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Background: Decreasing infant mortality was a key aim of Millennium Development Goal (MDG) 4. While many regions worldwide made substantial progress, not all attained MDG4. Defining determinants of infant mortality in settings with high rates of infant mortality can inform strategies to further decrease mortality.

Methods: Data were analyzed from the Mama Salama Study (MSS), a prospective peripartum cohort study in Western Kenya examining HIV acquisition in pregnancy to 9 months postpartum between 2011 and 2014. Cases of infant death were compared to control infants who survived to 9 months postpartum. Sub-analyses compared neonatal and perinatal mortality cases to controls. Logistic regression was used to identify determinants of infant, neonatal, and perinatal mortality using Stata® 13 software.

Findings: In multivariate case-control comparison of 34 infant deaths and 1053 control infants, independent correlates of infant mortality were preterm delivery (aOR=3.49, 95% CI 1.68–7.26), twin delivery (aOR=4.63, 95% CI 1.22–17.55), travel time to clinic greater than 1 hour (aOR=2.66, 95% CI 1.04–6.84), maternal malaria during pregnancy (aOR=3.52, 95% CI 1.40–8.86), and maternal chlamydia infection during pregnancy (aOR=3.76, 95% CI 1.37–10.30). Maternal chlamydia infection was also an independent determinant of neonatal mortality (aOR=9.56, 95% CI 2.49–36.64).

Interpretation: Improved services to detect, treat and prevent maternal and infant chlamydia and malaria, and vigilance in the care of preterm and twin deliveries may decrease infant mortality in high mortality regions.

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Determining the barriers to male voluntary HIV testing in southern rural Malawi: A qualitative study

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Program/Project Purpose: Far fewer men than women within southern Malawi utilize voluntary HIV testing services despite a high HIV burden. Global AIDS Interfaith Alliance (GAIA) uses mobile clinics to bring HIV testing to rural communities yet,

in 2012, only 1 man was tested for every 5 women. Understanding why men fail to come for HIV testing is important for improving programmatic targeting and implementation and is crucial to ending the AIDS epidemic.

Structure/Method/Design: This study explored the physical and social barriers hindering men's use of these services in rural southern Malawi. In partnership with GAIA, the research conducted 30 in-depth qualitative interviews with a convenience sample of village men in Mulanje district, Malawi.

Outcome & Evaluation: This study identified cultural constructs that drive the HIV epidemic and four themes around barriers and facilitators of male HIV testing. Using the 4Ps of marketing (price, place, promotion, product), these themes suggest that male HIV testing suffers from a poor marketing strategy. Current testing programs inadequately address 3 of the P's. Despite encouragement from the government and non-governmental organizations, there is a lack of HIV awareness among men as to its importance. Interventions to encourage testing within the community have failed to successfully target men (promotion). Concerns over confidentiality and the location of testing services interact, making testing inconvenient (place). Testing is associated with a high social capital cost due to stigma and gender norms (price). Male participation rates within the region could be improved by modifying existing programs to specifically target men and their concerns about testing.

Going Forward: Despite the knowledge of the high burden of HIV and high risk of transmission within this community, there is infrequent testing among males. Modifying existing programs to better target men and overcome the male-specific barriers – awareness, convenience, stigma – could improve male testing rates and reduce HIV incidence and morbidity, impacting the epidemic across the region.

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The effects of short post-delivery hospital stay on infant health outcomes at a small urban maternal and child health hospital in Kumasi, Ghana

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Background: The World Health Organization recommends that all women remain in a health facility for at least 24 hours following an uncomplicated vaginal delivery. However, in Ghana, many women are discharged sooner than recommended due to insufficient resources including bed space and staff. The objective of this study was to determine if infant mortality, infant weight gain, time to first fever or illness, number of acute hospital visits, and completion of immunizations are affected by discharge within 8 hours of delivery.

Methods: Two hundred fifty-six women with low-risk pregnancies and uncomplicated deliveries at Maternal and Child Health