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COLLABORATION BETWEEN PRIMARY HEALTH CARE AND THE ORTHODOX CHURCH IN THE FIELD OF PUBLIC HEALTH

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Keywords: *primary health care, representatives of the Orthodox church.*

Introduction. *Interconnections between the religious and medical sectors are multifaceted and have existed for centuries, including partnerships that have evolved in recent decades, and integrating religion into health programs can provide some important outcomes for population health.*

Material and methods. *A quantitative study was conducted among family doctors and representatives of the Orthodox church, between January and March 2022. A questionnaire was applied to 347 family doctors and 337 Orthodox priests.*

Results. *Both doctors (60.1%) and priests (79.8%) consider the existence of barriers to cooperation between the two entities. Both doctors and priests see doctors as important actors in solving public health problems (98% and 96% respectively), the local public authority (82% and 53% respectively), while doctors consider the value of the church more important than priests do (45% compared to 31%). Measures that could improve the degree of collaboration between institutions, regular communication between actors is a priority in their view (78.1% doctors and 78% priests), while priests attest that collaboration initiatives from the central authority could increase the degree of collaboration (81.6%), collaboration initiatives from religious institutions could influence this process to a much lesser extent (29.7%).*

Conclusions. *Both doctors and priests confirm the need to increase the degree of involvement in public health activities in the future.*

Cuvinte cheie: *asistența medicală primară, reprezentanții cultului religios ortodox.*

COLABORAREA DINTRE ASISTENȚA MEDICALĂ PRIMARĂ ŞI CULTUL RELIGIOS ORTODOX ÎN DOMENIUL SĂNĂTĂȚII PUBLICE

Introducere*. Interconectările dintre sectorul religios și cel medical sunt multiforme și au existat de secole, inclusiv parteneriate care au evoluat în ultimele decenii, iar integrarea religiei în cadrul programelor de sănătate poate oferi rezultate importante pentru sănătatea populației.*

Material şi metode. *A fost efectuat un studiu cantitativ în rândul medicilor de familie și reprezentanților cultului religios ortodox în perioada ianuarie-martie 2022. A fost aplicat un chestionar la 347 de medici de familie și 337 de preoți ortodocși.*

Rezultate. *Atât medicii (60,1%), cât și preoții (79,8%) consideră existența barierelor de conlucrare între cele două entități și îi văd ca și actori importanți în soluționarea problemelor de sănătate publică pe medici (98% și respectiv 96%) , autoritatea publică locală (82% și respectiv 53%), în timp ce medicii consideră valoarea cultului religios mai importantă decât preoții (45%, comparativ cu 31%). Măsurile ce ar putea îmbunătăți gradul de colaborare dintre instituții, comunicarea constantă dintre actori este o prioritate în viziunea acestora (78,1%de medici și 78% de preoți), în timp ce preoții atestă că inițiativele de colaborare din partea autorității centrale ar putea spori gradul de colaborare (81,6%), inițiativele de colaborare din partea instituțiilor cultului religios ar putea influența acest proces într-o măsură mult mai mică (29,7%).*

Concluzii. *Atât medicii, cât și preoții confirmă necesitatea creșterii gradului de implicare în viitor în activități de sănătate publică.*

INTRODUCTION

Interconnections between the faith-based and medical sectors have many dimensions and have existed for centuries, including partnerships that have evolved in recent decades. In a time of scarce health care resources, such partnerships are useful for the work of health care providers in their efforts to protect and maintain the health of the population. At the same time, challenges and obstacles remain, mostly related to the complex relationships between these two sectors. Institutionally, the interaction between religion and medicine has been multidimensional and dynamic, and remains so to this day, providing opportunities for cooperation and collaboration in the service of health promotion and disease prevention (1). Capitalizing on the strengths of religious organizations is important, especially emerging from the trust of the population and the number of followers, and studies have demonstrated significant effects of health programs of religious groups on human behavior, by promoting health among the population (e.g.: balanced nutrition, physical activity, smoking cessation and disease screening) (2). In recent years, there has been increasing recognition in areas related to health and medical sciences that religious and spiritual concerns are important for understanding health-related behaviours, attitudes and beliefs, and are particularly important for people whose health is compromised (3). In the field of clinical practice, several health care institutions and health care centers have initiated programs that incorporate religious/spiritual approaches and content as adjuncts to standard treatment regimens (4).

