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About this journal

The *International Journal of African Reflections (IJAR)*, which is housed at iYunivesithi Walter Sisulu, publishes multi-, inter- and transdisciplinary peer-reviewed articles that encourage and support researchers in all fields and disciplines, especially female, black and young researchers, by providing a platform to publish their work with the aim of eventually obtaining an NRF rating. The journal also intends to act as a facilitator in building a cohort of scholars from among the master's, doctoral and postdoctoral graduate students through the articles that are published in the journal. It is hoped that new epistemological ideas will emerge, and that this will contribute to improving the quality of teaching, research and learning.

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Preface

It is my privilege to present Volume 3 (2026) of the *International Journal of African Reflections* (*IJAR*), a scholarly platform that embodies iYunivesithi Walter Sisulu's commitment to disseminating knowledge that is intellectually rigorous, socially responsive and firmly rooted in African realities. This issue brings together researchers from the humanities, social sciences, law, health sciences and economics to examine some of the defining questions of our time: gender justice, historical memory, land governance, Indigenous knowledge, technological change, institutional accountability, public health and sustainable development. Its interdisciplinary reach reflects a fundamental truth: the challenges confronting Africa do not respect disciplinary boundaries and our responses cannot remain confined within them.

At iYunivesithi Walter Sisulu we understand that a university is not simply a place where existing knowledge is transmitted but a public institution with a duty to imagine, test and build better futures. Our Vision 2040+ is anchored in the aspiration to become a technology-infused African university that is locally responsive, continentally consequential and globally engaged. This vision calls upon us to draw intellectual strength from our location while refusing intellectual isolation; to use technology without surrendering human judgement, and to pursue academic excellence in ways that improve the lives of the communities we serve. The *IJAR* contributes directly to this purpose by creating a credible space in which African experiences generate concepts, evidence and solutions of wider significance.

Vision 2040+ is given practical direction through the university's three signature themes: Food Futures; One Health, and Leadership, Justice and Governance. These themes are not separate institutional compartments: together, they recognise that human flourishing depends on the relationship between sustainable livelihoods, healthy communities, ecological resilience, ethical institutions and responsible leadership. The contributions to this volume illuminate these relationships precisely. Research on external debt and agricultural development reveals the fiscal conditions that can advance or impede food security and rural transformation. Scientific enquiry into the bioactivity of medicinal plants brings indigenous and community-based knowledge into productive conversation with experimental research while opening up opportunities for health innovation. Studies of land boards, apartheid regulation, gendered violence and institutional power demonstrate that development cannot be separated from justice, legitimacy and accountable governance.

The volume also engages directly with the technological future of higher education. Artificial intelligence is already altering the way universities teach, learn, conduct research and administer their responsibilities. Yet technology is never transformative merely because it is new: its value depends on whether it advances equitable access, strengthens human capability and serves clearly defined educational purposes. The analysis of AI adoption in South African higher education, together with the dialogue on literary criticism, pedagogy and the digital humanities, underscores the importance of infrastructure, digital literacy, ethical governance and critical judgement. This is central to our Vision 2040+ ambition. A technology-infused African university must be technologically capable, but it must also remain intellectually independent, ethically grounded and attentive to any inequalities that may be reproduced through innovation.

Equally important is the volume's insistence that language and interpretation are forms of social action. The analysis of feminist speech acts in Chimamanda Ngozi Adichie's *Dear Ijeawele …* shows how language can challenge inherited assumptions and direct new practices. Historical research into the criminalisation of interracial relationships under apartheid reveals the opposite possibility: law and official language can classify, stigmatise and control human beings. These contributions remind us that knowledge is never detached from power. The terms through which society describes gender, race, authority, land, health and development influence what institutions permit, prohibit or neglect. Universities therefore carry a special responsibility to cultivate critical literacy: the capacity to identify the assumptions embedded in dominant categories and to formulate more just ways of understanding the world.

This responsibility is particularly urgent for an institution bearing the name of Walter Max Ulyate Sisulu. His legacy represents principled leadership, disciplined service, social justice and an enduring belief in people's capacity to transform their circumstances through collective action. To honour that name, the university must ensure that its scholarship is measured not only by quantity or visibility, but also by its integrity, relevance and impact. Research must confront the lived realities of rural and historically marginalised communities; strengthen democratic institutions; protect human dignity, and contribute to a more equitable distribution of knowledge and opportunity. *IJAR* serves this mandate by enabling scholars to respond to Africa's problems without reducing the continent to a catalogue of deficiencies. It foregrounds African agency, intellectual creativity and the capacity to produce solutions.

The geographical position of iYunivesithi Walter Sisulu gives this mission particular force. Our campuses are located within communities

that experience the opportunities and contradictions of contemporary development up close. Questions of rural livelihoods, public health, land, educational access, language, technology and governance are not distant research themes; they shape the everyday lives of our students, staff and surrounding communities. Vision 2040+ requires us to transform this proximity into a scholarly advantage. Community engagement must inform research questions; research must strengthen teaching; teaching must prepare graduates to act with competence and social responsibility, and innovation must yield benefits beyond the boundaries of the university.

The *IJAR* is therefore more than a publication outlet. It is part of the knowledge infrastructure through which our university advances research excellence, supports emerging and established scholars, strengthens interdisciplinary exchange and extends African scholarship into international conversations. A strong university journal safeguards rigorous peer review, promotes intellectual independence and preserves a public record of enquiry. It also enlarges the range of voices and contexts represented in global knowledge. For African universities, this work is essential to epistemic justice: not the rejection of global scholarship, but fuller and more equitable participation in its production, evaluation and circulation.

