

# RECENTLY PUBLISHED RESEARCH

● **Anoje C, Agu KA, Oladele EA, Badru T, Adedokun O, Oqua D, Khamofu H, Adebayo O, Torpey K, Chabikuli ON**

*Adherence to on-time ART drug pick-up and its association with CD4 changes and clinical outcomes amongst HIV infected adults on first-line antiretroviral therapy in Nigerian hospitals.* AIDS Behav 2017 Feb; 21(2): 386-92. [Journal Impact Factor: 3.063]

Adherence to medication is an important component of HIV care, and measuring adherence is essential to helping patients achieve treatment goals. This paper considers a simple and noninvasive method, pharmacy refill information, to estimate adherence and its associations with clinical outcomes. Findings show that simple, provider- and client-friendly measures for estimating and ensuring adherence have favorable outcomes.

● **Ashiono E, Achwoka D, Mutugi J, Rakwar J, Wafula A, Chabikuli ON**

*Vertical HIV transmission in perinatally exposed infants in South-Rift region of Kenya: A retrospective cross-sectional study.* BMC Public Health 2017 Feb; 17(Article No.207): 8p. [Journal Impact Factor: 2.209]

Maternal highly active antiretroviral therapy, infant prophylaxis and exclusive breastfeeding are effective interventions in reducing vertical HIV transmission from mother to child when provided early. This study assessed the effectiveness of these prevention programs. The authors recommend additional improvement of antenatal care quality and health systems strengthening interventions.

● **Bailey PE, van Roosmalen J, Mola G, Evans C, de Bernis L, Dao B**

*Assisted vaginal delivery in low and middle income countries: An overview.* BJOG 2017 Jan; epub ahead of print. [Journal Impact Factor: 4.096]

Assisted vaginal delivery is underused in many low- and middle-income countries — precisely where women continue to face hardships in accessing emergency obstetric and newborn care and where cesarean delivery can be relatively unsafe. This overview assessed the use of assisted vaginal delivery in 40 countries, mostly in sub-Saharan Africa. The authors found that frequent reasons for not conducting an assisted vaginal delivery included the lack of equipment or trained health workers and providers stating this service was not needed.

● **Biritwum NK, de Souza DK, Marfo B, Odomo S, Alomatu B, Asiedu O, Yeboah A, Hervie TE, Mensah EO, Yikpotey P, Koroma JB, Molyneux D, Bockarie MJ, Gyapong JO**

*Fifteen years of programme implementation for the elimination of lymphatic filariasis in Ghana: Impact of MDA on immunoparasitological indicators.* PLoS Negl Trop Dis 2017 Mar; 11(3): e0005280. [Journal Impact Factor: 3.948]

The World Health Organization launched a global program to eliminate lymphatic filariasis by 2020 using a strategy of annual mass drug administration to entire at-risk populations. Ghana was one of the first countries to begin the strategy and is on course to achieve the 2020 goal. This paper presents an overview of the evolution of the program, successes, challenges and lessons in the first 15 years.

● **Brunie A, Lenzi R, Lahiri A, Izadnegahdar R**

*Leveraging the private sector for child health: A qualitative examination of caregiver and provider perspectives on private sector care for childhood pneumonia in Uttar Pradesh, India.* BMC Health Serv Res 2017 Feb; 17(1): 159. [Journal Impact Factor: 1.606]

This study explores the knowledge and past experiences that private-sector providers and child caregivers have with pneumonia diagnosis and treatment. The authors found that convenience, cost and expectations of rapid symptomatic improvement may encourage overuse of antibiotics, consultation with multiple providers and treatment interruptions. They suggest that addressing caregiver knowledge gaps and incentivizing recommended care standards may improve treatment outcomes.

● **Cheung KK, Rutherford DD, Burke HM**

*How formative research can improve the effects of household economic strengthening programs for children.* Vulnerable Child Youth Stud 2017; 12(1): 46-57. [Journal Impact Factor: n/a]

Household economic strengthening programs should increase the welfare of households and children, yet research shows that these programs do not always improve children's lives. These findings from interviews with families in Liberia provide information into how household decision-making affects children's health and education. Recommendations illustrate how greater understanding of these dynamics can be used during program design to develop complementary programming and messages to maximize the benefit of these programs on children's well-being.