Aim of study: evaluation of the collaboration between Primary Health Care and the Orthodox church in the field of public health.

MATERIAL AND METHODS

To fulfill the aim of the research, between January and March 2022, a quantitative study was conducted among family doctors and representatives of the Orthodox church. An anonymous and self-administered questionnaire, which included 19 closed questions about the degree, barriers and areas of cooperation, was disseminated through the e-mail addresses of the Public Primary Health Care Institutions as well as within the Dioceses, accompanied by an official letter about the purpose of the research, its practical utility, being applied among 347 family doctors and 337 Orthodox priests. Inclusion criteria: family doctors and Orthodox priests from the Republic of Moldova, age older than 18 years, consent to participate in the study. SPSS version 23 and Microsoft Excel programs were used to create and analyze the database. The 95% confidence interval (CI: 95%) was calculated for the mean scores.

RESULTS

Analyzing the activity environment of the study group, the following were found: that of 347 family doctors, 65.1% are from an urban environment, and 34.9% from a rural environment. On the other hand, among the representatives of the Orthodox church, the opposite distribution was found, the vast majority of respondents, 74.8%, working in the rural environment, and 25.2% in the urban environment.

Analyzing the respondents' knowledge of public health issues and asking if they know what the definition of public health is, 99.4% of family doctors and 96.7% of Orthodox priests answered in the affirmative. However, only 52.6% of family doctors and 31.2% of representatives of the Orthodox church chose the correct version of the definition, according to its formulation in Law No. 10 on state supervision of public health: "*The science and art of preventing disease, prolonging life and promoting health through the organized efforts of the entire society*".

Both family doctors and representatives of the Orthodox church see family doctors as important actors in solving public health problems (98% and 96% respectively), the local public authority (82% and 53% respectively), and mass representatives the media being ranked third by both groups (66% in the case of family doctors compared to 31% of Orthodox priests). It is interesting that family doctors consider the value of the representatives of the Orthodox church in solving public health problems higher than the Orthodox priests themselves (45% compared to 31%).

Both family doctors and Orthodox priests appreciated the importance of partnerships between primary health care and the Orthodox church on a scale from 1 to 10, with an average score of 7.1±0.3 and 7.1±0.2, respectively. The role of Pri-

mary Health Care in solving public health problems was appreciated by family doctors with an average of 8.9±0.1, and representatives of the Orthodox church appreciated it with an average of 8.6±0.2. On the other hand, regarding the role of the religious groups in solving public health problems, family doctors rated them with an average grade of 6.3±0.3, while the Orthodox church self-assessed itself with an average of 7.0±0.2. Representatives of the Orthodox church evaluate their degree of openness towards family doctors in the collaboration of solving public health problems with a score of 8.2±0.2, whereas family doctors evaluate the same indicator with an average of only 5.3±0.3, while the degree of openness of Primary Health Care is evaluated by both samples with approximately equal means (6.3±0.3 – for family doctors and 6.2±0.3 – for Orthodox priests) (fig. 1).

