

EDITORIAL

This issue (15/2) of the AJNM presents 13 articles on diverse topics from a number of African countries. Five (38.5%) of these 13 articles focus on issues concerning nurses while eight (61.5%) focus on nursing and health-related issues. The first article reveals that although the South African public viewed nurses and nursing in a positive light, they would not encourage their children to become nurses. The next article provides a glimpse of the historical development of black South African nurses from 1908 until 1994. These student nurses had to master their training in English, a foreign language to most of them, and they had to adapt to the Western biological-based philosophy of health and disease which contrasted with some of their cultural beliefs. Recruiting and training student nurses cannot help to address the health care needs of any country unless these trained nurses are retained within the active ranks of the nursing profession. The third article reports that most nurses whose names had been removed from the South African Nursing Council's registers and rolls had indeed retired and would not consider re-entering the nursing profession. Those respondents who had pursued jobs other than nursing also would not consider resuming their nursing careers. With the shortages of nurses, the optimum deployment of nurses, according to their fields of expertise, could help to optimise the quality of services delivered to the patients. However, this proved not to be the case in the Free State Province of South Africa where reportedly only 18.8% of qualified advanced midwives actually worked in midwifery units. Retention of nurses and the quality of nursing services depend to some extent on these nurses' levels of job satisfaction. Midwives in Rwanda indicated that they lacked clear job descriptions and did not receive job-related feedback from their managers.

Community health depends on community members' knowledge and willingness to adapt to changes. Risk factors for cardiovascular diseases (hypertension, diabetes, physical inactivity, obesity, smoking, alcohol consumption and unhealthy diets) were prevalent in the Soshanguve community in South Africa. However, these community members seemed to require more knowledge to become aware of these risk factors. Similarly, diabetic patients in Mauritius also seemed to lack knowledge to take proper care of their feet while simple preventive measure could help avoid future amputations. Although HIV/AIDS can be treated (though not cured) with anti-retroviral drugs, this can only happen with an adherence level of at least 95%. Forgetfulness influenced most patients in an Ethiopian study not to adhere to their anti-retroviral treatment. Obesity contributes to illness in numerous ways, but cultural perceptions of obesity vary and

people who do not perceive themselves to be obese, might be unaware of the problems their weight might cause.

Despite the availability of legal termination of pregnancy services at public health facilities in South Africa, many women continue to resort to traditional healers who provide these services illegally. The traditional healers indicated that women prefer their services because they provide a one-stop service during the first consultation, keep the woman's information confidential, and also provide ritual cleansing services. Obtaining these services from the public health sector requires a few visits to different health professionals who might not treat the woman's termination of a pregnancy as a secret and who cannot provide ritual cleansing services.

Pregnant teenagers require skilled communication at antenatal clinics otherwise they might not use these services and could end up with undiagnosed obstetric emergencies. One article reports that pregnant teenagers in one province of South Africa encountered communication barriers with the nurses at the antenatal clinic. In another province of South Africa, not all midwives succeeded in implementing the basic antenatal care approach in primary health care clinics. Children who encounter developmental challenges can often be helped, if diagnosed and treated early. However, this requires that the caregivers of these children should be knowledgeable about expected developmental milestones. Most caregivers who participated in the study (reported in the last article in this issue), lacked such knowledge and could not interpret the child's so-called "Road-to-Health" chart that was issued by the clinics. Most studies seem to emphasise the dire necessity for providing effective health education so that community members can take better care of their own and their families' health.

This is the last AJNM issue for which I am the editor, as I plan to retire at the end of 2013. It was a privilege and a challenge to be the editor of the AJNM for five years. I wish to thank all authors, reviewers, colleagues and Unisa Press for enabling the AJNM to grow throughout these five years. May the AJNM continue to grow from strength to strength and may the authors and reviewers continue to render valuable inputs to realise such sustained growth.

Professor Valerie Ehlers

Editor