ABSTRACT

Background: Late diagnosis is a major obstacle in treatment and prevention of HIV. There is a gap in knowledge, attitudes and practices on HIV indicator diseases and there are barriers for provider initiated testing among medical officers leading to missed opportunities for diagnosis of HIV.

Objective: To describe the Knowledge, attitudes, and practices on indicator diseases for HIV testing and to identify the barriers of provider initiated testing (PIT) among medical officers in selected hospitals in the district of Kalutara.

Methods: A descriptive cross sectional study was conducted among medical officers in four main hospitals of Kalutara district. A sample of 425 medical officers was obtained from each hospital using probability proportionate to size. Systematic random sampling technique was employed in order to select the participants from DGH Kalutara, BH Panadura, BH Horana and BH Pimbura. A self administered questionnaire was used to collect data on knowledge, attitudes, and practices on indicator diseases for HIV testing and to identify the barriers of provider initiated testing (PIT). Associations with socio-demographic characteristics, knowledge and practices were assessed using Chi-squared test.

Results: The majority of the medical officers were attached to one of the four major specialties (n=194; 45.6%), had less than five years of service category (n=244; 57.4%), had not obtained any post graduate qualifications (n=324; 76.2%), had no STD clinic experience (n=418; 98.4%), had not obtained any training on HIV (n=394; 92.7%). Of the sample 46.8% (n=199) had adequate knowledge and 53.2% (n=226) had inadequate knowledge. The association between postgraduate

qualifications and having adequate knowledge was statistically significant. The association between HIV training and having adequate knowledge was also statistically significant.

A majority disagreed that HIV testing is a waste of resources in a resource limited setting (n=333; 78.4%), testing is not a responsibility of medical officers (n=398; 93.6%), HIV testing is not a priority (n=342; 80.5%), in a low prevalence country like Sri Lanka HIV is unlikely unless the patient is severely immunosuppressed (n=367; 86.4%). A majority 64.9% (n=276) agreed that the medical officers can productively contribute to end AIDS. A majority 66.6% (n=283) has not offered a HIV test and the mean number of times HIV testing was offered was 1.237. A majority has offered pretest counseling (n=227; 53.4%), has taken consent (n=293; 68.9%), was not sure about the specimen collection tube (n=271; 63.8%), has not performed or requested a rapid test (n=331; 77.9%), has always traced the report (n=187; 44%). The commonest barrier for PIT was stigma.

Conclusions and recommendation: The knowledge and practices on indicator diseases for HIV testing were unsatisfactory. The attitudes were in favour of scaling up of HIV testing. Most frequently encountered barriers for PIT are stigma, lack of resources and knowledge. Medical officers should be made aware of the National HIV testing guidelines and the indicator diseases. Interventions should be done to eliminate the barriers for PIT.

Key words: indicator diseases, provider initiated testing