

| EDITORIAL

The AJNM (Africa Journal of Nursing and Midwifery) published nine articles in both issues of 2009 and 2010. During 2011 we hope to publish three issues, and in 2012 four issues, with ten articles in each. This will improve opportunities for healthcare workers to publish articles in an academic accredited journal, and the subscription and publication fees also need to be increased as from 2011. However, the workload increased rapidly and more guidelines needed to be formulated as the AJNM continued to expand. (Please consult the revised author guidelines included in this issue.)

The nine articles published in this issue (12/2) cover diverse aspects of interest to nurses and midwives throughout Africa. Adolescent pregnancies continue to pose challenges to healthcare workers, adolescents, their families, communities and countries despite the availability of contraceptives, emergency contraceptives and termination of pregnancy services in many countries. One article proposes a model to enhance families' intergenerational communication about adolescent pregnancies. Perhaps this model could also be tested to enhance intergenerational communication about adolescents' contraceptive utilisation. Effective utilisation of contraceptives depends on adequate knowledge to make informed decisions. Lack of contraceptive knowledge was blamed for adolescents' pregnancies in a study conducted in rural Zimbabwe. The model for intergenerational communication could also be tested to enhance young people's HIV/AIDS knowledge. One article reports that university students in Zambia lacked such knowledge. HIV/AIDS continues to pose major challenges to citizens and healthcare workers throughout Africa. The lived experiences of Ghanaian women diagnosed with HIV, emphasise that encouraging HIV-positive persons to disclose their HIV status to other people should be done with great circumspection. Disclosing one's HIV positive status to others might amount to imposing a death sentence on oneself in some communities.

Interruptions of Tuberculosis (TB) treatment cause major complications for the patient, such as MDR TB, but also expose the patient's family, colleagues, communities and healthcare workers to unnecessary risks. Factors contributing to TB interruptions in South Africa are investigated in one report, while another article addresses the implementation of the Batho Pele ("people first") principles in a South African public hospital. Implementation of these principles in health care institutions would enhance the quality of care rendered to patients. A qualitative research report reveals the anxiety

experienced by mothers of very low birth weight infants in South Africa, and how services to these women and their babies could be improved.

Not all patients are treated in hospitals. Home-care for terminally ill patients should respect the dying patients' dignity. One article explores the development and implementation of a dignity instrument to evaluate the outcomes of palliative home-based care.

Nurses experience stress in their own lives and also secondary trauma as a result of their patients' stories and experiences, especially in communities where violence occurs frequently and/or where wars are waged. Unless nurses are cared for they might end up becoming "wounded healers", capable of rendering only compromised care to their clients. The last research report indicates that mental health nurses in Rwanda experienced secondary traumatic stress. Effective counselling services could help to address these experiences.

We trust that these diverse articles will expand the knowledge and insight of Africa's nurses and midwives.

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Executive Editor