

was very poor. External migrant workers, Armed forces and hospitality sector personnel had good knowledge and perception.

- The society has an impression that the use of condoms gives less sexual pleasure and condoms are only used by people involved in casual sex, sex workers and people with extramarital relationships.
- 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%).
- Condom demonstration and communication skills percentage was more than 50% among STD clinic staff.

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 established private and public partnership for national condom programming.
- Development of the National Condom Strategy.

Government Hospitals with STD Clinics

Colombo Central Clinic 011-2667163, 011-2696433

Ampara	- 063-2224239	Kilinochchi	- 021-2285327
Anuradhapura	- 025-2236461	Kurunegala	- 037-2224339
Badulla	- 055-2222578	Mannar	- 023-2250573
Balapitiya	- 091-2256822	Matale	- 066-2222261
Batticaloa	- 065-2222261	Matara	- 041-2232302
Chilaw	- 032-2220750	Monaragala	- 055-2276826
Embilipitiya	- 047-2230261	Mahamodara	- 091-2245998
Galle (Mahamodara)	- 091-2245998	Mahiyangana	- 055-2257261
Gampaha	- 033-2234383	Negombo	- 031-2222261
Hambantota	- 047-2222247	Nuwara-Eliya	- 052-2222261
Jaffna	- 021-2217756	Polonnaruwa	- 027-2225787
Kalubowila	- 011-4891055	Ragama	- 011-2960224
Kalmunai	- 067-2223660	Ratnapura	- 045-2226561
Kalutara	- 034-2236937	Trincomalee	- 026-2222563
Kandy	- 081-2203622	Vavuniya	- 024-2224575
Kegalle	- 035-2231222	Wathupitiwala	- 033-2280261

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Safety & Protection Love and Happiness

Situation Assessment of Condom Programming in Sri Lanka - 2015



Dual protection through condoms



NATIONAL
STD/AIDS
CONTROL
PROGRAMME



Dual Protection through Condoms

Condoms are the only method of contraception that protect against sexually transmitted infections, as well as prevent pregnancy. Condoms are a medical device recognized worldwide. Condom use for unprotected sex has been recognized as one of the most successful preventive strategies for HIV infection worldwide including Sri Lanka. 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 in Gonorrhoea, 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 a considerable protection is offered by correct and consistent use of condoms. The women whose partners use condoms are at 30 percent less risk of infertility due to sexually transmitted infection. Using condoms can also enhance sexual pleasure by reducing anxieties about the risk of infection and pregnancy.

Condoms are made from different materials – latex, polyurethane and polyisoprene. Latex condoms are the most widely available and least expensive. Polyurethane and polyisoprene condoms are available for people who are allergic to latex condoms.

There is a wide range of condoms to choose from, starting from flavored condoms, studded condoms, colored condoms, glow in the dark condoms and many more recent developments. Among the recent developments there are interesting developments such as pleasure shaped condoms, warming condoms, edible condoms, French ticklers and tingling pleasure condoms.

Evolution of Condoms - Past to Present

Condoms have been a subject of curiosity throughout the history.

- The first description of condom comes from 3000 BC when King Minos of Crete from Greece, used a goat bladder to protect his wife from his semen which was said to 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 Charlse - II in England during late 17th century.
- American inventor known as Charlse Goodyear 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 condoms into what it is today. Following the World War II in the late 1940's condoms were recognized as a family planning device among Americans and Europeans.
- Now condoms are widely available globally.

Past & Present Situations of Condoms in Sri Lanka

- Family Planning was introduced to Sri Lanka in 1953, where the first family planning clinic was inaugurated at the De Zoysa Maternity Hospital in Colombo which provided some contraceptive services including provision of condoms. Family Planning Association of Sri Lanka which was a non-governmental organization was the first organization that made an effort to introduce family planning services to Sri Lanka in 1953 and was given the financial grant from the government.
- In 1965, family planning was accepted as a part of the national policy, and its service components were integrated into Maternal and Child Health services.
- Presently, condoms are widely available in the country and distributed through retail outlets, STD clinics, family planning clinics and public health midwives.
- National STD/AIDS Control Programme started to give free condoms for STD clinic clients from early nineteen nineties. Currently Sri Lanka is experiencing a low level of HIV epidemic which is indicated by an HIV prevalence of <5% in any defined key population and <1% in the general population. HIV prevalence rate in 15-49 age group was less than 0.1% at the end of 2014. 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.
- The Family Health Bureau of Ministry of Health has been catering the modern methods of family planning methods including condoms to people through Public Health Midwives from 1960. Currently, there are nearly 1800 family planning service delivery points in government institutions including Maternal & Child Health field clinics and hospitals in the country. Condom use among currently married women in the age group of 15-49 as a contraceptive method has increased from 1.9% to 6% during the 20-year period since 1987 in Sri Lanka. According to the Reproductive Health - Medical Information System in the Family Health Bureau, 64.6% eligible families (15-49 years) were currently using some contraceptive method 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.

