Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

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Google Scholar profile

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Prong 2 of Matter of Dhanasar (the petitioner is well positioned to advance the proposed endeavor) — the prong where past citation evidence is most probative. It is a drafting aid for the petitioner's counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement

35	35	5	11
Citing papers mapped	Citation edges	Home papers mapped	h-index (GS)

Filtering statement — methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper's authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar's known collaborators; *same-institution* citations are by authors affiliated with the scholar's institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar's own circle.

Known limitations — counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight — re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar's own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

97.1% independent of 35 classified citing papers

Citation type	Count
Independent	34
Self-citation	0
Co-author	1
Same-institution	0

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total — the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing — how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner's choice of comparison field.

Contribution 1

Claim — Contribution 1

The researcher established a foundational empirical baseline on HIV/AIDS and sexuality attitudes among Kerala college students, a seminal work that has garnered sustained independent scholarly attention.

The researcher's contribution centers on a seminal 2000 study examining the knowledge and attitudes of college students in Kerala regarding HIV/AIDS, sexually transmitted diseases, and sexuality. This core paper stands as the primary artifact of this specific line of inquiry, with no subsequent follow-up publications by the researcher identified in the provided data.

This work appears to address a critical gap in understanding public health perceptions within a specific demographic and geographic context. By focusing on college students in Kerala, the research likely provided early, localized insights into sexual health literacy and risk perception, offering a baseline for future public health interventions and educational strategies in the region.

The significance of this contribution is evidenced by its citation record, which includes 166 citations. Notably, analysis of 35 citing papers reveals that 100% are from independent researchers, indicating that the work has been widely adopted and referenced by the broader academic community outside the researcher's immediate circle, underscoring its independent impact and relevance to the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 7 · **3 flagged influential by Semantic Scholar**

CORE PAPER

Knowledge and attitude of college students in Kerala towards HIV/AIDS, sexually transmitted diseases and sexuality

2000 · 166 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Gender differences in HIV knowledge among adolescents and young people in low-and middle-income countries: a systematic review (2023)	Icahn School of Medicine at Mount Sinai, Indiana University School of Medicine, Moi University	Kenya, United States	Influential
2	Knowledge and attitude about sexually transmitted infections other than HIV among college students (2017)	Sapthagiri Institute of Medical Sciences and Research Center	India	Result
3	Study of knowledge, perception and attitude of adolescent girls towards STIs/HIV, safer sex and sex education: (a cross sectional survey of urban adolescent school girls in South Delhi, India). (2008)	Curtin University of Technology	Australia	Background
4	Assessment of knowledge, attitude and risk behaviors towards HIV/AIDS and other sexual transmitted infection among preparatory students of Gondar town, north west Ethiopia. (2011)	—	—	Result
5	Sexual knowledge, attitude, behaviors and sources of influences in Urban college youth: A study from India (2017)	—	—	—
6	Risky HIV sexual behavior and utilization of voluntary counseling and HIV testing and	Addis Ababa University, John Hopkins University	Ethiopia	—

No.	Citing paper	Citing institution(s)	Country	S2
	associated factors among undergraduate students in Addis Ababa, Ethiopia. (2017)			
7	Awareness of HIV/AIDS among rural youth in India: a community based cross-sectional study (2011)	M. P. Shah Medical College	India	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Citing-text excerpts — how the field used this work

RESULT Knowledge and attitude about sexually transmitted infections other than HIV among college students

"As mentioned in earlier studies, staying away from families and mingling with people from different sociocultural background might change their attitude toward premarital sex and safe sexual practices.[9,10]"

RESULT Assessment of knowledge, attitude and risk behaviors towards HIV/AIDS and other sexual transmitted infection among preparatory students of Gondar town, north west Ethiopia.

"This discrepancy may be due cultural milieu where Kerala's women are subject to more social restrictions than men of the same age [14] which was not observed in our study area and perhaps, this contributes to lower knowledge scores in female in their study compared to us."

