



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?

Rural

- 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.

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Comparative Analysis of Rural-Urban Definitions in Predicting Surgeon Workforce Supply

Joshua Herb, MD, MSCR,^{a,b,*} Karyn Stitzenberg, MD, MPH,^a and Mark Holmes, PhD^b

^a Department of Surgery, Division of Surgical Oncology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

^b Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina

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ABSTRACT

Background: There are multiple different systems that define a rural area for research, but few studies compare their ability to measure access to health care. The objective was to compare various definitions of rurality to determine which best measures local surgeon supply.

Materials and methods: In this retrospective observational study, we used the 2017 Health Resource File to obtain the 2017 county-level supply of general subspecialists, and total physicians for all counties in the United States.

performance of these definitions for each outcome using adjusted R^2 values. **Results:** In 3138 counties included in the study, dichotomous measures of rurality. The RUCC had the lowest adjusted R^2 values across all outcomes. (Census urban population and the RUCC/Census urban population ratio)

A consistent issue in rural health research is exactly how to define a rural area.^{12,13} Multiple definitions exist at different geographic units, most commonly at the county and census tract level and often measure distinct underlying contexts.^{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.¹⁵

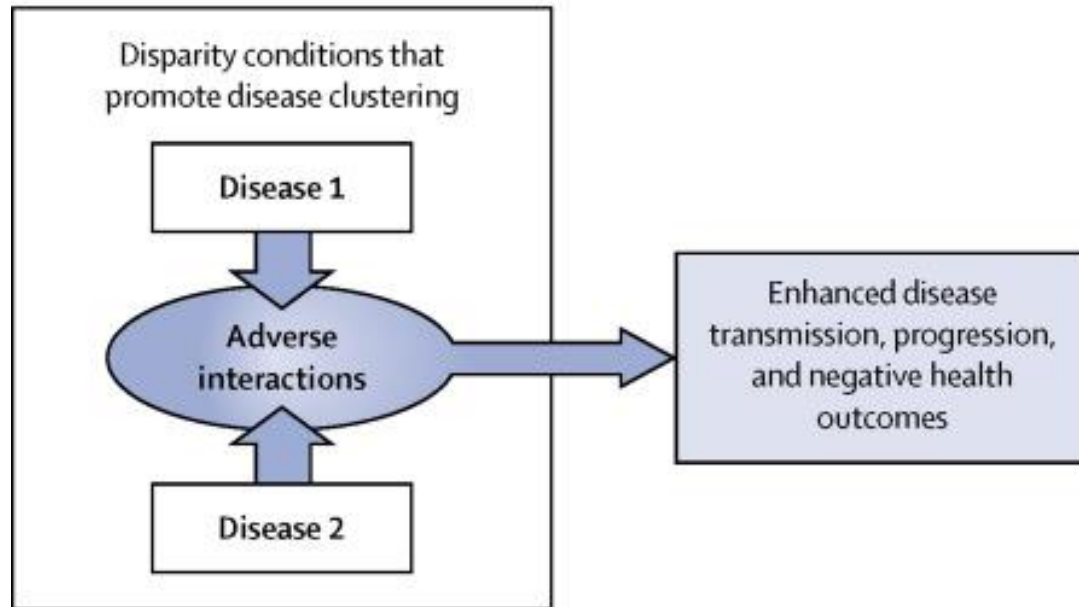
Even among a single rural-urban classification system, categories can often be grouped in multiple ways with different implications for what is actually being measured. For example, Rural-Urban Commuting Codes, a nine-level system, can be collapsed into a system measuring the adjacency of non-metropolitan areas to larger metropolitan areas, or simply by the population of non-metropolitan areas.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.¹⁶⁻¹⁸ It is not clear which rurality measure best

proxies geographic isolation from healthcare resources, for example, access to surgical care. Thus, the primary objective of this study 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





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.

Community-Oriented Primary Care: New Relevance in a Changing World

Fitzhugh Mullan, MD, and Leon Epstein, MB, ChB, MPH

- 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

Mullan, F., & Epstein, L. (2002). Community-oriented primary care: new relevance in a changing world. *American journal of public health*, 92(11), 1748–1755. <https://doi.org/10.2105/ajph.92.11.1748>

Ürgüp-Karain Village



Pers- The Land of Beautiful Hoarses:

