

The Journal publishes analytical, descriptive and methodological articles, as well as original research, on public health problems, management of health services, health care needs and socio-economic and political factors related to health and development.

The sanitary conditions of food and drink establishments in Woldia town, Northeastern Ethiopia

AbstractBackground: A lack of basic infrastructure and a low level of knowledge of hygiene and sanitary practices in catering establishments provide to outbreaks of food-borne diseases. The aim of this study was to assess the sanitary conditions of food and drink establishments in Woldia town, Northeastern Ethiopia. A descriptive cross-sectional study was carried out from January to June Two hundred and eight food and drink establishments were included through a systematic, simple, random selection method after a list of all the establishments was found from the town Trade and Industry Office. Methicillin-resistant *Staphylococcus aureus* with genotyping method among human immunodeficiency virus positive pediatric patients in Northwest Ethiopia: A cross-sectional study design Conclusion: Most of the MRSA types were hospital acquired. Hence, strict hygienic approaches by healthcare workers in hospitals should be implemented. Disease burden, gaps in health care delivery and strategic directions. With no action, Ethiopia will be the first among the most populous nations in Africa to experience dramatic burden of premature deaths and disability from NCDs by However, the national response to NCDs remains fragmented with the total health spending per capita for NCDs still insignificant. The focus of this paper is highlighting the burden of NCDs in Ethiopia and analyzing one of We conducted a cross-sectional study at household level in three peri-urban areas in May Data were collected through face-to face interviews using a structured questionnaire. Overall, adults took part in the study. The overall mean knowledge of adults in terms of water safety, sanitation and hygiene was Prevalence and associated factors of birth defects among newborns at referral hospitals in Northwest Ethiopia Conclusion: The study identified a high prevalence of birth defects in infants born in Northwest Ethiopia. The most frequent type of birth defect was neural tube defect. In addition, the absence of maternal folic acid supplementation and the presence of chronic diseases during pregnancy were among the risk factors significantly associated with birth defects. The study found out that early marriage, low level of formal and informal education, parents motive to have a large number of children and inaccessible in the use of contraceptive methods were the major factors for high fertility rate in the study area. Fertility determinants, contraceptive use, children ever born, sex preference, reproductive age, total fertilit Rubella virus sero-prevalence and associated factors among non-vaccinated pregnant women in Northwest Ethiopia AbstractBackground: Rubella virus infection during pregnancy is associated with adverse fetal outcomes and reproductive failures. In Ethiopia, little is known about the extent of the disease and rubella vaccination is not widely available. The main aim of this study was to assess the sero-prevalence of the rubella virus infection and its associated risk factors among pregnant women. Study participants were recruited until the calcula Intimate partner violence and unmet need for contraceptive use among Ethiopian women living in marital union Conclusion: Intimate partner is strongly associated with unmet need for contraceptives among Ethiopian women living in marital union. Policy makers working in family planning should consider prevention of gender-based violence, particularly intimate partner violence. Ethiopian Journal of Health Development Non-communicable diseases: The problems are particularly apparent in urban centers of the country. With the expansion of urbanization 1 , booming construction activities and limited commensurate social infrastructures, urban centers exhibit complex public health problems. Public health research in Ethiopia: Facing the challenge Research is about trying to get closer to the truth in every field of science, technology and development. Evidences garnered through research would further advance knowledge, skills and attitudes. As an ongoing endeavor, research provides evidence that something works and works better or not effective or does not work in the way we thought it should. As an important tool to generate evidence for planning, policy and decision making and it also generate and share new insights for further thinking. Ethiopian Journal of Health Development Antiphospholipid syndrome " little to no attention in the Ethiopian clinical setting

Epidemiologically prevailing antiphospholipid syndrome APS is common among the younger population. Although common among the youth; it has gained little or no consideration in its diagnosis in the Ethiopian clinical setup. We identified a woman with a movement disorder called chorea and recurrent pregnancy loss abortions. She stayed eight years to be diagnosed with APS. As a devastating disease commonly seen in young patients with stroke, deep vein thrombosis and abortion, physician vigilance to detect APS is invaluable.

