

## From the Editor-in-Chief

**T**his volume of *World Health & Population* presents papers which have recently been published online by WHP. They are included here as particularly representative of the diversity and focus of the journal. The papers in this issue include two from Africa and three from South Asia. All the papers have clear relevance to the Millennium Development Goals (MDGs), and represent the ongoing importance of monitoring and discussing MDG progress. Interestingly, two of the papers in this issue discuss the importance of “bottom-up” efforts to achieving the MDGs, versus the usual “top-down” perspective that governments and multilateral agencies might have for the MDGs.

The lead paper in this issue is by Olalekan Uthman at the Center for Evidence-Based Global Health in Ilorin, Nigeria. Uthman presents a spatial and temporal study of tuberculosis incidence for the African continent. Using currently existing data (an important attribute) and modern geospatial information system (GIS) approaches, the author is able to identify disease “hot-spots,” as well as areas where progress toward reducing TB incidence and prevalence has been made. This information is useful both for (1) micro-targeting future programs and (2) identifying locales where progress has been made to investigate interventional, socio-economic, and cultural conditions that may have contributed to the apparent progress. Investigating TB in Africa is additionally important given its high comorbidity with HIV disease.

In “Marching toward the Millennium Development Goals” Babar Shaikh from Aga Khan University discusses the interrelatedness of health system characteristics, e.g. funding, resources, and intersectoral coordination, and health seeking and health care utilization behaviours, in the context of Pakistan. Macro-level improvements, represented by policy reform and increased availability of funding and resources, are not adequate without an equal focus at the micro-level on the people served, and their perceptions, practices, and healthcare seeking behaviours. Professor Sheikh focuses on MDGs 4, 5, and 6, the explicitly health-related MDGs, but notes the tremendous interdependence of all the MDGs. Achieving the health MDGs in Pakistan will require improving the status of women in Pakistan (and MDG in itself), as well as changing the paradigm for healthcare delivery to focus more on the “customs, values, needs and priorities” of the communities served.

The third paper in this issue, by S.C. Gulati and colleagues Alok Chaurasia and Raghubansh from the Institute of Economic Growth in Delhi, examines met and unmet demand for contraception in India. In many ways this is a “back to the basics” paper regarding family planning, using data from the 1998-1999 National Family Health Survey (NFHS-2) to analyze both supply side factors (the focus of early family planning efforts), and current demand side factors such as women’s empowerment through education, directly related to MDG 3. They note that improving the supply side factors can also influence demand side factors increasing beyond the baseline measurement. The paper goes on to examine the reasons for non-use of contraception, as well as the determinants of demand for contraception through a multinomial logit approach.

Also using data from the NFHS-2, Basu and Sidh report a study across rural areas in states in both the north and south of India regarding the impact of work force participation and health. The focus of “Work Status and Health of Women” relates directly to MDG 3, promoting gender equality and empowerment among women. The authors put forward a helpful conceptual framework, and hypothesize that work participation (in particular agricultural work) would negatively affect women’s health. The authors also hypothesize that there would be differences between the north and south of India where women’s autonomy (i.e. empowerment) differences are known to exist. The results of their analysis, however, did not find significant regional differences by area of the country. They

further concluded that among the most important factors on health status is not work participation, per se, but larger socio-economic issues, of which work participation contributes only a part.

Finally, “Reducing Childhood Diarrhea Morbidity” is a qualitative analysis of focus group and semi-structured interviews in the northern region of Ghana. The author, Issaka Osumanu at the University for Development Studies in Wa, identifies behaviours impacting the incidence of childhood diarrhea that are socially and culturally amenable to change, and suggests focusing on these. Osumanu points out that top-down, technologically-driven solutions for environmental sanitation, which are often the sole focus of governmental and multilateral efforts, are inadequate without end-user, bottom-up behaviour change on the part of the mother (primarily), as well as other members of the household. The highest correlate for improved family hygiene is mother’s education. The article further presents research findings from neighboring Burkina Faso regarding the cost-effectiveness of maternal education programs in disease prevention. Osumanu concludes with a recommendation for “integrated hygiene education at the household level” as a cost-effective approach to reducing diarrhea morbidity in the northern areas of Ghana.

To conclude, we hope that you find these articles of interest and value, and that you will consult other papers recently released online at [www.worldhealthandpopulation.com](http://www.worldhealthandpopulation.com). *WHP* remains committed to its mission to provide a forum for researchers and policy makers worldwide to publish and disseminate health- and population-related research, and to encourage applied research and policy analysis from diverse international settings. As announced previously, *WHP* is now indexed on MEDLINE and accessible through PubMed. The reach and impact of *WHP* is greatly enhanced by this recognition, and we look forward to continued strong submissions. Note also that the editors and publishers of *WHP* are always interested in any comments or feedback you might have on the articles or journal. Please feel free to write or e-mail us.

John E. Paul, PhD  
Editor-in-Chief, *World Health and Population*  
Gillings School of Global Public Health  
University of North Carolina at Chapel Hill  
[paulj@email.unc.edu](mailto:paulj@email.unc.edu)