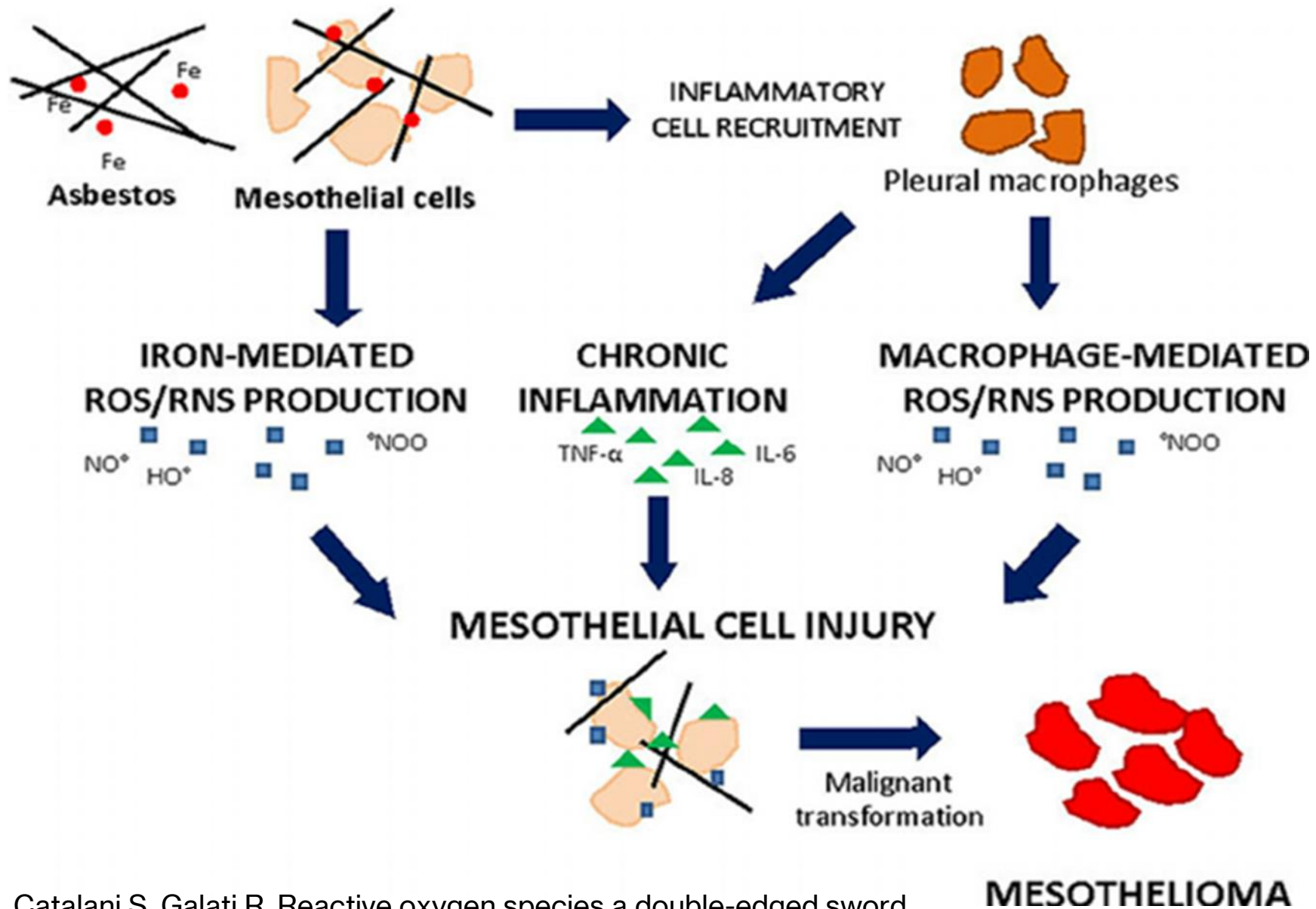
- 'Katpatukya'
- Kapadokya; Nevşehir, Niğde, Aksaray



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....





Benedetti S, Nuvoli B, Catalani S, Galati R. Reactive oxygen species a double-edged sword for mesothelioma. *Oncotarget*. 2015 Jul 10;6(19):16848-65. doi: 10.18632/oncotarget.4253. PMID: 26078352; PMCID: PMC4627278.



An eye-opening account by Professor Sir Tony Newman Taylor on how asbestos has gone from 'magic mineral' to deadly dust that can cause mesothelioma.

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.

<https://apps.who.int/iris/bitstream/handle/10665/275474/9789241550369-eng.pdf?ua=1>

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).

<https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/describe-the-community/main>

