

## Supplementary material

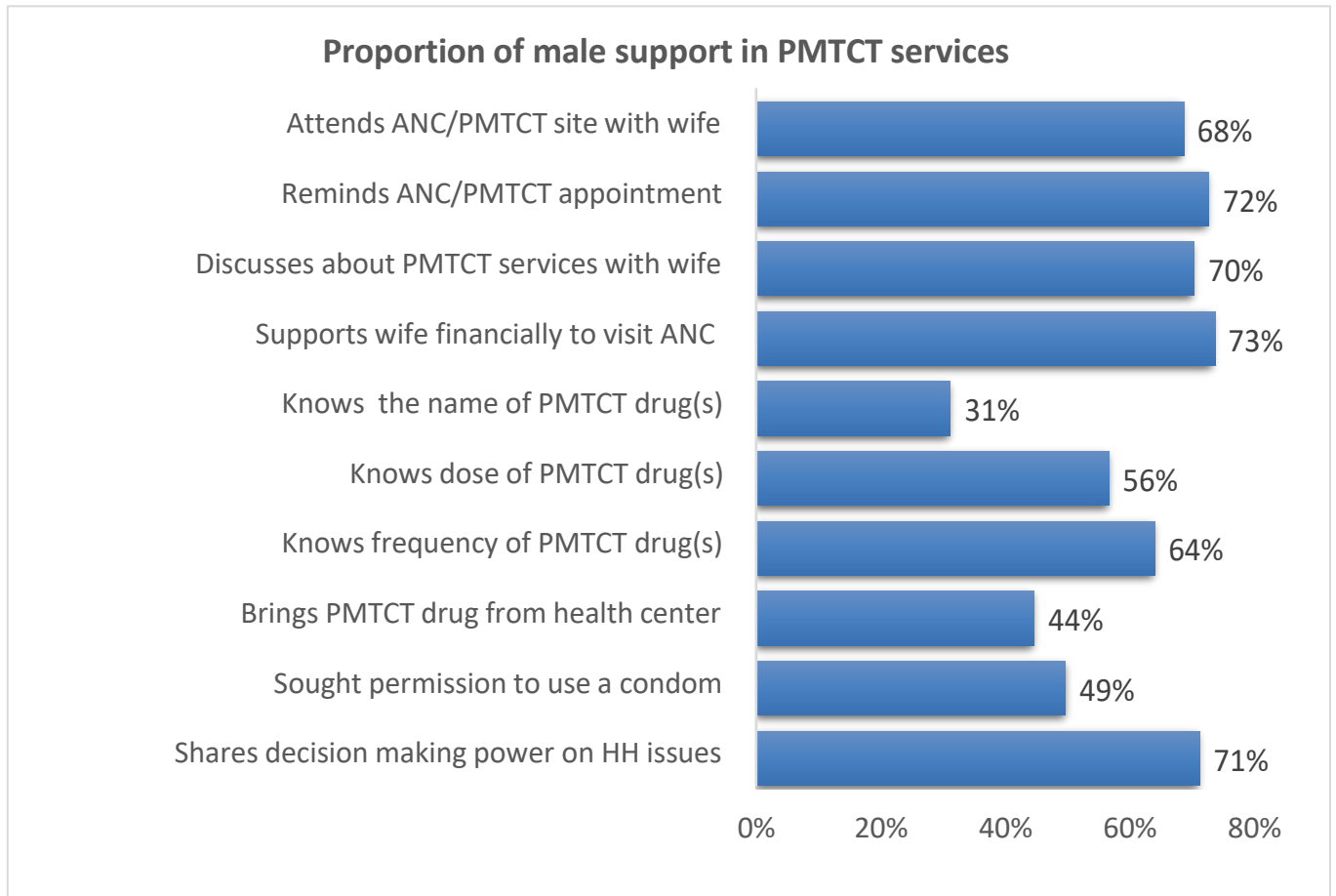


Figure S1: Male partner involvement/support in PMTCT option B+ care/services for HIV positive pregnant women, Ethiopia, 2018

Table S1: Knowledge of risk reductions/PMTCT services of mother to child transmission among HIV positive pregnant women in West Shawa, Ethiopia, 2018 (n=343)

