

Building health resilience: An engaged, systems analysis and epistemically just approach to rural health development

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1 Abstract

Aims and Objectives: The engaged research project aims to develop community health through facilitating health empowerment, democratic participation and a social justice framework. This project works towards decolonising knowledge systems through honouring indigenous tacit health knowledge systems. The researchers intend to enable community members to share, analyse and enhance their health knowledge and practices, and to plan, act, evaluate and reflect accordingly. The rich data obtained from the project is intended to strengthen and be incorporated into explicit, formal knowledge systems in the field of research and Pharmacy Practice.

2 Introduction

Everyone has the right to the highest attainable standard of health (WHO, 2015). As part of a comprehensive approach to health and human rights on both national and regional levels, the World Health Organization (WHO) has committed itself to strengthening the incorporation of human rights into healthcare systems and policies. This is being done through capacity building within the WHO and its Member States through advocacy, and through advancing the right to health in international law and international developmental processes (PAHO WHO, 2017; Türmen, Troedsson, & Stahlhöfer, 2001). Low- and Middle-Income Countries (LMICs) such as South Africa, however, still encounter great challenges to this vital human right to health (Humanium, 2016). The vulnerable and marginalized populations of these countries predominantly experience the demoralising effects of both communicable and non-communicable diseases (NCDs), with major health and developmental consequences (WHO, 2015). Inadequate health coverage to rural areas, including rural game reserve villages, results in reduced access to healthcare. Despite increases in healthcare facilities in remote rural areas, significant barriers to health development remain such as affordability, mobility, travel costs, literacy, culture and the quality of healthcare, amongst others. Health inequalities within South Africa (SA) remain robust despite restorative efforts of the post-Apartheid government, and marginalized families are often unable to obtain even the most basic healthcare. To achieve the Sustainable Development Goals (SDGs), greater investment in disease prevention and health systems strengthening is required. There is a growing need to reform health systems through finding ways of doing more with existing resources. A suitable approach could be through harnessing innovative participatory, asset-based community health development strategies.



As healthcare professionals, pharmacists play a role in identifying the factors that contribute to the complex health challenges in social, cultural and behavioural contexts, to implement systematic and epistemically just health developmental activities accordingly (Higgins, 2012). The WHO emphasizes that in order to improve the effectiveness of the healthcare system and public health, pharmacists and fellow healthcare professionals have to engage in preventative care activities, services and health empowerment. More socially responsible approaches, such as health promotion, has consequently been included as one of the six components which forms the underlying philosophy of Good Pharmacy Practice by the WHO (Laliberté, Perreault, Damestoy, & Lalonde, 2012; Mittelmark, 1999; Monachino & Moreira, 2014; Resnik, 2007; WHO, 2012; Wojtaszczyk, 2008). More research needs to be done on how pharmacists play this role and how thinking about these social aspects can inform healthcare practice. This study therefore aims to fill this gap within the context of pharmacy practice and research.

3 Methodology

Knowledge is socially and historically located within a complex cultural context (Murphy & Ivinson, 2003). Respect for culture and awareness of power relations is therefore critical. The transformative paradigm's epistemological assumption informs a cyclical model of research that incorporates the establishment of partnerships between researchers and community members and building trust (Mertens, 2007). It is also an innovative approach to health research, which aids in bridging the gap between science and practice through community engagement and social action to improve health equity (Dankwa-Mullan et al., 2010; Wallerstein & Duran, 2010). Consequently, this paradigm requires the researchers to recognize inequalities and injustices in society and poses a shared sense of responsibility. The researchers therefore directly engage in working inclusively with the communities to challenge the present circumstances within and advance health, social justice and human rights. Instead of resorting to academic literature to identify a research problem, the researchers employ a variety of qualitative and quantitative methods, inclusive of community member participation, to identify the focus of the research.

Through an engaged research project, we can understand the variables that determine community health. By facilitating development through an asset-based approach that incorporates the concerns of epistemic justice, these variables can be understood by communities and thereafter harnessed and adapted for health empowerment. In addition, the analysis of community health variables through systems analysis, allows researchers to capture the complexities involved in persistent complex health and social problems. These problems comprise of a high level of interconnectedness and interdependence on various levels which linear, chronological thinking alone cannot solve.

The current study is being conducted in six rural game reserve villages, up to 60km away from the nearest town.

A mixed method exploratory sequential research design guides the generation of rich data through asset-based mapping workshops; voice recorded focus group discussions; semi-structured interviews and observations. The qualitative data collected are analyzed thematically using NVIVO® software and quantitative aspects are analyzed statistically and through VensimPLE®.



4 Results

SSIs conducted with participants, in Phase one, revealed that the availability and affordability of reliable transport services affect access to healthcare services and access to nutritious food resources to maintain good health and well-being. Individuals within these communities have seen a change in their lifestyle as it shifted from farming-based communities to hospitality-focused workers which impacted substance farming and severely affected the availability of fresh produce. The individuals most at risk are the elderly, disabled, low-income families and those with special healthcare needs.

5 Conclusion

Public health challenges are decidedly dependent on the knowledge, skills and motivation of human resources for health. There is a need for successful, cost-effective and epistemically just public health interventions that emphasises marginalized community participation in addressing their health challenges. Participatory research approaches focus on co-learning, applied knowledge production, and acknowledges the community as a unit of identity, solutions and practice. These characteristics aligns with those of epistemic justice, which is to acknowledge, value and involve prejudicially marginalized social groups as 'knowers'.

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