

EPIDEMICS/PUBLIC HEALTH AND CONFLICT IN ACADEMIC JOURNALS: THE JOURNAL OF MEDICINE, CONFLICT AND SURVIVAL AND THE JOURNAL OF CONFLICT AND HEALTH

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Abstract

Objective: The conflict, peace and health nexus is a growing area of inter-disciplinary research. There are a few academic journals dedicated to this very issue. Despite the journals' long age and reach, they tend to discuss on very specific aspects and locations of conflicts and public health concerns. There is also scant research on the qualities and shortcomings of these research works and the journals. This study analyses the research qualities and shortcomings of two established academic journals: *The Journal of Medicine, Conflict and Survival* and *the Journal of Conflict and Health*.

Methods: This study compared the contents of the research papers of *The Journal of Medicine, Conflict and Survival (MCS)* from the year 1997 to 2017 and of the *Journal of Conflict and Health's (CH)* published from 2007 to 2017. Systematic review and quantitative content analysis methods were used for this purpose.

Results: The data shows that there are comparative similarities between the two journals in most of the research measurement criteria such as causation analysis, disease and conflict types, coverage of gender, authors' origin and theoretical framework. There were also significant differences in terms of the number of authors, the geographic focus of the journals, article length and research approach. There were also differences in the amount of empirical data, analysis and presentation of the research, CH having more of these.

Conclusion: The findings of the research show that there is a huge gap in terms of important scientific research components that the academic research papers should contain and also the geographic diversity of research authors and the diversity of topics. The study recommends improvements in these areas.

Keywords: conflict, public health, journal & causation

Background

It is useful to start by defining the terminologies that are going to be used frequently in this paper, such as armed conflict, post-conflict, public health and epidemiology. The Uppsala Conflict Data Program (UCDP) defines armed conflict as "a contested incompatibility that concerns government and/or territory where the use of armed force between two parties, of which at least one is the government of a state, results in at least 25 battle-related deaths in one calendar year" (UCDP, 2015: 5).

Post-conflict is often understood in terms of as the stage of conflict where the conflict is neither in its early stages nor ongoing. It may mean an abatement of hostilities, or a 'window of opportunity' for peace in a conflict that can again escalate if mismanaged (Fischer 2004; Hamre & Sullivan 2002). **Public health** is different from other health initiatives and activities in that it does not focus on the individual but on the population and the social aspect of the disease or

health. It is the “science and art of preventing disease, prolonging life and promoting, protecting and improving health through the organised efforts of society” (Acheson, 1988: WHO). When diseases spread from one geographic location, often uncontrollably, public health crises occur. **Epidemiology** is the method used by public health professionals to study public health or public health crises. Epidemiology is the “science that looks at the relationships between diseases occurring in populations and groups, typically in an attempt to reduce risks and “compress morbidity” into the last years of the populations’ life span” (Evans, 2009: 37). This paper attempts to focus on armed conflicts and public health issues. It is not straightforward to draw a direct relationship between the two but the literature shows the dominance of a causation research on the effects of armed conflicts on public health crises.

The relationship between health or diseases and conflict is a complex one. Public health crises such as epidemics can erode health and economic structures. On the other hand, conflict could cause epidemics or spread them when military forces and their networks carry the diseases in the camps or outside, and use the diseases as weapons. In the causality argument, Altman (2010:1) notes that the role of conflicts cannot be direct:

Conflicts may worsen an epidemic, but they cannot start one (except via a biological weapon, which is virtually unheard of). Epidemics, by contrast, may be able to spark a conflict on their own or in combination with other factors.

Altman (2010) notes that research outputs on the causality of epidemics-to-conflict have been negligible. Conflict and war lead to battle-related diseases and illnesses as well as mortality, and indirect effects, mostly affecting the non-combatants. This could occur and result after the war has ended, for example health crises caused by displacement, health infrastructure destruction and Post Traumatic Stress Disorder (PTSD) (Mori et al., 2004). The three main areas of intersection between health and security are failing states and instability leading to health systems crises; “humanitarian warfare” by manipulating health assistance; and terrorist use of biological weapons (CSIS, 2000) in Rodriguez-Garcia et al (2001).