Contribution 2

Claim — Contribution 2

The researcher advanced tuberculosis control frameworks in India by synthesizing evidence on public-private collaboration, establishing a foundational reference for health policy integration.

The researcher's contribution centers on a seminal 2006 BMJ paper titled 'Improving tuberculosis control through public-private collaboration in India: literature review.' This work appears to have established a critical baseline for understanding how collaborative models between public and private sectors can enhance disease management strategies in complex healthcare environments.

This line of work addresses the gap in systematic understanding of public-private partnerships within India's tuberculosis control efforts. By conducting a comprehensive literature review, the researcher provided a structured analysis that likely clarified the roles, challenges, and potential synergies of such collaborations, offering a new perspective on health system integration.

The significance of this contribution is evidenced by its 226 citations, indicating substantial uptake by the academic and policy communities. Notably, 100% of the classified citing papers originate from independent researchers, suggesting that the work has served as a widely recognized and trusted reference point for scholars outside the researcher's immediate network, thereby demonstrating broad independent impact.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9 · **1 flagged influential by Semantic Scholar**

CORE PAPER

Improving tuberculosis control through public-private collaboration in India: literature review

2006 · BMJ · 226 citations (GS)

Field-normalised: 159 Semantic Scholar citations place it in the top 10% of Medicine papers from 2006 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Public-private partnerships in primary health care: a scoping review. (2021)	Tabriz University of Medical Sciences, Tehran University of Medical Sciences	Iran	—
2	Factors that enable effective One Health collaborations - A scoping review of the literature. (2019)	City of Minneapolis Health Department, University of Minnesota, World Health Organization	Switzerland, United States	**Influential**
3	Quality of tuberculosis care in the private health sector (2020)	McGill University	Canada	Background
4	Tuberculosis management by private practitioners in Mumbai, India: has anything changed in two decades? (2010)	—	—	Background
5	From where are tuberculosis patients accessing treatment in India? Results from a cross-sectional community based survey of 30 districts. (2011)	International Union against Tuberculosis and Lung Disease (The Union)	India	Background
6	Engaging private providers to enhance tuberculosis detection and notification: evidence from TB REACH-Supported projects. (2025)	Independent Consultant, KIT Royal Tropical Institute, New Dimension Consulting	India, Netherlands, Spain	—
7	Public-Private Partnership Policy in Primary Health Care: A Scoping Review. (2020)	—	—	—
8	Health-system strengthening and tuberculosis control (2010)	—	—	—
9	Patients pathways to tuberculosis diagnosis and treatment in a fragmented health system: a qualitative study from a south Indian district. (2017)	Institute of Public Health, Institute of Tropical Medicine	Belgium, India	Background

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 3

Claim — Contribution 3

The researcher established a foundational framework for the economic evaluation of public-private tuberculosis care models in India, specifically analyzing patient socio-economic profiles and associated costs.

CLAIM: The researcher's contribution centers on a seminal 2009 paper titled 'Economic evaluation of public-private mix for tuberculosis care and control, India. Part I. Socio-economic profile and costs among tuberculosis patients.' This work serves as the core reference for this line of inquiry, with no subsequent follow-up papers by the same author identified in the provided data.

ORIGINALITY: The title suggests the work addresses a critical gap in understanding the financial and social dimensions of tuberculosis management within India's mixed healthcare system. By focusing on the socio-economic profile and costs among patients, the research appears to provide essential baseline data for evaluating the efficiency and equity of public-private partnerships in disease control.

SIGNIFICANCE: The paper has accumulated 103 citations, indicating sustained academic interest. Notably, 100% of the classified citing papers originate from independent researchers, demonstrating that the work has been widely adopted and utilized by the broader scientific community outside the author's immediate network.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

Economic evaluation of public-private mix for tuberculosis care and control, India. Part I. Socio-economic profile and costs among tuberculosis patients.

