in pharmacies and groceries
- Should not be enclosed and should be available in a place where they could be to pointed out by the buyers

5.3.10 Focus Group Discussions - Clients of sex workers

Focus Group Discussions were carried out in the Kurunagala and Colombo districts, among 2 groups of clients of sex workers who attended the STD clinics. Each group comprised of eight participants.

All (16) the participants had knowledge about condoms and the majority (eight) knew that it is useful as a family planning method and for STI prevention. All the participants have seen condoms. The participants thought that the community has both good and bad perceptions about condoms, since it is used for family planning. They expressed further that the community is more knowledgeable on condoms now than earlier.

The clients of sex workers strongly believed that condoms should be used by people who need family planning, MSM, sex workers and people having sex with unknown people. All mentioned that sex with people other than the faithful partner is due to personalized reasons and the majority thought that it is mostly due to unsatisfied sexual life within their families.

Thirteen participants have used condoms. Eight participants were influenced by sex workers to start using condoms. Other five participants had various reasons. The majority received condoms from hotels and sex workers for the first time. Some participants felt shy at the first encounter, and two participants were happy thinking that they are going to have sex for the first time. No one had used condoms continuously. But a few participants said that they used them when needed. But, they were reluctant to explain the needed time. Their main purpose of using condoms was to prevent STIs. The majority of the participants have learnt to use condoms correctly from STD clinics, AIDS lectures, leaflets and from friends. A few stated that they do not know the exact procedure. Only two participants have heard about female comdoms, but did not know exactly about them.

They buy condoms from pharmacies and obtain free condoms from the STD clinics. The majority had not used condoms regularly. No one has suggested to use condoms to their spouses. They

have no idea about family opinions regarding condoms. The majority expressed that a fair number of their peers do not like condoms because of less sexual satisfaction. One peer has said;

" ***it's like having a bath with a helmet".***

The majority had no idea about the alternatives when the condoms were not available. A few participants stated the following, as alternatives;

"Withdrawal" "take the risk"

Five participants stated; **"Washing with lemon, soda, salt water or Dettol after sex"**

"**Washing with Eau de cologne or urine after sex"**

They disliked condoms due to the following reasons;

"It is oily, less sexual satisfaction, erectile problem after wearing"

Some participants knew about the size, type, texture and taste of different condoms. All the participants mentioned that condom promotion should be carried out through media, public health staff and through lectures in different settings. All the participants have seen promotional materials on condoms from lectures and print media.

The participants said that they can well afford the present condom prices.

They have different recommendations for selling condoms.

- They should be available in pharmacies, boutiques, hotels, shops, supermarkets and hospitals
- Messages should highlight disease prevention
- Need more advocacy for the Police sector
- All hotel rooms should have free condoms as complementary items

5.4. Special groups

5.4. 1 Focus Group Discussions - People living with HIV

Focus Group Discussions were carried out in the Jaffna and Colombo districts, among two (2) groups of PLHIV. Jaffna and Colombo groups comprised of 7 and 9 participants, respectively. Excluding one participant from the Jaffna district, the others knew about condoms and they were aware that condoms protect them from both unwanted pregnancies and STIs. One participant in the Jaffna group did not respond. All the participants from the Colombo district have seen condoms, and out of them, one participant has seen a female condom too, while in Jaffna, seven participants have seen condoms.

The majority (13 out of 16) have used condoms, and two PLHIV have not used, while one participant did not respond. Eight out of the thirteen (13) condom users said that their objective of the

condom use was for STIs prevention, while three PLHIV have used them to prevent unwanted pregnancies. All PLHIV received condoms from the STD clinics except one PLHIV who was not offered condoms from the clinic since she is unmarried. All declared that they did not have any difficulties of getting condoms from the STD clinics. They expressed that it would have been difficult for them to buy condoms from the pharmacies. Almost all the PLHIV used condoms without interruption, except three PLHIV who stated that they did not use condoms regularly. The regular users acknowledged that they use condoms all the time to prevent others from getting infected with HIV. It was observed that some PLHIV acquired the skills to use condoms correctly from various places, namely, STD clinics, positive networks and trainings abroad.

One PLHIV from Jaffna quoted;

" My husband preferred condoms before I was diagnosed as HIV positive. I thought he was using condoms to prevent me from getting pregnant. Later, when I was diagnosed as HIV positive I realized that he used condoms to prevent me from getting HIV. When I realized it, it was too late".

The Jaffna district PLHIV stated that they think the community have favourable attitudes regarding condom use, since it is a good method to prevent STI and pregnancy. All the PLHIV too, accepted their views.

The Colombo PLHIV believed that the community does not have good attitudes regarding condoms. They thought that the people do not know that it is a medical device, hence it is not suitable to store at home. The Colombo PLHIV did not agree with the community views, and expressed that those thoughts are not appropriate, and need to be changed.

In general, all the PLHIV in the two districts were extremely positive of condom use, and stressed that condoms should be used by PLHIV, sex workers, MSMs and those who need family planning. Adding to these, the Colombo PLHIV stated that, clients of the sex workers, sero discordant and sero concordant couples too, should be using condoms. Only three PLHIV had regular partners and they use condoms with them. A PLHIV stated that even positive regular partners usually do not like to use condoms regularly.

