Capacity building of rural family doctors on gender responsive service delivery - WONCA perspectives

Associate Prof Dr. Özden Gökdemir
Izmir University of Economics / Faculty of Medicine /İzmir/ Turkey
The following questions need to be answered:

What do we mean by institutional capacity?

How can it be developed?

More specifically, how can it contribute to rural family physicians and gender equality?
In Turkey, the “rural definition” of the participants did not accord with the “Village Law of 1924”, according to which, settlements with a population of less than 20,000 were defined as rural areas.

We know that there are rural areas within cities.

Physicians’ definition of rural may be places with limited opportunities to reach other health or social facilities and share their workload. In our study: the issue of participants’ definition of the location of their work was based on this concept.

Thus, the definition of the countryside should be reviewed in line with physicians’ perceptions.
A consistent issue in rural health research is exactly how to define a rural area.\textsuperscript{12,13} Multiple definitions exist at different geographic units, most commonly at the county and census tract level and often measure distinct underlying contexts.\textsuperscript{12,14} This is important to understand as researchers generally use the construct of “rural” to account for geographic isolation and a relative lack of healthcare resources, among other differences, when compared to urban areas.\textsuperscript{15}

Even among a single rural-urban classification system, categories can often be grouped in multiple ways with different implications for what is actually being measured. For example, Rural-Urban Commuting Codes, a nine-level system, can be collapsed into a system measuring the adjacency of non-metropolitan areas to larger metropolitan areas, or simply by the population of non-metropolitan areas.\textsuperscript{12} Despite the widespread use of these metrics, there are few analyses comparing the comparative performance of the different definitions and groupings and their associations with healthcare outcomes.\textsuperscript{16-18} It is not clear which rurality measure best proxies geographic isolation from healthcare resources, for example, or which is closest to accurately measuring the need and demand for surgical care. Thus, the primary aim of this analysis was to compare different definitions of rural and urban at the county level to determine the system that best measures surgeon supply.
Pandemy or Syndemy

Syndemic model

Disparity conditions that promote disease clustering

Disease 1

Adverse interactions

Disease 2

Enhanced disease transmission, progression, and negative health outcomes

Diagram showing a person looking at a garbage bin with various items, suggesting the concept of a syndemic model.
Community Oriented Primary Care

Özden GÖKDEMİR
How can we structure?

THE FIVE PRINCIPLES OF COPC*

1. Responsibility for a defined population
2. Care based on identified health needs at the population level
3. Prioritization of health needs
4. Implementation of an intervention program covering all stages of the health/illness continuum and impacting on the prioritized conditions
5. Community involvement

* From The Social Medicine Portal. A full description of the principles of COPC from Dr. Jaime Gofin and Dr. Rosa Gofin can be found in the book, The Essentials of Global Community Health (2010, Publisher: Jones & Bartlett Learning).
THE SIX STEPS OF COPC

1. Community definition
2. Community characterization
3. Prioritization
4. Detailed assessment of the selected health problem
5. Intervention
6. Evaluation

* From AHEC Curriculum, Program Office of the District of Columbia Area Health Education Center.
In 1940, two young South African physicians, Sidney and Emily Kark, went to live and work in an impoverished, rural, Zulu tribal reserve called Pholela in the province of Natal.

Their task was to set up a system of health service delivery for a population that previously had received little benefit from Western medicine.
Ürgüp-Karain Village
Pers- The Land of Beautiful Hoarses:

• 'Katpatukya'
• Kapadokya; Nevşehir, Niğde, Aksaray
Sudden deaths...

• In 1970 Karain was a center.
• People could not live a long life.
• The teachers who were working at Karain reported this issue to Hacettepe University stakeholders.
• And the thesis began....
Public awareness of the hazards of asbestos can be dated to the period immediately following the death of Nellie Kershaw aged 33 in 1924. She had worked during the previous seven years in a textile factory spinning asbestos fibre into yarn. She died of severe fibrosis of the lungs. The pathologist, William Cooke, who found retained asbestos fibres in the lungs, called the cause of death asbestosis. Nellie Kershaw was not the first case to be reported of lung fibrosis caused by asbestos. Montague Murray in 1899 had reported the case of a 33-year-old man who had worked for 14 years in an asbestos textile factory. He had died of fibrosis of the lungs which Montague Murray, also finding asbestos in the lungs, had attributed to inhaled asbestos fibres. The patient had told Murray he was the only survivor from ten others who had worked in his workshop.

