

Why Epidemiological Research in Pakistan?

L. Baig (Department of Community Health Sciences, Karachi Medical and Dental College, Karachi.)

Editorial

This editorial will look into the issues, constraints and the need for epidemiological research in Pakistan. Following are extracts from papers that touch the inner core of the heart and point towards the need for scientifically valid research data on these issues.

“A 2-year analysis, of all suicide reports, in major newspapers of Pakistan, showed 306 suicides reported from 35 cities. Men (n 208) outnumbered women by 2: 1. Compared to men, women were younger and more often married^{1,2}.” “The vulnerability factor responsible for depression in women was lack of an intimate confiding relationship³.” “The kings of old, seeing the ill-treatment of the mentally ill, built asylums for them, but again, the prejudice soon was overwhelming and care of the mentally ill was often given to those who were not the best administrators and carers⁴.”

These extracts from published papers point to the fact that the problem related to suicide and mental health like any other problem needs to be looked into scientifically. These studies on suicide and depression, plus other studies in this region, have identified the need for more culture specific research in Pakistan. These scientific papers are quoting figures from the daily newspapers of the country and not the data collected through scientific research. At the same time in scientific forums and research workshops the health care providers and academicians have mentioned lack of Pakistani epidemiological data for various health related issues.

The questions that we should ask ourselves at this point in time are:

Do we need data?

If the answer to the first bullet is yes, then

Why do we need data?

Is there lack of data on Pakistan?

From where and how can we get data, specific to Pakistan?

Should we collect it ourselves and how?

What are the ethical issues and constraints?

What is the need for research?

The answer to the first question can only be no if we are skeptical and believe that “the health care providers in Pakistan are oblivious to the need for health management through evidence-based care which builds its premise on scientific research. In Pakistan just like any other place in the world, there is a need for local data for patient care, health management, service delivery, education, training, community development, prevention of diseases and maintenance of health. This is not an exhaustive list as so much more can be added from all aspect of life be it science, art, culture or even politics. The health care providers in particular have always tried to make decisions, based on local evidence, but due to lack of resources and off-course expertise in research, have not been able to build a good data base for Pakistan. This is due to inadequate emphasis on research methodology in the undergraduate curriculum of medical, dental and other health professionals. There is a dearth of trained epidemiologists and biostatisticians in the country and the few trained ones are always planning to leave the country due to limited job opportunities.

The health care providers and researchers have identified in various forums, that it is difficult to get valid data for Pakistan. The reasons cited included absence or lack of data due to lack of research and absence or lack of the indexing system for Pakistani data. Although studies have been done in Pakistan, but as mentioned above they are not enough to meet the need of the changing scenario of medical care and practice. The medical practice in the world is dynamic in its entirety and evidence-based, hence the

Pakistani health care providers have to improvise.

A lot of studies in Pakistan done for planning services for the disable, diarrhoea prevention and control have mentioned that there was shortage of funds and the constraints faced by the researches were innumerable⁵⁻⁷. Similarly the studies in the region have also pointed to the facts that researchers and also funding agencies should watch for the ethical aspects and implications of research in the developing countries like Pakistan^{5,8}.

The ethics of executing and not executing research with reference to countries like Pakistan has led to major debate in various forums. This becomes particularly sore when the issue of funding is touched and the international donor has a role to play. The question at this point is that should researchers go ahead and execute researches if there is funding available or let go such an offer as it is not the need of the country at that point in time^{9,10}. There may be a conflict of interest between the researcher and the drug company or the funding agency, particularly for the developing countries of the world¹¹. There have been major violations in countries like England and the case of the Nuremberg Codes is no new knowledge for the informed researchers^{12,13}. Countries like Turkey, developed and strengthened their code of ethics related to research on human subjects and provided protection to the study subjects¹⁴. The Helsinki Declaration has been revised again in 2000 but the clause on protection of the underprivileged study subjects has remained unchanged since the inception of the declaration¹⁵. The epidemiology research helps in shaping practices of health care providers and add to the overall development of the country. The constraints for research may seem endless ranging from lack of expertise to shortage of funds but the need for doing research gets even stronger. The ethical committees for research should be institutionalized and empowered, for the support of sincere researchers.

There is a need for building the core group of personnel with training and experience in epidemiological research who can help the others. Workshops and training programs should be organized for the new researchers and funding allocations should be made for strengthening this very neglected science of health care. The component of epidemiology and research should be added to the medical, nursing and allied health professionals' curriculum.

References

- 1.Khan MM. RcLa H Gender differences in nonfatal suicidal behavior in Pakistan: significance of sociocultural factors. *Suicide Life Threat. Behav.*, 1998;28: 62-8.
- 2.Khan MM, RezaH. The pattern of suicide in Pakistan. *Crisis*, 2000;21:31-5.
- 3.Naeem S. Vulnerability factors for depression in Pakistani women. *J. Pak. Med. Assoc.*, 1992;42:137-8.
- 4.Deva MP. Psychosocial rehabilitation models in the Asia-Pacific region. *Psychiatr. Cl in. Neurosci.*, 1998;52 Suppl:S364-6.
- 5.Small R, Yelland J, Lumley J, Rice PL Cross-cultural research:trying to do it better. I. issues in study design. *Aust. N. Z. J. Public Health*, 1999;23:385-89.
- 6.Saeed K, Wirz S, Gater R. Detection of disabilities by school children: a pilot study in rural Pakistan. *Trop. Doct.*, 1999;29:151-55.
- 7.Chavasse D, Ahrnad N, Akhtar T Scope for fly control as a diarrhoea intervention in Pakistan: a community perspective. *Soc. Sci. Med.*, 1996;43:1 289-94.
- 8.Marsh DR, Kadir MM. Husein K, et al. Adult mortality in slums of Karachi, Pakistan. *J. Pak. Mcd. Assoc.*, 2000;50:300-6.
- 9.Mozam F Human subject research ethics and the developing world. *J. Pak. Med. Assoc.*, 2000;50:388-93.

10. Malik IA, Qureshi AF Communication with cancer patients. Experiences in Pakistan. Ann. NY. Acad. Sci., 1997:809:300-8.
11. Milstien JB, Dellepiane N Alternatives and developing countries. Dev. Biol. Stand., 1999:101:203-8.
12. Homer JS Retreat from Nuremberg: can we prevent unethical medical research? Public Health, 1999:113:205-10.
13. Beran RG The ethics of clinical research and the conduct of clinical drug trials: international comparisons and codes of conduct. Med. Law, 2000:19:501-21.
14. Arda B The experience of the research ethics committees in Turkey. Med. Law, 2000:19:493-500.
15. Levine RJ Some recent developments in the international guidelines on the ethics of research involving human subjects. Ann. N. Y. Acad. Sci., 2000:918:170-8.