Propolis, Pollen and Honey Samples Conclusions: The results of this study demonstrated that the antibacterial and antioxidant properties of the bee product of Turkey origin seems to be promising to be used for food preservation and prevention of human health against diseases and disorders. Antibacterial activity, antioxidant property, bee products Source: Active trachoma is a public health problem and is associated with a number of risk factors such as? Therefore, we recommend mass antibiotic distribution, and health education on environmental and personal hygiene especially on face washing to every implementing partner. We also recommend further investigations into the behavior and life style of the public in such urban communities to understand why trachoma is still a public health problem despite having access to water and latrines.

Active trachoma, Trachomatous inflammation, Children Sou Managing hypertension in nurse-led primary care clinics in rural Ethiopia Conclusion: Our study demonstrates that nurses and health officers working in remote rural health centres can obtain worthwhile reductions in blood pressure in patients with hypertension. Moreover, this could often be achieved with a single, inexpensive diuretic, hydrochlorothiazide, although combination therapy was sometimes required. Hypertension, blood pressure, task-shifting, delivery of health care, nurses, Ethiopia. Survival time was very low among children below 1 year and years olds as compared to those aged between years. The main predictors for this variation were nutritional status, poor adherence to antiretroviral therapy, absolute CD4 below threshold, and absence of Isoniazid and Cotrimoxazole prophylaxes. Therefore, children living with HIV should be encouraged to adhere to the antiretroviral therapy, take Cotrimoxazole and isoniazid preventive therapies. Antiretroviral therapy, Co-trimoxazole preventive therapy, isoniazid preventive therapy, children, This study has shown that the knowledge, attitude and practice of caretakers of children with heart disease on dental care to be poor. Many participants were not informed on the importance of oral hygiene on the prevention of infective endocarditis. Thus educating caretakers on the importance of regular tooth brushing habit, oral hygiene and regular preventive dental visit to reduce the risk of complication of the cardiac condition is recommended.

Ethiopian Journal of Health Development Gender differences in household headship and level of awareness on anaemia among Ethiopian women: Evidences from a nationwide cross-sectional survey Conclusion: Anaemia awareness and treatment seeking behaviour was markedly lower in female-headed households than male-headed households which can be attributed to low levels of education. Thus, to narrow the observed gap, targeted education programs for women headed household is recommended. Gender, education, anaemia, iron supplementation, women, Ethiopia Source: Globally, million people are estimated to have diabetes. To date there is paucity of evidence regarding predictor of regular physical activity among Type 2 diabetes mellitus patients with application of Trans-theoretical model. Therefore the objective of this study was to determine predictors of regular physical activity among type 2 diabetes mellitus patients in Wolaita Sodo University hospital using the Trans-theoretical model. Institutional based cross-sectional study was conducted on systematic random selected Type 2 diabetes mellitus patients.

Chapter 2 : Centre for International Health | University of Bergen

The Ethiopian Journal of Health Development is a multi and interdisciplinary platform that provides space for public health experts in academics, policy and programs to share empirical evidence to contribute to health development agenda.