I commend the authors in this issue for having researched and placed on record difficult questions with methodological seriousness and a commitment to evidence-based knowledge dissemination. I thank the reviewers for the careful and often unseen intellectual labour through which the quality of scholarly publication is secured. I also acknowledge the Managing Editor, the Editorial Board, and the production team for sustaining *IJAR* and bringing this volume to completion. Their collective work demonstrates the institutional commitment required to convert research into an enduring scholarly resource.

As readers engage with this third volume of *IJAR*, I invite them to consider not only the individual findings in its articles but also the shared challenge they present. What kinds of universities, technologies, laws, economies and knowledge systems are needed for Africa's people to flourish? Vision 2040+ calls on iYunivesithi Walter Sisulu to help answer that question through courageous scholarship and purposeful action. The future we seek will not be produced by aspiration alone; it will be built on evidence, ethical leadership, interdisciplinary collaboration and sustained accountability to society.

This volume is a meaningful contribution to that undertaking. It affirms our confidence that African universities can generate the highest-quality knowledge while remaining responsive to place, community and history. It also renews our conviction that scholarly

reflection must lead to transformation. May the ideas gathered here stimulate further research, deepen institutional debate and inspire partnerships that advance healthy communities, sustainable livelihoods, justice and human dignity across the Eastern Cape, South Africa, the African continent, and beyond.

Prof Thandi Mgwebi
Vice-Chancellor and Principal
iYunivesithi Walter Sisulu

Africa in transformation

Knowledge, power and institutional responsibility

Editorial for Volume 3 (2026)

This third volume of the *International Journal of African Reflections* (*IJAR*) brings together nine contributions that examine the ways in which knowledge, power and institutional responsibility shape African lives. Moving between history, gender studies, biomedical research, higher education, economics, land law, literary pragmatics, palliative care and the humanities, the volume asks what makes scholarship answerable to the societies it studies. Its coherence emerges from a shared concern with the conditions under which people acquire recognition, exercise agency, secure livelihoods and receive care. The contributions approach these concerns through different methods and at different scales, demonstrating why African scholarship needs both disciplinary precision and sustained conversation across fields.

The volume affirms Africa as a site of knowledge production, theoretical reflection and methodological enquiry. Its studies engage inherited inequalities together with contemporary pressures, attending to the institutions through which both are reproduced or challenged. Read in their published sequence, they move from the coercive regulation of intimate life and the vulnerabilities of university students to questions of scientific investigation, technological change, economic development and land governance. Feminist language, culturally responsive care and the renewal of literary criticism extend this enquiry into the meanings and practices through which social transformation becomes possible. Together, these contributions give substance to *IJAR*'s commitment to multi-, inter- and transdisciplinary scholarship grounded in African realities.

The opening article, AA Marwarwa and M Petse's '"The forbidden fruit": The consequences of interracial sexual relationships in apartheid South Africa', examines the 1952 case of Olaf Abraham Voster and Nomathemba Emily Nomatiti in Umtata. Through this case, the authors trace the operation of the Immorality Act 5 of 1927 and the consequences of racial regulation for those brought within its reach. Their historical analysis shows how racial domination entered intimate life through policing, prosecution and punishment. The case also directs attention to the unequal vulnerabilities of the people involved: racialised law operated within existing differences of status and power. By connecting a particular legal proceeding to a wider system of exclusion, the article demonstrates the value of archival

research to recovering the human consequences of institutionalised discrimination.

Questions of power and vulnerability continue in Keneilwe Wanthitha Mashishi, Mahlodi Monica Rebecca Makupula, Jabulani Gilford Kheswa and Mvuyisi Notole's study of sexual harassment and the mental well-being of female students at a South African tertiary institution. Drawing on semi-structured interviews with ten participants and guided by Power and Control Theory, the authors examine student experiences shaped by poverty, patriarchal norms, alcohol abuse and unequal relations of authority. The accounts reveal the consequences for psychological well-being and academic participation that institutional policy alone cannot adequately describe. The study recommends ongoing counselling, empowerment programmes and education on sexual harassment policies. Its place after the historical article establishes a consequential connection: the protection of dignity requires attention to be given the way power is exercised in everyday relationships, and also to the formal rules intended to govern them. For universities, student safety must surely be integral to the conditions that make learning possible.

The third contribution turns to the investigation of medicinal plants. Azola Zukisani Ntshobane, Elona Ngqayimbane, Suparna Chakraborty, Saif Khan and Talkmore Ngarivhume screen extracts of *Drimia altissima* and *Crinum macrophyllum* bulbs for anticancer, antioxidant and anti-inflammatory activity. Their laboratory findings identify promising responses in selected extracts, including activity against cervical cancer cell lines and strong inhibition in an anti-inflammatory assay. These are results obtained from laboratory screenings; they establish grounds for further investigation rather than clinical effectiveness. The authors accordingly call for the isolation and characterisation of active compounds. Their article contributes to this volume by showing how medicinal plant use can inform research questions that are then examined through controlled experimentation. Its significance rests in the disciplined movement from biological resources and medicinal knowledge towards evidence that can support further scientific enquiry.

ST Pika's exploration of the adoption of artificial intelligence in South African higher education shifts our attention to the infra-structures through which knowledge is taught, assessed and administered. Using Rogers' Diffusion of Innovations Theory, the article considers relative advantage, compatibility, complexity, trialability and observability in interpreting the emerging trends and barriers. Personalised learning, student engagement and administrative efficiency feature among the potential benefits of adopting artificial intelligence, while infrastructure constraints,

digital literacy gaps, inequality and ethical concerns complicate its adoption. The analysis places institutional readiness central to the discussion: technologies acquire educational value through the conditions of their use. Investment, staff development and appropriate policies therefore belong in the same conversation as innovation. Following the biomedical study, Pika's contribution extends the volume's attention to responsible investigation and adoption, asking how promising developments can serve public purposes in unequal institutional settings.