The role of public health interventions in the prevention, containing or clearing of violence caused and related diseases or crises has been highlighted by Mori et al., (2004: 193), who call for the inclusion of public health professionals in peacebuilding and peacemaking activities. Not only general public health workers but also applied epidemiologists have a role in peacebuilding, but they should also be skilled in quantitative and qualitative conflict and health research and communication, as well as trained in cognate fields such as human rights and international law (McDonnell et al. 2004).

For example, the concept and movement of Health as a Bridge for Peace (HBP) had been popular in the 1980s and 1990s, essentially building on the idea that health was a neutral unifier and bridge that hence can be used for peacebuilding. According to the World Health Organisation (WHO) HBP is: a multidimensional policy and planning framework which supports health workers in delivering health programmes in conflict and post-conflict situations and at the same time contributes to peace-building. It is defined as the integration of peace-building concerns, concepts, principles, strategies and practices into health relief and health sector development (Rushton & McInnes, 2006: 95-96). It was only when warring parties declared a ceasefire that victims could be rescued and treated or vaccinations could be offered. Inter-community medical facilities and health policies are cited as aspects of the HBP that help bring conflicting communities together in post-conflict scenarios.

About the Journals

Published under the title of *Medicine and War* until 1997, the *Medicine, Conflict and Survival* journal was launched in 1985. MCS is the designated journal of Medact and its international partner IPPNW, published quarterly on Routledge. At the beginning, the journal's issues focused on the threats of nuclear power to human health, the environment and survival. After 1997, the journal started to diversify the topics and include armed conflict and public health-related issues. The second journal, *Conflict and Health* (CH), is an open access academic journal launched in 2007. Published throughout the year, CH focuses on the "intricate relationship between conflict and health, and how health interventions in war zones may contribute to peace", according to the official website of the Journal. It applies a single-blind peer-review system, where the reviewers are aware of the names and affiliations of the authors. BioMed Central publishes it and the Journal Impact Factor is 2.55. The Journal's self-evaluative article published on its 10th anniversary in 2014 showed that the Journal's main publishers are academics (55%) and "five or more articles come from Democratic Republic of Congo, Uganda, Iraq, Thailand, Kenya and Myanmar."

Research Method

The research used qualitative Systematic Review and quantitative Content Analysis methods to analyse the data. The systematic review relies largely on the subjective judgement and interpretation of the researcher(s), who determine the articles to ultimately include or exclude for particular reasons (Denyer & Tranfield 2009). The first step was to go through each volume, issue, and article of both journals and thoroughly read the papers to select articles that are only research-based (not editorials, notes or book reviews), focused on armed conflicts and public health issues (either epidemics or non-epidemic diseases). After the first stage, 101 articles were identified. The 101 articles were again refined to remove duplicates and articles that did not meet the selection criteria. Finally, 38 articles were chosen for the analysis (20 from CH and 18 from MCS). Despite efforts to be as balanced as possible, it is impossible to rule out incidences of selection bias, where the author selected only articles that met his predisposed criteria and categories. The second method used in addition to the systematic review is the content analysis method; "a research tool used to determine the presence of certain words or concepts within texts or sets of texts." Specifically, it used the conceptual analysis form of content analysis which is conducted by first identifying research questions and, then, choosing a sample or samples (Busch et al., 1994-2012). After the preliminary reading of the articles, a checklist or coding category was prepared, where each article was examined against such as the number of authors, the geographic location of the authors, geographic focus of the research, methodology, absence and presence of gender and theoretical framework and the types of conflict and diseases (Appendix 1). After the coding, the results of the coding data were entered onto Excel. The data was imported from Excel to a software known as Statistical Package for the Social Sciences (SPSS), where the data was "data" analysed using descriptive statistics.

Research Questions

- What kind of causation do the majority of the reviewed academic articles show? (Health crises/epidemics leading to armed conflicts or armed conflicts leading to epidemics/public health crises)?
- What is the most common research methodology?
- How much is gender discussed in these research articles?
- What are the main types of armed conflicts and diseases covered by the journals?

