

ABSTRACT

Background Male partner HIV testing and counseling (HTC) is associated with enhanced uptake of prevention of mother-to-child HIV transmission (PMTCT), yet male HTC during pregnancy remains low. Identifying settings preferred by pregnant women and their male partners may improve male involvement in PMTCT. Methods Participants in a randomized clinical trial (NCT01620073) to improve male partner HTC were interviewed to determine whether the preferred male partner HTC setting was the home, antenatal care (ANC) clinic or VCT center. In this nested cross sectional study, responses were evaluated at baseline and after 6 weeks. Differences between the two time points were compared using McNemar's test and correlates of preference were determined using logistic regression. Results Among 300 pregnant female participants, 54 % preferred home over ANC clinic testing (34.0 %) or VCT center (12.0 %). Among 188 male partners, 68 % preferred home-based HTC to antenatal clinic (19 %) or VCT (13 %). Men who desired more children and women who had less than secondary education or daily income < \$2 USD were more likely to prefer home-based over other settings ($p < 0.05$ for all comparisons). At 6 weeks, the majority of male (81 %) and female (65 %) participants recommended home over alternative HTC venues. Adjusting for whether or not the partner was tested during follow-up did not significantly alter preferences. Conclusions Pregnant women and their male partners preferred home-based compared to clinic or VCT-center based male partner HTC. Home-based HTC during pregnancy appears acceptable and may improve male testing and involvement in PMTCT.