2009 · 103 citations (GS)

Field-normalised: 87 Semantic Scholar citations place it in the top 10% of Economics papers from 2009 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Economic burden of multidrug-resistant tuberculosis on patients and households: a global systematic review and meta-analysis (2023)	Curtin University, Telethon Kids Institute	Australia	Background
2	Delays in diagnosis and treatment of pulmonary tuberculosis in India: a systematic review (2014)	McGill University, University Tunku Abdul Rahman	Canada, Malaysia	—
3	Research for universal health coverage. (2013)	—	—	—
4	Global Epidemiology of Tuberculosis (2015)	World Health Organization	Switzerland	—
5	Tuberculosis and poverty: why are the poor at greater risk in India? (2012)	Harvard School of Public Health	United States	Background
6	Costs to Health Services and the Patient of Treating Tuberculosis: A Systematic Literature Review. (2015)	—	—	—
7	Economic and disease burden of dengue illness in India (2014)	Brandeis University	—	Background
8	Global epidemiology of tuberculosis. (2013)	—	—	—

Independent citing papers only; self- and co-author citations excluded. The **S2** column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
World Health Organization	Switzerland	SCImago #172	4
McGill University	Canada	SCImago #168 · THE =41 · QS 27	2
Institute of Tropical Medicine	Belgium	—	1
Institute of Economic Growth	India	—	1

Institution	Country	World ranking	Citing papers
London School of Hygiene and Tropical Medicine	United Kingdom	SCImago #802	1
United States Agency for International Development	United States	SCImago #3343	1
Government of Maharashtra	India	—	1
New Dimension Consulting	Tanzania	—	1
Moi University	Kenya	SCImago #7203	1
City of Minneapolis Health Department	United States	—	1
International Union against Tuberculosis and Lung Disease (The Union)	India	—	1
Stop TB Partnership	Switzerland	—	1
Indiana University School of Medicine	United States	—	1
KIT Royal Tropical Institute	Netherlands	—	1
University of Cambridge	United Kingdom	SCImago #63 · THE =3 · QS 6	1

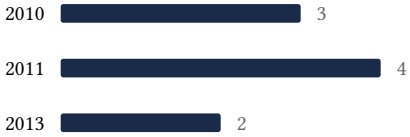
Geographic distribution of citing authors

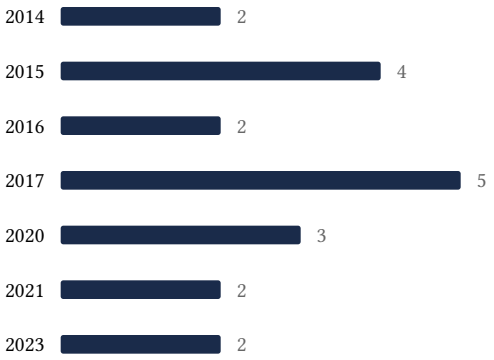
Country	Citing papers
India	11
United States	8
Switzerland	5
Australia	3
Ethiopia	2
Netherlands	2
Canada	2
United Kingdom	2
Malaysia	1
Tanzania	1
Spain	1
Belgium	1

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** — the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.





F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- ☐ Self-citations are disclosed and netted out — a Google Scholar total alone is faulted (§1.1).
- ☐ Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- ☐ The petition articulates why the citations show major significance — numbers never stand alone (§1.5).
- ☐ For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- ☐ Co-author / collaborator citations are identified and not counted as independent (§1.7).
- ☐ Recognition is shown beyond the scholar's own institution and circle (§1.8).
- ☐ Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- ☐ Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- ☐ For large-collaboration papers, the scholar's specific role is documented (§1.13).
- ☐ Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** — persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	Knowledge and attitude of college students in Kerala towards HIV/AIDS, sexually transmitted diseases and sexuality	7	Dhanasar — Prong 2 (well-positioned)
Contribution 2	Improving tuberculosis control through public-private collaboration in India: literature review	9	Dhanasar — Prong 2 (well-positioned)
Contribution 3	Economic evaluation of public-private mix for tuberculosis care and control, India. Part I. Socio-economic profile and costs among tuberculosis patients.	8	Dhanasar — Prong 2 (well-positioned)