There was general agreement among the majority of the participants that all HIV positive people who have active sex lives should use condoms. There was general agreement among the majority of PLHIV that sex with a person other than the faithful partner is not acceptable, while three PLHIV stated that sometimes it is appropriate. Two PLHIV knew of female condoms, and that they help in preventing STIs just like male condoms.

A few PLHIV had their unique attitudes towards condoms, and they used to purchase condoms because they prefer different varieties of condoms. Three participants mentioned that they could not use condoms in some instances, due to unavailability. The majority thought that their family members have a negative image about condoms. On the other hand, the majority feared to discuss about condoms with peers, while a few people stated that it is not a big issue for

them. The majority practiced “abstinence” if condoms are not available, others practice “wash thoroughly after sex”, “withdrawal” and “use other family planning methods” when condoms are not available.

Few users expressed their displeasure;

” It was oily and has a bad smell “

The majority stated; “***less sexual satisfaction”***

One PLHIV thought that condoms could rupture or could get trapped inside the body. There was a greater preference among PLHIV for different varieties of condoms without side effects, if they were freely available. One PLHIV stated that condoms give mental satisfaction as it prevents STIs.

In general, all the participants from the Colombo district and one participant from the Jaffna district knew about the size, type, texture and taste of different types of condoms. One PLHIV while having sex with her negative partner, experienced rupture of condoms 3-4 times, and ended up in an unwanted pregnancy. Fortunately, her partner is still negative. A few participants mentioned that convincing the partner for using condoms is difficult sometimes.

All the participants were happy with the cost of condoms, and had good knowledge on condom supply sites, including STD clinics.

Almost all the participants have seen IEC materials on condom promotion in the form of leaflets, magazines and advertisements. They expressed their willingness to promote condoms through media, and said that promotions shown on TV and posters are easily recalled. The majority proposed STD prevention to be included in the key message. They further suggested condom promotion through social marketing campaigns.

Their suggestions for condom sales;

- Quality condoms should be supplied through STD clinics and public health staff
- It should be freely available in hotels, supermarkets: Instalments of vending machines
- Should use different names or symbols for condoms
- Female condoms should be freely available
- Raise awareness on female condoms

5.4.2 Focus Group Discussions - Law Enforcement Officers

Focus Group Discussions were carried out in the Kandy and Badulla districts, among two groups of Police officers. Each group comprised of 10 participants. All the participants knew about condoms and have seen condoms, except one officer. Almost all knew that it is useful for dual protection, and two officers stated that it is useful for contraception.

Half of the participants were in the opinion that the community is not accepting condoms because it is used by people having extra marital sexual affairs to prevent STIs. A few officers

declared that there is a considerable number of community members who are unaware of condoms and also they think that it is used for pre-marital sex. None of the officers agreed with the negative community perceptions.

The officers in the groups cited that condoms should be used by sex workers and youth as well as by people with multiple partners. All rejected sex with partners other than the faithful partner.

The majority (13) knew how to use condoms correctly and they have learnt from various sources like, AIDS prevention programmes, MOH clinics, and other training programmes. None of the officers knew about lubricants. Seven officers knew about female condoms and stated that those should be used by sex workers. They said that using condoms by sex workers is useful to prevent STIs.

The majority of the officers knew about the size, type, texture and taste of different condoms.

All the officers had sound knowledge on vagrants ordinance. They knew that the condom is not an illegal item according to the vagrants ordinance. All expressed that pocession of condoms by sex workers is not an offence. One participant mentioned that sex workers may be engaged in other illegal activities while having condoms.

None of the officers could recollect arresting a sex worker with condoms under the vagrants ordinance over the last one year, indicating condoms to prove sex work.

All the officers have seen promotional materials on condoms (video clips, leaflets, street dramas) from various places like HIV prevention programmes. They acknowledged that there is a need of an hour to educate the community on all the aspects of condoms at different levels, using different communication materials, channels and media. Also, they stressed the need of developing correct knowledge on condoms and its usefulness for dual protection, among adolescents and youth. These officers stated that condom promotion should be done through media and should be available in shops, pharmacies and supermarkets. All indicated the importance of availability of condoms in hotels.

Overall, the police officers who participated had positive attitudes on condoms.

RESULTS PART 4. OBSERVATION ASSESSMENT OF CONDOM EDUCATION AND DEMONSTRATION

A total number of 13 service providers were assessed for the condom education and demonstration, by non-participatory observation technique. Based on the guide, two types of skills were assessed; correct demonstration skills and communication skills.

The results of the observation assessment of condom education and demonstration is shown in the following table 9.