Since then, EJHS has been publishing peer-reviewed articles on a variety of topics pertaining to public health and medicine. The journal has always strived to: In the last twenty-four years, EJHS made several strides to reach scientists, academicians, policy makers and other readers or users locally and globally. To this end, the journal underwent several quantitative and qualitative transformations. In those years, the journal changed in form, cover colour, contents and sources of manuscripts. Its form changed from A-5 to A-3 and its cover colour from yellow to white and then to blue. Its contents changed significantly in quantity and quality during those six years. However, almost all the manuscript contributors during this period were from the then Jimma Institute of Health Sciences. The next stage in the history of EJHS covers the years of 2000-2006. During this period, the journal was sluggish in its development. The notable change in this period was the alteration of its name, i.e. from Ethiopian Journal of Health Sciences to Ethiopian Journal of Health Development. However, the biannual appearance, the format A-5 size and the blue colour remained unchanged. In addition, the type of articles, the quantity and the quality of the articles published in each issue did not show noticeable changes. Nevertheless, unlike before, few authors from other parts of Ethiopia contributed manuscripts, while there were not any international contributors yet. The Ethiopian Journal of Health Sciences achieved a remarkable development from through 2000-2006. The first two fundamental changes accomplished in this period were the change in format from A-5 to A-3 and the growth in frequency from biannual to triannual publication. Following these changes, the quantity and quality of articles published in successive issues improved substantially. In 2007, the Ethiopian Journal of Health Sciences launched its own website where all publications are uploaded for open access. In 2008, the journal began using ScholarOne-Manuscript Central software for manuscript management, and this heralded the end of submission of manuscripts in print copies. That is, since then, the manuscript management process has been undertaken using this software system. This international involvement in effect helped increase the visibility of the journal considerably. This has been evidenced by the consistent growth in the number of readers and the massive submission of manuscripts from all parts of the world. The number of manuscript submission has increased from about 35 in the past to nearly a year currently; and publication from an average twenty to forty yearly. This phenomenon called for an increase in the frequency of publication. The 24 years old Ethiopian Journal of Health Sciences has thus has been upgraded to a quarterly publication with Vol. 10, No. 1, 2010. As EJHS continues to thrive in the science world, I believe that authors, editors, reviewers and partners will continue extending concerted efforts for a better effect. The current issue Vol. 10, No. 1, 2010. I invite readers to read through these articles and appreciate or utilize the contents. I also encourage readers to forward comments and suggestions.

Chapter 3 : Ethiopian Journal of Health Development: Submissions

Author Guidelines. General: The Ethiopian Journal of Health Development (EJHD) is a multi-disciplinary scientific publication of broad field of health racedaydvl.com journal is a joint publication of the Ethiopian Public Health Association (EPHA) and the School of Public Health (SPH), Addis Ababa University (AAU).

Calendar Personal tools You are here: David Kiefer, MD; J. Information was also obtained through a literature review that included studies of patient-health care provider relationships and current scientific data regarding chemical interactions of herbs and conventional drugs. Brief History of Traditional Medicine in Ethiopia The first recorded epidemic that occurred in Ethiopia dates back to following the expulsion of Abba Yohannes, the head of the Ethiopian church, from the land. Viro It is impossible to pinpoint the birth of medicine in Ethiopia, but certainly the evolution of curative practices closely follows the path of a disease. Traditional medical practitioners mostly implement herbs, spiritual healing, bone-setting and minor surgical procedures in treating disease. Ethiopian traditional medicine is vastly complex and diverse and varies greatly among different ethnic groups. Under the rule of Menelik Western medicine became significantly more incorporated into the Ethiopian medical system. Numerous medical envoys from abroad, starting with the Italians and Russians, were influential in building hospitals, providing medical training and participating in vaccination campaigns. However, most medical establishments primarily served the urban elites and foreign missionaries and were concentrated in the major cities Pankhurst, Despite Western medicine becoming more widespread in Ethiopia, Ethiopians tend to rely more on traditional medicine. Conventional medical services remain concentrated in urban areas and have failed to keep pace with the growing population, keeping health care access out of reach for most Ethiopians living in Ethiopia. Moreover, Western medicine has become more focused on preventative measures and people seeking curative practices still rely on indigenous medicine as the primary source for health care Pankhurst, The influence of traditional medicine is also seen in Ethiopian migrant populations. In countries with substantial Ethiopian immigrant populations, traditional herbs, medical devices, and practitioners are readily available Papadopoulos, Ethiopian Immigrants and Self-Medication Most immigrants who come from countries that rely on traditional medicine continue to use that form of medicine in conjunction with the use of conventional medical facilities. Despite the prevalence of self-medication in immigrant populations and the potential for adverse herb-drug interactions, relatively few studies have assessed these risk factors in various groups. One recent study looking at the use of herbal medicine in Hispanic immigrants found that In North America the Ethiopian immigrant population is more diffuse, thus, traditional medical practitioners TMPs may be inaccessible and cultural misunderstandings may compound frustration with the conventional medical system Hodes, Despite the lack of TMPs, herbal remedies are easily obtained and widely used by the immigrant population. In many cases Ethiopian patients use traditional remedies in combination with prescribed conventional medications for related or unrelated health conditions without informing their physician. Market, Alem Kitmama, Ethiopia; Copyright: Viro Ethiopian patients who use traditional medicine and do not inform their health care providers may do this for several reasons. They may be self-treating an unrelated illness and do not think that it is significant. For instance, a widespread Ethiopian remedy for the common cold involves the consumption of large quantities of garlic and ginger, which has the potential to interact with anti-coagulant, hypoglycemic, and cholesterol-lowering medications refer to following table. Patients may feel that they will be judged by their physicians if they disclose their use of traditional medicine Shenkute, Cultural differences in understanding and treating symptoms of illnesses may contribute to patients feeling misunderstood by their health care providers and being more likely to seek satisfactory treatment in the form of traditional medicine Hodes, Role of the Health Care Provider As national borders become more porous and the movement of people more widespread it is increasingly more important for health care providers to be aware of the cultural background of their patients. The use of traditional medicine by immigrant patients presents a unique concern. On the one hand, the concern is practical because so many commonly used traditional remedies have the potential to adversely interact with conventional medicines. On the other hand, the use of traditional medicine brings up

