

Panel 6: Bridging Research and Practice: Community-Oriented Solutions for Global Health Challenges

ABSTRACTS

Help in a crisis: Maternal and child healthcare management perspectives and practices of Traditional Birth Attendants (TBAs) in Thamara community, Eastern Cape, South Africa

Chioma Ohajunwa - Stellenbosch University, Cape Town, South Africa

This paper emanates from a study that explored indigenous healthcare practices during the Covid 19 Pandemic in an indigenous community in the Eastern Cape of South Africa. Studies show that the experiences of women who gave birth during the Covid-19 pandemic without the help of trained midwives due to the Covid-19 prohibitions, coupled with the distance to the clinic and a lack of transportation, has revealed a preference for TBAs, who despite the risk to themselves, helped the women to give birth at home. The World Health Organization put measures in place to reduce maternal mortality rate (MMR), by providing trained midwives to support hospital births, still many women within sub-Saharan Africa continue to prefer home births with TBAs. Studies cite a sense of culturally acceptable, holistic care and sense of warmth, kindness and non-judgementalism the mothers experienced with TBAs. Within south Africa, the practices of TBAs align to their cultural and spiritual worldviews. Still, little is known about their practices and beliefs that inform their practices. This outcome on TBAs during the pandemic has subsequently informed a current, ongoing two phased study, utilizing a qualitative narrative case study approach. The second phase of the study includes trained midwives. The outcome of the study is to bridge the gap between the TBAs and trained midwives to learn from each other in the interest of maternal and child health and safety. Thereby informing impactful, culturally congruent and sustainable maternal and child healthcare practices, especially during a health crisis or pandemic.

Electronic Personal Health Records for Mobile Populations

Francisca Gaifem – Aarhus University

Background: Mobile populations, including refugees, asylum seekers, and undocumented migrants, face challenges related to access, continuity, and quality of healthcare, among others, due to the lack of available health records. This study aimed to examine the current landscape of Electronic Personal Health Records (EPHRs) developed for and used by mobile populations. Methods: A rapid systematic review was conducted between September 2024 and January 2025, identifying relevant publications through searches in Embase, PubMed, Scopus, and grey literature. Results: The literature search yielded 2303 articles, with 74 remaining after title and abstract screening. After full-text screening, 10 scientific articles and 9 grey

literature records were included in a qualitative data synthesis. Six distinct EPHRs were identified, differing in how they centralize health records, in additional functionalities, and the level of patient autonomy granted. Discussion and Conclusions: Limited evidence exists on EPHRs impact on health outcomes or continuity of care, and user adoption remains a critical challenge. Key elements in the development and implementation of EPHRs include ensuring a high level of data security and co-designing easy-to-use EPHRs. The review indicates a need for future research on user experiences of EPHRs and their impact on the health outcomes of mobile populations.

Amplifying Ratego Stories and Knowledges: A Co-Research Initiative with Young Mothers in Social Movements in East Africa

Joseph Kalisa – Aarhus University

Young mothers can be negatively affected by dominant and degrading cultural narratives; their stories of resistance and activism are often rendered invisible in broader social contexts. Informed by collective narrative practice methodologies, we undertook a counter-storytelling research project to elicit and acknowledge the stories of survival and sustenance of young mothers in social movements responding to sexual and gender-based violence in East Africa. We facilitated storytelling circles, incorporating various story and knowledge collection methods. Our approach involved documenting collective experiences and counter-narratives, exchanging stories between communities, and inviting young mothers to respond to other participants' stories. The telling and retelling of stories of survival and resistance in the face of hardship appeared to be a healing and reinvigorating process which affirmed young mothers' desire to create social change for themselves, their children, and their communities. The ethics of interweaving individual and collective voices, language justice, collaborative editing, and telling stories in participants' preferred ways involving songs, dances, and artefacts beyond the written word proved to be significant in the process. Enabling the telling and witnessing of personal and collective stories through means beyond written and spoken words proved valuable in eliciting important topics and ethics for collaborative inquiries with activist young mothers.

The life course of abused men - a time geography life chart interview study in a psychiatric care context

Lotta Sjögran – Malmö University

Background: The experience of adverse childhood experiences among both men and women is seen as a public health crisis around the world and is closely linked to mental health problems. Mental health significantly impacts individuals' physical and social well-being, making it a critical aspect of community health. This in turn is closely linked to the third sustainability

goal to: Ensure healthy lives and promote well-being for all ages. For men in a psychiatric care context, experience of abuse as a traumatic life event is common. Charting the patients lived experience, including abuse, can play a central role within psychiatric and mental health care to understand the comprehensive situation lived by the patient and can be crucial for patients' recovery. Methods: The study was performed as a qualitative study aiming to explore the life course and to create a life chart together with nine male psychiatric patients who had abuse experiences as both victims and perpetrators, by using a time-geographic interview technique. Results: These findings of this study offer deep insights into the lives of men with abuse experiences. The study reveals that the men faced severe domestic abuse, difficult home conditions, and a lack of support during childhood. Further, they encountered stressful events and mental health issues in adulthood. The knowledge obtained provides valuable information about important life events, including abuse and perpetration in men, which may encourage a patient narrative suitable for good psychiatric and mental health nursing practice.