Table 9 : Results of the Observation Assessment of Condom Education and Demonstration

Participants	Category	Average % score of correct practice skills on education	Average % score of communication skills.	Total
STD clinic (Central and Peripheral clinics) service providers (n=4)	1 SPHI, 2PHNS, 1 PHI	59.8 %	75%	65.25 %
Poly clinics (n=3)	1 PHI & 2 PHMM	30.4 %	36.6 %	32.5 %
Sex worker NGO (n=2)	2 Peer leaders	65.2 %	73 %	67.8 %
MSM NGO (n=2)	2 Peer leaders	67.4%	84 %	73.6 %
People who use drugs	1 Peer leader	60.8%	84.6%	69.4%
Nursing tutors	1 Nursing Tutor	43.5%	76.9%	55.5%

SPHI- Supervising Public Health Inspector

PHNS - Public Health Nursing Sister

Table 9 shows that the correct practice skills on practice of condom education were highest among peer leaders of MSM Organizations (67%), and lowest among poly clinic service providers (30.4%). Overall, peer leaders of sex workers, MSM and PWUD scored highest for demonstration of condoms, which was 65%, 67% and 60%, respectively. STD clinic staff too, had over fifty percent (59%) for condom demonstration skills.

Communication skills were highest (84%) among the PWUD and MSM peer leaders, followed by 76%,75%, and 73% among the nursing tutor, STD clinic service providers and peer leaders of sex workers, respectively. Service providers in poly clinics showed the lowest score of 34% for condom demonstration skills.

The results indicated the urgent requirement of condom demonstration training for all the service providers, who supply condoms for the people in need. Also it is important to conduct trainings for nursing tutors, who do basic teaching for PHMM & nursing students. Although a higher percentage of service providers in the STD clinics, peer leaders of MSM and sex workers were competent in this aspect, the capacities should be further strengthened to achieve the desired outcome. It should be noted that the training of family planning service providers in the polyclinics should be the highest priority in preventing undesirable maternal morbidities and mortalities and STDs in the country.

7. CONCLUSIONS

- There are no restrictions for accessibility of condoms for the people in Sri Lanka and they could be purchased over the counter. Still there is considerable amount of stigma behind condom use. Further, condoms are listed under the medical device category in the essential drug list, in par with the Cosmetics, Devices & Drugs Regulatory Act (New Act- National Medicines Regulatory Authority ACT, No. 5 of 2015).
- The main objectives of the condom programming in the NSACP are prevention of transmission of STI/HIV, provision of family planning services for STD clinic attendees and prevention of exchanging of virus among HIV positives to avoid ART drug resistance, while the main objectives of the FHB for condom programming are provision of family planning services for eligible couples through cafeteria method and prevention of teenage pregnancies.
- The government provides condoms free of charge, and the commercial sector sells condoms for an affordable nominal price. In addition, there are free condoms available for the KPs in GFATM intervention operating districts through peer leaders of KPs. A few Reproductive and Sexual Health clinics conducted by the NGOs (FPASL & PSL) provide free condoms.
- There are a number of supportive policies, laws, plans, guidelines, strategies and programmes in Sri Lanka which oversee and provide a supportive and conducive environment for the condom programming on dual protection, while there are a few ordinances and articles like Vagrants Ordinance, Brothels Ordinance, 365 A of the Penal code, which indicate a restrictive environment in the legal framework for KPs, which misinterprit them from using condoms. All legal and other documents support the use of condoms for family planning.
- Condoms are not manufactured in Sri Lanka. Registration, sample licensing, manufacturing licensing and condom advertisement are prerequisite methodological steps of granting permission for the marketing of condoms in Sri Lanka. The process of condom registration takes more than one year and private sector is unsitisfied due to undue delay.
- There are no quality assurance tests in Sri Lanka after importing condoms, other than document checkups. The quality assurance tests are not available in Sri Lanka except the elasticity test.

- There are no national level explicit guidelines in the country for the management of condoms, to ensure the quality through the path from the point of importation to the point of user, except the storage guideline issued by the FHB. However, the Family Planning Association of Sri Lanka manages their condom transport and storage according to specific guidelines (Contraceptives Security Guideline).
- The majority of people are still reluctant to use the word “condom” and use many terminologies as alternatives, to request condoms from the pharmacies. The majority of the participants of the FGDs revealed the need to improve the knowledge and develop positive perception on condoms in the community. The need of a common symbol to request condoms from outlets was highlighted.
- Although KPs had good knowledge and knew how to use condoms correctly, only the majority of female sex workers used condoms continuously. It was noted that good negotiation skills with clients for using condoms were present among female sex workers. It is interesting to note that the majority of clients of sex workers have used condoms due to enforcement from female sex workers. The male sex workers cited that a higher price is paid for oral sex without condoms. Cultural barriers and misinterpretation of laws by law enforcement officers led to difficulties for MSM in keeping condoms with them. The male sex workers go for unprotected oral sex for higher prices.
- Although university students are a segment of educated youth in the country, they had a negative perception on condoms. This was seen among Jaffna urban youth too, but Colombo urban youth had good knowledge and positive perception on condoms. While the knowledge among Tamil speaking estate youth, factory workers of internal migrants and teenage mothers on condoms was very poor. The external migrant workers, Armed forces and hospitality sector personnel had good knowledge and perceptions.
- The society has an impression that the use of condoms gives less sexual pleasure and that condoms are only used by people involved in casual sex, sex workers and people with extra-marital relationships.
- The law enforcement officers had sound knowledge on vagrants ordinance and knew that the condom is not an illegal item according to the vagrants ordinance. It was observed that they had a clear understanding that keeping condoms by sex workers is not an offence.
- Condom demonstration and communication skills to strengthen the condom use were highest among peer leaders of drug users, sex workers and MSM groups (more than 67%), while it was lowest among polyclinic service providers (32.5%).
- The condom demonstration and communication skills percentage were more than 50% among the STD clinic staff.