As the list of the above research questions show, the study compared and analysed the two journals based on their format, size, and contents. It is one of the first of its kind in that the research compares and analyses two academic journals focused specifically on health, conflict and peacebuilding issues. Ratnayake et al. (2014) conducted an evaluation of the CH journal’s journey from 2007 to 2014 assessing the focus/themes of publication, publications by country of study, and publications by provenance of the first author.

Results and Discussion

An attempt was made to keep a data equivalence of the number of articles selected for the analysis. However, from the 101 research articles that were selected at the first stage only 18 (47.4 percent) of the articles from MCS Journal and 20 (52.6 percent) from CH Journal fulfilled the final selection criteria. The articles from the MCS were published between 1997 and 2017. The final selection could be considered representative because most of the articles published by the journal either did not fulfil the research conditionality or the armed or health aspect of the selection criteria. Although CH journal contained more recent, rigorous research than MCS, the final stage of the selection identified only 20 articles from the sample.

Number of Authors

The next table shows the findings about the number of authors that produced each of the reviewed articles. More than three authors published the majority of the articles, 65 percent, in the CH journal. The second largest number of articles, 20 percent, were produced by two authors, followed by three authors (10 percent) and one author (5 percent).

Journal Name * Number of Authors Crosstabulation

		Number of Authors				Total	
		One	Two	Three	>3		
Journal Name	CH	Count	1	4	2	13	20
		% within Journal Name	5.0%	20.0%	10.0%	65.0%	100.0%
		% within Number of Authors	12.5%	44.4%	40.0%	81.3%	52.6%
MCS	Count	7	5	3	3	18	
	% within Journal Name	38.9%	27.8%	16.7%	16.7%	100.0%	
	% within Number of Authors	87.5%	55.6%	60.0%	18.8%	47.4%	
Total	Count	8	9	5	16	38	
	% within Journal Name	21.1%	23.7%	13.2%	42.1%	100.0%	
	% within Number of Authors	100.0%	100.0%	100.0%	100.0%	100.0%	

In the case of the MCS journal, there was no majority but articles written by one author was the largest group, followed by 28 percent of articles being two-authored, 16.7 percent of articles produced by three and 16.7 by more than three authored articles. This finding shows that articles that are produced by more than three authors are likely to be accepted by CH journal. Understandably, research papers produced by a number of authors might be richer and deeper than articles produced by a single or two authors. MCS is somewhat the opposite in this regard;

although not the majority, the research papers published by single authors were higher than those produced by two, three or more than three authors.

Geographic Focus of Research

Fifty percent of CH’s research papers were on armed conflicts and diseases in the African continent and 15 percent were on more than one continent and on Asia. Conflicts and health issues in Europe and South America were covered at 10 percent each. Australia and North American have not specifically been researched in any of the studies.

Journal Name * Geographic Focus of Research Crosstabulation

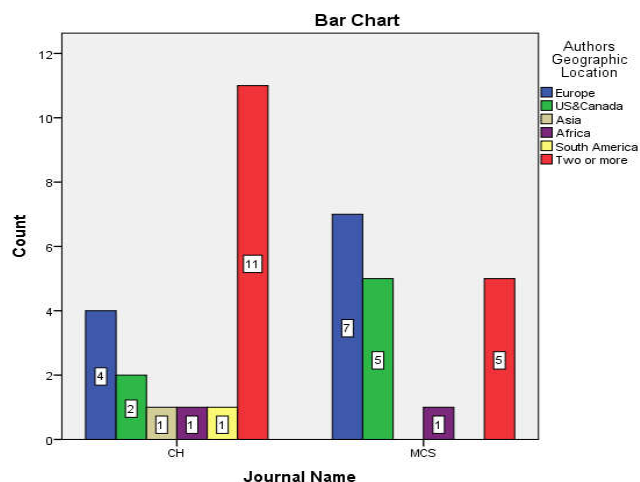
			Geographic Focus of Research					
			Europe	South America	Asia	Africa	2 or more	Total
Journal Name	CH	Count	2	2	3	10	3	20
		% within Journal Name	10.0%	10.0%	15.0%	50.0%	15.0%	100.0%
		% within Geographic Focus of Research	40.0%	100.0%	50.0%	66.7%	30.0%	52.6%
MCS		Count	3	0	3	5	7	18
		% within Journal Name	16.7%	0.0%	16.7%	27.8%	38.9%	100.0%
		% within Geographic Focus of Research	60.0%	0.0%	50.0%	33.3%	70.0%	47.4%
Total		Count	5	2	6	15	10	38
		% within Journal Name	13.2%	5.3%	15.8%	39.5%	26.3%	100.0%
		% within Geographic Focus of Research	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

