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Some Social Implications Drawn from Recent Publications in the BJSTR, by Researchers' Origin Countries

Ki-Hoon Jun*

Latin American Studies, South Korea

*Corresponding author: Ki-Hoon Jun, Graduate School of Latin American Studies, Hankuk University of Foreign Studies, South Korea

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ABSTRACT

In this short-communication, I briefly summarize the subject-selection pattern of researches published on the BJSTR since the late 2016. While most publishing researchers came from Middle-East, Africa, East Asia and Eastern Europe, they tended to focus on a specific theme or phenomenon, by region. First, recent African publishers tended to focus on breast-disease; however, based on other literature on other regions, this does not seem to be product of African region's special feature, nor genetic idiosyncrasy of African women — their genetic diversity is even wider than any other part of the world. In the case of China, its researchers tended to focus on plant substances and brain symptoms, due to its emphasis on traditional medicine and recent growing concerns on elderly's mental health. Meanwhile, Korean researchers tended to prioritize on overcoming chronic diseases, with more emphasis on the early diagnosis over late treatment and focus on transformation of human-body organs. With those examples, it is shown how different societies tend to form researchers' collective interests.

Introduction

When looking at since-2016 articles published in the BJSTR, there seem relatively few studies from Western Europe, North America and Australia; it might sound not very good not to have those seemingly leading countries in biology and medicine, not every aspect is negative — with more concentration of researches from the third world, it could provide alternative viewpoints as supplements to the approaches pursued by other journals in the same field. Given that, in this paper I show those third regions' certain patterns of subjects, as reflection of social situations faced by different regions, with analyses on articles published on the BJSTR from the late 2016 until the end of 2018.

Breast-Cancer Problem in Sub-Saharian Africa

On the publications for BJSTR, most researches from Subsaharian African tended to focus on breast cancer of women [1-5] , only except two Nigerian studies about food-safety system [6,7]. This is not of a mere coincidence, according to Kantelhardt & Frie [8]'s analyses in recent emergence of breast-cancer in Sub-Saharian Africa. Based on meta-analyses for literature until 2016, they reveal the followings.

1) Citing the GLOBOCAN database [8], they found that annually almost 100,000 cases of breast cancer break out in this region; meanwhile, they also indicated that its curing depends on early diagnosis, far more than in most other regions and usual cases.

2) However, citing report of Lancet Global Health [8], they found no significant effect of social backgrounds(e.g. race), on the occurrence of breast cancer.

3) According to the same article, neither the genetic idiosyncrasy of the African race is the key factor; its impact on the stage-progress has been argued by some, but none of them was proved. Rather, more evidences support the role of increasing life expectancy and rapid urbanization in this region — actually, the cancer is the disease more spread in advanced countries [9].



4) Taken all together, the key explanation for Sub-Saharan Africa's breast-cancer comes from recent and relatively-late substantial development of this region's societies, rather than Africa's own genetic features or social-norm constraints [2].

On the other hand, in a more recent report published by 2017, Vanderpuye et al. [10] reveal severely lower survival rate of breastcancer in Sub-Sahararan countries, compared to North-Africa. This feature could imply that the more fragmented and sparse population-structure in Sub-Saharan countries could be a major barrier to nationwide countermeasure against the soaring breastcancer rate. Here, it should be noted that North African countries are not characterized by the extreme diversities in terms of language and race, alike others as Nigeria or Tanzania. Furthermore, (Table 1) confirms that North African countries are more centralized in population distribution —, which means that investing caring center only on the largest city or capital city can help a lot in those countries, while in Sub-Saharan countries the same policy serves to only a fraction of population. For example, Algeria is economically less developed than South Africa , but enjoys higher rate of breastcancer survival. This example shows that Sub-Saharan Africa would have more difficulty in dealing with nationally-spreading breastcancer problem mainly due to social fractionalization, rather than mere underdevelopment of economy and infrastructure.

Table 1: Centralization	degree in North Africa and	Sub-Saharan Africa, in terms o	of population distribution.

	Countries	Total population available by 2017		
		Whole country (=A)	The Largest City (=B)	B/A
North Africa	Algeria	41,320,000	3,500,000	8.47
	Tunisia	11,530,000	2,700,000	23.42
	Libya	6,380,000	1,160,000	18.18
Sub-Saharan Africa	Nigeria	191,000,000	21,000,000	10.99
	South Africa	56,720,000	433,688	0.76
	Tanzania	57,310,000	4,370,000	7.63

China: Focusing on Plant Substances and Brain Symptoms

Meanwhile, all Chinese researches since 2017 focused on the chemicals and plant substances [11-17] or brain disorders [18,19]. Those dominant trends, in fact, have something to do with China's social trends. First, the international media like Lancet, since 2016, have indicated that in China the aged suffers more than in most advanced or developing countries; by 2014 its dementia patients takes over 25% of all patients from the world over 140% increase over the last 20 years [20]. The thing is, unlike the other developing countries duri'0ng the last decade, China also suffered the collapse of traditional family culture prioritizing the care on the elderly. "The health needs of older people in China challenge the country's health and social care system seriously-and unprecedentedly. According to the China Health of Retirement Longitudinal Study 2015 report, a third of Chinese people aged 60 years or older have severe depression, and the prevalence of hypertension and diabetes is 53.6% and 23.9%, respectively, in this population. Furthermore, 500 000 elderly people go missing in China per year, around 25" [21] . In the article above, it is worth to note that the majority of elderly people's situation described above are about mental syndrome, rather than physical ones. At the same time, the article also indicates that the elderly in China these days are excluded from traditional familial care. As Jane Qiu quoted in the same article "Care for China's elderly people can no longer largely count on families". In my view, those emotional and mental problems suffered by the elderly nowadays in China are counted on the research trend in this journal. On the other hand, the emphasis on the plant substance seems to have something to do with the

recent Chinese government's emphasis on the health-care food and its production system [22].

However, those researches are not enough to cover all the main health-problems remaining serious in China. According to a Korean institute's study about Chinese medical tourists, Chinese people are genetically prone to lactose-intolerance Mediterranean anemia and glucose; and because those health problems are little cared under Chinese current system, still its many patients depend on foreign service, including those from its neighbor-country South Korea [23].

Korea: Diagnosis Rather Than Treatment

Besides, Korean researchers since 2017 have focused on the improvement of diagnosis methodology as well as transformation of bodily organs rather than dealing with them as they are [24-26]; and another focus in their researchers have been the reproduction of human organs [26-28]. Those trends could be explained by several factors. First, while temporary diseases (e.g. cold) are almost conquered by medical technology's advancement, still chronic diseases are of main concerns for Korean's health [29]; and for those chronic diseases, the early discovery is always critical. On the other hand, although having suffered accidents like Hwang scandal of data manipulation for stem-cell development, Korea's genetic technology keeps progressing, and now medical scientists seem confident with organ's transformation and artificial development.

The Rest

When it comes to Japanese researches' recent publications in the BJSTR, they tended to address local situations of health-care system and social programs dealing with it [30-32]. However, unlike the aforementioned cases, the Japanese case cannot be surely interpreted as reflection of social circumstance; at least, there is no signal about increasing social reflection about Japanese medic-care system in recent days, and Japanese medical-science is covering various parts of fields without one-sidedness. Lastly, while the majority of most researches came from Eastern-European or Middle-East researchers, they are not showing any specific trend in subject selection. Nevertheless, to conclude, the research tendencies from Africa and East Asian countries clearly confirm that different societies have specifically different subject priorities over time, with strong linkages with social backgrounds.

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