Nnane Eric Sumelong's study of external debt sustainability and agricultural development in Cameroon broadens this institutional enquiry to national economic policy. Using data for the period 1996–2023, an Engle–Granger co-integration framework and an error-correction model, the article examines the relationships between external debt and agricultural value added. It reports a negative long-run association between long-term external debt and agricultural value added, together with a strong positive association with gross fixed capital formation. The analysis interprets debt pressures in relation to constrained fiscal space and the resources available for agricultural development. Its recommendations emphasise transparent debt governance, the protection of agricultural investment and the productive use of borrowing. By bringing rural livelihoods and agricultural capacity into the debates on debt, the article asks readers to assess macroeconomic choices balanced against their developmental consequences. The practical question is what public finance enables communities to produce, sustain and improve.

The next article, by Akame Winslow Melle and Akwe Ngole Ray Junior, examines four land management boards in Cameroon through the lens of legal pluralism. The Land Consultative Board, Site Board Commission, Inter-Village Boundary Settlement Commission and Farmer–Grazer Commission operate where statutory rules, customary authority and administrative practice intersect. Drawing on legal materials, interviews and comparative African experiences, the authors identify procedural ambiguity, bureaucratic delay and institutional constraints that limit dispute resolution. They argue for reforms that combine customary legitimacy with clearer safeguards, digitisation, gender inclusion and more effective administration. Its position after the agricultural development study renders the relationship between productive investment and land governance particularly visible. Land sustains livelihoods, but it also carries histories of belonging, authority and communal obligation; the institutions responsible for land management must respond appropriately to these overlapping claims if their decisions are to command confidence.

Gabriel Ndamzi Amadi's 'Doing feminism with words: a Searlean speech act analysis of Chimamanda Adichie's *Dear Ijeawele …*' then turns to the capacity of language to challenge inherited authority. Analysing 239 coded units from Adichie's manifesto, Amadi shows how assertives contest naturalised gender assumptions and directives translate feminist argument into practices of parenting and socialisation. Commissives and expressives establish ethical and affective positioning, while quasi-declaratives attempt to rename or reclassify familiar gendered categories. The recognition of hybrid forms also allows the article to test the usefulness and limits of its theoretical framework. This contribution returns the volume to gendered power at the level of ordinary speech and conduct. It demonstrates how feminist writing can intervene in the vocabularies through which inequality becomes familiar and in the practices through which it is passed from one generation to another.

The eighth contribution, K Zweni, A Mavembela and G Mkukuli's 'Decolonising South African palliative care psychosocial services for mental health benefit: eclectic context', brings the relationship between recognition and institutional responsibility into end-of-life care. Guided by an ecological perspective and an eclectic narrative review, the authors examine the ways patients' social, cultural and spiritual environments shape their experiences of care. They argue that the exclusion of African beliefs and knowledge systems can undermine culturally responsive psychosocial support, and they advocate their inclusion alongside allopathic approaches in healthcare training, policy and practice. The article offers a framework for reform rather than a clinical evaluation of a new intervention. Read alongside the earlier biomedical contribution, it widens the volume's understanding of health: research into biological activity and attention to the meanings through which patients experience suffering respond to different complementary dimensions of care. Respect for patient preferences and cultural diversity is central to that relationship.

The volume concludes with 'Beyond the Ibadan School', Mark Ighile's dialogue with Emeritus Professor Dan Izevbaye on literary criticism, pedagogy and digital humanities. Reflecting on six decades of scholarship, the conversation revisits the relationships between text, context, authorship, audience and interpretation. Its discussion of a declining tutorial culture and campus collegiality underscores the social conditions through which critical judgement develops. Its treatment of canon formation asks how intellectual inheritance can remain responsive to changing publics and media. Returning to the questions raised by Pika, the dialogue considers digital tools and artificial intelligence as supports for enquiry whose usefulness depends

on humanistic judgement and ethical interpretation. This is a fitting conclusion to the sequence: an issue concerned with institutional transformation ends by examining the ways in which scholars learn to interpret, evaluate and transmit knowledge responsibly.

Through these contributions, institutional legitimacy emerges as a demanding practical achievement. Courts, universities, land boards, healthcare services and fiscal systems exercise authority in ways that affect people's opportunities and vulnerabilities. Their legitimacy depends on how that authority is justified, scrutinised and experienced. The articles illuminate this problem through distinct forms of evidence, from a historical prosecution and students' accounts to legal analysis and economic modelling. Together, they encourage a conception of reform that is attentive to everyday consequences: access to education, security of livelihood, recognition of claims and dignity in care.

The volume also clarifies why the recognition of African knowledge must be accompanied by methodological care. Archival interpretation, laboratory screening, qualitative interviews, narrative synthesis, speech-act analysis and econometrics support different kinds of claim. Bringing them into conversation requires respect being shown for those differences. Medicinal knowledge can generate research questions; cultural understanding can inform care; literary criticism can examine the terms through which values are communicated. None of these contributions needs to assume the methods of another to acquire intellectual worth. Their collective strength lies in making evidence, interpretation and the limits of inference visible while responding to problems that exceed any single discipline.

We thank the authors for their contributions, the reviewers for their critical engagement, and the editorial and production teams for the sustained work that makes scholarly publication possible. Their efforts support a journal that is committed to widening participation in research while maintaining the rigour on which scholarly trust depends. For emerging and established researchers alike, that commitment entails the opportunity to contribute and the responsibility to formulate arguments that others can examine, question and develop.