In the case of MCS, nearly 39 percent of the articles focused on two or more locations followed by 27.8 percent of the journal articles that focused on Africa. Europe and Asia were each featured in 16.7 percent of the journal articles. There were no specific articles reviewed on MCS Journal that particularly dealt with conflicts in South America, Australia or North America. Of all regions, in both journals, we observe a higher focus on conflicts and disease in Africa.

Author’s Geographic Location

The results of the above finding show that there were no research papers on conflicts or health issues in North America and Australia. Those focusing on Europe were also among the least. The focus was generally on African cases followed by research papers on more than one geographic location and Asia. Does the geographic base of these researchers correspond the geographic focus of the research papers? In other words, do most of the researchers publishing on African conflicts and health crisis nexus also hail from Africa or work in Africa?

The findings for the next research show the opposite. In the case of both journals, only one author is geographically located in Africa. In the case of CH, the majority or 11 of the authors come from two or more regions. The majority of MCS’s authors are based in Europe.



The second largest number of authors (4) in the case of CH come from Europe followed by two from the US & Canada, one each from South America and Asia. MCS’s research papers did not contain any research paper from an Asian or South American-based author. Five of the MCS authors are from the US & Canada or two or more regions. It can be learned from these findings that African academics are the least published authors in both journals and especially on a topic that mainly focuses on Africa and developing countries.

Length of the Journals

Sixty-five percent of the research papers published by CH were less than 10 pages and 35 percent of the papers were between 11 and 20 pages. CH had no paper that was more than 20 pages.

Journal Name * Length Crosstabulation

		Length			Total	
		<10 pages	11-20 pages	>20 pages		
Journal Name	CH	Count	13	7	0	20
		% within Journal Name	65.0%	35.0%	0.0%	100.0%
		% within Length	81.3%	43.8%	0.0%	52.6%
	MCS	Count	3	9	6	18
		% within Journal Name	16.7%	50.0%	33.3%	100.0%
		% within Length	18.8%	56.3%	100.0%	47.4%
Total	Count	16	16	6	38	
	% within Journal Name	42.1%	42.1%	15.8%	100.0%	
	% within Length	100.0%	100.0%	100.0%	100.0%	

Fifty percent of the papers in MCS were between 11 to 20 pages, followed by 33.3 percent of the papers containing more than 20 pages. The remaining 16.7 percent of the papers were less than 10 pages. It is also worth noting that the layout of the journal pages could be a factor in

why papers from the CH generally had fewer pages than those from MCS. CH has two-column pages whereas MCS has one-column pages.

Methodology/ Research Approach

The research approach was coded in three main categories: quantitative, qualitative and multi-method. There were a few papers with no discernible and clearly explained methodology, thus they were categorised under the qualitative method since there was no quantitative element in them and they were analytical pieces with a case study.

The findings of this study showed that there was no majority in terms of approach that were found in CH's articles. Research papers with a multi-method (40 percent) were greater than the papers that had qualitative (25 percent) and quantitative (35 percent) research approach. This disparity is important and the fact that the majority of the papers applied the mixed-method research approach is a desirable quality.

