
**Abstract:**
Background: With HAART PMTCT interventions can reduce the risk of MTCT below 2%. However, low uptake of VCT is challenging effectiveness of PMTCT programs in sub-Saharan Africa. The aim of this study is to identify factors that determine VCT uptake among pregnant women attending ANC services.

Methods: A case-control study was conducted from August 30, 2005 - November 30, 2005 among pregnant women attending ANC PMTCT services at Teklehaimanot Health Center and Gandhi memorial Hospital in Addis Ababa City. Cases were pregnant mothers who accepted VCT (n=202) and controls were pregnant mothers who refused VCT (n=200). Data was collected by counselor nurses working at the respective services.

Results: Factors that determine VCT acceptance were women's perceived ability to cope with a positive result (OR = 5.5, 95% CI 3.5-8.5, MHOR = 6.3, 95% CI 3.9-10.2); perceived favorable reaction of husband's after sharing positive test result (OR = 2.7 95% CI 1.4-5.1, MHOR = 2.9, 95% CI 1.4-5.7); perceived positive community response (OR = 2.2 95% CI 1.1-4.2, MHOR = 2.6 95% CI 1.3-5.2); perceived ability to get continuous medical care if found out to be positive (OR = 2.0, 95% CI 1.2-3.5, MHOR = 2.4, 95% CI 1.3-4.5).

Conclusion: Women's perceived ability to cope with a positive result, accesses to medical care, fear of husband's negative reaction and the stigma and discrimination following a positive test result were key determinants of uptake of VCT. Therefore, increasing uptake of VCT/PMTCT services needs policy makers and service providers' effort to promote couple counseling, intensifying the fight against stigma and discrimination and ensuring continuous HIV/AIDS related medical care.

**Link to article:**