

Welcome to the last issue of 2018! It has been a busy year with two special issues and an increase in both our readership and number of publications. It has also been a year during which health inequalities continue to grow globally. And we do not need scientific evidence to conclude that this is true independently of whether we belong to a developing or declining democracy. We have been witnessing health inequalities for many decades through the way public services are delivered, overt or hidden biases, costs and the continuous revision of national and international policies and standards. Most of the times, this all comes down to who can afford and who cannot. Although the majority of the public do not engage in readings about facts and figures on wealth distribution, their living reality is what drives their fear and anxiety about their health and their national healthcare service. I believe that this unavoidable and undeniable truth gradually leads to apathy, disengaged and disappointed citizens.

And if we do look at published figures, they will tell us that despite the latest economic downturn, the powerful became more powerful, and the powerless increased in numbers. For example, the 2017 Global Wealth Report showed that the wealth of the richest increased from 42.5 per cent at the height of the 2008 financial crisis to 50.1 per cent in 2017. On the other hand, the poor became poorer, with the world's 3.5bn poorest adults having assets of less than \$10,000. Collectively these people, who account for 70 per cent of the world's working age population, own just 2.7 per cent of global wealth. Shockingly, the globe's richest 1 per cent owns over 50 per cent of world's wealth.

Concurrently with the decline in public trust in public healthcare provision globally, there has been a rise of community voice and action. In a globalized world where the internet, social media and borderless continents define how we send and receive information, the notion of community had to redefine itself. It is no longer a place – it is a sense of belonging.

The transfer of knowledge and information has never been easier and it is within this philosophy that our journal plays its role. By generating new knowledge on the issues and solutions that impact on health as a global human right, we aim to improve our societies and redistribute power. Knowledge is a form of power itself and therefore I am pleased to have edited six excellent papers coming from all corners of the world.

The first paper “Perception of ethical climate and turnover intention among nursing staff: does organizational cynicism mediate?” explores the mediating effect of organizational cynicism between the relationship of perception of ethical climate and turnover intention among nurses working in public sector hospitals. A quantitative approach was utilized and 872 questionnaires were distributed to collect data from nursing staff working in Punjab region of Pakistan by using non-probability multistage sampling technique. The results revealed a full mediating effect of organizational cynicism between the relationship of perception of ethical climate and turnover intention. This paper aims to foster a new debate in organizational studies related to cynicism, while helping nursing managers to understand the significant factors which directly or indirectly affect the nursing attitude.

The second paper “Obstetric complications and delays in seeking emergency care in poor settings of northern India” deals with the gap that exists between demand and supply of seeking healthcare. The paper presents evidence that this very gap leads to high maternal mortality in rural areas of Uttar Pradesh. It draws on the “three delays model” to understand the reasons behind poor maternal health outcomes among 964 married women aged 15–34, who had given birth in the last two years preceding the survey. The findings conclude that local health services and trained human resources are mainly concentrated at towns and poor supply of drugs and equipment in labour room is always in demand at primary level in the districts. Delays in decision-making, travel and treatment compounded by the ignorance of obstetric complications and poor healthcare infrastructure are the major contributing factors of maternal deaths.

The subsequent paper “Medical students’ perception of sexual orientation in Sagamu, Southwestern Nigeria: implications for access to HIV care” assesses the perception of 103 final-year medical students of Olabisi Onabanjo University, Nigeria on sexual orientation and its implications on access to HIV care and support services. Data were collected using an interviewer-administered questionnaire. They pointed out that more males (70 per cent) were aware of the concept of sexual orientation than females (60.4 per cent). Most (94 per cent) males and all female respondents felt homosexuality was against the order of nature. More females (50.9 per cent) than males (48 per cent) felt gay doctors should not be employed in public hospitals. Respondents had a poor perception of sexual orientation and there were no significant differences between genders. The paper concludes that this could contribute to existing stigmatization against individuals with minority sexual orientations, and thus it should be addressed in the medical curriculum.

The paper “The moderating role of gender inequality and age among emotional intelligence, homesickness and development of mood swings in university students” investigates the relationship among emotional intelligence, homesickness and mood swings with 304 university students. The results revealed that homesickness was positively significant associated with negative effects, while emotional intelligence was associated with homesickness. The authors conclude that the younger students who had experienced homesickness were more likely to develop negative mood swings as compare to older students.

The paper “Reducing cancer health disparities among US Latinos: a Freireian approach” applies Paulo Freire’s writings from Pedagogy of the Oppressed to critique current efforts to reduce cancer health disparities (CHDs) among Latinos in the USA. The authors argue that Freireian teachings can provide insight on ways to engage Latino communities in culturally sensitive conversations that respect deeply rooted beliefs, and address the political and socioeconomic inequities many continue to face. The paper suggests that public health initiatives should incorporate Freireian principles of dialogical education and critical consciousness in the development of cancer prevention and screening programs tailored to Latinos in the USA to ensure program longevity and success. The originality of this paper lies in its multi-layered analysis of different social and structural factors influencing CHDs among Latinos in the USA, and is coupled with a historical overview of colonialism and oppression in Latin America.

Subsequently, the paper “Unmet need among married women: examining socio- religious influences on family planning use in Rwanda: 2005–2015” looks at the religious and socio-demographic factors associated with an unmet need for family planning among married Rwandan women. Issues around contraception and culture are explored using cross-section data, which were extracted from 2005, 2010, 2014–2015 Rwanda DHS’ individual women data sets. The paper points out that the unmet need for family planning among married Rwandan women has significantly decreased over the past decade from 39.9 per cent in 2005 to 19.5 per cent in 2010 and 17.5 per cent in 2015. Overall, the likelihood of having an unmet need for family planning, not using contraceptives and future intentions for not using contraception, was found statistically high among Protestant women compared to Catholics and low-educated women. The authors argue that public–religious collaboration to promote nationally natural family planning services in all healthcare facilities is needed. Investing in behavioural change programmes through mass communication seems deliberately prudent. Indeed, this paper constitutes the first-ever effort to examine the influence of the socio-religious values on family planning use among Rwandan fecund women.

I hope that you find the issue helpful in your research and practice. Your feedback is always welcomed, and they can be sent to the editor-in-chief.

I very much look forward to another successful year, and indeed welcoming new papers and new guest editors to our journal. To express an interest, please e-mail me directly at: [tgavrielides@emeraldgroup.com](mailto:tgavrielides@emeraldgroup.com). We review papers on an ongoing basis and have a target of returning them to the author within five to eight weeks of receipt. For more information on how to submit your paper, visit: [www.emeraldgrouppublishing.com/products/journals/author\\_guidelines.htm?id=ijhrh](http://www.emeraldgrouppublishing.com/products/journals/author_guidelines.htm?id=ijhrh)