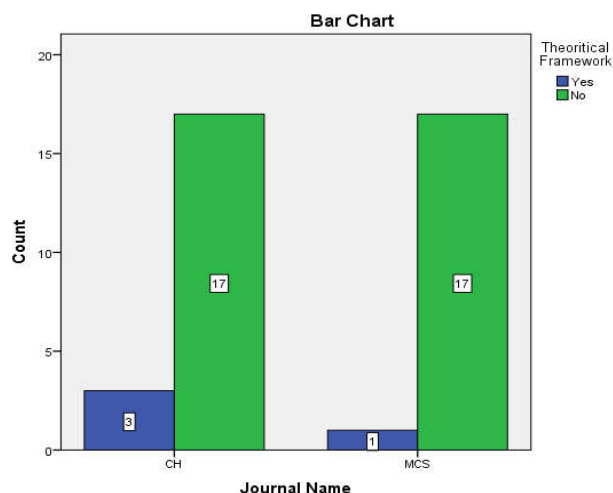
Journal Name * Approach Crosstabulation

		Method			Total	
		Quantitative	Qualitative	Multi-method		
Journal Name	CH	Count	7	5	8	20
		% within Journal Name	35.0%	25.0%	40.0%	100.0%
		% within Method	58.3%	29.4%	100.0%	54.1%
MCS	Count	5	12	0	17	
		% within Journal Name	29.4%	70.6%	0.0%	100.0%
		% within Method	41.7%	70.6%	0.0%	45.9%
Total	Count	12	17	8	37	
		% within Journal Name	32.4%	45.9%	21.6%	100.0%
		% within Method	100.0%	100.0%	100.0%	100.0%

There was no paper in the MCS journal that applied a mixed-method approach. The majority of the papers (70.6 percent) used the qualitative method. Nearly 30 percent of the papers, on the other hand, applied the quantitative method. There is a lack of diversity in the case of MCS since the majority of the papers apply only the qualitative method and there was no triangulation of methods at all.

Theoretical Framework

In both cases, the majority of the papers did not apply any kind of theoretical framework. Only three of the 20 papers reviewed from the CH journal and only one of the 18 articles reviewed from the MCS contained a theoretical framework.



The most common approach in the CH was starting off with a brief background section followed by results and analysis or discussion. The findings were merely analysed or compared with the literature or any theoretical framework. The nearly total absence of any theoretical framework in both journals makes the papers less robust and rigorous. Especially in the case of MCS, where the majority of the papers used the qualitative approach, theoretical framework was essential.

Gender

Gender is another highly essential element in most peacebuilding or health-focused research. Women and children are the main victims of direct violence or even after the violence has ended. Gender is given an important consideration in academic and policy circles; the United Nations also has a Special Representative of the Secretary-General on Sexual Violence in Conflict, Zainab Hawa Bangura.

Journal Name * Gender Crosstabulation

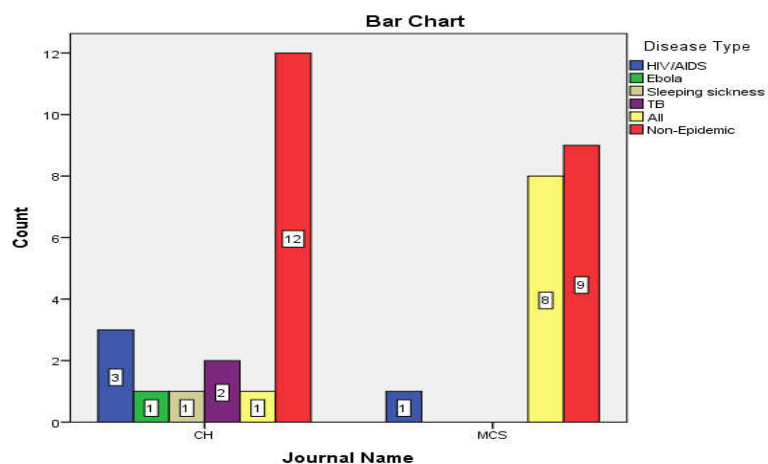
		Gender		Total	
		Present	Absent		
Journal Name	CH	Count	1	19	20
		% within Journal Name	5.0%	95.0%	100.0%
		% within Gender	25.0%	55.9%	52.6%
Journal Name	MCS	Count	3	15	18
		% within Journal Name	16.7%	83.3%	100.0%
		% within Gender	75.0%	44.1%	47.4%
Total	Count	Count	4	34	38
		% within Journal Name	10.5%	89.5%	100.0%
		% within Gender	100.0%	100.0%	100.0%

The findings of this research show that the majority of the papers did not cover anything related to or on gender. The search included a key word search for the word “gender” and then reading if gender was a central theme or part of the research dimension. In the case of CH, 95 percent

of the articles did not contain any content that was focused on gender and only one article (5 percent) was on gender, armed conflict and health. In the case of MCS, 83.3 percent of the articles reviewed contained nothing on gender but 3, or 16.7 percent, of the reports dealt with gender in relation to conflict and health.

