Objective Testing the hypothesis of an association between knowledge and sexual risk behaviour (SRB) amongst community-clinic workers in Chile, explained by the confounding effect of self-perceived vulnerability to HIV. Methods A cross-sectional survey was analyzed; it was nested within a quasi-experimental study of 720 community-clinic workers in Santiago. The SRB score combined the number of sexual partners and condom use (coded as “high”/“low” SRB). Knowledge of HIV (a 25-item index) was coded as “inadequate”/“adequate” knowledge. Self-perceived vulnerability to HIV was categorised as being “high”/“moderate”/“low”. Control variables included socio-demographics, religiousness and educational level. Percentages/averages, Chi-square tests and logistic regression (OR-estimations) were used for descriptive, association and confounding analysis. Results Respondents were 78.2% female, 46.8% married and 67.6% Catholic. Mean age was 38.9 (10.5 SD) and 69% had university/diploma level. Self-perceived HIV vulnerability was “low” in 71.5% cases. A negative association between knowledge and SRB was found (OR=0.55;CI=0.35-0.86), but self-perceived vulnerability did not have a confounding effect on this relationship. This relationship also persisted after being adjusted for multiple control variables (e.g. age, sex, type of primary centre, educational level, and religiousness). Conclusions Some community-clinic workers had inaccurate knowledge of HIV, which was associated with SRB. Self-perceived vulnerability did not have a confounding effect; however, future studies should further analyze occupational risk of HIV as a possible driving factor in health workers’ perception of their risk. Focused training programmes should be developed to enhance basic knowledge of HIV in this group.

Keywords
Primary healthcare, knowledge, HIV, sexual behaviour, self-perception, confounding factor, epidemiology.