Volume Three of *IJAR* invites readers to consider African scholarship through the quality of the understanding it produces and the opportunities it opens up. Its contributions recover histories of exclusion, scrutinise present institutions and propose directions for change without resolving their differences into a single account of Africa. Their shared achievement is to render the relationship between knowledge and responsibility concrete. *IJAR* advances that relationship

by providing a space in which African experiences inform enquiry, African intellectual resources shape interpretation and scholarship remains answerable to the people whose lives give its questions urgency.

Prof Enongene Mirabeau Sone
and
Dr Thoahlane Thoahlane
Editors, *International Journal of African Reflections*

Decolonising South African palliative care psychosocial services for mental health benefit: eclectic context

K Zweni
A Mavembela
G Mkukuli

Abstract

The South African healthcare system faces critical challenges, including HIV-related cancers, neglected mental health and inadequate primary care, which hinder the effective delivery of palliative care. This study investigated the integration of indigenous South African knowledge systems with culturally attuned methodologies to improve palliative care. Guided by the ecological perspective, the research examined the ways in which interactions between individuals and their environment shape healthcare practices. Drawing on a comprehensive review of sources such as the National Institutes of Health and Google Scholar, the study identified systemic exclusions of African beliefs and rituals in end-of-life care. This exclusion perpetuates colonial legacies and complicates psychosocial interventions for those affected by historical injustices such as apartheid. The findings highlight the urgent need to decolonise healthcare training, incorporating African epistemologies alongside allopathic practices to foster inclusivity, respect patient preferences and enhance mental health outcomes. The study advocates culturally competent psychosocial approaches that integrate physical, psychological and spiritual care, and which align with African cosmology. This transformative framework seeks to redress systemic inequities, improve quality of life and rectify colonial injustices. By integrating African palliative care systems into healthcare policies, the study emphasises the creation of equitable and culturally reflective healthcare solutions for diverse South African communities.

Keywords: decolonising, palliative care, indigenous knowledge systems, South African healthcare, psychosocial interventions, mental health outcomes

1. Introduction

In South Africa, an alarming 20% of deaths among individuals aged 35–64 are linked to chronic diseases (Akindele & Useh, 2021). Furthermore, approximately 7.5 million people living with HIV reside

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in rural areas, where traditional medicine is often practised (Shange & Ross, 2022; WHO, 2023). Evidently, the substantial occurrence of chronic illnesses, including malignancies associated with HIV/AIDS, markedly influence the nation's mortality statistics as a result of the inadequate provision of primary healthcare in rural regions (Bekker et al, 2018). In addition, mental disorders linked to chronic illnesses are often overlooked in rural South Africa due to a lack of mental health services and disintegrated primary healthcare systems (Makanjuola, 2020; Makusha et al, 2021; Jacobs et al, 2023). Undeniably, the obstacles to healthcare prevalent in th rural regions of the South underscore the pressing necessity for a decolonised healthcare framework that incorporates African epistemology (Bila & Carbonatto, 2022).

Decolonisation can be understood as being a direct response to coloniality and epistemic exclusion in academic institutions (Omodan, 2024). It constitutes a multifaceted political, intellectual, social, ontological and epistemic initiative aimed at redressing the lingering effects of colonialism, which persist long after its formal abolition. Kock et al (2024) also argue that the process of decolonisation involves the systematic reconstruction of institutions and knowledge frameworks which are devoid of the cultural and societal implications that stem from the historical traumas of violence, racism, misogyny and Eurocentrism, which are emblematic of the colonial era. Within the field of Health Sciences, decolonisation is defined as the recognition of the consequences of colonialism, the rectification of injustices and disparities, the reclamation and re-evaluation of indigenous heritage and the rigorous critique of knowledge to explore alternative epistemic frameworks (Kock et al, 2024).

Accordingly, the World Health Organization (WHO) recommends that its Member States integrate traditional health practices into mainstream healthcare (Hoenders et al, 2020) so as to include African mental health benefits as per Article 16 of the African Charter (Mavimbela, 2024). WHO's recommendation aligns with Sustainable Development Goal (SDG) 3, which aims to ensure healthy lives and promote well-being for all by 2030 (WHO, 2019). In the light of this, the World Health Assembly Resolution 67.19 declares that palliative care is a fundamental human right (Albertus, 2020). Moreover, the South African National Policy Framework and Strategy on Palliative Care emphasises the need for palliative care to be fully integrated into the South African healthcare system (DoH, 2017).

However, numerous African countries face significant challenges in implementing the various initiatives, grappling as they are with problems such as poverty, food insecurity and inadequate healthcare infrastructure. These have all had a negative effect on the mental health status of patients receiving palliative care (OHCHR, 2021; Völkerrechtsblog, 2021). These traditional healthcare modalities,

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while lacking formal regulation, are frequently used by palliative care patients dealing with chronic illnesses. Such patients resort to such modalities either out of desperation or as the sole accessible form of adequate healthcare available to them – particularly in contexts marked by inadequate primary healthcare infrastructures (Welgemoed & Lerm, 2021).

Therefore, integrating South African knowledge and culturally sensitive practices is essential to improving healthcare services and enhancing the quality of life for vulnerable populations (Koch, Pool & Heymans, 2025). Approximately 59% of individuals with life-limiting illnesses could benefit from palliative care; however, only 14% of those needing such services actually receive them (StatsSA, 2021; Ntizimira et al, 2022). In Europe, palliative care services are fundamentally intertwined with Christian doctrines due to historically shared belief systems (Grant et al, 2017). Consequently, the efficacy of mental health and psychosocial services in European palliative care is augmented by the incorporation of their intrinsic beliefs and values (Grant et al, 2017).