Community-Oriented Solutions for Addressing Sexual and Reproductive Health Inequalities in Rural Zimbabwe

Mavis Soko – University of Zimbabwe

Abstract Background: In rural Zimbabwe, cultural and socioeconomic factors, and lack of equal access to healthcare continue to create inequalities in Sexual and Reproductive Health (SRH). Women, face systemic barriers to SRH services, despite global commitments to universal health coverage. An intersectionality framework was adopted to examine how ethnicity and gender shape SRH access and rights, emphasizing knowledge economies and decolonized healthcare models as pathways to equitable health solutions. **Methodology:** A mixed methods approach was utilised, 450 women from Mashonaland East and Masvingo provinces were surveyed. 18 semi-structured interviews and 16 focus group discussions with community members, healthcare providers, and policymakers were conducted. A multistage sampling approach was used, ensuring representation of the two sub-ethnic groups. Snowball sampling identified key informants to explore policy gaps and systemic challenges. **Results:** The findings revealed that 65% of women lacked SRH knowledge, 72% cited geographic, economic, and systemic barriers as major obstacles. Cultural taboos and misconceptions limited contraceptive and maternal healthcare uptake. Despite the existing SRH policies, implementation gaps persist, exacerbating inequalities. 85% emphasised the need for culturally integrated, community-driven interventions, including indigenous knowledge integration, male engagement, and decentralized healthcare delivery. **Conclusions:** This study proposes ethnic-specific, gender-responsive interventions integrating culturally responsive healthcare models into national health strategies. By advocating for a diagonal approach, it entrenches targeted SRH programs within broader public health systems, strengthening knowledge economies and sustainable healthcare. The findings contribute to discussions on bridging research and practice, positioning community-driven SRH solutions as essential for

achieving universal health coverage and global health equity. Keywords: SRH, Intersectionality, Decolonization, Indigenous Knowledge, Knowledge Economies, Health Equity

Bridging Traditional Healing and Mental Health Care: Community-Oriented Solutions in Kavango, Namibia

Michael Shirungu – University of Namibia

Traditional healers (vanganga) in Namibia's Kavango East region play a crucial role in mental health care, offering culturally embedded solutions to disorders that are often overlooked by formal health systems. This study examines how traditional healing practices align with community-oriented approaches to mental health, exploring their potential integration into broader healthcare frameworks. Drawing on ethnographic data and ethnobotanical surveys the research highlights how vanganga conceptualize and treat mental disorders such as Nyambi, Kasenge, and Ndjangura conditions deeply rooted in social and spiritual disruptions rather than strictly biomedical classifications. Healing practices, including the use of medicinal plants, kutjamba (family-level reconciliation) and kuvetera ngoma (community healing through drum ceremonies), address mental distress holistically, restoring social harmony alongside individual well-being. This approach reflects a diagonal model of care, where culturally specific mental health interventions intersect with broader healthcare objectives. By recognizing the dynamic interplay between Indigenous knowledge and biomedical mental health frameworks, this study advocates for decolonized, community-driven mental health solutions that integrate traditional and formal healthcare systems. Operationalizing such models can strengthen mental health services in underserved communities, fostering universal health coverage through culturally responsive care. Bridging research and practice in this way supports sustainable health interventions, ensuring that local knowledge informs global health strategies. This paper contributes to discussions on equitable healthcare access by demonstrating how Indigenous healing systems can enhance resilience and inclusivity in mental health care.

Towards Comprehensive Care for Tuberculosis: An Innovative Trial to End a Global Health Epidemic

Mikko Perkiö – Tampere University

Tuberculosis (TB) remains a global concern, particularly in countries like South Africa. TB poses significant public health, social, and economic challenges. The disease is one of top ten leading causes of morbidity and mortality, resulting in massive human suffering and in substantial loss of working days and diminished productivity. TB is often referred to as a disease of poverty, as infection triggers a vicious cycle of deteriorating health, social disadvantage, and economic hardship at individual, family, and societal levels. Given its highly

contagious nature, TB is exacerbated by poor living conditions, further fueling its spread. Despite effective treatment, TB remains behind global targets to eradicate the disease, hindered by multiple barriers related to siloed healthcare practices and lack of interplay between health and social protection. TB transmission can decline due to reduced social contact. This implies a need to address social dynamics more intensively to the care practice of TB. This paper explores necessary elements for a comprehensive TB care protocol complemented by the Health in All Policies (HiAP) framework. It welcomes health professionals across North and South to brainstorm a trial protocol, which could contribute to ending the global epidemic of TB.