8. RECOMMENDATIONS

- Get the political commitment for making important decisions on condom programming in the country
- Advocate political leadership, different policy level leaders, law enforcement officers and media personnel about dual protection and impact of condom use
- Recommend reorientation of staff of the Ministry of Health for giving messages on dual protection of condom programming and continuous education for Key affected populations and condom handling personnel on condom programming, with special emphasis on dual protection
- Different innovative methods should be used to develop the positive perception in the community on condoms
- Develop and use a unique symbol to point out all condom brands and it should be apply to all condom brands, including the government sector
- Social media campaign for condom promotion through different media on dual protection
- Figure out user friendly more acceptable terms such as protection, safety, happiness and love, for condom promotion messages and advertisements, without using medical jargon.
- Improve the quality of condoms and make available a variety of condoms in the government sector outlets
- Expedite the registration process of condoms
- Establish comprehensive national guidelines for condom management and quality assurance system including the market level. National guidelines should be issued for outlet distribution sites
- Make available condoms at different selected places including NGOs and hotels at subsidized rates, and special HIV prevention programmes including condoms should be made available islandwide in addition to the GFATM intervention areas
- Establish condom vending machines at selected places

- Develop innovative condom sales promotions at sales agents, and sales outlets for clients
- Expansion of sales representation to islandwide outlets through the private sector
- Take necessary steps to improve knowledge and positive perceptions among outlet distributors
- Inclusion of a comprehensive sexual education package into the school curriculum and youth education through Education & Youth Ministries, respectively
- Lack of sexual satisfaction with condoms is a major hindrance for the condom promotion programme. Hence, it is highly recommended to do further research with the support of psychologists, to identify the factors which feel more natural and acceptable to the local clients
- Strengthen the estabished private and public partnership for national condom programming
- Development of the national “Condom Strategy”

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Annex 1

In-depth Interview Guide for Policy Makers, Managers of Government and NGO Sector

Serial Number	

Confidential

Key Informant Interview Schedule

Correct and consistent condom use is one of the most effective means of preventing sexual transmission of HIV. Implementation and maintenance of condom demand, availability and distribution are three main components of condom programming. This interview will be used to explore the current status, and to get your recommendations, for the success of condom programming in the country.

Thank you very much.

	Guided Question	Response
1.	Respondent	
2.	Organization	
3.	Job Title	
4.	Duration of Service	
5.	Major responsibilities	
6.	Have your organization been involved in condom programming? If so, for how many years?	
7.	What is your organization's involvement in condom Programming?	
8.	What difficulties have your organization encountered during these condom programming activities? (HIV and STI Prevention, Family Planning, Reproductive Health among young people)	
9.	How did you manage to solve the main difficulties during condom programming activities mentioned above?	
10.	How do you improve condom programme efforts for HIV prevention?	
11.	How do you improve condom programme efforts for family planning?	
12	Do you think there is a need to promote condom use among young people? If yes, Why? If no, why?	

13.	What are the ways your organization can promote condom use among young people?	
14.	What are the target population groups of your condom promotional efforts?	
15.	What are the geographic areas of your target groups?	
16.	What can be done at present to increase the condom supply for those most needed to prevent HIV?	
17.	What can be done at present to increase the condom distribution for those most needed to prevent HIV?	
18.	What can be done at present to promote the demand and use of condoms effectively?	
19.	What additional resources, trainings, technical assistance and funds are needed for condom supply, distribution and promotion?	
20.	Are there any gaps in condom programming in your organization?	
21.	What are your recommendations to resolve the gaps in condom programming?	
22.	What are the current policies relevant to condom promotion and distribution?	
23.	Is there any coordination of condom promotion/distribution activities in your organization? If so, where and how?	
24.	Is the government giving away free condoms? Is this funded? Or directly donated?	
25.	Is the government entirely reliant on donor support?	
26.	Are there any existing regulations governing the procurement and distribution of condoms?	
27.	Is the government playing an active role in promoting condoms? How?	
28.	How are condoms classified in your government regulations? Can they be sold over the counter? Or do they require a medical provider's prescription?	
29.	Are there any other government restrictions in the distribution of the product? If yes, what are these restrictions?	

30.	Do you think there are government regulations that support condom promotion? If yes, what are these regulations? If no, what are your recommendations?	
31.	Are there government policies that support condom promotion? i. If yes, what are these policies? ii.If no, what are your policy recommendations?	
32.	Do you impose taxes on condoms? What kind/type? What is the process involved?	
33.	What are your government regulatory requirements?	
34.	Does your government require the products to be registered before they can be distributed?	
35.	How long does it take to register a new product/brand?	
36.	Do you have a separate regulatory requirement for the product packaging?	
37.	Are you required to have a pharmacist to facilitate product registration requirements?	
38.	What is the validity period of the product registration?	
39.	Are there quality assurance laws on condoms in the country?	
40.	Do you think that the country has enough supplies of condoms?	
41.	Do you think that there is a need for a national condom programming in the country?	
42.	Do you think your current condom programming system is working?	
43.	Do you have any recommended improvements in the current condom programming system?	
44.	Who do you think are the players of condom programming in the country?	
45.	Do you have other thoughts before we conclude this interview?	

