

Partner HIV counselling and testing in pregnancy enhance male partner HIV counselling and testing in Kenya: a randomized clinical trial.

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Abstract

BACKGROUND::

HIV testing male partners of pregnant women may decrease HIV transmission to women and promote uptake of prevention of mother-to-child HIV transmission (PMTCT) interventions. However, it has been difficult to access male partners in antenatal care (ANC) clinics. We hypothesized that home visits to offer HIV testing to partners of women attending ANC would increase partner HIV testing.

METHODS::

Women attending their first ANC were enrolled, interviewed using smartphone audio-computer assisted self-interviews and randomized to home visits or written invitations for male partners to come to clinic, if they were married or cohabiting, unaccompanied by partners and had no prior couple HIV counselling and testing (CHCT). Enrolled men were offered CHCT (HIV testing and mutual disclosure). Prevalence of CHCT, male HIV seropositivity, couple serodiscordance and intimate partner violence, reported as physical threat from partner, were compared at 6 weeks.

RESULTS::

Among 495 women screened, 312 were eligible, and 300 randomized to clinic-based or home-based CHCT. Median age was 22 years (interquartile range 20-26 years), and 87% were monogamous. CHCT was significantly higher in home-visit than in clinic-invitation arm (n=128, 85% vs. n=54, 36%; $P<0.001$). Home-arm identified more HIV-seropositive men (12.0 vs. 8.0%; $P=0.248$) and more HIV-discordant couples (14.7 vs. 4.7%; $P=0.003$). There was no difference in intimate partner violence.

CONCLUSION::

Home visits of pregnant women were safe and resulted in more male partner testing and mutual disclosure of HIV status. This strategy could facilitate prevention of maternal HIV acquisition, improve PMTCT uptake and increase male HIV diagnosis