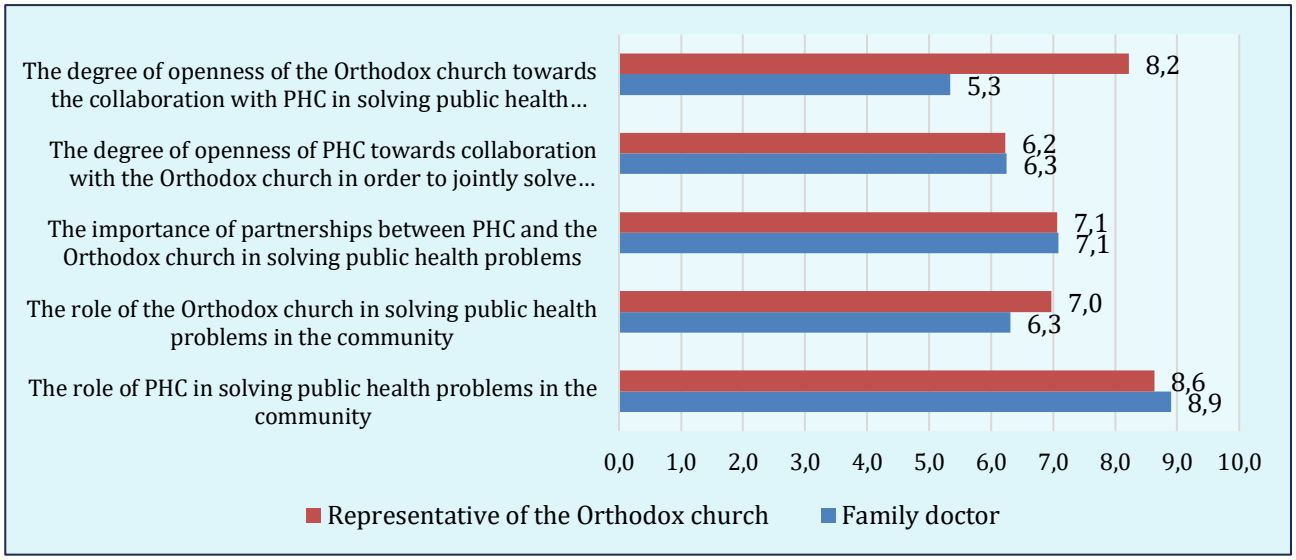

Figure 1. Assessment of the role of Primary Health Care and the Orthodox church, in solving public health problems, (according to the score of 10 points).

Thus, 60.2% of family doctors and 79.8% of Orthodox priests believe that there are barriers to collaboration between Primary Health Care and representatives of the Orthodox church. Family doctors believe that the main barriers to cooperation are: lack of communication between medical institutions and religious groups 59.4%, lack of knowledge in the field of health among the representatives of the religious group 51.6%, while 2/3 of the representatives of the Orthodox church affirmed that religious institutions are not seen as credible partners in solving public health problems 64.7% (tab. 1).

The assessment of the current level of involvement of Primary Health Care and representatives of the Orthodox church in public health activities, on a scale from 1 to 10, depending on the fields in which they are involved, is made by family doctors with means between 5.4 and 6.6, and by Orthodox priests with means of 3.6-6.7. At the same time, both study groups, realizing the need for future involvement in public health activities, the level of future involvement being evaluated by family doctors with means between 8.2 and 8.7, and by representatives of the Orthodox church with 6.4 and 9.0. The areas in which Orthodox priests are least involved at present and also least willing to be involved in the future are: vaccination, involvement in public health emergencies, sex education and prevention of non-infectious diseases (tab. 2).

The majority of family doctors (90%), as well as representatives of the Orthodox church (87%), believe that Orthodox priests need additional training in all areas of public health in order to be effectively involved in solving problems related to the health of the population. Family doctors believe that representatives of religious groups have the least knowledge in areas such as: vaccination (5.7±0.4 points), involvement in public health emergencies (6.0±0.3 points) and prevention of non-infectious diseases (6.2±0.3 points), and they possess the most knowledge in reducing unhealthy behaviors (7.4±0.3 points).

Table 1. The main existing cooperation barriers between Primary Health Care and representatives of the Orthodox church (%).

Indicators	Family doctors	Representatives of the Orthodox church
Prohibitions from the clerical leadership	22.5	4.7
Prohibitions from the management of the medical institution	11.5	15.4
Lack of motivation on the part of doctors	23.3	26.7
Lack of motivation on the part of representatives of religious groups	30.8	18.1
Lack of knowledge in the field of health among the representatives of the church	51.6	13.6
Lack of communication between medical institutions and religious groups	59.4	44.8
The role and possible ways of involving the representatives of religious groups in the solution of public health problems is not understood	47.8	28.8
Mutual distrust	37.8	24.0
Religious institutions are not seen as credible partners in solving public health problems	37.8	64.7

Table 2. The level of current and future involvement of family doctors and Orthodox priests in public health activities (according to the score of 10 points).

Areas of collaboration	Family doctors		Orthodox church representatives	
	Current	Future	Current	Future
Promoting a healthy lifestyle	6.4	8.7	5.9	8.9
Increasing the level of sanitary culture of the population	6.3	8.6	5.8	8.9
Mental health (depression states, suicide prevention, etc.)	6.3	8.5	6.2	9
Reducing unhealthy behaviors (alcohol, tobacco, drug use)	6.6	8.6	6.7	9
Prevention of infectious diseases, including prevention and control of tuberculosis, HIV infection, etc.	5.9	8.4	5.4	8.7
Sexual education	5.7	8.4	4.5	7.7
Prevention of non-infectious diseases (cardiovascular diseases, cancer, diabetes, etc.)	5.6	8.3	4.2	8
Vaccination	5.4	8.4	3.6	6.4
Involvement in public health emergencies (epidemics, floods, earthquakes, accidents, etc.)	5.5	8.2	3.7	7.7

