

Knowledge, Attitude and Practice Towards Prevention of Mother to Child Transmission of Human Immune Deficiency Virus Among Male Partner of Pregnant Women Attending in Shegaw Motta Primary Hospital. Institutional Based Crosectional Study

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Research

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Abstract

Background: The transmission of HIV AIDS from mother to child is high still now. One of the factors may be due to the low level of the knowledge; attitude and practice of male partners for the HIV infected pregnant mothers. Therefore, the study was aimed to assess the level of knowledge, attitude and practice of male partners of pregnant women, so that, level of knowledge, attitude and practice of male partners of pregnant women would be known.

However, little research is done to assess knowledge, attitude and practice toward MTCT/PMTCT program where these studies are limited in their scope, which focus only on pregnant mothers and there is a gap in examining knowledge and attitude of male partners. Assessing the knowledge, attitudes and practice of male partner of pregnant women at ANC and PMTCT program is vital for interventions on men.

Objective: To assess knowledge, attitude and practice towards prevention of mother to child transmission of HIV among male partner of pregnant women attending in Shegaw Motta Primary Hospital East Gojjam zone, Amahra Ethiopia in 2018.

Results: From the total population 46.2% of the respondents had good knowledge. But, only 16.3 the respondents had poor knowledge. 55.6% of the respondents had positive attitude and 44.4% had negative attitude towards MTCT and PMTCT. 81.5% of the respondents had low level of involvement and 18. 5% of the respondents had high level of involvement towards MTCT and PMTCT

Conclusion: Majority of the respondents had good knowledge and positive attitude towards MTCT and PMTCT. But majority of the respondents had low level involvement towards MTCT and PMTCT.

Introduction

Ethiopia, is one of sub Saharan African counties, has been facing highest number of mother to child transmission (MTCT) of Human Immune Deficiency Virus (HIV). Prevention of mother to child transmission (PMTCT) of HIV program plays a big role in reducing the Mother-to-Child Transmission of HIV. Nevertheless, its effectiveness depends on involvement of male partners considering the fact that men are decision makers in Ethiopia families. They make important decisions that have major impact on women's health. Male partner involvement has been seen to increase uptake of Prevention of Mother to Child Transmission (PMTCT) services and their involvement underscores their importance in reducing HIV infection in children. But, the program strategy is facing challenge of low male partner involvement in PMTCT services (1)

HIV pandemic created a huge challenge to the survival of humankind worldwide. At the end of 2012, an estimated 35.3 million people were living with HIV globally, including 3.3 million children less than 15 years. There were 2.3 million new HIV infections, including 260, 000 among children less than 15 years (2). More than 90% of the children who acquired HIV infection live in Sub- Saharan Africa. In the same

year, in African countries, about 25.0 million people were estimated living with HIV including 2.9 million children. There were 1.6 million new infections and 230,000 million among children less than 15 years and 1.2 million Acquired Immunodeficiency Syndrome (AIDS) related death (3).

Ethiopia is one of sub Saharan African counties facing high AIDS burden, at the end of 2012; approximately 760,000 people were estimated living with HIV, with 20,000 new HIV infections and estimated AIDS related death were 47,000. There were 9,500 new infections among children (4). Besides the dominant heterosexual transmission, vertical HIV transmission from mother to child accounts for more than 90% of pediatric AIDS and without any intervention about half of them will die before their second year birth day. The prevention of mother to child transmission (PMTCT) plays a major role in limiting the number of children being infected by HIV. Without any intervention, 20 -50% of infant would be infected but by implementing effective PMTCT program, the overall risk can be reduced to less than 5% with breast feeding population (5).

As a result, Ethiopia adopted the World Health Organization (WHO) four pronged PMTCT strategies as a key entry point to reduce risk of HIV transmission from mother to child and care for women, men and families. These include primary prevention of HIV infection, prevention of unintended pregnancies among HIV-infected women, prevention of HIV transmission from HIV-infected women to their child, provision of care and support to women infected with HIV, their infants and families (6).

PMTCT of HIV, provided integrally with maternal, neonatal and child health MNCH services by the Government of Ethiopia to mitigate the impacts of the HIV epidemic in general population and particular in children. The achievement of the National PMTCT program to date is not in parallel to other Maternal and Child Health Programs. Very serious gaps remain in terms of utilization of available service by the pregnant mother. The federal Ministry of Health identified some of the challenges; one of the challenges is low male partner involvement.

Studies from Eastern and Southern Africa showed that testing rates ranging from 8% to 15% of male partners at antenatal clinic (7 8, 9).