According to Mahilall and Swartz (2021), it is important to note that palliative care services are not a novel European phenomenon; rather, they have long been established in Africa through practices that prioritise the restoration of familial bonds, adherence to the patient's articulated wishes and observance of culturally specific post-mortem rituals, which differ across various clans. The prohibition of many of these practices in healthcare facilities underscores the critical necessity for a more culturally attuned methodology in the provision of end-of-life care in particular (Wong, Camacho, Dulani & Trivedi, 2022). Moreover, traditional African approaches to end-of-life care are profoundly anchored in cultural and spiritual paradigms (Graham et al, 2013). Traditional healers in the Eastern Cape province, including herbalists (*inyanga/ixwele*) and diviners (*sangoma/iiqirha*), place significant emphasis on the rituals conducted both prior to and following death to facilitate a 'good death' (Graham et al, 2013).

The recent academic literature underscores the urgency of decolonising palliative care in South Africa, especially in the context of persistent health disparities, cultural dissonance and the enduring impact of colonial legacies on mental health outcomes (Krause et al, 2024; Ngcwalisa et al, 2024). The exclusion of African worldviews and healing practices from mainstream healthcare perpetuates inequity and undermines patient dignity and their psychosocial well-being (Mahilall & Swartz, 2021). In line with the WHO's Traditional Medicine Strategy, there is a global call for the integration of traditional and complementary medicine into national health systems, which serves to emphasise the value of indigenous knowledge in achieving universal health coverage (WHO, 2023). This aligns with South Africa's

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National Policy Framework and Strategy on Palliative Care, which advocates culturally congruent care models (DoH, 2017). However, implementation remains inconsistent, with rural and marginalised populations experiencing limited access to culturally sensitive services (Krause et al, 2024).

2. Methodology

This study employed an eclectic narrative review methodology to explore the decolonisation of South African palliative care psychosocial services, with a specific focus on mental health benefits in diverse contexts. The methodology adheres to high standards of evidence as described by Pollock and Berge (2018), ensuring as it does the use of unbiased, reliable and trustworthy research to deal with fundamental healthcare challenges and propose culturally relevant solutions to palliative care interventions.

The initial step involved developing a robust and contextually relevant research question aimed at interrogating the efficacy of current psychosocial palliative care models in South Africa, while incorporating indigenous epistemologies and ontologies. In this study, the pivotal enquiry examined how decolonising the bio-psycho-social-spiritual paradigm can deal with mental health challenges more effectively – including those linked to chronic stress and cultural alienation among South African patients (Aromataris & Pearson, 2014; Gupta, Kumar, Pratap & Singh, 2018). This question served as the foundation for proposing interventions that align with the cultural and spiritual frameworks relevant to African communities.

The second step was to outline the inclusion and exclusion criteria to ensure a comprehensive review. Eligible studies included peer-reviewed journals, books and empirical reports on culturally integrated palliative care services and psychosocial frameworks. The scope intentionally included diverse topics, such as the impact of chronic stress on palliative care, psychophysiological coping mechanisms and spiritual interventions tailored to African contexts (Shaheen, Tufanaru & Aromataris, 2023). Studies were selected based on their alignment with decolonial healthcare frameworks with the aim of balancing Western and indigenous healthcare paradigms.

The third step was to anchor the research protocol by meticulously designing a search strategy that incorporated the Population, Intervention, Comparison, and Outcome (PICO) framework in order to ensure the clarity and quality of the findings. Searches were conducted across reputable databases, including PubMed, Google Scholar, *BMJ* and South African health journals spanning the years 2016 to 2024 (Aromataris & Pearson, 2014). Key search expressions such as ‘decolonising South African palliative care, ‘indigenous psychosocial

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interventions' and 'mental health benefits of spiritual care in Africa' were employed to identify the relevant literature. This strategic approach ensured that the findings would be comprehensive, credible and applicable to the South African context.

The fourth step was to focus on data extraction and thematic synthesis. The Covidence systematic review management software was used for the initial screening and data extraction to eliminate duplication and ensure the credibility of the selected studies (Pollock & Berge, 2018). Titles and abstracts were screened against inclusion criteria, followed by a detailed full-text review. A total of 75 studies were reviewed, with 40 meeting the inclusion criteria and contributing to the analysis. Thematic synthesis is used to identify recurring themes such as the integration of spiritual care practices into mental health services and the role of traditional healers in decolonising psychosocial interventions.

The final step entailed the data analysis and interpretation. The population traits, aims and key findings of each included study were documented, which enabled the common themes relevant to decolonising palliative care to be identified. Given the methodological diversity of the studies, meta-analysis was considered to be unsuitable; instead, a narrative synthesis highlighted key insights such as the significance of incorporating traditional African healing practices into psychosocial services (Gupta et al, 2018; Shaheen et al, 2023). This study is pioneering in its exploration of a decolonised palliative care framework in South Africa, focusing as it does on mental health benefits and the integration of indigenous knowledge systems (IKS).

By employing this eclectic methodological approach, this study ensured the validity of its findings, together with their reliability and cultural relevance; in this way it makes a contribution to the broader discourse on decolonising healthcare systems and enhancing mental health services in diverse South African communities.

3. Theoretical framework

The ecological perspective, proposed by Jason et al (2016), is a robust framework in community psychology that emphasises the way a complex web of social, cultural and economic environmental factors shapes individual behaviour. This approach reveals the dynamic interplay between individuals and their surroundings (Brymer, Willis & Leach, 2024).