Disease Type

In both cases, the most common types of diseases covered were non-epidemic diseases. In CH, at least 12 of the 20 reports were on non-epidemic diseases or on the health sector in general.



HIV/AIDS was the second most covered topic, with three articles appearing in the sample, followed by two articles on TB. The rest of the three papers were on Ebola, sleeping sickness, and the other epidemic diseases listed in the data.

Similarly, nine of the 18 stories reviewed from MCS were on non-epidemic diseases, eight on all the epidemic diseases listed in the study and one on HIV/AIDS. We can conclude that in regards to the spread of research topics and disease types, MCS has a fairer balance of epidemic and non-epidemic disease types compared to the CH, which had a dominant coverage of non-epidemic diseases.

Conflict Type

In the cases of both journals, the majority of the research papers were on the post-conflict stages of the conflict.

Journal Name * Conflict Type Crosstabulation

			Conflict Type				Total
			Armed	Political	Ongoing	Post-conflict	
Journal Name	CH	Count	0	1	4	15	20
		% within Journal Name	0.0%	5.0%	20.0%	75.0%	100.0%
		% within Conflict Type	0.0%	100.0%	100.0%	46.9%	52.6%
	MCS	Count	1	0	0	17	18
		% within Journal Name	5.6%	0.0%	0.0%	94.4%	100.0%
		% within Conflict Type	100.0%	0.0%	0.0%	53.1%	47.4%
Total		Count	1	1	4	32	38
		% within Journal Name	2.6%	2.6%	10.5%	84.2%	100.0%
		% within Conflict Type	100.0%	100.0%	100.0%	100.0%	100.0%

Seventy-five percent of the stories on the CH were on the post-conflict stages of the conflict. Similarly, 94.4 percent of the papers that appeared on the MCS were post-conflict stories and the rest of the 5.6 percent research papers were about armed conflicts. In the CH journal, 20 percent of the papers were on ongoing conflicts and the remaining five were political conflicts.

Discussion

This research comparatively looked at two academic journals specialising in health (public) and conflict. The final sample selected after a lot of extraction was 40 but two more research papers were later discarded, leaving 38 papers for the final analysis. This number may not be perfectly representative of all the scientific publications within the past two decades available in the journals. However, it can be representative data of the specific scope of this study and the research questions or the qualifying criteria of “armed conflict” and “public health” crises. Using Content Analysis and Systematic Review methods, the research qualitatively and quantitatively analysed the academic articles.

The findings of the research showed that group of more than three authors wrote the majority of the papers in the CH journal. In the case of MCS, the number of authors was spread out but there were more papers that were single-authored compared to the group-authored publications. Oftentimes, academic articles that are authored by a team of writers are assumed to be richer and of higher quality than single-authored papers. There is also a comparative advantage of editing and correcting papers that have been returned after a peer-review.

Africa was the geographic epicentre of most of the research papers published by both journals. In the case of CH, fifty percent of the research papers published focused on conflicts and health issues in Africa. In the case of MCS, the second region receiving the most coverage was again, Africa. In both cases, Europe was among the least covered. In the case of CH specifically, South America and Europe were the least covered among the continents found in the sample, both at 10 percent. MCS has no articles dealing with South America but the coverage of Europe and Asia was among the least researched in the sample, both at 16.7 percent. North America (the US and Canada) and Australia-focused papers were absent in both journals. Despite the prevalence of violent and non-violent, national and continental conflicts as well as public health crises (epidemics and non-epidemics) in North America and Australia, none has been covered by any of the journals. As the next research finding also showed, although the majority of the research authors hail from or are based in North America and Europe, there were no research papers on these regions especially within the sampled data. This disparity deserves further

investigation as well as researching the problems in the locations since there are still inter-ethnic, religious, political, drug and gun-related violence and health crises are in those regions deserving meticulous study. MCS in the outset stages of its publishing focused on atomic and nuclear proliferation and its health impact in the Western world but the concentration changed through time.