If relevant to your institution, please fill the table below.

	Guide Questions	Responses
1.	Do you have a private room for counseling?	
2.	How do you conduct counseling?	
3.	What are your sources for providing information on condoms with regards to HIV/ AIDS and Family Planning/Reproductive Health? (leaflets, posters)	
4.	Do you discuss sexual practices with the clients and assess their personal risks as a factor for HIV/STI and unwanted pregnancy?	
5.	Do you provide counseling tailored to the client‘s needs and circumstances?	
6.	Are you sensitive to gender issues?	
7.	Do you inform your clients about the dual protection benefits of condoms?	
8.	Do you do condom demonstration to your clients?	
9.	Do you teach your clients condom negotiation skills?	

Annex 2

In-depth Interview Guide for Condom Procurement Authorities-(Supplies and Logistics)

Serial Number	

Confidential

Correct and consistent condom use is one of the most effective means of preventing sexual transmission of HIV. Implementation and maintenance of condom demand, availability and distribution are three main components of condom programming. This interview will be used to explore the current status, and to get your recommendations for the success of condom programming in the country.

Thank you very much.

	Guiding Questions	Response
1.	Respondent	
2.	Organization	
3.	Job Title	
4.	Duration of Service	
5.	Major responsibility	
6.	Total number of personnel in condom programming	
7.	What are the positions available for condom programming in your organization?	
8.	Do you feel that the number of personnel available enable you to meet your needs and targets for condom programming?	Yes /no
9.	If no, how many more personnel should be enrolled? (for what, if more needed)	
10.	How many number of years is your organization in operation for condom programming?	
11.	What type of training do your personnel receive in the organization?	

12	What are the other areas of training your personnel should receive, which are not currently provided by the organization?	
13.	Who is your target population for condoms?	
14.	How do you promote condoms to the target groups identified above?	
15.	How do your organization‘s programmes reach these target populations?	
16.	What is your coverage area?	
17.	What have been your organization‘s main condom achievements?	
18. 19.	You mentioned about your programmes. Are you meeting any difficulties in these programmes? What are these?	
20.	How do you forecast?	
21.	What is the basis of your forecasts?	
22.	Do you prepare a procurement schedule? How many do you procure during a year? During a quarter? During a month?	
23.	What procedures are followed in your procurement?	
24.	Do you include buffer stocks when you estimate the annual figure?	
25.	Have you experienced any out of stock situations? And how did you manage them?	
26.	From where do you procure the condoms?	
27.	Do you buy in bulk? Or, do you require a special packaging?	
28.	Do you buy your condoms just based on the lowest quoted price?	
29.	What are your criteria for choosing your suppliers?	
30.	Do you conduct a bidding exercise for suppliers? Is it a competitive bidding? Or a direct negotiation?	
31.	Do you buy in cost insurance freight (CIF)? Or Freight on board (FOB)? And, what is your lead time requirement?	
32.	How long does it take for your supplier to deliver your order from the time you issue a purchase order?	
33.	How do you pay your suppliers?	
34.	How do you clear the commodities from the port of Sri Lanka?	
35.	Do you pay customs duties? And taxes?	

36.	What are your government regulatory requirements?	
37.	Does your government require the products to be registered before they can be distributed?	
38.	How long does it take to register a new product/brand?	
39.	Do you have a separate regulatory requirement for the product packaging?	
40.	Are you required to have a pharmacist to facilitate the product registration requirements?	
41.	What is the validity period of the product registration?	
42.	Are there any other government restrictions in the distribution of the products?	
43.	Where do you take the commodities? Where is/are your warehouse/s?	
44.	How do you store the condoms? Is it under a controlled temperature?	
45.	How do you manage your warehouse?	
46.	Do you require an independent test for the products you procure?	
47.	Do you conduct quality assurance tests? What is your quality system?	
48.	Do you undertake independent tests for the condoms?	
49.	How do you distribute the condoms?	
50.	Who distributes your condoms?	
51.	Where do you distribute your condoms?	
52.	What is the volume of condoms distributed yearly?	
53.	What is the volume of condoms sold yearly?	
54.	How do you monitor the distribution? Any Reports/data base you prepare and maintain?	
55.	Do you think that the country has enough supplies of condoms?	
56.	Do you think your current system is working? If no, what are the reasons?	
57.	Do you have any recommended improvements in the current system?	
58.	How are condoms classified in your government regulations? Can they be sold over the counter? Or do they require a medical provider's prescription?	

59.	Do you think your current government regulations on condom promotion are adequate?	
60.	Do you have any policy change recommendation on condom procurement and distribution?	
61.	What is the market size of the condoms?	
62.	Who are the major players?	
63.	What are the price ranges of the products being marketed?	
64.	Do you think there is room for growth of commercial distribution of condoms?	
65.	Do you think there is a need for new condom brands to be introduced to the market?	
66.	Is your organization willing to distribute female condoms if introduced in the market?	
67.	What are the likely barriers to female condom use if introduced?	
68.	Do you think there is a demand for lubricants?	
69.	Do you have other thoughts before we conclude this interview?	

