

SUMMARY

Construction workers are predominantly consist of males who come from village to town in search of employment. Several countries have identified them as a risk group for human immunodeficiency virus (HIV) transmission. Living away from home, low level of education and young age are some of the probable reasons for such vulnerability. Colombo is the commercial capital of Sri Lanka with reported highest HIV prevalence in the country. In Sri Lanka no studies have been carried out for last ten years to assess their risks and vulnerabilities for HIV. Therefore this study was carried out among male construction site workers in Colombo municipality area with the aim of assessing their knowledge and attitudes, sexual behaviors, drug use habits and health seeking behaviors related to HIV and sexually transmitted infections (STI).

This descriptive cross sectional study was done in 10 selected construction sites in Colombo municipality area of Sri Lanka using multistage random sampling technique. According to the calculated sample size, a total of 425 male workers who fulfilled the inclusion criteria were selected and data was collected using interviewer administered questionnaire and analyzed using SPSS version 17.

A total of 420 participants completed the survey with a respondent rate of 98.8%. The majority of were in sexually active age group with a mean age of 32 years. Nearly 83% have been educated up to grade 6 or above. 61% of the participants were Tamils followed by Sinhalese (37%). Most of the respondents were from districts other than Colombo, thus living away from their family during working. Well above half of the respondents (56%) were married and most had dependents at home.

Participant's knowledge about HIV was not satisfactory, only 76% have ever heard about HIV and only 15% had comprehensive knowledge about HIV. They had poor knowledge about HIV testing in pregnancy as well as availability of treatment. Significant proportion of workers revealed discriminatory attitudes towards people living with HIV (PLHIV) and only few of them perceived that they have a risk of getting HIV. Participant's knowledge about STI was unsatisfactory and only 38% of them have ever heard about STI.

Majority of participants (79%) were sexually experienced and their sexual debut was at a relatively young age with a mean age being 22 years. Majority (77%) had their first sexual exposure before 25 years and nearly half of them had sex with high risk partners but only 20% reported using condoms at FSI.

Significant proportion (41%) of sample reported having high risk sexual partners ever in life with 34% having sex with female casual sex partners (CSP), 10% with female sex workers (FSW) and 7.3% with male CSP. During preceding 6 months, 24% reported high risk sex while prevalence of such behaviour with female CSP, FSWs and male CSP out of total population was 19%, 5.3% and 4.3% respectively. No participants reported having sex with male sex workers (MSW) or sold sex for monetary gains. Among those who had high risk partners, mean number of partners was 2.5 during last 6 months. Reported condom use was not satisfactory as only 45% used condoms with female CSP, 54% with FSW and 17% with male CSPs during their last sexual exposure (LSE). Factors that were associated with high risk sexual behaviors were age < 25 years and being unmarried while no significant relationship was found between participant's educational level, ethnicity, district of residence, knowledge about HIV or perceived HIV risk.

Remarkable proportion of workers (17%) have used illicit drugs ever in life and of them 78% reported drug use within last 6 months. Cannabis is the commonest drug used (88%) with minority using other drugs like heroin, cocaine and methamphetamine. No participants reported using intravenous drugs. A significant association was found between drug use behaviour and engage in high risk sex.

Most respondents preferred outpatient department for STI treatment while significant proportion also preferred sexually transmitted disease clinics and general practitioners. Only minority (5.3%) has undergone HIV test ever in life.

The finding highlight vulnerability factors for HIV transmission among construction workers. Internal migration, inadequate knowledge about HIV and STI, poor HIV risk perception are some of them. Significant proportion also practice high risk sexual behaviors putting them at risk of HIV. Thus the study recommend urgent intervention to this group to reduce their risks and vulnerabilities. Interventions through workplace is highly recommended. The findings also highlights notable drugs use pattern among this group with significant relationship between drug use and high risk sex. Thus HIV and drug use prevention and harm reduction interventions should go hand in hand to maximize their effectiveness. As the construction workers prefer OPD and GP for their STI treatment, they need to be specially trained to improve their knowledge, skills and attitudes to cater this special population. It is also important to consider alternative HIV testing strategies like outreach testing, self-testing and mobile testing to improve HIV testing among this group.

Key words: Construction workers, HIV, Knowledge, risk behaviors