

Social change and Cultural diversity – current and future topics in IJPH

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Dear readers,

Health surveys and surveillance data are the backbone of prevention and health promotion research and practice. Knowing populations and knowing how to intervene is essential for successful modern Public Health. In this issue of IJPH we present empirical studies from a variety of countries including Switzerland¹, Germany², Lebanon³ and the Czech Republic⁴. A review of international studies of maternal and child health complements these articles from specific countries⁵. The studies published in this issue of IJPH address key topics in women's health, tobacco smoking, cannabis use, nutrition, and obesity. It is demonstrated in one of the studies that migration is an important factor for explaining inequalities in reproductive health outcomes⁶.

These topics are closely linked to the basic trends that modern Public Health needs to react to: our societies are changing rapidly in the light of globalisation including ever faster exchanges of goods and information, increasing competition over resources and increasing conflicts between belief and value systems. Increased mobility of goods, and, perhaps more important, people lead to new mixtures of physical and non-physical environments resulting in greater cultural diversity and increased dynamics of social change. On the one hand, health is a prerequisite for successful adaptation to these changes, on the other hand these changes may have a profound impact on the health of individuals and populations.

¹ (Annaheim et al. 2007; Merten et al. 2007)

² (Eichhorn et al. 2007)

³ (Yunis et al. 2007)

⁴ (Máchová et al. 2007)

⁵ (Stachelin et al. 2007)

⁶ (Merten et al. 2007)

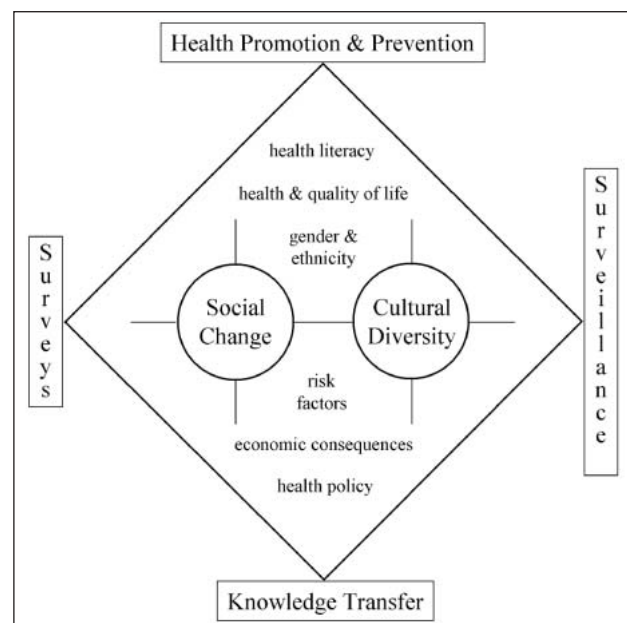


Figure 1 IJPH Profile

We at IJPH understand Public Health as a pivotal component in those societal dynamics that drive our modern world. We are eager to explore the vast potentials of Public Health to increase our knowledge on the associations between cultural diversity and health and to contribute to that social change by making this knowledge more easily available to Public Health researchers, practitioners and policy makers.

The little graph presented above displays the current profile of IJPH: Health survey and surveillance as main data sources, health promotion and prevention as major areas of Public Health interventions, and knowledge transfer among and across researchers and practitioners are the four corner stones for choosing the key topics we want to address in the journal. We see **social change** and **cultural diversity** as the

focal point and like to publish papers that are directly or indirectly related to it:

- *People's skills and competencies to understand the determinants of their health together with their abilities to actively contribute to personal and community health are becoming a key determinant of the production and distribution of health. This determinant is closely linked to issues of social inequality and the diverse social and cultural contexts across and within different nations.*
- *Risk factor profiles vary across nations and national sub-populations and they are changing over time according cultural backgrounds and changing social and economic conditions. Health-related Quality of Life and other health outcomes need to be measured and interpreted in the light of contextual conditions.*
- *The success of Public Health interventions may strongly depend on the specific characteristics of the socio-political environment in which they are implemented. The context-sensitive social and economic consequences of Public Health interventions are essential for informing, evaluating and re-directing health policies.*
- *Major categories to structure our knowledge production in Public Health are Gender and Ethnicity and we like to see papers submitted to IJPH that explicitly address and apply these and other structuring categories.*

Those topics are examples of the issues we at IJPH like to see addressed in papers submitted for peer review. It goes without saying, that many other topics qualify for being published in our journal.

Fully aware that rapid social change and increasing cultural diversity are creating new options but also tensions in Public health, IJPH wants to encourage scientifically sound

*and politically open expert discourses. We see this exchange of knowledge as taking place at all levels of Public Health research and action: local, regional, national and international. As a Swiss based journal, run by a multi-national group of editors and being part of the global market of scientific journals, IJPH has become a forum for cross-national Public Health knowledge transfer. This is why we have decided to accept only English as the language for scientific papers. Those papers in German and French that have been submitted and accepted for publication earlier will appear until the end of 2007. Yet, to promote the distribution of the research findings in national and local contexts IJPH will provide the option of publishing abstracts in one officially standardised language other than English, for example in the authors' native language. Thus, today we encourage all authors to submit their abstracts in English **and** in one other language.*

For practical reasons IJPH will be using a standard citation style as of 2008. We have chosen NEJM for its transparency and easy to use character. Please check the guidelines for authors for proper application.

*And finally: IJPH has recently created a new section called **Speaker's Corner**. In our last issue opinion pieces were published on Public Mental Health. Now it's Gender issues in Public Health. Reactions to our call were enthusiastic and we have received seven inputs from experts from 5 countries: Australia, Canada, China, Germany and India.*

The current issue presents three expert reflections linking Gender to specific health problems and challenges: contraception, mental health and tuberculosis.

In issue 52/5 of IJPH, four more opinion pieces will follow that discuss Gender issues in Public Health methods, politics and practice.

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Editors-in-Chief

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