● **Corneli A, Namey E, Mueller MP, Tharaldson J, Sortijas S, Grey T, Sugarman J**

*Evidence-based strategies for shortening informed consent forms in clinical research.* J Empir Res Hum Res Ethics 2017 Feb; 12(1): 14-25. [Journal Impact Factor: 1.146]

Long informed consent forms can negatively affect potential participants' understanding of clinical research. The authors present three strategies for reducing form length that were developed by consensus among six groups of key stakeholders. Implementing these strategies will facilitate adoption of the proposed changes to U.S. regulations on form length, to make the consent process more useful for participants.

● **Frongillo EA, Nguyen PH, Saha KK, Sanghvi T, Afsana K, Haque R, Baker J, Ruel MT, Rawat R, Menon P**

*Large-scale behavior-change initiative for infant and young child feeding advanced language and motor development in a cluster-randomized program evaluation in Bangladesh.* J Nutr 2017 Feb; 147(2): 256-63. [Journal Impact Factor: 3.740]

The authors found that an infant and young child feeding intervention advanced language and gross motor development, and the increase in development milestones was partially explained by improved complementary feeding. This paper suggests that integrated nutrition programs should measure outcomes such as child development milestones, not just physical size, when evaluating program impact.

● **Greene E, Pack A, Stanton J, Shelus V, Tolley EE, Taylor J, El Sadr WM, Branson BM, Leider J, Rakhmanina N, Gamble T**

*"It makes you feel like someone cares" acceptability of a financial incentive intervention for HIV viral suppression in the HPTN O65 (TLC-Plus) Study.* PLoS One 2017 Feb; 12(2): e0170686. [Journal Impact Factor: 3.057]

Financial incentives are a potentially powerful tool for health behavior change. As part of the HIV Prevention Trials Network (HPTN) O65 study, a qualitative substudy explored the experiences of implementers and recipients of the intervention. The results indicate that the intervention was highly acceptable despite some reluctance in principle to use financial incentives. The authors offer lessons for future applications of similar interventions.

● **Guest G, Namey E, McKenna K**

*How many focus groups are enough? Building an evidence base for nonprobability sample sizes.* Field Methods 2017 Feb; 29(1): 3-22. [Journal Impact Factor: 1.100]

There are limited empirical data to guide researchers in determining the number of focus groups necessary for a research study. This paper provides foundational empirical evidence to suggest adequate focus group sample sizes and discusses the relative generalizability of the findings to other study contexts. The findings will help researchers better plan for and justify sample sizes for qualitative research using focus groups.

● **Hubacher D, Spector H, Monteith C, Chen PL, Hart C**

*Long-acting reversible contraceptive acceptability and unintended pregnancy among women presenting for short-acting methods: A randomized patient preference trial.* Am J Obstet Gynecol 2017 Feb; 216(2): 101-9. [Journal Impact Factor: 4.681]

This prospective study enrolled nearly 900 women to compare short-acting and long-acting contraceptive methods. The effort demonstrated both broad-based and high acceptability of long-acting methods and produced unbiased estimates of reductions in unintended pregnancy in a population that was seeking short-acting methods. Voluntary uptake of long-acting reversible contraception may provide benefits to a wider population than previously thought.

● **Ippoliti NB, L'Engle K**

*Meet us on the phone: Mobile phone programs for adolescent sexual and reproductive health in low-to-middle income countries.* Reprod Health 2017 Jan; 14(Article No.11): 8p. [Journal Impact Factor: 2.035]

Evidence from mHealth programs is generating increasing data about the potential for knowledge and behavior change from mHealth interventions. The diversity and scale of mHealth interventions identified in this review reflect how health care professionals are increasingly leveraging mobile phones to reach adolescents with essential sexual and reproductive health information and services. Given that the field of mHealth is still emerging, more evidence is needed on the cost, impact and sustainability of such interventions in low-to-middle-income country contexts.

● **Jennings L, Pettifor A, Hamilton E, Ritchwood TD, Xavier Gómez-Olivé F, MacPhail C, Hughes J, Selin A, Kahn K, HPTN O68 study team**

*Economic resources and HIV preventive behaviors among school-enrolled young women in rural South Africa (HPTN O68).* AIDS Behav 2017 Mar; 21(3): 665-77. [Journal Impact Factor: 3.063]

This study was a secondary analysis of baseline data from HIV Prevention Trials Network (HPTN) O68, a Phase III trial to assess the effect of a monthly cash transfer, conditional on school attendance, on HIV acquisition among young women in South Africa. The results indicate that increasing young women's individual (versus household) economic resources may complement prevention initiatives.