Among the measures that could improve the degree of collaboration between representatives of the Orthodox church and primary health care, family doctors (78.1%) to the same extent as representatives of the Orthodox church (78.0%) consider it to be one of the priorities to good and regular communication between actors. Representatives of the Orthodox church believe that collaboration initiatives from the central authority would increase the degree of collaboration between primary health care and representatives of the Orthodox church (81.6%), while collaboration initiatives from religious institutions could influence this process to a much lesser extent (29.7%) (tab. 3).

Table 3. Measures that could improve the degree of collaboration (%).

Indicators	Family doctor		Orthodox church representative	
	Yes, it could improve	No, it couldn't improve	Yes, it could improve	No, it couldn't improve
Collaborative initiatives from the medical institution	64.8 %	35.2 %	57.0 %	43.0 %
Collaborative initiatives from the central authority (ministry, government)	61.7 %	38.3 %	81.6 %	18.4 %
Collaborative initiatives from the religious institution	59.7 %	40.3 %	29.7 %	70.3 %
Mechanisms of motivation from the state to support collaboration	56.8 %	43.2 %	62.3 %	37.7 %
Better and regular communication between primary health care doctors and representatives of religious groups	78.1 %	21.9 %	78.0 %	22.0 %

Assessment of the collaboration between Primary Medical Care and the Orthodox church in solving public health problems in the future, both family doctors and representatives of the Orthodox church estimated with a maximum average of 8.3±0.2 versus 9.2±0.1 points, both actors realize the importance of inter-institutional partnerships.

DISCUSSIONS

Today, the role of religion in health promotion is given too little attention in most public health programs. When religion is discussed, health progress is often an impediment to the public, but overall religious participation is a powerful resource for health. In order to practically achieve a sustainable partnership between Medicine and the Church, there must be a change in values, attitudes, behaviors at the level of all the social factors involved: doctors, teaching staff, family, priests. These partnerships must be built on an open system, be in a direct relationship with its external and inherent environment, with the community within which it operates. The United Nations Millennium Development Goals present opportunities to consider how best to link the public sector and civil society, including faith-based organizations, to ensure increased coverage and access to health services. Micro-regional religious entities and health resources are usually interconnected with religious institutions, ecumenical networks or faith-based international development agencies.

We recognize that some representatives in both communities may be skeptical of the usefulness of such partnerships or will recall unquestionable examples of positions taken by some religious groups that often appear harmful to public health, such as refusing vaccines or limiting women's reproductive health care. Professionals in these two fields have a deep understanding of the nature and power of organizations and how to get things done at scale when actors share common commitments and responsibilities and participate together across sectors. Institutionally, the encounter between religion and medicine was multidimensional and dynamic and remains so today. The many intersections between these two institutional sectors offer productive opportunities for cooperation and collaboration in the service of health promotion and disease prevention within populations.

CONCLUSIONS

1. Both family doctors and representatives of the Orthodox church recognized the priority role of actors such as PHC and local public administration in promoting health, Orthodox priests considering their role less important (31%), and the main barrier mentioned by them being the fact that the religious institutions are not seen as credible partners in solving public health problems (64.7%).
2. Equally appreciated is the importance of partnerships between PHC and the Orthodox church in

solving public health problems, although the degree of openness of the Orthodox church, in the opinion of family doctors, is estimated as low.

3. The collaboration between PHC and the Orthodox church is affected by the following barriers: insufficient knowledge of the church representatives in the field of health (51.6%), lack of communication between these actors (59.4%), representatives of the Orthodox church believe that they are not even seen as partners in solving public health problems (64.7%).
4. Both family doctors and Orthodox priests believe that they are open to a much closer collaboration and show openness for future involvement in solving public health problems. However, family doctors evaluate the degree of openness of priests as being lower, with an average of only 5.3 points (on a scale from 1 to 10).
5. The majority of family doctors (90%), as well as representatives of the Orthodox church (87%), believe that priests need additional training in all areas of public health in order to be effectively involved in solving problems related to the health of the population.

CONFLICT OF INTERESTS

The authors have no conflict of interest to declare.

ETHICAL APPROVAL

Ethics committee approval was not required.

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