

ABSTRACT

As Sexually Transmitted Diseases (STDs) are spread through the most basic human behaviour, their management and prevention is a public health challenge. To date there is no well-planned and sustainable health education programme in Sri-Lanka to disseminate the preventive messages across the community in a culturally acceptable form. As Sri-Lanka is a country with a well-established Primary Health Care (PHC) infrastructure, the health planners can utilize the already existing network of PHC system to disseminate the health education messages on STDs across the community.

The objective of this study was to initially assess the knowledge, attitudes and health seeking behaviour in relation to STD/HIV/AIDS among a sample of 15 – 49 year age group person selected from two Divisional Health Service (DHS) areas in the Matale district of the Central Province and to assess the knowledge, attitudes and services in relation to STDs among Primary Health Care Workers (PHCWs) serving in the two selected study areas. Thereafter an educational intervention programme on STDs was designed and carried out. This intervention programme included basic facts on STD/AIDS, legal and ethical issues stressing the role of PHCWs in STD prevention in the community. It was conducted using the participatory learning approach. The impact of this intervention was assessed six months later comparing the same variables in the pre-intervention phase with that of the post-intervention phase.

Data was collected by three questionnaires of which two were interviewer-administered type and the other was a self-administered type. Four checklists were used to collect data during the observational component of the study. Nine hundred and twenty nine persons from two study areas participated in both pre and post-intervention surveys. Furthermore 26 PHCWs and 12 field clinics were also taken as participants for the pre and post intervention surveys.

A wide disparity was identified between the knowledge on Other-STDs and AIDS among community members. A significant number of them (77%) had heard of Other-STDs while 99.4% had heard of AIDS. Among those who had heard of the diseases the knowledge on modes of transmission was satisfactory. Knowledge on preventive methods, laboratory services and general awareness on Other-STD was poor.

Attitudes towards patients with Other-STDs and AIDS were more negative than attitudes towards these diseases among community members. The discriminatory attitudes towards various social groups were ingrained in them. Risk behaviors were common among unmarried respondents. Of the total respondents in both study areas about 88% were sexually active. Only about 62% of all respondents in the sample had ever seen a condom. Of the sexually active respondents less than 7% had ever used a condom. Of the unmarried respondents little more than 67% were sexually active and the condom usage was poor both in intervention area (3.4%) and in control area (5.5%) in the pre-intervention survey. Of the sexually active people little less than 40% in both areas ever had developed symptoms of the genito-urinary system and of them less than 30% had obtained treatment. The differences observed between intervention and control areas were not statistically significant at the pre- intervention survey ($p > 0.05$).

The services offered by PHCWs in relation to the STD prevention at the pre-intervention survey were poor and the knowledge on Other-STDs and their services related practices in relation to STDs were not satisfactory. No significant difference was found between intervention and control areas in the pre-intervention survey ($p > 0.05$). However a statistically significant difference was revealed between intervention and control areas at the post-intervention survey that was carried out 6 months after the intervention in the same manner to that of the pre-intervention survey.

The findings of the post-intervention survey indicated that the intervention group had a marked improvement in overall knowledge ($p < 0.05$) and had more positive attitudes towards some aspects of STDs ($p < 0.05$) compared with the control group. The services provided by the PHCWs of the intervention area had markedly improved and that was reflected in the community survey and was confirmed by the field clinic observation.

This study has demonstrated that both community members and PHCWs do acquire new knowledge and change attitudes and services related practices when exposed to a well-planned, comprehensive educational intervention and thereby improve the services available for the community.

