

## ABSTRACT

**Introduction:** Individuals with undiagnosed HIV infection may increase the risk of transmission. According to the National STD/AIDS Control Programme, Sri Lanka, out of the 235 cases reported in 2015, 23% were in the late-stage disease. In an era of treatment as prevention, clinicians' perspectives on this matter had to be explored with high priority.

**Objectives:** To describe the knowledge, perceived barriers, and the extent of Provider Initiated HIV testing by clinicians in four main Government hospital settings in the Gampaha district, Sri Lanka.

**Methodology:** This study was conducted in two phases. The first phase was a quantitative descriptive cross-sectional survey, conducted among 379 clinicians, obtained through convenience sampling. A self-administered pre-tested questionnaire was used as the data collection tool. There was a non-response rate of 9%. Data entry was done using Epi Data, and SPSS v25 was used for data analysis. A pre-defined composite knowledge score was used during the analysis of knowledge. The study's second phase, which aimed at obtaining qualitative responses, was conducted via in-depth interviews among a purposive sample of eight clinicians. Interviews were conducted until response saturation was achieved. Data was transcribed, and thematic analysis was done manually and presented as percentages and direct quotes where relevant.

**Results:** Most of the study individuals were aware that facilities for HIV testing were available at government STD clinics (94.5%). Nearly half of the participants

demonstrated good composite knowledge of HIV treatment in Sri Lanka (45.4%) and HIV indicator conditions (42.7%).

The most commonly cited barriers to HIV testing emerged were 'stigma' (70.4%), 'knowledge of treatment availability' (50.4%), 'confidentiality' (48.3%), and 'sexual history taking' (43%). Of the total study subjects (379), 208 (54.9%) had ever ordered an HIV test.

The following variables were noted to be statistically significant with the current practice of provider-initiated HIV testing. Ragama Hospital had the highest apparent testing rates ( $p < 0.01$ ). Duration of service ( $p < 0.05$ ), current grade of service ( $p < 0.01$ ), most served unit ( $p < 0.01$ ), and composite knowledge on indications for HIV testing ( $p < 0.01$ ) demonstrated a strong association with current HIV testing practice.

Furthermore, being a male clinician ( $p < 0.01$ ), and having an excellent composite knowledge of HIV treatment ( $p < 0.01$ ), proved to be associated with the current practice of ever ordering HIV testing.

**Conclusion:** Results demonstrate about 50% composite knowledge among clinicians on HIV indicator conditions, HIV testing services, and HIV treatment. Issues related to stigma, confidentiality, and knowledge of treatment were identified as the main barriers to expanding HIV testing.

**Recommendations:** Clinicians need regular CPD sessions. National guidance on HIV screening must be published and reviewed regularly. The National program must take steps to combat HIV/AIDS-related stigma in all settings.

*Keywords:* provider-initiated HIV testing, knowledge, barriers, practices, clinicians