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TOWARDS UNITY FOR HEALTH



## **Ubuntu and the Reorientation of Health Services as a Solution to Healthcare Inaccessibility in Rural Communities**

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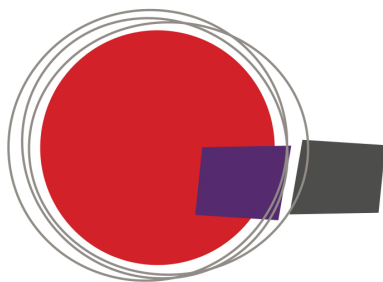
Growing up in a rural area, I experienced firsthand the challenges that communities like mine continue to face. In my family, like many others, most of us were raised without our fathers, and while we never went without food, financial struggles and emotional hardships were a constant reality. The scarcity of resources, coupled with the limitations of rural living, shaped my early years. I learned to accept my circumstances, to survive, and to believe that this was simply the way life was. The thought of a better future often seemed unattainable.

Despite these challenges, my mother instilled in me a strong sense of resilience and the importance of not comparing myself to others. I carried this lesson with me as I navigated both personal and communal struggles. However, one of the most painful aspects of life in my village was the prevalence of untimely deaths—losses that could have been prevented if there had been access to quality, affordable healthcare and adequate health education.

The village I grew up in has never had a community clinic, and the nearest hospital is 30 minutes away. This single hospital serves more than 35 rural areas, with a combined population exceeding 170,000 people. Due to staff shortages and limited resources, patients often experience long waiting periods before receiving medical attention. Many are instructed to return only when a doctor is available, which could take weeks or even months. By the time they receive treatment, their conditions have often deteriorated, sometimes fatally.

Even when patients do manage to see a doctor, a lack of health literacy further exacerbates the issue. Language barriers, minimal patient education, and overburdened healthcare workers prevent effective communication about diagnoses and treatment plans. Consequently, many patients do not fully understand their conditions or how to manage them, leading to worsened health outcomes and, ultimately, preventable deaths.

A personal tragedy that deeply impacted me was the loss of my cousin, who passed away at just 13 years old. It was not until seven years later, during my studies in Physiotherapy, that I understood he had suffered from Duchenne Muscular Dystrophy. At the time, my family had no knowledge of his condition, nor were they prepared for the reality that his muscles would progressively weaken, leading to his early passing. Due to financial constraints, private healthcare was never an option, and the lack of accessible healthcare services left my family without the support they needed. My cousin's passing profoundly affected my aunt's mental health, yet she received no psychological support, as mental health services were virtually non-existent in our community.



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I know that my family's experience is not unique—it is a reality faced by many rural communities across my country. This realization gave me the determination to advocate for change. I believe that the principles of “Ubuntu”—the philosophy that “I am because you are”—and the “reorientation of health services” can serve as powerful solutions to these healthcare challenges. By fostering a sense of communal responsibility and equipping people with health knowledge, we can empower individuals to take charge of their well-being.

I believe that those of us who have had the privilege of receiving an education and becoming healthcare professionals have a duty to uplift our communities. Through “health literacy initiatives, awareness campaigns, and community engagement, we can bridge the gap between healthcare providers and rural populations. Reorienting healthcare services to prioritize education and accessibility will ensure that people not only receive timely medical attention but also gain the knowledge necessary to make informed health decisions.

Through Ubuntu, collective action, and a commitment to health education, I believe we can transform rural healthcare and prevent the unnecessary loss of lives. The future of healthcare in underserved communities lies not only in providing medical services but also in empowering people to understand, advocate for, and manage their own health.