Situation Assessment of Condom Programming In Sri Lanka - 2015

- This is the first ever comprehensive assessment carried out on condom programme in the country, addressing past and present condom situations.
- This situation assessment of condom programming was a prerequisite before developing the National Condom Strategy.

Aims and Objectives of the Situation Assessment of the Condom Programming in Sri Lanka

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.

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.

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 present recommendations for development of the National Condom Strategy

Methodology

The assessment was carried out in four stages.

1. Desk Review

The purpose 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.

2. In-depth Interviews

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

In total, 51 in-depth interviews were conducted with the representation of four categories of stakeholders. Selected participants were: Policy makers, managers of government and NGO sector, Condom procurement authorities in public and private sector, Main sales person of condom distribution outlets, Policy makers from Prison Department and Plantation sector.

3. Focus Group Discussions

Used to reveal wealth of detailed information and give deep insight to the problem. FGD creates an accepting environment that puts participants at ease, allowing them to thoughtfully answer questions in their own words, adding meaning to their answers. Views were obtained from members of key affected populations, vulnerable groups, other condom users and selected service providers on strengths, weaknesses and challenges of condom programming.

4. Observation Assessment of Education and Demonstration of Condoms

This was carried out 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 medical professionals who had experience of working in the STD clinics for a long time and are competent in condom demonstration.

Results

- There are no restrictions for accessibility of condoms in Sri Lanka and could be purchased over the counter. Still there is a considerable amount of stigma behind condom users. Condoms are listed under the medical device category in the essential drug list, in par with the National Medicines Regulatory Authority ACT, No. 5 of 2015
- The main objectives of the condom programming in National STD/AIDS Control Programme 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 Family Health Bureau for condom programming are provision of family planning services for eligible couples and prevention of teenage pregnancies through cafeteria method .
- 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 key populations in GFATM led interventions operating in districts through peer leaders of Key affected populations. Few sexual and reproductive health clinics conducted by Family Planning Association of Sri Lanka & Population Services Lanka provide free condoms.

- There are a number of supportive policies, laws, plans, programs, 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 mislead the legal framework for Key Affected populations which restrict 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 advertising are prerequisite methodological steps of granting permission for the marketing of condoms in Sri Lanka.
- There are no quality assurance test in Sri Lanka after importing condoms, other than document checkups. The Quality assurance tests are not available in Sri Lanka except elasticity test.
- 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 storage guidelines issued by the Family Health Bureau. Family Planning Association of Sri Lanka, manages their condom transport and storage according to the 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. During Focus Group Discussions, majority of members revealed the need to improve the knowledge and develop positive perceptions on condoms in the community.
- Although key populations had a good knowledge and knew how to use condoms correctly, only the majority of female sex workers used condoms continuously. It was noted that they had good negotiation skills with clients for using condoms. It is interesting to note that majority of clients of sex workers have used condoms due to enforcement from female sex workers. Male sex workers cited that 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. Male sex workers go for unprotected oral sex for higher prices.
- Integrated Bio Behavioural Survey which carried out in 2014 showed that percentage of use of condoms at last sex with a client was 93%, and an equally high percentage of 90% was revealed with the non-paying partners. The percentage of Men who have sex with Men reporting the use of a condom at last anal sex encounter with a male partner was 58 % and the percentage of injecting drug users reporting the use of a condom at last anal sex encounter with a male partner was 25 %. The same study revealed condom use at last sex among beach boys were 67%.
- 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. Colombo urban youth had good knowledge and positive perception on condoms. While Tamil speaking Estate youth and, factory workers of internal migrants and, teenage mothers among sex workers the knowledge on condoms