In South Africa, the ecological perspective is crucial to designing palliative care delivery systems (Krause, Gwyther & Olivier, 2024). Ecological theory within the healthcare realm elucidates the ways in which cultural norms, belief systems, communal practices and

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healthcare infrastructures influence the experiences of individuals afflicted with chronic ailments (Pask et al, 2018). Western palliative care psychosocial–spiritual services use ecological theory as they include their beliefs and values, such as Christianity and Roman traditions, among others (Pask et al, 2018). As Mokhantso and Makhubela (2024) note, many South Africans prefer to spend their end-of-life moments in their homes, often seeking solace in familial surroundings, consulting traditional practices that use indigenous herbs and honouring their ancestors. Givler et al (2020) postulate that psychological palliative care contradictions and misunderstandings between patients and service-providers are due to colonisation, which does not accommodate African epistemology and ontology.

Burke et al (2023) emphasise that end-of-life care should align with societal values, advocating cultural sensitivity in palliative practices to enhance their efficacy. Integrating culturally competent palliative care services in South Africa, particularly by incorporating traditional healing practices and community involvement, can significantly enhance the mental health outcomes among isiZulu-speaking populations, in this way improving their overall quality of life. Empirical evidence indicates that when healthcare providers acknowledge and respect cultural beliefs, patients are more likely to experience better pain management and emotional support – which are critical components of quality end-of-life care (Givler et al, 2020).

According to Ntizimira, Deo, Dunne and Krakauer (2022), the urgent need for the decolonisation of psychosocial palliative care arises from the tension between the use of traditional medicine by chronically ill patients and the standardised norms of South African healthcare institutions, which leads to avoidable mortality. The South African Department of Health (DoH) has emphasised that approximately 50% of patients who die in South Africa could benefit from palliative care (DoH, 2017).

Ngcwalisa, Nyembezi, Ngcobo and Lehmann (2024) argue that the ecological perspective calls for systemic change in healthcare training. Given the deep value that many South Africans place on their cultural traditions, it is essential to re-evaluate healthcare curricula that often emphasise Western medical models at the expense of IKS. Van Rooyen et al (2015) assert that a collaborative approach between traditional medicine and allopathic practices is vital to improving health outcomes in sub-Saharan Africa.

Koch, Pool and Heymans (2025) underscore the importance of recognising cultural contexts in healthcare education. Moreover, Garneau et al (2021) suggest that integrating IKS into training programmes is crucial to bridging the gap between healthcare providers and patients, ultimately enhancing the quality of care while emphasising the need for future practitioners to understand the

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cultural environments in which they will operate. Hamilton-Baillie et al (2024) stress that promoting culturally competent care is crucial to honouring patient preferences and responding to both their physical and their psychological needs. Adopting an ecological perspective in community psychology is vital to gaining insights into health behaviours and well-being, particularly in the context of palliative care in South Africa (Pillay, 2023). Advocating decolonisation in healthcare training enhances cultural competence among practitioners, which also ensures better alignment with patients' values during life's critical stages.

4. Discussion and results

4.1 Cultural–spiritual methodology

The ecological perspective, as articulated in contemporary frameworks such as the Social Ecological System Health (SESH) model, elucidates the interplay between cultural–spiritual methodologies and systemic healthcare challenges in South Africa. In this regard, Dlamini (2023) points out that African ontology is essentially a state of balance between the physical, spiritual and ancestral realms. Illness, therefore, is interpreted as a disruption of this equilibrium, necessitating holistic interventions (Dlamini, 2023). In this context, African epistemology becomes pivotal, centring as it does on communal knowledge transmission where wisdom is derived from intergenerational storytelling and lived experience rather than empirical validation. Jimoh (2023) contrasts this with Western positivist frameworks, underscoring the tensions in care delivery that emerge from such epistemological divergences.

Fadyl (2021) indicates that, in line with this model, health outcomes are shaped by dynamic interactions across individual, community and societal levels, therefore emphasising the need to integrate cultural and environmental contexts into care delivery. This perspective aligns with African cosmology, which frames health within a spiritual ecosystem in which ancestors mediate well-being. Wong and Yu (2020) postulate that palliative care that neglects these beliefs fails to allow for patients' existential distress, perpetuating psychological 'doldrums' as a result. Moreover, Adeate and Sewchurran (2023) assert that this perspective proposes the decolonisation of African healthcare epistemologies, ontologies and cosmologies, advocating healthcare paradigms that reflect African lived realities.

Integrating cultural–spiritual methodologies into healthcare systems not only fosters equity, but also enhances the therapeutic efficacy of interventions. Research has shown that when cultural beliefs and practices are incorporated into care, patient adherence to treatment

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plans improves significantly, fostering better health outcomes (Khan et al, 2024). This is particularly vital in the case of palliative care, where psychological and spiritual resilience significantly affect the quality of life of patients and their families (Ezeanya-Esiobu, 2023). Therefore, respecting indigenous cosmologies and epistemologies in clinical settings is not merely symbolic but functionally essential to patient-centred care.

Furthermore, the application of decolonised healthcare paradigms necessitates interdisciplinary collaboration to bridge the divide between biomedical and traditional frameworks. Community-based healthcare models which emphasise the active participation of local healers and spiritual leaders have proven effective in redressing healthcare disparities in rural African settings (Chirisa et al, 2023). By leveraging IKS alongside biomedical sciences, these models contribute to a more comprehensive understanding of health, reducing systemic inequities and fostering culturally sensitive care (Ndlovu-Gatsheni, 2023). This approach underscores the transformative potential of blending diverse knowledge systems to deal with the multifaceted health challenges faced in South Africa.