A Practical Approach to Early Detection of Obstetric Emergencies: Co-designing a Triage System to Scale Triage Practices of Midwives in Triaging Expectant Mothers, South Africa

Mxolisi Ngwenya – University of Limpopo

Delays in accessing emergency obstetric care upon arrival at maternity units remain a significant issue, contributing to avoidable maternal and perinatal mortalities and morbidities, especially in Sub-Saharan Africa. To address this, some African countries have implemented triage systems, either digital or paper-based. However, South Africa has not yet adopted triaging within their maternity units. This study focuses on the co-design of midwife-led triage systems with midwives working in selected district hospitals in Mpumalanga province. A User-Centered Design approach was employed, concentrating on the requirement-gathering stage to deeply understand the needs and preferences of midwives for an ideal midwife-led triage system. A sequential exploratory research design within the User-Centered Design framework was used. Experienced midwives were selected to participate in the study. Semi-structured interviews and surveys were employed for data collection, which was then analyzed using thematic analysis and descriptive statistics. The study found that midwives have diverse needs and preferences for an ideal digital triage system. Two principal themes emerged from the data integration, namely; triage contents and features of the midwife-led triage system; and application and functionality features of the midwife-led triage system. The study underscored the importance of including clinical profiles, patient profiles, clinical histories, and adequate space for presenting complaints in the system. Additionally, the midwives expressed the need for the digital triage system to share information and be linked to primary healthcare facilities and laboratories to access patient results.

COMPLEMENTARY FEEDING PRACTICES BY YOUNG MOTHERS IN CHILDREN UNDER TWO YEARS IN LIMPOPO PROVINCE, SOUTH AFRICA

Ndidzulafhi Raliphaswa – University of Venda

At the target age of six months, an infant needs adequate, safe and appropriate complementary foods more than breast milk for the promotion of health, proper growth, and development. However, young mothers stop breastfeeding their children before six months and feed them inappropriate foods such as Danone, Mageu, Simba, and Rooibos tea for children before the recommended time. If this continues, malnutrition in children will increase and lead to diarrhoea, which further contribute to weight loss, impaired cognitive development and comprised educational interventions. The purpose of this study was to investigate complementary feeding practices of young mothers in children under two years in Limpopo province, South Africa. A qualitative approach was adopted to explore young mothers complementary feeding in children under two years. This was done in four selected hospitals with high admissions rate of malnutrition in the Vhembe District of the Limpopo Province. Thirty two young mothers were sampled purposively. Unstructured, focus group discussions with young mothers were conducted. Tesch's eight steps was used to analyse the data. Measures to ensure trustworthiness were employed and ethical considerations were adhered to throughout the study. The study revealed that young mothers have utilized sub-optimal feeding practices for children under the age of two years. Most of the children were given complementary foods before the target age of six months. Health regarding complementary feeding practices for children under two years of age education is recommended.

Community-Oriented Alcohol Harm Reduction in South Africa and Denmark – Lessons for Equitable and Resilient Public Health Systems

Theminkosi Singwane – University of Limpopo

Background: The harmful use of alcohol is a major global public health challenge, contributing to over 3 million deaths annually and accounting for 5.1% of the global burden of disease. In South Africa, alcohol use disorders (AUDs) are the fifth-leading cause of mortality and disability, with the highest per capita alcohol consumption in Africa. Denmark also faces significant alcohol-related health burdens, with 81% of its population consuming alcohol in the past year and an annual per capita consumption of 8.5 litres of pure alcohol. **Objective:** This study examines alcohol harm reduction interventions in Denmark and South Africa, identifying lessons from Denmark's community-oriented approaches that could enhance alcohol harm reduction efforts in South Africa. **Methodology:** A mixed-methods approach was employed, using semi-structured interviews and Qualtrics surveys to collect data from 25 experts in Denmark and South Africa. The study adopted an intervention research design to analyse community-based strategies for mitigating alcohol-related harm. **Results:** Findings indicate that alcohol consumption in Denmark is deeply embedded in social and cultural practices, extending beyond celebratory occasions. On average, Danes over 14 years old consume 11.3 litres of pure alcohol annually. Denmark has implemented comprehensive harm reduction interventions, including early intervention programs, community education, and

policy-driven alcohol control measures, which offer valuable insights for South Africa's response to alcohol-related health burdens. Recommendations: South Africa can benefit from Denmark's integrated harm reduction strategies by enhancing community-based interventions, implementing stronger policy measures, and fostering equitable collaborations to build resilient public health systems.