

Editorial

## The International Journal of Adolescent Health

In this issue of the *Journal of Adolescent Health*, Patton et al have summarized a meeting held at the London's Institute of Child Health in September 2009 [1]. The meeting was organized to follow-up on their seminal article published in the *Lancet* which showed the high mortality rate of adolescents in low- and middle-income countries (LMIC), as well as the severe burden of disease linked with health behaviors that originate during early and middle stages of adolescence [2]. Among the recommendations that emerged from the meeting was one where the authors called for more and better international articles on adolescent health to be published in high-quality scientific journals, including the *Journal of Adolescent Health*. They stated that “Medical journals... have important roles in communicating health needs and advocacy.” [1]

So what is the important role of the *Journal of Adolescent Health* in building the global picture of adolescent health? The answer to this question is like the two faces of a coin. On one side, the *Journal* publishes a significant number of international articles. In 2009, of the 173 articles published in this *Journal*, 51 were international articles, representing 26 non-U.S. countries. Over the last 5 years, we have received a growing number of manuscripts from China and East Asia, as well as from Africa and Eastern Europe. In fact, over the last 3 years, more than half of the manuscripts submitted came from outside the United States; in 2009, of the 1,100 papers submitted, international submissions represented 55%. A total of 250 articles came from Western Europe and Canada, 52 from Australia and New Zealand, 48 from Central and South America, 181 from Asia, and 40 from Africa. Conversely, the number of international manuscripts that are accepted for publication remains low in comparison with those from the United States. The 2009 acceptance rate for U.S.-based papers was 26%, whereas it was only 10.5% for international manuscripts. Although the *Journal* is clearly receiving increased international attention, the proportion of published international papers remains to be distressingly low. Why is this and what can be done?

One likely reason for the discrepancy lies in an increase in the overall quality of the papers submitted to the *Journal*, as evidenced by the recent rise of the *Journal's* impact factor.

Overall, more and more papers are being submitted on a yearly basis; however, the size of the *Journal* in terms of printed pages has not changed. In accordance, the rejection rate has skyrocketed; in 2005, the total acceptance rate was 29.8%, whereas currently it is closer to 15%. Furthermore, much of the *Journal's* increasing submission rate has been driven by our growing international exposure. Since 2006, U.S. submissions have increased by 171 manuscripts annually, whereas international submissions have grown by 280. However, the proportion of articles published in the *Journal* from the international community has remained fairly constant, thereby indicating that much of the increase in international submissions has consisted of lesser-quality manuscripts.

Patton et al agree that it is much more difficult for foreign researchers from LMIC to compete with well-fitted and well-funded research teams in wealthier countries. As described by them, the limited research expertise and the lack of English proficiency in LMIC are quite certainly potential explanations for the current situation [1]. However, there are other reasons as well.

The *Journal* receives too many international submissions of limited scope that merely replicate results described previously. For instance, cross-sectional surveys on substance use or sexual behavior often run in fairly small, regional samples, and are of marginal interest to our U.S. and international colleagues. Also, though region-specific findings may be of potential interest, they are often presented without any reference to the local context (e.g., economic situation, education policies, health care system, etc.), which prevents the reader from understanding the meaning of the study.

Until 2005, the *Journal* offered a special review track for international submissions, which were then not as numerous as they are today. A special section of the *Journal* was exclusively devoted to international contributions. In 2005, the editors put an end to this policy [3]. There is indeed no compelling reason to apply different criteria for acceptance to a special category of international papers. Not only would such a policy lead to a decrease in the overall quality of the *Journal*, it would stigmatize those international manuscripts published in such a category. Instead, the *Journal* appointed an associate editor for international health in 2005 to

---

**See Related Article p. 427**

emphasize its interest in international health and its commitment toward publishing international articles. In addition, the editors have begun the process of expanding the editorial board to include more international members.