- **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



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

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

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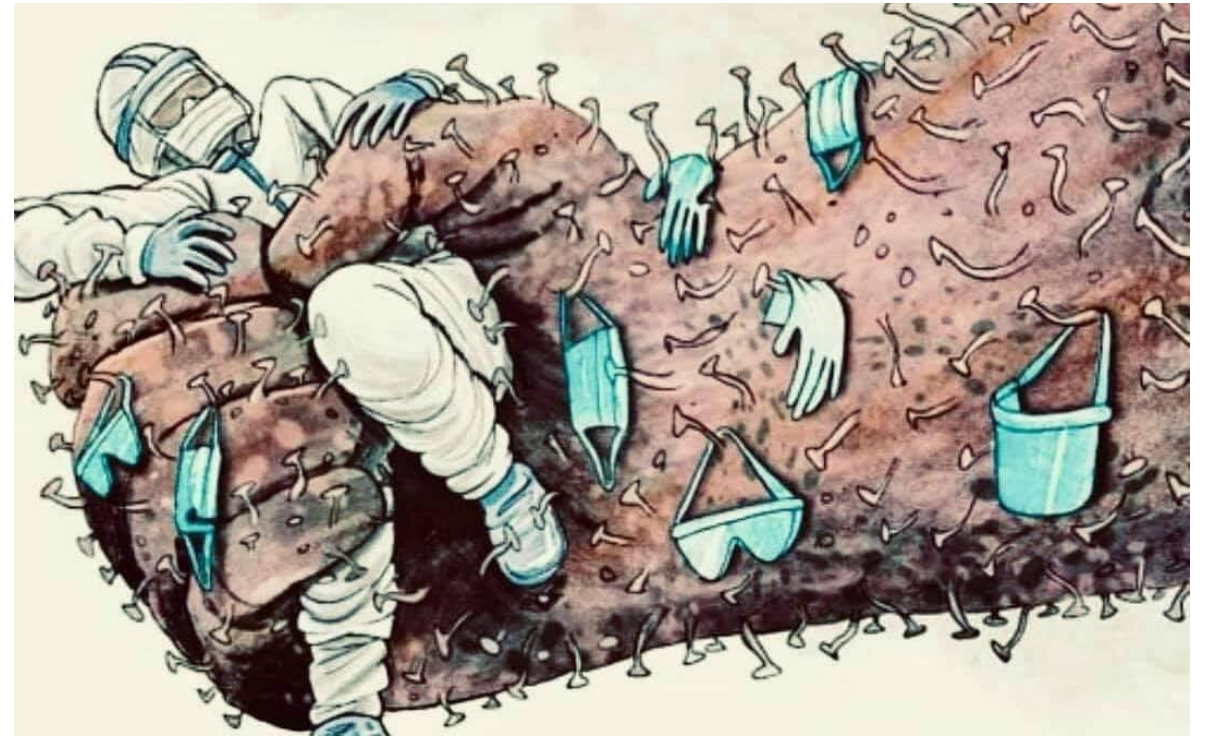
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What could we do?



Gender-based Violence



Social Work in Public Health

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Domestic Violence: Rehabilitation of the Victim and Violent

Ozden Gokdemir, Ana Luisa Cabrita

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Ozden Gokdemir^a, Ana Luisa Cabrita^b, Renata Pavlov^c, and Sudip Bhattacharya^d

^aVdGM Mental Health Sig, Faculty of Medicine, Izmir University of Economics, Balçova, Turkey; ^bVdGM Mental Health Sig, ARSLVT, Sf Santo Da Charneca, Barreiro, Portugal; ^cFamily Practice VdGM Mental Health Sig, Zagreb, Croatia; ^dDepartment of Community Medicine, Himalayan Institute of Medical Sciences, Dehradun, India

ABSTRACT

Evan 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/or “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 under-reported 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/ rehabilitations 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

SILA

centralk

idir



Needs...

- Awareness
- «Know how» about adolescent health
- Legacy
- Health Law
- Social work / stakeholders / policymakers...

Capacity building of rural family doctors



Turkan Saylan

Dermatologist, founder of Turkish Leprosy Relief Association, and women's rights activist. Born on Dec 13, 1935, in Istanbul, Turkey, she died of liver cancer on May 18, 2009, in Istanbul, aged 73 years.

"You, my dear daughter", reads a letter addressed to Turkey's

to have an education." Despite Saylan's death, this work will continue. "Of course she is a great loss, not only for CYDD, but also for Turkey and even for the world", Mericli said, "But she has shown us the way to make her dreams come true."

An uncompromising secularist and a firm believer in the principles of Kemal Ataturk, Saylan's life was controversial until the end. Along with other members of CYDD, she was recently placed on a watch list compiled by public prosecutors looking into allegations of a planned military coup against the Islamic Justice and Development Government. Weeks before her death, police raided her home and office and confiscated private and professional documents. Condemning the raid on state television, a terminally ill but defiant Saylan said: "We want democracy and contemporary values to rule. Therefore, we are ready to fight for this cause as long as it takes." She said she favoured neither a coup nor the introduction of Sharia, the Islamic legal code.

People who knew her are full of praise. "Dr Saylan was one of the most active, energetic, positive, humble persons who managed to accomplish lifetimes of work in a single life," said Filiz Odabas-Geldiay, vice-president of the Ataturk Society of America, an NGO that aims to promote Ataturk's legacy. Saylan was awarded the organisation's Ataturk Award in Education and Modernisation in 2001. But Saylan was known as a modest person who disliked all the praise she received. "I very much dislike people who praise me saying 'if only we had ten more people like you, Turkey would have been so much more advanced by now'." Saylan told Voice of Ataturk, a publication of the Ataturk Society of America.

Solberg, K. (2009). Obituary: Turkan saylan. The Lancet, 374(9683), 22. Retrieved from <https://www.proquest.com/scholarly-journals/obituary-turkan-saylan/docview/199047838/se-2?accountid=11657>

One of the first...

- 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**ppportunity, **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>)

Improvement...

The legendary cellist Pablo Casals was asked why he continued to practice at age 90.

“Because I think I’m making progress,” he replied.

