

From the Editor-in-Chief

This volume of *World Health & Population* presents papers that have recently been published online by *WHP* and selected as particularly representative of the diversity and focus of the journal.

It is important to note first, however, that *WHP* recently achieved a milestone we set over two years ago when the journal took its present form and name. Early in January we were notified by the US National Library of Medicine that *WHP* has been selected to be indexed and included in MEDLINE and accessible through PubMed. This is a major accomplishment and will greatly increase the visibility of the articles we publish as well as the impact of our journal. Thanks to all who helped this goal become a reality, and we look forward to the continued growth and impact of *WHP*.

The papers in this volume fully represent the journal's worldwide scope; they include articles from South America (Peru), the Middle East (Jordan and Yemen), East Asia (Indonesia) and China, and two manuscripts from India.

In the first paper, a case study on local governance and resource allocation relating to healthcare in Indonesia, Abdullah and Stoelwinder show that decentralization of budgets and decision making to the district level has not resulted in a change in investment focus. Capital projects and "personal curative services" continue to be emphasized at the expense of health education and promotion, regardless of the administrative level at which allocative decisions are being made. Decentralization of budgets alone may not bring improvement in health system performance unless the decision-making processes also change.

Khawaja and Al-Nsour document in their paper the increasing prevalence of deliveries by Caesarean section in Jordan. The authors use Demographic and Health Survey (DHS) data from 1990 and 2002 to verify this phenomenon, which has also been noted worldwide in middle- and high-income countries. [(See also Matthews and Crowley, "Rising Caesarean section rates: A cause for concern?" (*BJOG*, 110(4): 346–349, 2003).] Although appropriate use of C-sections can be life-saving for the mother and baby, addressing Millennium Development Goals 4 and 5 to reduce maternal and infant mortality, the increasing trend is also seen as a "global epidemic," resulting in higher costs, increasing the perhaps unnecessary preference for delivery in advanced-level facilities, and increasing costs in resource-constrained environments around the world.

The sole article from Latin America in this volume is a political and economic critique of structural adjustment programs in Peru during the 1990s. Sonia Menon contends that externally-derived (e.g., OECD/World Bank) development criteria under the Fujimori period resulted in a rollback of consideration of reproductive health in a holistic sense to mere control of a few fertility rates. This is seen as a throwback to the early days of family planning and population control. Menon's article provides an excellent overview of the health reforms and socio-economic situation in Peru during this period, from a viewpoint outside "establishment" perspectives, and analyzes the failure of these initiatives to relieve poverty among the poorest of the poor.

In a second article utilizing Demographic and Health Survey data, Pillai and Sunil examine the impact of traditional religious values versus external forces of change around modern contraceptive use in Yemen. The authors conclude from their analysis that, despite a continuing conservative cultural milieu, the changing social and economic context in Yemen is, encouragingly, resulting in contraceptive practice adoption rates similar to those experienced elsewhere.

The first of two articles from India in this volume looks at aging, health and labour force participation. Researchers Uppal and Sarma, from Statistics Canada and Health Canada, respectively, use data from the Government of India National Sample Survey Organization (NSSO) to examine the role of health and employment among the elderly. Developing and expanding economies are beginning to see the impact of an aging population, as has been observed in the OECD economies for some time now. One such impact is increasing numbers of the elderly competing for and participating in the labour market. Uppal and Sarma demonstrate that chronic illness and disabilities restrict labour force participation, and that the impact is more extensively felt in rural than in urban areas of India. The article has an excellent literature review and summary of the issues, and applies robust econometric methods to the data.

The second article from India also uses NSSO data to examine for the state of Kerala the paradox of lower mortality rates but higher morbidity rates than reported in other states in India. T.R. Dilip of the Centre for Development Studies in Trivandrum points out that Kerala has not only one of the highest literacy rates in India, but is also well ahead of other states in terms of access to quality health-care. Mortality rates in Kerala have responded favourably, but self-reported morbidity has remained high, perhaps due to increased health knowledge, awareness and expectations. Development and longer life expectancies are not necessarily indicators of good health overall.

The final article in the volume is by Li et al. and is a continuation of reporting of the research on the health and social impacts of rural–urban migration in China. [(See also *WHP* 8(2) 2006; *WHP* 9(4) 2007.)] In this article, also supported by the US National Institute of Mental Health and the Fogarty International Center, Li and colleagues look at the impacts of stigmatization experienced by rural–urban migrants, which include employment, mental health and access to healthcare, among many others. The data for this study were collected through focus group discussions and contain many informative anecdotes describing the negative impacts of stigmatization. In the worldwide context of increasing urbanization, particularly for developing countries, the ongoing insights of Li et al. in their series of articles are very useful. Recommendations and conclusions include suggested legislative responses, recognition of the contributions to the public good provided by the rural–urban migrants, the need for improved services and the need for better information on this critical and seemingly unavoidable phenomenon.

In summary, we hope that you find these articles of interest and value, and that you will also consult other papers released online at 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. We are also excited that *WHP* will now be indexed on MEDLINE and feel our reach and impact will be greatly enhanced.

Finally, 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 email us.

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