In this regard, the knowledge and awareness of male partner on the PMTCT matters for the active participation play crucial role for the effective implementation of the program because Sexual and Reproductive Health (SRH) programs and services have been focused primarily on women. Men have often lacked information to make informed decisions about healthy behaviors and the roles they might play in promoting overall family health, including accessing HIV prevention, care and treatment services. Much is not known about the extent to which male partners having adequate information about sexual reproductive health in general and PMTCT program in particular. Hence, this study attempts to asses' knowledge, attitude and practice of male partner involvement in PMTCT program.

The Government of Ethiopia undertaking different efforts to mitigate the impacts of HIV epidemic among the whole population in general and among children in particular. One of the strategies is providing

PMTCT services integrated with maternal, neonatal and child health (MNCH) services as one strategy. Male involvement has been recognized as a priority for PMTCT programs (10).

Different scholars documented the impact of men involvement on the various components of PMTCT programs. Men play an important role in terms of women risk of acquiring HIV, prevention in terms of condom use in the couple's relationship and male partners also influence women's utilization of service including testing for HIV and on decision of infant feeding options (11, 12, 13, 14, and 15).

Justification

The prevalence of MTCT is high still now. Even if MTCT was decreased from time to time, the deference was not enough to eradicate MTCT. Generally, the prevalence of MTCT in Ethiopia was 9.93. The prevalence of MTCT in Dredwa was 15.7% and in SNNPR was 4.16%. This prevalence indicates that MTCT is high even if PMTCT was given. This indicates that PMTCT program was not effective that was given before. This indicates that PMTCT program was not effective as a result of different influencing factors. One of the factors may be due to the low level of the knowledge; attitude and practice of male partners for the HIV infected pregnant mothers. Therefore, the study was aimed to assess the level of knowledge, attitude and practice of male partners of pregnant women, so that, level of knowledge, attitude and practice of male partners of pregnant women would be known.

However, little research is done to assess knowledge, attitude and practice toward MTCT/PMTCT program where these studies are limited in their scope, which focus only on pregnant mothers and there is a gap in examining knowledge and attitude of male partners. Assessing the knowledge, attitudes and practice of male partner of pregnant women at ANC and PMTCT program is vital for interventions on men.

Methods And Materials

Study design

Institution based cross sectional study design was conducted

Source population

All male partners who, are either sexual partners or husbands o I would like to express my gratitude to Shegaw Motta Primary Hospital medical director Dr Manazizot Belete for his willingness of doing this research pregnant women attending in Shegaw Motta primary hospital .

Study population

Male partners who, either sexual partners or husbands of pregnant women attending ANC/ PMTCT service in Shegaw Motta primary Hospital and available during data collection.

Inclusion and Exclusion criteria

Inclusion criteria

Male partners who were either sexual partners or husbands of pregnant women who were volunteer, counseled and tested for PMTCT in this study

Exclusion criteria

Men who were not volunteers mentally ill who can't and those who cannot communicate because of hearing problem were excluded.

Sample size determination

The sample size was calculated by using single population proportion formula with estimated proportion of 60.3% of male partners practice from a study conducted at two health centers of Addis ketema sub city (in Addis Ababa),(33),Marginal error 5%, non response rate of 10% or possible absenteeism and refusal to participate in the study and confidence interval 95%.

Therefore, the sample size was determined using the simple proportional formula and by using

$$n = \frac{Z^2 \times P(1-P)}{d^2}$$

Z – Confidence interval 95% CI/Confidence interval/ is 1.96

p – Estimate population proportion that is for a variable of 60.3% of male partners practice on /PMTCT

d - Is margin of error to be tolerated by researcher that is 5%=0.05

$$n = (1.96) (1.96) (0.603(1-0.603))/0.05 \times 0.05 + (10\% \text{ non-respondents}) n=405$$

Sampling technique

Simple random sampling technique was used

Variable of the study

4.8.1. Dependent variable

Knowledge of male partners towards PMTCT

Attitude of Male Partners towards PMTCT

Practice of male partners to PMTCT

4.8.2. Independent variable

Socio demographic factors. (Age, occupation status, Education status and marital status)

Data analysis

After collecting all the necessary data the data was coded on prearranged coding sheet by the principal investigator. Data were entered in to a SPSS and analysis was made using SPSS version 23 statistical package, errors related to inconsistency of data were checked and corrected during data cleaning.