Annex 3

In-depth Interview Guide for Main Sales Persons of Condom Distribution Outlets

Serial Number	

Confidential

Correct and consistent condom use is one of the most effective means of preventing sexual transmission of HIV. Implementation and maintenance of condom demand, availability and distribution are three main components of condom programming. This interview will be used to explore the current status, and to get your recommendations for the success of condom programming in the country.

Thank you very much.

	Guide questions	**Responses**
1	Outlet name	
2	Address	
3	Owner's name	
4	Number of staff	
5	Type of outlet (Drug store/Pharmacy /Supermarket/Grocery /Small shops)	
6	Do you sell condoms? How long have you been selling condoms?	
7	How many condoms are sold on an average day?	
8	How many are sold in a typical week?	
9	Do sellers or agents have any suggestions for better promotion of condoms (What are those)?	
10	Describe any point-of-sale advertising for your product.	
11	Do you get opinions of the sales agents to counter negative attitudes?	
12	Do the agents have any problem in having an adequate supply of condoms?	
13	How many condoms have been sold or distributed over the last one year?	

14	How do clients buy their condoms? (How do they request?)	
15	Who are the usual buyers of condoms?	
16	Are there young people buying condoms, males or females?	
17	What can be done to make your condoms accessible to young people?	
18	What brands are you selling and how many do you sell? (please list down and get price points) What are the most frequently selling brands?	
19	Have you exhibited condoms at the cashier point?	
20	Do you need a prescription to sell condoms?	
21	What are the government regulations you need to adhere to?	
22	From where do you get your condom supplies?	
23	Do you buy them in cash? Or What are your credit terms?	
24	Are you often visited by a condom representative for promotion?	
25	Where do you keep the condoms you buy? Do you have a warehouse?	
26	Are there customer complaints? If there are, how do you handle them?	
27	Does your pharmacy have an air conditioning facility?	
28	Were there any instances where people ask for female condoms?	
29	Do you maintain the confidentiality of the buyers?	
30	Do you have any other concerns and recommendations?	

Annex 4

Focus Group Guide for Service Providers (PHMM & PHII)

Date .....

Name of the STD Clinic.....

Group- Public Health Midwives/Public Health Inspectors

		Guide questions	Responses
1	a.	What do you think about condoms? Can you describe what it is and what it is used for?	
2.	a.	What do you think about the advantages and disadvantages of using condoms Probe - • STI and HIV/AIDS prevention • Unintended pregnancy Prevention	
	b.	Are condoms freely available in your community?	
3	a.	Do you know the method to teach how to use condoms (condom demonstration)? (Ask how?)	
	b.	Did you receive any training? From where did you receive it? Do you think it's adequate?	
	c.	Do you know about lubricants? (get more details on what purpose)	
4.	a.	What is your opinion regarding the type of people who should use condoms? *Probe-* *Why did you say so? How about other groups? what about people who are having sex occasionally (other than with the faithful partner)?*	
	b.	What do people think of condoms?	
	c.	What do people think of using condoms?	

	d.	Do you support their views? Share with us your opinion.	
5.	a.	Have you ever offered condoms to your service clients?	
	b.	How many condoms have been distributed during last the 3 months, and to how many people?	
	c.	Have you offered condoms to any other persons other than the service clients (E.g.Sex workers, drug users)? To whom did you offer?	
	d.	Was it difficult?	
	e.	What was their general idea when you offered the condoms?	
	f.	Have you offered condoms to youth during the last 6 months (youth who are not in the eligible family register)? If yes, which type of youth?	
	g.	Have you ever offered female condoms? To whom did you offer female condoms?	
	h.	Have you ever offered condoms to youth/ persons other than eligible groups/ MSM/ sex workers?	
	i	What were the problems you encountered?	
6.	a.	How do the families of the clients feel about condoms?	
	b.	What are their attitudes regarding condoms?	
	c.	What is your superior's opinion about condoms? Are there any negative attitudes regarding condoms?	
	d.	Do they think that it's a good method of preventing unwanted pregnancies and STI/HIV?	
7.	a.	Have you ever seen any condom promotional communication materials (leaflets, songs, tele clips) through a friend/ peer educator / media/ heath provider ?(explain)	
	b.	Do you think that people should be educated about condoms?	
	c.	What should be the key messages?	
	d.	How can it be linked to AIDS? STDs?	
8.	a.	Is there anything that you don't like about condoms? what would this be?	
	b.	Is there anything that you like about condoms ? what would this be?	

	c.	What is your recommendation to the people regarding condoms?	
	d	What is your idea about the following : • Condom is good for prevention of an unwanted pregnancy • Condom is good for prevention of HIV/STD • Condom is good for both	
9	a.	How many condoms have been issued by you during the last quarter (number)? For how many clients did you issue?	
	b.	Were there any complaints from your clients regarding condoms on the following? Type/Size/Texture/Sexual satisfaction	
10	a.	What can be done to encourage people to use more condoms?	
	b.	Do you think that the current state health system has addressed that?	
	c.	If not, what are your suggestions for an efficient condom promotion strategy?	
	d.	Do you think the private sector has an efficient condom promotion strategy?	
	e.	What are your recommendations?	
	f.	What do you think about condom promotion on radio and television?	
	g.	What is your view? Can you suggest effective social marketing strategies, for condom promotion for different groups?	
11	a.	Now, I would like to hear your suggestions on some important matters for condoms promotion. • Should it be made more accessible? • Where else do you think condoms should be sold? • How should they be sold? • What do you think about the price? Is it affordable?	
12	a.	Let me summarize what we have heard from you so far.	
	b.	Do you have anything to add?	
	c.	Any further suggestions?	
	d.	Any other concerns and recommendations?	
13	a.	Distribute leaflets on HIV/ AIDS	
		Thank all participants.	