Evidently, African systems of knowledge, existence and spiritual interconnectedness are often marginalised by Western-centric healthcare models (Mokhutso, 2021; Letsoalo et al, 2024). Singh and Bhagwan (2020) state that traditional Zulu cosmology, which emphasises ancestral communication and holistic well-being, remains vital to patients' psychological resilience but is frequently disregarded in clinical settings. Burke, Doody and Lloyd (2023) contend that this negligence undermines culturally sensitive healthcare delivery, potentially exacerbating the low quality of life across African countries. Such oversight further perpetuates systemic disparities, illustrating the pressing need for healthcare systems that adhere to African epistemological frameworks and spiritual ecosystems.

A growing body of research highlights the effectiveness of integrating IKS into palliative and mental healthcare. For example, collaborative models involving traditional healers and biomedical practitioners have been shown to improve patient trust, adherence to treatment and overall satisfaction with care (Mahilall & Swartz, 2021). Ethnographic studies reveal that rituals, ancestral veneration and communal support structures play a crucial role in coping with terminal illness and bereavement among Zulu and Xhosa communities (Mahilall & Swartz, 2021). Despite these advances, structural barriers persist. Regulatory frameworks often marginalise traditional healers and there is a lack of standardised protocols for integrating spiritual and psychosocial interventions into formal care pathways (Ashworth & Cloatre, 2022). Filling these gaps requires policy reform, capacity-

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building and ongoing dialogue between stakeholders to foster mutual respect and shared learning (Ngcwalisa et al, 2024).

4.2 Psychological and palliative care challenges

South Africa's palliative care system faces compounded challenges, including a high prevalence of HIV-related cancers. Notably, 57% of these cases occur in rural settings, where systemic neglect of mental health exacerbates care inequities (Hamilton-Baillie et al, 2024). Pelletier (2023) illustrates how rural communities, often lacking a primary healthcare infrastructure, experience delayed diagnoses and inadequate pain management. This results in heightened psychological distress among terminally ill patients. Jama et al. (2024) discuss how the colonised healthcare framework prioritises biomedical models over culturally congruent practices. Consequently, patients navigating existential crises are left without spiritual or ancestral support, which only amplifies their challenges. For instance, Mothapo (2024) describes how Zulu patients frequently encounter conflicts between hospice protocols – such as prohibitions on ritual animal slaughter – and cultural practices that are integral to traditional grieving processes. These conflicts contribute to unresolved bereavement and emotional isolation, which are seldom catered for in formal healthcare systems. Despite such systemic marginalisation, Jemal (2024) emphasises that African healing practices persist as vital pillars of community care, particularly in underserved rural areas.

The exclusion of traditional healers, who possess profound knowledge of indigenous rituals and spiritual needs, further perpetuates the systemic disparities. Mothapo (2024) argues that the absence of collaboration between traditional healers and palliative care teams reflects the entrenched hierarchical divides between 'scientific' and 'informal' healthcare models. This divide, according to Adeate and Sewchurran (2023), is rooted in colonial legacies that historically devalued African epistemologies – knowledge systems grounded in communal experience and ancestral wisdom – as being inferior to Western biomedical paradigms. Consequently, patients are forced to navigate fragmented care systems where their ontological beliefs – such as understanding health as being the harmony between the physical, spiritual and environmental realms – are often pathologised or dismissed (Nche & Michael, 2024).

Efforts to integrate traditional healers into palliative care systems have demonstrated promising potential in resolving these disparities. Campbell and Amin (2014) emphasise that traditional healers, with their intimate understanding of local spiritual and cultural beliefs, can significantly enhance psychological and emotional support for terminally ill patients. Their inclusion in palliative care teams

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promotes a holistic approach to care, which is particularly valuable in rural regions where access to formal healthcare remains limited. Nevertheless, mistrust between biomedical practitioners and traditional healers, coupled with the lack of standardised collaborative frameworks, remains a persistent challenge to their integration (Campbell & Amin, 2014).

The neglect of mental health in underserved regions compounds the challenges faced in palliative care. Khunju (2024) stresses that the stigma surrounding mental illness, combined with insufficient resources, obstructs access to mental health services for rural populations. This neglect is particularly detrimental in palliative care settings, where patients frequently experience depression, anxiety and unresolved grief. Overcoming these barriers requires targeted interventions such as community-based mental health initiatives and the incorporation of culturally sensitive counselling services as an integral part of palliative care models (Khunju, 2024).

Finally, structural inequities in rural healthcare infrastructure exacerbate the disparities in care delivery. Gaede and Versteeg (2024) underline the fact that rural communities often lack essential healthcare facilities, trained professionals and reliable transportation networks, which severely limit access to timely and adequate palliative care. Proposals for innovative solutions, including mobile healthcare units and telemedicine, have gained traction as effective strategies to mitigate these infrastructural challenges. In addition, partnerships between government institutions, non-governmental organisations (NGOs) and local communities can serve to bolster healthcare access and ensure the equitable delivery of palliative care services (Gaede & Versteeg, 2024).

Recent systematic reviews confirm that culturally adapted psychosocial interventions, including narrative therapy, group counselling and spiritual care, are associated with improved mental health outcomes in palliative care settings (Garneau et al, 2021; Shaheen et al, 2023). These interventions are particularly effective when they draw upon indigenous concepts of personhood, interconnectedness and holistic well-being (Garneau et al, 2021). For instance, home-based palliative care programmes that incorporate family rituals and traditional medicine can result in lower levels of anxiety, depression and existential distress among patients and their caregivers (Mahilall & Swartz, 2021). Qualitative research demonstrates that respect for cultural preferences enhances therapeutic alliances and facilitates meaning-making at the end of life (Glyn-Blanco, Lucchetti & Badanta, 2023).

