

## From the Editor-in-Chief

**T**his volume of *World Health & Population* presents papers that have been published online by *WHP* and are selected here as representative of outstanding recent contributions to the journal. The papers in this issue include (1) an editorial and a lead article describing the impact of cultural perspectives and societal beliefs on disability, (2) three papers on specific health issues (two contributed from African settings, and one from South Asia), and (3) a concluding essay on re-positioning the role of traditional, complementary and alternative medicine in global health.

It is well-documented that low income, resource-constrained developing countries bear a disproportionate amount of the world's poverty, disease, and pollution (WHO 2009). In his editorial on the lead article in this issue, Michel Landry also points out that this extends to the level of disabilities, with about 80% of the world's 600 million disabled people living in these regions. Once again it is those who can afford it the least being affected the most. The impact of disability, although not included directly or indirectly in any of the Millennium Development Goals, can act, however, to make the achievement of the MDGs more difficult. Landry concludes his editorial with an anecdote that effectively illustrates the situational/contextual nature of definitions of "disability," which can help keep our preconceptions (and prejudices) under control.

In the lead article, Michael Eskay of the University of the Cumberlands in Kentucky gives a very comprehensive and informative overview of cultural issues and societal beliefs that define attitudes and services for persons with disabilities. First, a culture's belief regarding the role and function of the body is critical in understanding the culture's view of a disability. When the body is seen primarily as a vessel for the soul, as in some societies, outward imperfections/disabilities do not take on the same significance as they do when the body is seen as an expression of physical beauty (which is also highly culturally-based). Second, stigma is defined by the apparently "able-bodied," and there appears to be no middle ground: either disabled people are stigmatized or they are fully accepted into the daily activities of society. Eskay additionally cites a study that found when people are stigmatized their disability becomes their primary identity and constrains their potential in society. It is equally important to realize, however, that disabled people are as diverse as the rest of the population, and that grouping them under the label "disabled" implies a false homogeneity. Eskay goes on to describe the differences between conceptualizations of disability and available services in "small-scale" and "large-scale" societies. In summary, Eskay's study is based upon study and observations in a number of countries worldwide. It is a very interesting and valuable contribution to our broader understanding of disability in a global context.

Moving from the large conceptual framework of the Eskay article, the next three articles in this issue are more concerned with very practical public health issues. In the first of these articles, "Pregnancy Intention and Antenatal Care Use in Two Rural North Indian States" Lindsey Barrick and Michael Koenig from Johns Hopkins University report on a study of antenatal care (ANC) in northern India, and whether or not the pregnancy under study was sought by the mother. Using the National Family Health Survey-2 (NFHS-2) data, the researchers encouragingly found that overall utilization of ANC was generally not delayed in unwanted pregnancies. Certain subgroups of mothers, however, were identified as higher risk for delaying ANC care, and it is these groups that the researchers suggest should become the focus for ANC outreach efforts.

In "Individual- and Contextual-Level Determinants of Social Inequities in Under-Five Mortality in Nigeria: Differentials by Religious Affiliation of the Mother" Diddy and Justina Antai from the Karolinska Institute use data from the 2003 Nigerian Demographic and Health Survey (DHS) to examine the role of religion (versus religious belief or practice) as an additional demographic/social

factor to predict health outcomes. Both individual characteristics of the mother (religion, age, education, birth order and intervals, etc.) and descriptive community health characteristics (percent hospital deliveries, percent children immunized, etc.) were included in logistical regression models. Religion as a category remained a significant predictor of child mortality throughout all the models.

The fourth paper in this issue, “Bacteriological Assessment of Stethoscopes Used by Medical Students in Nigeria: Implications for Nosocomial Infection Control,” by Uneke and colleagues discusses prevention of nosocomial infection in medical school training in Nigeria. The fact that such simple preventive measures as hand washing and instrument cleaning are well-known issues of non-compliance even in the most sophisticated of settings make it even more critical for resource-constrained settings where simple, low-cost practices are absolutely necessary (Goldman 1992; Marinella, Pierson et al. 1997). The relevance and importance of safety and quality from a global perspective, moreover, is emphasized in an interesting address by Don Berwick, MD, President and CEO of the Institute for Healthcare Improvement (IHI), at the 2008 International Forum on Quality and Safety in Health Care. (See <http://www.axisto.com/webcasting/bmj/paris-2008/index.htm>.)

Finally, this issue includes a detailed discussion of the role of traditional, complementary and alternative medicine (TCAM) in global health. Daniel Hollenberg, David Zakus and colleagues provide an extremely informative overview and update on the issues of TCAM. The World Health Organization acknowledged the role and potential of TCAM more than 30 years ago; however, TCAM approaches still languish in most global health programs. Beyond the established efficacy of many of these approaches, their general cost-effectiveness and cultural appropriateness (leading to better chances for compliance) is also noteworthy. Hollenberg et al. provide examples of the application of TCAM for very different, but critically important areas: HIV/AIDS, malaria, and disease prevention/health promotion through home herbal gardens. The article concludes with policy recommendations regarding TCAM and global health.

In summary, we hope that you find the articles in this issue of interest and value, and that you will additionally 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 global settings. Note also that *WHP* is indexed on MEDLINE and accessible through PubMed. We look forward to continued enthusiastic submission of manuscripts for consideration, peer-review, and publishing. The editors and publishers of *WHP* are always interested in any comments or suggestions you might have on the articles or journal. Please feel free to write or e-mail us.

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