Data quality Control

The structured interview was administrated by two data collectors who had experience to conduct an interview. They were trained for one day (including half day of pre -test) on the objective, relevance of the study, confidentiality of information, respondents right, informed consent and techniques of interview. The six Investigators were supervising the data collection process.

Ethical clearance

Ethical clearance was attained by letter of permission, which was obtained from Debre Markos University, collage of health science office and Shegaw Motta primary hospital medical director office. Written consent was obtained from each subject and secured after detail explanation of the nature and main purpose of the study. Confidentiality of the information forwarded by subjects was assured by omitting names of the study subjects from the questioner and large effort was made to maintain the privacy of the respondents during interview. the right of the respondents was respected

Dissemination of result

The study will be disseminated to the department of midwifery, collage of health science research office, Hospitals and nongovernmental organizations to get rid of gap in knowledge, attitude and involvement of male in PMTCT. At the end of the study, the result will be presented to Debre Markos University College of health science.

Results

A total 405 male partners of pregnant mothers attending ANC in Shegaw Motta primary hospital were interviewed with 100% response rate.

Approximately half of the respondents, 214 (52.8%) were found in the age range of 25-35. Majority of the interviewed respondents 132 (32.6%) were diploma and higher in qualification. Majority of them, 344 (84.9%) were married. Among the study population, 247 (61%) of the respondents had their own businesses, 118 (29.1%) were employed (table 1).

Table 1: Socio-demographic characteristics of the respondents in Shegaw Motta primary Hospital, East Gojjam zone Amahra, Ethiopia, in 2018(N=405).

| CHARACTER | VARIABLES | FREQUENCY in no (%) |
|---------------------|---------------------------|---------------------|
| Sex | Male | 405(100) |
| Age | <=24 | 36 (8.9) |
| | 25-34 | 214 (52.8) |
| | 35-44 | 125 (25.9) |
| | >=45 | 50 (12.3) |
| Marital status | Married | 344 (84.9) |
| | Divorced | 24 (5.9) |
| | Cohabitated | 37 (9.1) |
| Educational status | Cannot read &write | 98 (24.2) |
| | Read & write | 87 (21.5) |
| | Complete primary school | 28 (6.9) |
| | Complete secondary school | 60 (14.8) |
| | Diploma & higher | 132 (32.6) |
| Occupational status | Daily labor | 21 (5.2) |
| | Employed | 118 (29.1) |
| | Owen business | 247 (61) |
| | Unemployed | 19 (4.7) |

The mean of respondents' knowledge, attitude and practice was 13.8, 19 and 1.31 respectively.

Table 2: The mean variables of respondents in Shegaw Motta Primary hospital in 2018(N=405).

| Variables | Total | Mean |
|-----------|-------|------|
| Knowledge | 405 | 13.8 |
| Attitude | 405 | 19 |
| Practice | 405 | 1.31 |

Knowledge of the respondents about MTCT and PMTCT

The three categories were grouped in to two categories to make the analysis is easy. Don't know and no responses were grouped as one category.

Table 3: the level of knowledge of male patterns towards MTCT and PMTCT in Shegaw Motta Primary Hospital east Gojjam zone Amahra Ethiopia, in 2018(N=405).

| s.r | Questiontions | | Frequency and percent |
|-----|---|-----|-----------------------|
| 1 | Would you think a HIV is transmitted from mother to child during pregnancy? | Yes | 303(74.8) |
| | | No | 102(25.2) |
| 2 | Would you think HIV is transmitted from mother to child during breast feeding? | Yes | 324(80) |
| | | No | 81(20) |
| 3 | Would you think HIV is not transmitted from mother to child by sleeping | Yes | 188(46.4) |
| | | No | 217(53.6) |
| 4 | Would you think HIV is transmitted from mother to child during delivery? | Yes | 266(65.6) |
| | | No | 139(34.4) |
| 5 | HIV positive mother can prevent MTCT by exclusive breast feeding | Yes | 245(60.5) |
| | | No | 160(39.5) |
| 6 | Is HIV positive mother advised to feed her child breast with other foods | Yes | 223(55.1) |
| | | No | 182(44.9) |
| 7 | Giving Anti Retro Viral drugs to the mother and the child reduce the chance of transmission of HIV from mother to her child? | Yes | 285(70.4) |
| | | No | 120(29.6) |
| 8 | A mother who is HIV positive delivering the baby by operation (Cesarean Section) can reduce the chance of transmission of HIV from a mother to her child? | Yes | 245(60.5) |
| | | No | 160(39.5) |
| 9 | Is your wife come to ANC with you is important | Yes | 306(75.6) |
| | | No | 99(24.5) |
| 10 | Do you think that PMTCT program is important | Yes | 315(77.8) |
| | | No | 90(22.2) |

As shown in table 3, majority of the respondents were knowing that HIV can be transmitted from mother to child during pregnancy, 303 (74.8%). Majority of the respondents were known HIV can be transmitted from mother to child during breast feeding, 324 (80%). But majority of the respondents didn't know HIV cannot be transmitted from mother to child by sleep together, 217 (53.6%).

