The global reach of family medicine and community health

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For the past 2 months I have traveled across Africa, Asia, Europe, and Oceania for fieldwork and conferences on health burden and noncommunicable disease. The striking contrast between access to community health care and hospital services was constantly in my mind during my trips and afterwards. I had the chance to see for myself the imbalance in the available facilitates between less developed and developed regions, and the inequity of the poor, marginalized and disadvantaged with regard to the rich. The global reach of primary care and community health service is of paramount importance. In this issue, eight articles address this topic by reporting research on child health (Australia, Bangladesh, Botswana, Cambodia, China and Hong Kong, Ethiopia, India, Kenya, Malawi, Mongolia, Myanmar, Sierra Leone, the Seychelles, the Solomon Islands, Tanzania, Tonga, Vanuatu, Vietnam, and Zimbabwe), maternal health (Nepal), psychological processes (China), sedentary lifestyle (Jordan), training medical undergraduates (India), ecology, plans, and reforms regarding a health care system (Malaysia), long-term care for aged ethnic minority people in Yunnan (China) and family well-being (South Africa).

Sharkas et al. address sedentary lifestyle among adults in Jordan. They conclude that most Jordanian adults have a sedentary lifestyle, which emphasizes that there is a public health problem. Therefore there is an urgent need to launch an applicable national plan that enables people to practice a healthier lifestyle [1].

Roman et al. used a descriptive survey design and sampled 358 adult family members in the Western Cape, South Africa. The results indicate that although family functioning is challenged, parents are perceived to be using an authoritative parenting style and having a father present enhances family satisfaction. The results also describe families as displaying low to average levels of family resilience [2].

Sebastian et al. describe Malaysia's transition from before independence to the current state, and its health and socioeconomic achievement as a country. Their review contributes knowledge through identifying the plans and reforms of the Malaysian government while highlighting the challenges faced as a nation [3].

Mahara et al. report on maternal health and the factors that affect it in Nepal, a country where you seldom can see an English publication on community heath. The article critically evaluates and explores the situation of maternal health in Nepal with evidence from published and unpublished governmental and nongovernmental organization scientific reports. They found that there were several direct and indirect causes, including numerous factors affecting maternal death in Nepal, which are preventable. Women have been

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facing different consequences during pregnancy and delivery because of lack of proper knowledge or less available and affordable health facilities in rural communities. Therefore there is a need to impart essential maternal health knowledge to women and also to establish health facilities, ensuring there is a quality health care service that is affordable and accessible to prevent maternal death and minimize complications [4].

The article by Jones et al. describes a child-health-focused program that was established in 1992 and operates in 20 countries. This article includes a brief discussion of the value and focus of medical education programs; a description of the Diploma in Child Health/International Postgraduate Paediatric Certificate (DCH/IPPC) course content, approaches to teaching and learning, course structure, and the funding model; the most recent evaluation of the DCH/IPPC course; and recommendations for overcoming the challenges in implementing a multinational child-health-focused program [5].

Shewade et al. present their experience from India on training medical undergraduates through community postings. The article highlights the importance of introducing medical undergraduates to the core disciplines of community medicine early through community postings. Community postings should be conducted with a primary health center or an urban health and training center as the focal point [6].

Wang and Greenwood's article emphasizes 'four themes' underlying the psychological processes of laid-off workers – feeling of loss, feeling of physical pain, feeling of fatalism, and final acceptance. The psychological experience of laid-off workers (or unemployed workers) is likely to have varied manifestations in different cultural contexts. The psychological processes of Chinese laid-off workers (or unemployed workers) might be different from those of laid-off workers in Western countries. A therapeutic intervention to cater for the needs of laid-off workers derived from the four themes is discussed [7].

"Long-term care for aged ethnic minority people in Yunnan, China: Understanding the situation" by Zhang et al. reports the study in a randomized sample survey in 12 villages in Ruili, a county 752 kilometers from Kunming, western frontier area of China. A total of 187 elderly persons were interviewed intensively while activities of daily living (ADL), were measured as the core indicator for long-term care (LTC). The research revealed that there is a significant disparity between needs of the villagers and provisions from the governments. Traditional culture and practices of caring for the elderly, and practices in LTC of different ethnic groups, must be carefully considered [8].

The articles in this issue all indicate the need both to think and act globally in Family Medicine and Community Health while working locally, to learn from international experiences and to build up multinational collaborations and practices for health.

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