● **Nanda K, Stuart GS, Robinson J, Gray AL, Tepper NK, Gaffield ME**

*Drug interactions between hormonal contraceptives and antiretrovirals.* AIDS 2017 Apr; 31(7): 917-52. [Journal Impact Factor: 4.407]

This review of published literature summarizes studies of women using hormonal contraceptives and antiretrovirals concurrently. The authors found pharmacokinetic data suggesting that certain antiretrovirals may reduce concentrations of contraceptive hormones with certain methods. Although pregnancy rates are slightly increased, particularly for implants, they remain very effective despite these interactions. Women taking antiretrovirals for treatment or prevention should not be denied access to the full range of hormonal contraceptive options.

● **Nguyen TT, Alayon S, Jimerson A, Naugle D, Nguyen PH, Hajeebhoy N, Baker J, Baume C, Frongillo EA**

*The association of a large-scale television campaign with exclusive breastfeeding prevalence in Vietnam.* Am J Public Health 2017 Feb; 107(2): 312-8. [Journal Impact Factor: 4.138]

This study examined the association between exclusive breastfeeding and exposure to a television campaign on breastfeeding through repeated cross-sectional surveys with mothers of infants younger than 6 months between 2011 and 2014 in Vietnam. Exposure to the television spots was associated with higher scores of knowledge, behavioral beliefs, social norms and self-efficacy, which in turn prepares mothers to adopt exclusive breastfeeding behaviors.

● **Okumu E, Jolly DH, Alston L, Eley NT, Laws M, MacQueen KM**

*Relationship between human immunodeficiency virus (HIV) knowledge, HIV-related stigma, and HIV testing among young black adults in a southeastern city.* Front Public Health 2017 Mar; 5:47. [Journal Impact Factor: n/a]

The authors sought to understand how HIV knowledge and HIV-related stigma affect HIV testing experience among young black adults in a southeastern city in the United States. The findings suggest that reducing HIV-related stigma and increasing HIV knowledge are not sufficient in promoting testing among young black adults in this city, unless specific emphasis is placed on addressing self-stigma and misperceptions about HIV prevention and control.

● **Oladele EA, Khamofu H, Asala S, Saleh M, Ralph-Opara U, Nwosisi C, Anyaie C, Gana C, Adedokun O, Dirks R, Adebayo O, Oduwale M, Mandala J, Torpey K**

*Playing the catch-up game: Accelerating the scale-up of prevention of mother-to-child transmission of HIV (PMTCT) services to eliminate new pediatric HIV infection in Nigeria.* PLoS One 2017 Jan; 12(1): e0169342. [Journal Impact Factor: 3.057]

This paper documents approaches, experiences and lessons learned in expanding access to prevention of mother-to-child transmission services in Nigeria. While there may be no single pathway to ensure coverage of health services, the paper shows that planning based on collection and dissemination of local data, broad engagement with all stakeholders and evidence-based expansion are essential to rapidly closing existing coverage gaps.

● **Rutherford DD, Bachay J**

*A case for integrated development: Pathways to improve child well-being.* Dev Pract 2017; 27(1): 116-21. [Journal Impact Factor: 1.146]

This article presents lessons learned from integrating economic strengthening with other interventions for improved child well-being. The authors found missed opportunities to improve child nutrition and recommend: integration of economic strengthening interventions with complementary development activities, deep formative assessments to inform program design and the use of community-based feedback to protect children from inadvertent harm and inform program stakeholders in real time.

● **Stalter RM, Katayamoyo P, Packer C, Banda H, Chen PL, Mwansa JK, McCarragher DR, Denison JA**

*Transitioning to second-line antiretroviral therapy among adolescents in Copperbelt Province, Zambia: Predictors of treatment switching and adherence to second-line regimens.* Pediatr Infect Dis J 2017 Jan; epub ahead of print. [Journal Impact Factor: 2.587]

For adolescents living with HIV in sub-Saharan Africa who experience treatment failure, second-line regimens may be available but can be costlier and require taking more pills. The authors assessed predictors of treatment switching and adherence to second-line regimens in Copperbelt Province, Zambia. Results suggest the need for greater adherence support and more interventions to help adolescents transition to young adulthood.

● **Vuong T, Nguyen N, Le G, Shanahan M, Ali R, Ritter A**

*The political and scientific challenges in evaluating compulsory drug treatment centers in Southeast Asia.* Harm Reduct J 2017 Jan; 14(Article No.2): 14p. [Journal Impact Factor: 2.635]

This paper discusses the political challenges and methodological issues when conducting cost-effective research around compulsory drug treatment in a nondemocratic country in Southeast Asia. Local empirical evidence on the comparative cost-effectiveness of center-based compulsory drug treatment and methadone maintenance treatment is critical in considering more holistic, humane and effective drug-dependence treatment approaches.