Table 4: summary the level of the knowledge of respondents at Shegaw Motta primary hospital east Gojjam zone, Amhara, Ethiopia in 2018 (N=405)

| Categories | Score range (%) | Number | Percent |
|--------------------|-----------------|--------|---------|
| Good knowledge | >=80 | 187 | 46.2 |
| Moderate knowledge | 50-80 | 151 | 37.3 |
| Poor knowledge | <50 | 67 | 16.5 |
| Total | | 405 | 100 |

As indicated in table 5. The five categories grouped in to two categories to make the analysis is easy. Agree and strongly agree was grouped as one category and undetermined, Disagree and strongly Disagree was grouped as one category.

Table 5: the attitude of male partners of pregnant women to wards MTCT and PMTCT in Shegaw Motta Primary hospital east Gojjam zone, Amhara Ethiopia in 2018(N=405)

| S.R | Questionnaires | | Frequency in no(%) |
|-----|---|----------|--------------------|
| 1 | Is It important that every pregnant woman gets tested for HIV with her partner | Agree | 372(91.8) |
| | | Disagree | 33(8.4) |
| 2 | If couples are infected with HIV, then they shouldn't think of having child. | Agree | 285(70.4) |
| | | Disagree | 120(29.7) |
| 3 | Using condom during pregnancy and breast feeding reduce MTCT | Agree | 301(74.4) |
| | | Disagree | 104(25.7) |
| 4 | Some male don't accompany their wife at ANC clinic since it is women's issues | Agree | 219(78.8) |
| | | Disagree | 86(21.2) |
| 5 | Male should support his wife choice of feeding the baby | Agree | 313(77.3) |
| | | Disagree | 92(22,7) |
| 6 | Some male partners' don't undergo for HCT to know their HIV status due to fear of disclosure. | Agree | 289(83.7) |
| | | Disagree | 65(16.3) |
| 7 | An HIV test result of a pregnant woman indirectly confirms HIV status of her partner | Agree | 276(68.2) |
| | | Disagree | 129(31.8) |
| 8 | Couples should use condoms at least until they know their HIV status is negative | Agree | 319(78.8) |
| | | Disagree | 86(21.3) |
| 9 | It is better to live with unknown HIV status than live depressed with positive HIV status known | Agree | 269(66.4) |
| | | Disagree | 136(33.5) |
| 10 | Even if couple believe they are faithful to each other they should be tested for HV together during ANC follow up for the sake of PMTCT | Agree | 348(86) |
| | | Disagree | 57(14) |

As shown in the table 5, 372(91.8%) of the respondents agreed that every pregnant women gets tested for HIV with her partner. And also 269(66.4%) of the respondents agreed that it is better to live with unknown HIV status than live depressed with positive HIV status known.

Table 6: summary the level of attitude of the respondents Shegaw Motta Primary Hospital east Gojjam zone, Amahra Ethiopia in 2018 (N=405).

| Categories | Score range (%) | Number | Percent |
|-------------------|-----------------|--------|---------|
| Negative attitude | <60% | 180 | 44.4 |
| Positive attitude | >=60% | 225 | 55.6 |
| Total | | 405 | 100% |

Table 7: shows the level of male involvement towards PMTCT and MTCT in Shegaw Motta primary hospital east Gojjam zone Amahra Ethiopia in 2018(N=405).