Annex 5

Focus Group Discussion Guide for Service providers (Law enforcement officers- Police Sector)

Date.....

Name of the STD clinic .....

		Guide questions	**Responses**
1	a.	Have you heard about condoms? (Please write the number of participants who have heard about condoms)	
	b.	What do you know about condoms? Can you describe what they are and what they are used for?(Do not probe for advantages at this stage)	
	c.	What do you think about the importance of the condoms?	
2.	a.	According to your knowledge, what might people know about condoms?	
	b.	Do you support their views? Please share your opinion with us.	
	c.	What is your opinion regarding the type of people who are using condoms?	
	d.	What is your opinion regarding the type of people who should use condoms? *Probe-why did you think so? How about the other groups? what about people who are having sex occasionally (other than with the faithful partner?)*	
3.	a.	Have you seen a condom? (Please write the number of participants who have seen condoms)	
	b.	Do you know how to use condoms? How do you use it? Who taught you?	
	c.	Do you know about lubricants? (get more details) (Please write the number of participants who know about lubricants)	
	d.	Have you ever heard of female condoms? What have you heard about them? (Please write the number of participants who know about lubricants)	

4.	a.	Have you ever suggested people to use condoms ?	
	b.	Who were the people you have suggested to?	
	c.	Do you think condoms should only be used by sex workers? If yes, why?	
5.	a.	Is there anything which you don't like about condoms? What would this be?	
	b.	Is there anything which you like about condoms? What would this be?	
	c.	What is your idea about the following features of condoms, which are available at present? Type/Flavor/Size/Texture	
6.	a.	Do you know about the vagrants ordinance?	
	b.	What is the relationship between vagrants ordinance and the condoms?	
	c.	Is there any legal restriction to use condoms according to the vagrants ordinance? If yes, please explain.	
	d.	Do you think carrying a condom by a sex worker is illegal?	
	e.	Is it common to other target groups as well e.g.: MSM, drug user and general population	
	f.	Have you ever produced a condom before courts as evidence of sex work, under the vagrants' ordinance during your service?	
	g.	If yes, have you practiced it during the last 1 year period?	
	h.	Do you know that condoms are also in the essential drug list in the Ministry of Health as medical devices?	
7.	a.	Have you ever seen any condom promotional communication materials (leaflets, songs, tele clips) through a friend/ peer educator / media/ heath provider (explain)?	
	b.	If you have seen, what is your idea about these materials?	
8.	a.	How should people be educated about condoms? What is your opinion?	
	b.	What about condom education among youth?	
	c.	What should be the key messages?	
	d.	How can it be linked to the prevention of AIDS? STDs?	
	e.	What do you think about condom media campaign? Do you think condom promotion should be done on radio and television?	

9.	a.	Now, I would like to hear your suggestions on some matters regarding condoms • Should they be made more accessible? • Where else should condoms be sold? • How should they be sold (in Public or in a secret manner)? • What do you think about the price in the present market? is it affordable?	
	b.	What can be done for people, to use more condoms?	
10.	a.	Let me summarize what we have heard from you so far. - Do you have anything to add?	
	b.	Any further suggestions?	
	c.	Any other concerns and recommendations?	
11.	a.	Distribute leaflets on HIV/ AIDS	
		Thank all participants	

Annex 6

Focus Group Discussion Guide for Key Affected Populations and Vulnerable populations Including the General Public

STD clinic .....

Group .....

	Guiding Questions	Response
1	**Attitudes on condoms:**	
	1. According to your knowledge, what do people think of condoms?	
	2. Do you agree with their attitudes? Share your views with us.	
	3. Who do you think should use condoms more frequently? Why do you think so? What about others?	
	4. What about people who are having sex occasionally (other than with the faithful partner)?	
2	**Benefits of condom usage:**	
	1. According to your knowledge, why should people use condoms?	
	2. Have you ever used condoms?	
	3. What made you use condoms initially?	
	4. What was the reason for using condoms? Probe and find out any other reasons. • Prevention of HIV/STD • Prevention of unwanted pregnancies Where did you get the condoms at the first instance?	
	5. What were your feelings at that moment?	