However, unlike the Montague Murray case, which had aroused little interest, the death of Nellie Kershaw and its cause was widely reported. It led to the government commissioning the Chief Inspector of Factories, Edward Merewether, with an engineer, Charles Price, to report on workers’ health in the asbestos industry. They found, among those still at work who had been employed for more than five years, one third had asbestosis and of those still working in the factory after 20 years, four-fifths had the disease.

The government introduced regulations in 1931 to control exposure to asbestos, together with arrangements for regular medical surveillance of the workforce and eligibility for compensation for factory workers with asbestosis. A benefit commented on by the workers in one factory was a clock on the wall becoming visible to them for the first time.
Box 1. ILO definition of community health workers (ISCO 3253)

**Lead statement**
Community health workers provide health education and referrals for a wide range of services, and provide support and assistance to communities, families and individuals with preventive health measures and gaining access to appropriate curative health and social services. They create a bridge between providers of health, social and community services and communities that may have difficulty in accessing these services.

**Task statement**
Tasks include: (a) providing education to communities and families on a range of health issues including family planning, control and treatment of infectious diseases, poisoning prevention, HIV risk factors and measures to prevent transmission, risk factors associated with substance abuse, domestic violence, breastfeeding and other topics; (b) assisting families to develop the necessary skills and resources to improve their health status, family functioning and self-sufficiency; (c) conducting outreach efforts to pregnant women, including those who are not involved in prenatal, health or other community services, and other high risk populations living to help them with access to prenatal and other health care services; (d) ensuring parents understand the need for children to receive immunizations and regular health care; (e) working with parents in their homes to improve parent-child interaction and to promote their understanding of normal child development; (f) providing advice and education on sanitation and hygiene to limit the spread of infectious diseases; (g) storing and distributing medical supplies for the prevention and cure of endemic diseases such as malaria and tuberculosis and instructing members of the community in the use of these products; (h) assisting families in gaining access to medical and other health services (24).
• COMMUNITIES HAVE PROBLEMS, JUST LIKE PEOPLE

• Community problem. The downtown area of a community is declining. Stores are closing, and moving out; no new stores are moving in. We want to revitalize that downtown. How should we do it?

• Community Problems: Adolescent pregnancy, access to clean drinking water, child abuse and neglect, crime, domestic violence, drug use, environmental contamination, ethnic conflict, health disparities, HIV/AIDS, hunger, inadequate emergency services, inequality, jobs, lack of affordable housing, poverty, racism, transportation, violence.
Gender-based Violence

Social Work in Public Health

Domestic Violence: Rehabilitation Programme for the Victim and Violent / Predator

Ozden Gokdemir, Ana Luisa Cabrita, Renata Pavlov & Sudip Bhattacharya

To cite this article: Ozden Gokdemir, Ana Luisa Cabrita, Renata Pavlov & Sudip Bhattacharya (2022), Domestic Violence: Rehabilitation Programme for the Victim and Violent / Predator. Social Work in Public Health, DOI: 10.1080/19371918.2021.1991950