The absence of any African research author in these international and reputable academic journals also makes this research thought-provoking. The highest number of the articles published by CH are on Africa but only one author was from and based in Africa and there was not any in the case of MCS. There were some Africa-based authors found in the group/team published papers. When the conflicts and health crises covered by the journals are mainly on Africa and Asia and South America, the absence of authors from these regions in the sampled journals is questionable. Is it a lack of interest and contribution from these conflict-affected areas? Is it lack of quality papers coming from these regions? Future research should broach this inequality.

Research Approach and Framework

An important segment of this research was studying the main research approaches and methods employed in the sampled journals and also assessing the theoretical frameworks that were applied, if any. The research approaches were categorised as quantitative, qualitative and multi-method. A higher number of the research articles of CH, that is 40 percent, used the multi-method approach. In the case of MCS, interestingly, there was no paper which used a multi-method approach. The majority of the articles, over 70 percent, were qualitative in approach. The rest of the research papers, over 29 percent, were quantitative. To some extent, it was difficult to select some of the papers and categorise them because most of the research papers did not specify the research methods, questions, and theories. The way they were presented was mainly in a descriptive and testimonial format. Therefore, after an in-depth scrutiny and search for scientific qualities, a few of the papers were finally selected. CH's papers fared better in this regard since they contained distinct methodologies, research questions, analysis and discussion. CH's papers also contained more empirical and data-driven research quantitative articles that contained rigorous analysis.

In terms of the application of a theoretical framework, there were only four articles found that applied distinct theoretical framework. The majority of the papers, over 90 percent, did not discuss or apply any theoretical framework. For example, the single paper that applied a theoretical framework from the MCS, employed the "Life Course Model" to analyse the data. The nearly total absence of a theoretical framework in the sampled papers challenges the scientific qualities of the papers. Most of these papers are social science research, mainly applying survey, interviews and case study methods, but the lack of any theoretical framework or even a rigorous and non-superficial literature review is evidently a shortcoming. Gender was also an issue that was significantly absent in both journals. Out of the 20 sampled papers in the CH, only one paper dealt with the issue of gender in the context of conflict and health crises. Only three of the 18 papers systematically reviewed from the MCS did entertain anything to do with gender. Despite the importance and currency of gender in recent academic and policy discourses as well as the focus given to gender based violence and sexual violence in conflict, the almost complete dearth of research on the topic in both journals is a significant discovery.

Causation

In terms of causation, the higher number of the journals in both cases did not mainly dwell on either “conflict leading to public health crises” or “public health crisis leading to conflicts” although the former was significantly greater than the latter. Some of the following direct quotes are extracts from the conclusions of the papers that followed the first line of argument that is conflict causing public health crisis.

Conflict contributes to disease risk by affecting the transmission potential of sleeping sickness via economic impacts, degradation of health systems and services, internal displacement of populations, regional insecurity, and reduced access for humanitarian support (CH, 2007: 1).

During a period of humanitarian crises, the vulnerable, HIV-infected paediatric population had disruptions in clinical care and in medication adherence, putting children at risk for viral resistance and increased morbidity (CH, 2009: 1).

Similarly, there were also articles that discussed the Health4Peace causation in their analysis. These two journal articles highlighted the contribution of health services and health workers in conflict resolution.

Health provision mitigates tensions and promotes social cohesion (MCS, 2015:33).

This exploration of the various political roles played by Sudanese health professionals has shown the significant degree to which they have participated in ending Africa's longest war and maintaining peace in Sudan (MCS, 2016: 160).

The quantitative findings of this research question showed that only two of the total 38 papers sampled from both journals took the perspective of public health crises leading to conflict. Fourteen of the articles argued that conflict leads to public health crises. The majority of the papers, 20, from both journals did not study any type of causation. Two of the remaining journal articles discussed the two-way effects or causation that is conflict leading to health crises and health crises leading to conflict at the same time.

