Title: Factors associated with HIV-positive and HIV-negative pregnant women disclosing their HIV test result to their partner in Tabora, Tanzania

Track and Category: D74

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Background: HIV testing during pregnancy is almost universally available and accepted now and recently, Tanzania adopted targeted universal ART including discordant couples. Understanding factors associated with HIV status disclosure among HIV-positive and HIV-negative women is essential to effectively enroll discordant couples into HIV prevention and treatment services.

Methods: EGPAF is studying the effect of SMS appointment reminders and cash transport payments on clinic attendance and facility-based delivery for HIV-positive and HIV-negative women, and HIV testing of exposed infants. Multivariate regression analysis of baseline data (n=1149) identified factors associated with HIV status disclosure to a partner. Inclusion criteria included pregnant women (\geq 18 years) attending antenatal care who had at least one prior pregnancy.

Results: The mean age of participants was 27 years; 86\% were married; 46\% were HIV-negative, 29\% were known HIV-positive, and 25\% were newly identified HIV-positive. The prevalence of partner disclosure was 58\% overall (48\% among HIV-negative; 66\% among HIV-positive). In multivariate analysis, partner disclosure was more likely among women with known positive status (adjusted odds ratio [AOR]=10.5, 95\% CI: 6.2,17.8) or newly diagnosed positive status (AOR=1.8, 95\% CI: 1.2,2.8) compared to those testing HIV-negative. Women whose health care was usually decided by others (AOR=1.8, 95\% CI: 1.1,2.8) were more likely to disclose compared to women who decided themselves. Disclosure was positively associated with being married (AOR=4.0, 95\% CI: 1.9,8.1) or cohabiting (AOR=2.9, 95\% CI: 1.4,5.9), and negatively associated with having a partner with some education (AOR=0.69, 95\% CI: 0.50,0.95). Compared to women who knew their partner was negative, women with known positive partners were more likely to disclose HIV status (AOR=3.4, 95\% CI: 2.0,5.9) while those who did not know their partner’s status were less likely to disclose HIV status (AOR=0.08, 95\% CI: 0.05,0.15).

Conclusion: Disclosure is more common among pregnant women who are HIV-positive, rely on others for health care decisions and know their partner is HIV positive. The lower rates of disclosure among HIV-negative women suggest that lack of open communication about HIV risk and HIV status may limit identification of discordant couples; service providers should strengthen and update communication-relevant key messages into post-test counseling for those testing negative.