Knowledge on MTCT (PMTCT) (risk reduction)	Response	
	True n (%)	False n (%)
Condom use during sex with an HIV infected partner can prevent HIV transmission	325(94.8)	18(5.2)
Seropositive women can transmit HIV to their babies during pregnancy, labor and delivery and breast feeding	323(94.2)	20(5.8)
HIV-positive women can reduce the risk of HIV transmission to their babies if they take PMTCT drugs	322(93.9)	21(6.1)
Omitting to take some of the PMTCT drugs can affect effectiveness of PMTCT care and support	270(78.7)	73(21.3)
Adhering to ARV drugs can reduce the risk of opportunistic infections	306(89.2)	37(10.8)
The support of the male partner during PMTCT care enhance adherence of mothers to PMTCT drugs	257(74.9)	86(25.1)

Table S2: Attitude towards PMTCT option B+ care among pregnant women attending PMTCT clinic in West Shawa, Ethiopia, 2018

Variables	Dis-agreed n (%)	Not sure n (%)	Agreed n (%)
It is tiresome to take PMTCT drugs every day	196(57.1)	1(0.3)	146(42.6)
Taking PMTCT drugs benefits not only the mother but also the baby	16(4.7)	2(0.6)	325(94.8)
Starting ARV treatment earlier can help to improve the quality of life and survival better.	24(7)	15(4.4)	304(88.6)
Involving male partner increase effectiveness of PMTCT services	36(10.5)	21(6.1)	286(83.4)
I would not like to give birth taking PMTCT drugs	230(67)	10(2.9)	103(30)
I don't recommend to have sex without condom	87(25.4)	12(3.5)	244(71.1)

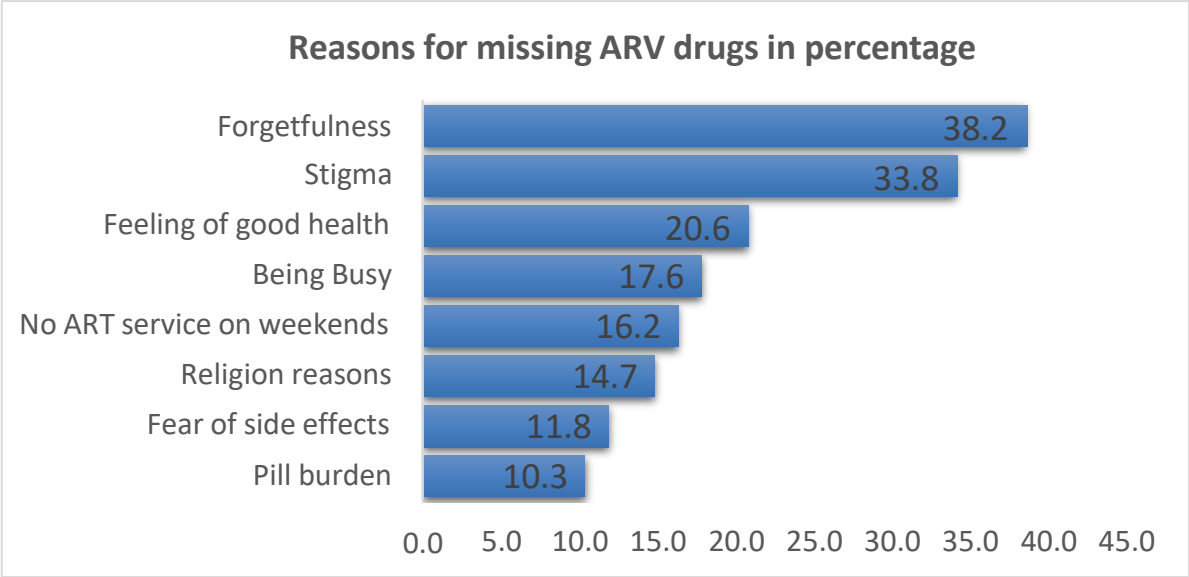


Figure S2: Main reasons for missing ARV drugs among pregnant women attending PMTCT clinics in West Shawa, Ethiopia, 2018