To link to this article: https://doi.org/10.1080/19371918.2021.1991950

Published online: 19 Jan 2022

Submit your article to this journal

View related articles
What could we do?
Gender-based Violence

ABSTRACT

Evren Stark claims that “partner-perpetrated physical abuse and other forms of violence against women ought to be understood as a human rights violation. Domestic violence effects not only the women involved, but the whole of society. Thus, the identification of the victims and perpetrators is necessary, not only to prevent further abuse and injury to the victims, but also to create a violence-free society. In this paper we aim to identify the patterns, the financial and social burden of domestic violence, and ongoing rehabilitative programmes within low- and middle-income countries. A literature search was conducted using “PubMed, Google scholar, and Scopus” databases for the key terms “domestic violence,” “partner abuse,” “rehabilitation programmes,” and “partner-perpetrated physical abuse.” All relevant articles were included in this narrative review. According to a “Survey of Violence against Women in Turkey,” there is high exposure to domestic violence at all ages. Globally, violence against women, children, and the elderly are much more common than is reflected in forensic medicine. Domestic violence in some communities is often considered as a socially normal phenomenon, and is often underreported or unreported for various reasons, such as lack of awareness, lack of security, and feelings of shame and fear. For individuals injured physically and psychologically, timely referral to health organizations for treatment/ reabilitations and judicial authorities is important for physical as well as mental health reasons; it is also important to provide crucial medical evidence to ensure prosecution of the perpetrator. It is important for all countries to have proper rehabilitation programmes to protect victims of domestic violence, implemented through family physicians at primary care centers. However, we have observed that some programmes have bottlenecks, such as long wait times for child victims. This problem can be addressed by the appropriate measures taken at individual, community, and national level. Policymakers should urgently implement sustainable and well-structured preventive and rehabilitation programmes for the sake of both the victims and the abusers/ individuals engaging in violence. Corrective programmes pertaining to the domestic violence have the potential to reveal the extent of the problem, shed light on issues underlying the violence and increase awareness of the damage caused to society.

KEYWORDS

Domestic violence; victim; abuse
Needs...

- Awareness
- «Know how» about adolescent health
- Legacy
- Health Law
- Social work / stakeholders / policymakers...
Capacity building of rural family doctors

Prof Dr Saylan specialised in diseases of the skin and became one of the first female dermatologists in Turkey. Her professional life started at the University of Istanbul School of Medicine in 1968. Four years later she was made Associate Professor, before becoming a Professor in 1977.

She began working with leprosy in 1976, and founded the Turkish Leprosy Relief Association and in 1981 the Istanbul Leprosy Hospital, working voluntarily as director at the hospital until she retired in 2002. She spearheaded both medical research and humanitarian projects in leprosy, and went on to work as a consultant in leprosy for the World Health Organisation (WHO).

Under her direction, the Istanbul Leprosy Hospital expanded to include an outpatient clinic, specialised eye care, a shoe workshop, surgery, physiotherapy and dental units serving both inpatients and outpatients. In 1986, she was awarded the International Gandhi Award for her work with leprosy.
Rural Family Doctors:

• Turkan Saylan worked for years in rural Turkey with limited resources, an experience that inspired her to organize an effort to provide education for poor children.

• In 1989 she helped found the Association to Support Contemporary Life, which focused primarily on the education of young girls.
Role Model:

- "You, my dear daughter", reads a letter addressed to Turkey's girls from dermatologist Turkan Saylan,
- "Stop asking yourself, 'Why am I born a girl?' and aim at becoming the best you can be."
- The letter, which was read at Saylan's funeral in Istanbul, conveyed a message close to the heart of this woman whose life was devoted to medicine and social activism.
Rural and Gender Specific Risk Factors:

• Education
• Economy
• Health
• Inequalities
• gender-based violence, child marriage, genital mutilation, labour, ...
Education of GPs/FPs?

- Clinical toolkits
- Training manuals
- Cultural sensitivity
- Content of curriculum
Summary

- Define the community
- Define the needs of the community
- Structure the framework
- No need to walk alone
Did these solutions work?

**SWOT** stands for: **S**trength, **W**eakness, **O**pportunity, **T**hreat.

A SWOT analysis guides you to identify your organization’s strengths and weaknesses (S-W), as well as broader opportunities and threats (O-T). Developing a fuller awareness of the situation helps with both strategic planning and decision-making.

The SWOT method was originally developed for business and industry, but it is equally useful in the work of community health and development, education, and even for personal growth.
Health for all...

- The spread of the disease during the pandemic damaged the economic resources of countries as well as deteriorating the health of communities.

- Many sectors played a role in the management of the pandemic, but the most significant was played by the health sector, by providing preparedness and appropriate response.

- Since the outbreak of the COVID-19 pandemic, meeting the health needs of the affected individuals, families, and communities was the top priority.

- And also we all see that «we can be well as our planet».

WONCA Working Party on the Environment
(https://www.globalfamilydoctor.com/groups/workingparties/environment.aspx)
The legendary cellist Pablo Casals was asked why he continued to practice at age 90. “Because I think I’m making progress,” he replied.