| s.r | Questionnaires | | Frequency in no(%) |
|-----|--|-----|-----------------------|
| 1 | When your wife comes to start ANC, have you ever come with her by yourself initiated? if you say yes | Yes | 319(78.9) |
| | | No | 86(21.2) |
| 2 | Have you ever ask to enter to enter ANC follow up room with your wife? if say yes | Yes | 291(71.9) |
| | | No | 119(28.1) |
| 3 | .have you ever try to listen correctly ,that was given an education about PMTCT ?if say yes | Yes | 304(75.1) |
| | | No | 101(24.9) |
| 4 | .have you ever try to ask questions that are not clear for you | Yes | 301(74.3) |
| | | No | 104(25.8) |
| 5 | In your home have you ever self-initiated the discussion on importance of PMTCT service with your partner during this pregnancy? | Yes | 296(73.1) |
| | | No | 109(27.9) |
| 6 | Have you ever requested your wife to be tested for HIV during her pregnancy? | Yes | 283(69.9) |
| | | No | 122(30.1) |
| 7 | If your partner had ANC follow up, have you ever asked her what service she got at ANC clinic? | Yes | 277(68.4) |
| | | No | 128(31.6) |
| 8 | Have you ever remind your partner of her ANC follow up? | Yes | 285(70.5) |
| | | No | 120(39.6) |
| 9 | Did you cover medical expenses of your partner in the ANC follow up during her pregnancy | Yes | 294(72.6) |
| | | No | 111(27.8) |
| 10 | Think that, if you are VCT and your result is reactive, can you share these secret to your wife? | Yes | 299(73.8) |
| | | No | 106(26.2) |
| 11 | If your wife /partner are found to be HIV positive when she is pregnant, will you accept that she takes ARVs to protect her fetus? | Yes | 303(74.8) |
| | | No | 102(25,1) |
| 12 | If your answer is yes for Q11 have you ever remind your wife to take drugs on time? | Yes | 307(75.8) |
| | | No | 98(24.2) |

As shown in the table 7, 319(78.8%) of the respondents agreed that when their wife come to start ANC, they come with her by their initiatives, and 68.4% of the respondents agreed that, they asked what

services had got from ANC clinic.

Table 8: summary level of involvement of respondents east Gojjam zone Amahra Ethiopia in Shegaw Motta Primary Hospital east Gojjam zone, Amahra Ethiopia in 2018 (N=405)

| Category | Score range (%) | Number | Percent (%) |
|---------------------------|-----------------|--------|-------------|
| Low level of involvement | <75% | 330 | 81.5 |
| High level of involvement | >=75% | 75 | 18.5 |
| Total | 100% | 405 | 100 |

Discussion

The current finding of age of the respondents was approximately half of the respondents 214 (52.8%) found at the age range of 25-34. This finding was contradict with a study conducted at Addis Ababa that majority of the respondents found at the age group of 25-34 (63.5%) (17)

The current finding of marital status of the respondents was 344 (84.9%). This finding was in line with a study conducted at Addis Ababa (89.7%) was married (18).

The current finding of the level of knowledge 187 (46.2%) had good knowledge, 151 (37.3%) had moderate knowledge and 67 (16.3%) had poor knowledge. These finding is contradict with study conducted at Addis Ababa 76.2% of the respondents had good knowledge (19). But, these findings were higher than a study conducted at Debre Markos that majority of the respondents had moderate knowledge (20).

The current finding of the level of attitude 225 (55.6%) had positive attitude and 180 (44.4%) of the respondents had negative attitude. These finding is in line with a study conducted Addis Ababa that 50% of the respondents had positive attitude (21).

The current finding the level of respondents involvement 75(18.5%) had high level of involvement and 330 (81.5%) of the respondents had low level of involvement towards MTCT and PMTCT. These findings were in line with a study conducted at Uganda 99 (26%) the respondents had positive attitude (22). But contradict with study conducted at Addis Ababa 190 (60.3%) of the respondents had positive attitude and a study conducted at Debre Markos town 198 (72.26%) of the respondents had positive attitude (23, 24).

Conclusion

Marjory of the respondents had good knowledge and positive attitude. But majority of the respondents had low level of involvement.

Abbreviations

AIDS = Acquired Immunodeficiency Syndrome

ANC = Antenatal Care

ART = Antiretroviral Therapy

ARV=Anti Retro Viral

CDC= Center for Disease Control

FHAPCO= Federal HIV AIDS Prevention and Control Office

HTC= HIV Testing and Counseling

HIV= Human Immune Virus

MNCH=Maternal and Neonatal Child Health

MTCT= Mother-To-Child Transmission

PMTCT = Prevention of Mother-to-Child Transmission

SRH= Sexual Reproductive Health

SSA=Sub-Saharan African

UNAIDS= Joint United Nations Program on HIV

VCT= Voluntary Counsel and Test

WHO = World Health Organization

Declarations

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Availability of data and materials

Minimal data can be accessed upon request from author (HAA).

Ethics approval and consent to participate

Not applicable.

Consent for publication

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Competing interests

I have no competing interest.

Authors' contributions

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Authors' information

Not applicable.

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