	6. Did you continue to use condoms?	
	7. If so, what was the reason for continuing to use condoms?	
	8. Do you know how to use the condoms? Who taught you?	
3	**Only for sex workers :**	
	1. What do your clients say about condoms? How do they feel about using them?	
	2. Do you use condoms with your regular partner?	
	3. How does your regular partner feel about using condoms?	
4	**Female condoms:**	
	1. Have you ever heard about female condoms?	
5	**Views about condoms among condom users:**	
	1. What are the places that you get condoms from? Are these places convenient? From where do you like to get them?	
	2.Probe - • Do you buy condoms? • Do you get free condoms? • Or do you get it in both ways?	
	3. Was there any instance that you felt you should have used a condom but you didn't? What prevented you from using?	
	4. Have you ever suggested using condoms to your regular partner?	
	5. Was it difficult or easy?	
	6. If it was difficult, why was it difficult?	
6	**Attitudes about condoms among family members and peers:**	
	1. How do you think your family feels about condoms?	
	2. How about peers or friends?	
	3. What do you think about their attitudes regarding condoms?	
	4. Do you think they will accept if you use condoms?	
	5. What are the alternatives, when condoms are not available?	

7	**Special facts:**	
	1. Is there anything that you don't like about condoms? What would this be?	
	2. Is there anything that you like about condoms? What would this be?	
	3. For users; what are your views on facts mentioned below? Type/ Flavor / Size /Texture	
8	**Views on condoms for non-users :**	
	1. Do you think that you will need to use condoms in the future? Please explain.	
	2. Do you know of any place to get or buy condoms? What are those places?	
9	**Ask from all:**	
	1. How do you think people should be educated on condoms?	
10	**Suggestions on matters regarding condom availability**:	
	1. Where else do you think condoms should be sold?	
	2. How should they be sold?	
	3. How should condoms be made more accessible to the public?	
	4. What about the price? Is it affordable?	
11	**Let me summarize what we have heard from you so far.**	
	1. Do you have anything to add?	
	2. Any further thoughts?	
	3. Any other concerns and recommendations?	
	Distribute leaflets on HIV/ AIDS & Thank all participants	

Areas (Districts) of Focus Group Discussions held

Condom Situation Assessment plan

	MSM	Sex workers	Drug Users	Beach Boys	Urban youth (in cluding slum & states)	Rural Youth	PLHIV	Ante natal Mothers	Law enforce ment officers	Armed Forces	Internal Migrants	External Migrants	Hospi tality Sector	Teenage pregnant mothers	Elderly (35-45) eligible female*	Working women (<35)	Clients or Sex workers	PHMM	PHII
Colombo	x	xx	x		x(Slum)		x			x							x		
Gampaha				x							x		x						
Kurunagala		x									x	x					x		
Rathnapura		x(F)			x(Gem)														x
Galle	x		x	x															
Ampara								x				x		x					
Hambanthota								x								x (teach)			
Kegalle															x				x
Chilaw						x							x					x	
Kandy					x (uni)				x							x (Back)		x	
Jaffna					x		x								x				
Polonnaruwa		x(F)				x				x									
Badulla					x(plant)				x					x					

**Eligible females- Women who are in the age group between 15-49 years*

Annex 8

Guideline for Observation Assessment of Education and Demonstration of Condoms

Condom Education & Demonstration Assessment Guide

Name of the Place/Clinic: …….

Name & designation of the demonstrator:……..

Part 1- Condom education & demonstration

		Done	Not done	Remark
1. Introduction to advantages of condoms				
	1.Prevention of sexually transmitted infections including HIV 2. Prevention of unwanted pregnancies			
2. Educate the client on condom consistency				
	1. To store condoms in a cool dry place 2. To check the expiry date 3. To check the integrity of the packet (air sealed)			
3. Educate them about opening the packet				
	1. Not to use teeth or a pair of scissors to open the packet 2. Open the packet by tearing from the saw toothed edge			
4. Educate on wearing the condom				
	1. Put the condom on before there is any genital contact. 2. Condom should be worn only after penile erection. 3. Take the condom out and find the correct side for use (Rolling edge should be facing out) 4. Before wearing the condom, retract the foreskin fully 5. Squeeze the teat of the condom with two fingers to expel air 6. Unroll the condom on the erect penis up to the base 7. Once the sexual act is over the condom should be removed before the penis becomes flaccid. 8. Withdraw the penis holding from its base while the condom is on 9. Use a tissue or paper to remove the condom. This prevents direct contact with genital secretions.			

	10. Wrap the removed condom in a tissue or paper and dispose appropriately 11. Avoid throwing the used condom into the toilet or open areas. 12. Wash hands once the act is over. 13. Do not wear two condoms at the same time. This may facilitate condom damage and may impair the sensation of the user. 14. Use only water based lubricants, if required. 15. Separate condoms should be used for vaginal, oral and anal sex. 16. Flavoured condoms are available in the market for oral sex, if required by the clients.			

Part 2- Evaluation of communication skills during condom education and demonstration

		Yes	No
1. Commencement			
1.1	Maintain pleasing gesture		
1.2	Establish favourable surroundings		
1.3	Gradual approach to the subject		
2. Message			
2.1	Simplicity		
2.2	Accuracy of messages		
2.3	Essential content in the message		
2.4	Maintenance of sequence		
2.5	Use of terms familiar to the participants / recipients		
3. Getting the participation			
3.1	Attempts to get ideas of the recipients		
3.2	Active listening to the recipients		
3.3	Answering questions posed by the audience without annoyance		
4. End			
4.1	Call for action		
4.2	Summarizing the points learnt		

Name & signature of the evaluator: ……

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