

From the Editor-in-Chief

The papers featured in this issue of *World Health and Population (WHP)* represent some of the many interesting and important papers published online by the journal over the last six months. The full set of papers accepted for publication can be viewed through our online link at <http://www.worldhealthandpopulation.com>. This issue contains, following our mission, papers from “diverse international settings,” including three from India, two from Bangladesh, one each from Haiti and Nigeria, and one research overview that has cross-national implications. I would like to comment below on several of the submissions.

The paper by Bangdiwala et al. on the design of intervention studies on neonatal health in India reports first-phase results of a larger research project, the Neonatal Health Research Initiative (NHRI), funded by the United States Agency for International Development (USAID) and the International Clinical Epidemiology Network (INCLIN). The research is highly applicable for developing methods for monitoring of the progress of India toward reaching the ambitious United Nations Millennium Development Goals (MDGs) with regard to reduction of infant and child mortality. In addition to robust survey research-based methods for monitoring progress, however, the project will also be designing interventions. One interesting and notable contribution toward this end is considering residence status more finely than the traditional urban-versus-rural. Recognizing the fast degree of urbanization in South Asia and prolific rural-to-urban migration, with many of the migrants living in slum dwellings¹, Bangdiwala et al. use a four-category residence classification: urban; urban-slum; rural; and tribal. These more realistic categories capture variations due to residence in health status, health seeking behaviors, and health delivery infrastructure better. Moving beyond simple “urban-rural” classifications could be highly useful in research not just in Asia, but in Africa and South America as well.

In his paper, Bimal Paul of the University of Kansas looks at health-seeking behaviors of people in Bangladesh affected by naturally-occurring arsenic contamination of drinking water from tube-wells. Attention to the problem of arsenic poisoning is important from several stances. First, the impact of the poisoning can be minimized if addressed in the early stages, before irreversible damage and even death occurs. Thus, encouraging early health seeking behaviors, and the provision of appropriate (and potentially low cost) health care services is very important. Second, the externalities associated with fear of tube-well water are also important to consider. Many of these wells have been provided over the years by UNICEF and other multilateral and bilateral (e.g., USAID) agencies under the laudable goal of provision of safe, clean drinking water. The results of these efforts are now potentially “tainted,” both literally and figuratively. Loss of trust in tube-wells, and loss of trust in “Western” aid and technologies, could result of returning to traditional sources of oftentimes bacterially-contaminated drinking water as well as increased cynicism and rejection of well-meaning development assistance. Naturally-occurring arsenic contamination of tube-wells is clearly a problem requiring multi-tiered attention.

“Indoor Air Pollution and Baby’s Size at Birth” is an interesting paper by a Programme Officer of the Population Council, Saswata Ghosh. The paper was first presented at the 2005 conference of the International Society for Environmental Epidemiology in Johannesburg, and examines the relationship between use of biomass fuels in cooking and perceptions of a baby’s size at birth, as a proxy for low birth weight (and health risk). Data were utilized from India’s second National Family Health Survey (NFHS-2), a large scale survey carried out in 1998 and 1999. Ghosh’s analyses verify an association between use of biomass fuels and small baby size, thus adding to the already numerous health and environmental reasons for moving to more efficient, if not entirely alternative, means of cooking in poor and rural areas.

Moving to an article from the Western Hemisphere, Rick Niksha, a medical epidemiologist with the United States Centers for Disease Control and Prevention (CDC), provides an interesting short communication on the relationship of weight and hypertension in poor, rural populations. Typically we consider the relationship of weight and hypertension in terms of overweight or obesity. But what is the relationship in populations where overweight and obesity is rare? In “Hypertension in Rural Haitians: Its Relation to Weight”, Niksha points out that hypertension can still be highly prevalent, even in the presence of clinical malnutrition. His conclusions lead to recommendations that researchers look to potentially new, unmeasured factors to explain hypertension in normal or low weight populations.

Finally, a separate editorial comment has already been prepared and published online regarding Wendy Ungar’s article, “Paediatric Health Economic Evaluations: A World View.” That editorial and Ungar’s article are included in this issue. The only editorial comment I would like to repeat is to encourage researchers and policy makers alike to note and act on her conclusion that affected countries continue to rely excessively on “foreign” (i.e., non-locally conceived and based) economic evaluations to inform decisions regarding implementation of health programs, and that there is a “great need for better methods of transferability of data.” Her results also robustly support the initiation of research within the appropriate country contexts themselves, something strongly supported in the mission of *WHP*.

The contributing authors and editorial staff of *WHP* would be interested in any comments or suggestions you might have on the articles or journal. Please feel free to write or e-mail us.

Notes

¹ For discussions of health related aspects of rural-to-urban migration in China published in this journal, see Li et al. *WHP*, 8(2), April 2006 and *WHP*, 8(3), July 2006.

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