the issue of culturally constructed notions of health and illness and demands a place in health care provision discourse. It is imperative that health care providers are aware of traditional medicines that their patients may be using. Health care providers should closely observe their patients and be conscious of adverse herb-drug interactions. Talking to patients about traditional therapies is crucial and should be done in a nonjudgmental manner to encourage the patient to feel comfortable in sharing this information with their health care provider. Asking the right questions in multiple ways may be useful in clarifying whether a patient is using traditional medicine for an illness that is related or unrelated to the health concern that brought them to the hospital or clinic Shenkute, ; Jackson, Commonly Used Conventional Medicines and Potential for Adverse Herb-Drug Interactions Many herbal substances that are used in Ethiopian traditional medicine are also used as ingredients and spices in Ethiopian food. Consumption of these herbs and spices as part of a normal diet is not likely to cause adverse herb-drug interactions because they are consumed in relatively small quantities. However, when these herbs and spices are utilized for medicinal purposes there may be an increased likelihood of adverse interactions with conventional medicines. There are several classes of medications that are at a higher risk for adverse herb-drug interactions, including anti-arrhythmic, anti-seizure, anti-diabetic, and anti-coagulant medication. Health care providers are particularly attuned to these interactions because these drugs are typically monitored with serum levels and serum markers e. The risk is increased because of the chemical composition of these medicines and because they treat some of the most common illnesses in the Ethiopian immigrant population Jackson, The following table summarizes the most commonly used herbs and spices in Ethiopia and their potential drug interactions Fullas, Virof This table is best used when interviewing patients about laboratory findings or side effects when an interaction may be suspected. Conversely, it can be used to help caution patients about potential interactions, if particular herbs or spices are consumed in large volumes. In other words, under normal uses, an interaction is unlikely, but given known medicinal use by East African patients, it is possible. However, in many countries, notably Ethiopia, spices are used specifically for their medicinal value and are consumed in quantities far exceeding how they would be used as a normal food additive, not just in terms of volume, but in frequency of dosing. For example, with garlic, many cloves may be crushed and consumed many times a day for medicinal purposes. Pharmacists with extensive experience managing Ethiopian patients for diabetes, anticoagulation, and hypertension will see complications of herb-spice drug interactions not routinely encountered in naturopathic medicine.

Chapter 4 : Ethiopian Journal of Health Sciences Stepping Forward

The set of journals have been ranked according to their SJR and divided into four equal groups, four quartiles. Q1 (green) comprises the quarter of the journals with the highest values, Q2 (yellow) the second highest values, Q3 (orange) the third highest values and Q4 (red) the lowest values.