What do the editors expect from the international community? First, adolescents throughout the different regions of the world live in widely varying contexts. These discrepancies should allow for researchers to generate novel hypotheses as to why certain attitudes and behaviors are observed, and why certain interventions are successful in some cultural contexts but not in others [4]. For instance, the meaning of nutrition and nutritional habits differs greatly from one region of the world to another; therefore, it would be interesting to assess how these differences affect growth, weight problems, or self-image. The values placed on teenage sexuality and pregnancy also vary greatly across countries; however, the degree to which these values affect the use of contraception and/or protection and abortion is still not well understood. International authors should make every attempt to discuss their findings within the context of their country and culture. They should explain why their results differ from those of other countries or why, on the contrary, the results are similar. Indeed, in a global context, what is interesting for any reader is to understand the underlying ecological, economic, or cultural factors that explain the outcome of any research. This has been done within the United States, but should be applied throughout the world as well [5].

In this regard, international comparisons potentially offer great interest when the authors are able to provide sound evidence as to why the results and numbers vary across different countries or regions and the reader is left with some clues as to how the situation in his or her own context may be improved. Recently, an article by Elgar et al [6] published in the *Journal* focused on the variation of the rate of students being bullied across 37 countries, showing that countries with high-income inequality have more school bullying among preadolescents as compared with those with low-income inequality. This kind of publication initiates interesting hypotheses on the effect of ecological and economic factors on discrete types of behaviors and leads to interventions that may be specific to regions.

International comparisons too have their limitations. As stated some years ago by Pirkis et al, as far as substance use is concerned, findings can be biased by differences in the population focus and sampling issues, response rates, the survey context, or the wording of the questions [7]. This is especially true when comparisons involve several different languages [8]. One approach to overcoming these difficulties is to compare trends and not single cross-sectional data. Even with some variation in the way data are gathered, as long as researchers in each country use the same methods over time, the observed trends can become much more meaningful, especially if they are put into the context of each country.

The editors are committed to making certain that the *Journal of Adolescent Health* is responsive to the regions where

the majority of adolescents and young adults reside. We want to increase the number of international articles in our pages. Since the London meeting, there has been an increase in submission of manuscripts from international investigators who previously were unacquainted with the scope of the *Journal* and its commitment toward public health. There remain several untapped resources available to us in pursuit of our goal. Researchers working at United Nations agencies and nonprofit organizations are largely unaware of the *Journal's* interest in their results. Several good studies run in LMIC by institutions, such as the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), and the World Health Organization see their findings published as reports because their authors do not have any academic affiliation and may have limited time to pursue publishing outside the restricted circle of their mandates. Why not link formally with these groups and establish a partnership for publications? In a global context, the efforts to improve the health of adolescents must not remain confined to academicians from the Western countries; it is our responsibility that they become a worldwide challenge [9]. The *Journal of Adolescent Health* is ready for that challenge.

Pierre-André Michaud, M.D.  
Associate Editor  
Lausanne, Switzerland

Tor D. Berg  
Managing Editor  
Charles E. Irwin, Jr., M.D.  
Editor-in-Chief  
San Francisco, California

## References

- [1] Patton G, Viner R, Linh L, et al. Mapping a global agenda for adolescent health. *J Adolesc Health* 2010;47:427–32.
- [2] Patton GC, Coffey C, Sawyer SM, et al. Global patterns of mortality in young people: A systematic analysis of population health data. *Lancet* 2009;374:881–92.
- [3] Michaud P. Adolescent health throughout the world: An important mission of the *Journal of Adolescent Health*. *J Adolesc Health* 2005;36:1–2.
- [4] Michaud PA, Blum RW, Slap GB. Cross-cultural surveys of adolescent health and behavior: Progress and problems. *Soc Sci Med* 2001;53:1237–46.
- [5] Fletcher A, Bonell C, Sorhaindo A, et al. How might schools influence young people's drug use? Development of theory from qualitative case-study research. *J Adolesc Health* 2009;45:126–32.
- [6] Elgar FJ, Craig W, Boyce W, et al. Income inequality and school bullying: Multilevel study of adolescents in 37 countries. *J Adolesc Health* 2009;45:351–9.
- [7] Pirkis JE, Irwin CE Jr, Brindis C, et al. Adolescent substance use: Beware of international comparisons. *J Adolesc Health* 2003;33:279–86.
- [8] Piette D. Les problèmes de la comparaison internationale d'indicateurs de santé chez les adolescents. Paris, France: Centre International de l'Enfance, 1998.
- [9] Blum RW, Nelson-Mmari K. The health of young people in a global context. *J Adolesc Health* 2004;35:402–18.