

# Examining the relationship between pediatric PMTCT outcomes and knowledge of partner status



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## Background

The mothers2mothers' Mentor Mother program empowers pregnant women and new mothers to make informed decisions about their maternal and reproductive health as well as their infants' health, through provision of peer education and psychosocial support. m2m's 2013 annual evaluation showed that discordancy was negatively associated with the uptake of pediatric PMTCT services. HIV-positive mothers who knew their male partners were

HIV-negative were less likely to bring their infants for PCR testing at 6-8 weeks (OR=0.60, p= 0.005), or for a follow-up test at 18 months (OR=0.75, p= 0.017), compared to mothers who knew their partners were HIV-positive. The aim of this study is to further investigate the role that knowledge of one's partner's HIV status plays in the uptake of pediatric PMTCT services.

## Methods

Secondary analysis of m2m's 2013 internal program evaluation data was conducted. Data comprised of a representative random sample of 5,592 HIV-positive clients' longitudinal records (routinely maintained by Mentor Mothers), enrolled from March through May 2012 in six African countries.

The relationship between knowledge of partner status and uptake of pediatric PMTCT services was investigated through bivariate analysis (chi-square) and binary logistic regression analysis using STATA 12.

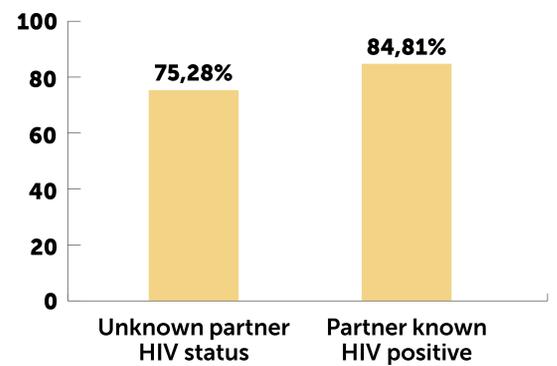
## Results

Knowledge of partner HIV status was significantly associated with uptake of pediatric PMTCT services. Mothers who knew their partner's HIV status were more likely to take up pediatric PMTCT services compared to those who did not know their partner's status. The likelihood of improved uptake of PMTCT services was the highest among mothers who knew they were in a concordant relationship. There was no significant relationship between knowledge of partner status and uptake of infant AR.

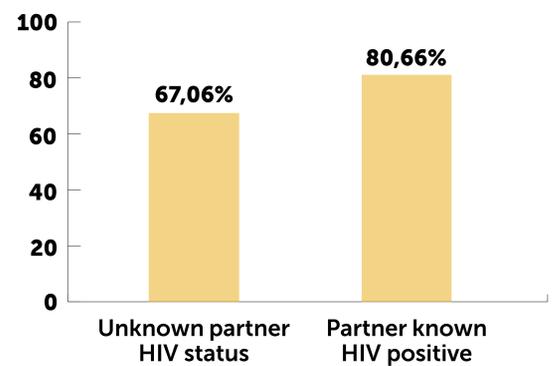
|                              | Unknown partner HIV status | Partner known HIV positive (known concordant relationship) OR (p-value) | Partner known HIV negative (known discordant relationship) OR (p-value) |
|------------------------------|----------------------------|---|---|
| Infant PCR test              | 1                          | 1.96 (0.000)  | 1.20 (0.261)  |
| Infant PCR test result       | 1                          | 2.12 (0.000)  | 1.41 (0.022)  |
| Infant 18 months test        | 1                          | 1.89 (0.000)  | 1.41 (0.012)  |
| Infant 18 months test result | 1                          | 1.91 (0.000)  | 1.44 (0.008)  |
| Infant on ART                | 1                          | 0.84 (0.505)  | 0.89 (0.751)  |

[Pediatric PMTCT & knowledge of partner status]

### INFANT PCR TEST UPTAKE



### INFANT PCR TEST RESULT UPTAKE



● Infant PCR Test - YES

## Conclusion

**Additional primary research on the effects of concordancy and discordancy on PMTCT outcomes is recommended. Our secondary analysis suggests that uptake of pediatric PMTCT services is more likely to occur amongst clients who know that they are in a concordant relationship. This evidence supports m2m's inclusion of a tailored serodiscordant couples education and support intervention to facilitate mutual disclosure of HIV status in partners, especially in the context of Option B+, thus improving outcomes in the postnatal care cascade.**