More specifically, the Journal focus on important topics in health development that include: Authors can obtain procedures of online submission from the journal website. The following instructions relating to submissions must be adhered to. Failure to conform may result in rejection or delay in publication. Each article to be submitted should be prepared in MS word format: Times New Romans, 1. Manuscripts of original research works exceeding words excluding the title page, acknowledgment, tables and illustrations are not encouraged. The absolute word limit is The first page should carry the title. Potential identifier such as name and addresses of the authors should not appear in the main body of the manuscripts rather on the online submission system of the journal a structured abstract of not more than words summarizing the background; objective, methods, important findings and conclusions must be typed on a separate page. The main text body should be divided under appropriate headings: The acknowledgment section should not appear in the main body to avoid potential identifier. These should be presented on a separate page after reference section and should be numbered with Arabic numerals consecutively in the order of their citation in the text. Only up to five tables and or figures are accepted in one manuscript. Line drawings or graphs should be in black and white color. Their approximate positions should be indicated in the text. Only standard abbreviations should be used. Abbreviations must be avoided in the title and abstract sections. In cases unavoidable abbreviations must be preceded by their full description in the first use. All requirements for a full article apply for brief communication. Exceptions are the following: References should be numbered consecutively in the order in which they are first mentioned in the text and should be listed in numerical order on a separate sheet at the end of the manuscript. All studies on human subjects must have been conducted in accordance with national and international ethical standards. Authors are responsible for declaring any conflict of interest related to the submitted research work. The source of funding for the research work should be acknowledged. As recommended by the International Committee of Medical Journal Editors- "All persons designated as authors should qualify for authorship. Each author should have participated sufficiently in the work to take official responsibility for the content. Authorship credits should be based only on substantial contributions to 1 conception and design, or analysis and interpretation of data; and to 2 drafting the article or revising it critically for important intellectual content; and on 3 final approval of the version to be published. Conditions 1, 2, and 3 must all be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. These should be limited to most important contributions. Authors are responsible for obtaining permission for all persons acknowledged in their manuscript. Acknowledgment must be placed on separate page. Galley proofs will be sent to the corresponding author. The corrected proof must be returned to the editorial office within 72 hours of receipt, and in any event within one week. Delay in returning corrected proofs may result in the paper being held over to the next issue or being published uncorrected. At this stage, corrections must only be limited to essential and editorial mistakes. Authors will be notified on rejected manuscripts either upon submission depending on whether it meets basic requirements or following revisions if the manuscript still is not up to expectations Supplements or Special publication: However, the full cost of the publication must be covered by authors or a sponsoring organization. Contact the Editor in Chief for more information. It is a condition of publication that authors transfer copyright of their articles, including abstracts, to the School of Public Health, Addis Ababa University. Authors may use their article elsewhere after publication provided that proper acknowledgment is given to the Journal as the original source of publication, and the Editor-in-Chief is notified. Copyright for articles published in this journal is retained by the journal. Privacy Statement The names and email addresses entered in this journal site will be used exclusively for the stated purposes of this journal and will not be made available for any other purpose or to any other party.

Chapter 5 : Ethiopian Journal of Health Development Impact Factor | Abbreviation | ISSN - Journal Databa

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Chapter 6 : Ethiopian Journal of Health Development, The (JournalSeek)

*Ethiopian Journal of Health Development RG Journal Impact: * *This value is calculated using ResearchGate data and is based on average citation counts from work published in this journal.*

Chapter 7 : Ethiopian Journal of Health Development - oalib

Ethiopian Journal of Health Development's journal/conference profile on Publons, with several reviews by several reviewers - working with reviewers, publishers, institutions, and funding agencies to turn peer review into a measurable research output.

Chapter 8 : Ethiopian Journal of Health Development | Publons

Ethiopian Journal of Health Development A multi-disciplinary peer-reviewed journal concerned with all aspects of public health and medicine. The Journal is jointly sponsored by the Ethiopian Public Health Association and the Addis Ababa University.

Chapter 9 : ETHIOPIAN JOURNALS ONLINE

The Ethiopian Public Health Association (EPHA) is a health professionals association established in G.C. that envisions the attainment of an optimal standard of health for the people of Ethiopia.