Both journals mainly studied non-epidemic diseases but epidemic diseases such as HIV/AIDS, Ebola and TB were also studied by the CH when MCS researched all types of communicable diseases in the sample except one piece on HIV/AIDS. This finding shows a dearth of data on specific types of communicable diseases compared to conflicts. In regards to the types of conflicts, the majority of the papers focused on post-conflict scenarios: 94 percent of MCS' papers and 75 percent of CH's papers were on health issues in post-conflict scenarios. MCS had no paper dealing with an ongoing conflict when CH had four articles. The finding does not only show the lack of research on ongoing conflicts and crises in relation to health crises but also conflict and health crises proactive and preventive research.

Conclusion

The findings of the research show that there is a huge gap in terms of important scientific research components that academic research papers should contain and the geographic diversity of research authors and topics. The research found that there was only one Africa or Africa based author in the sampled papers and this is despite the fact that the majority of the papers dealt with conflicts and health crises in the developing world especially African. There were less than five percent research papers, which dealt with the gender aspect both in the context of gender-based violence in conflict and gender as segment of conflict and health. The research

also opens the avenue for creative and inclusive future research by the two journals or other journals of similar research interest. Hence, the key terms for these journals to focus on the way forward are *inclusivity and diversity*; of authors, victims and topics.

The author recommends that the academic journals should critically investigate the absence of diversity of authors as well as topics. This is supported by Briggs & Weathers (2016) research which found that African academic authors were cited less than others did and faced declining acceptance rates in Western journals. Although this appraisal itself does not purposefully delve into theoretical framework, the two academic journals should consider the presence of theoretical framework, especially in the complex scientific research papers that the journals host. Despite several articles discussing conflict and public health, it was impossible to find any research article in the sample, which systematically studied or reformulated a theoretical framework showing the interactions between the two. Both journals should encourage authors to contribute in this very vacancy.

References

- Acheson, D. (1998) *Public health in England. The report of the committee of inquiry into the future development of the public health function*. London, HMSO
- Altman, D. (2010) Causal Effects of Epidemics on Conflict: A Summary of the Evidence, *North Yard Economics and New York University*
- Briggs, R. C., & S. Weathers. (2016) "Gender and Location in African Politics Scholarship: The Other White Man's Burden?" *African Affairs* 115 (460): 466–489
- Busch, C., De Maret, P. S., Flynn, T., Kellum, R., Le, S., Meyers, B., Saunders, M., White, R., & Palmquist, M. (1994 - 2012) *Content Analysis*. Writing@CSU. Colorado State University. Available at <https://writing.colostate.edu/guides/guide.cfm?guideid=61>.
- Evans, M. (2009) Basic concepts in public health. In: Haneline MT, Meeker WC, eds. (2009) *Introduction to Public Health for Chiropractors*. Sudbury, MA: Jones and Bartlett: 35-48
- Fischer, M. (2004) *Recovering from Violent Conflict: Regeneration and (Re-) Integration as Elements of Peacebuilding*. Berlin: Berghof Research Center for Constructive Conflict Management, Berghof Handbook on Conflict Transformation. http://www.berghof-handbook.net/uploads/download/fischer_handbook.pdf.
- Hamre, J. J. and Gordon, R. S. (2002) Toward Post-conflict Reconstruction. *The Washington Quarterly* 25, no. 4: 85-96.
- McDonnell, S.M., Bolton P., Sunderland, N., Bellows, B., White, M., et al. (2004) The role of the applied epidemiologist in armed conflict. *Emerg Themes Epidemiol* 1: 4
- Mori, L., David, R. M. & Douglas, W. B. (2004) "Health, Human Security and the Peacebuilding Process" In *Conflict and Human Security: A Search for New Approaches of Peace-building*, ed. Hideaki Shinoda and Ho-Won Jeong. IPSHU Research Report Series Vol. 19: 176-196
- Rodriguez-Garcia, R., Schlessner, M., Solórzano, F. X., Macinko, J. (2001) How can health serve as a bridge for peace? *Policy Brief*, George Washington Centre for International Health
- Rushton, S. & McInnes, C. (2006) The UK, health and peacebuilding: the mysterious disappearance of Health as a Bridge for Peace. *Medicine, Conflict and Survival*, 22(2), 94-109
- Uppsala Conflict Data Program (UCDP) (2015) *UCDP Battle-Related Deaths Dataset Codebook*. Uppsala University