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4.3 Predicaments of colonised healthcare systems

Colonial legacies persist in healthcare systems, marginalising IKS and reinforcing systemic inequities. Muzumbukilwa (2024) highlights the way in which African traditional medicines remain excluded from mainstream frameworks due to entrenched biases that favour Western paradigms. Similarly, Sibandze and Dludlu (2023) underscore the reality that this exclusion perpetuates a hierarchical divide, insisting on decolonised healthcare policies to ensure that indigenous epistemologies are integrated, which will foster equity and inclusivity in healthcare delivery. Furthermore, the WHO (2022) reports that only 20% of healthcare training curricula globally incorporate indigenous perspectives, despite 80% of rural populations in Africa relying on traditional medicines as their primary healthcare source, which serves to underscore the urgent need for systemic reform.

Lawrence et al (2021) argue that the exclusion of African IKS is perpetuated by healthcare training curricula that prioritise Western medical frameworks, either relegating traditional practices to elective modules or omitting them entirely. This systemic bias reflects the enduring legacy of colonialism, which positioned Western biomedical paradigms as being superior while marginalising indigenous approaches to health and healing (Clark et al, 2023). Mgolozeli and Moeta (2023) criticise these educational gaps, asserting that they leave practitioners ill-equipped to respond to the cosmological needs of patients such as through rituals to appease the ancestors or by administering herbal therapies for pain management. Such training deficiencies perpetuate healthcare delivery inequities, particularly in rural and underserved communities where traditional practices remain integral to patient care (Mgolozeli & Moeta, 2023).

Similarly, Dlamini and Nkosi (2023) make the point that this pedagogical deficit exacerbates the disparities in culturally competent care, as practitioners often lack the knowledge and skills to engage with patients' spiritual and cultural needs. This disconnection undermines the therapeutic relationship and contributes to poorer health outcomes, particularly for those patients who view health as a holistic interplay between the physical, spiritual and environmental realms. Mokoena and Ndlovu (2023) propose that decolonising healthcare education requires indigenous ontologies– the study of being and existence within African cosmology – to be integrated into core training programmes. Such integration would not only enhance cultural competence but also foster a more inclusive and equitable healthcare system (Mokoena & Ndlovu, 2023).

Van Bewer et al (2020) emphasise that integrating indigenous perspectives into healthcare education fosters equity and provides a framework for dismantling these systemic inequities. Ilozumba et al (2023) argue that collaborative models, where traditional healers and

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biomedical providers co-design care plans, are vital to ensuring holistic interventions. Jama et al (2024) underscore the fact that collaborative efforts between traditional health practitioners and biomedical practitioners tend to foster holistic healthcare interventions, drawing as they do on the strengths of both systems. Corso et al (2021) emphasise that integrating indigenous healing practices into collaborative care models fosters mutual respect and enhances patient-centred care, reducing disparities and improving outcomes in diverse healthcare contexts.

Muzumbukilwa (2024) makes the point that, despite recognising African traditional medicines in policy frameworks such as the National Indigenous Knowledge Systems Policy, significant barriers – including inadequate funding and institutional resistance – continue to impede their integration into public healthcare systems. Muzumbukilwa (2024) adds that the National Indigenous Knowledge Systems Policy (2004) has made limited progress in integrating African traditional medicines into public healthcare systems, largely thanks to inadequate funding and institutional resistance. This lack of integration perpetuates a hierarchical divide between 'formal' and 'informal' healthcare systems, undermining efforts to create a unified and culturally sensitive framework, which necessitates the decolonising of healthcare policies so as to ensure that IKS are recognised and valued as essential components of healthcare delivery (Sibandze & Dludlu, 2023).

Moreover, Gilbert (2021) asserts that embedding indigenous epistemologies and ontologies into healthcare education and practice is a moral imperative that responds to historical injustices and advances a more inclusive and equitable healthcare system. Garneau et al (2021) underscore the critical role of incorporating IKS in health professions education as a means of enhancing the equity and inclusivity of healthcare delivery frameworks. Furthermore, Kennedy et al (2022) claim that this transformative approach holds immense potential in bridging the epistemological divide between Western and indigenous healthcare paradigms, in this way fostering the development of a more holistic and patient-centred healthcare system.

Recognition of the need for culturally competent training for healthcare professionals is on the increase, though. But recent studies highlight the persistent gaps in provider knowledge, attitudes and skills related to decolonised care, particularly among younger practitioners (Ngcwalisa et al, 2024). To redress these challenges, ongoing professional development, mentorship and collaborative practice models that bridge the divide between allopathic and indigenous paradigms are recommended. Such efforts are essential to building a resilient, inclusive workforce capable of delivering high-quality palliative and mental healthcare to all South Africans (Garneau et al, 2021).

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4.4 Disintegrated South African palliative care system

The fragmentation of the South African palliative care system remains a critical barrier to equitable healthcare delivery; it is marked by the limited integration of services within mainstream frameworks (Ratshikana et al, 2023: 317). This disintegration has a disproportionate impact on vulnerable patients, particularly those in rural and underserved communities, where preventable deaths arise from inadequate pain management and the absence of holistic care approaches (Pretorius & Mahole, 2025). Vulnerable populations, including those living with chronic illnesses such as cancer and HIV/AIDS, face significant challenges in accessing comprehensive palliative care services, which exacerbates health inequities yet more (Court & Olivier, 2020).

In desperate attempts to fill these gaps, individuals increasingly rely on unverified sources, such as TikTok and other social media platforms, in the process exposing themselves to misinformation and potentially harmful practices (Wang et al, 2024). The proliferation of unregulated information on social media underscores the urgent need for reliable and accessible healthcare education to counteract the risks associated with misinformation (Mutale et al, 2023). This reliance on social media only emphasises the systemic failure to provide culturally sensitive and accessible palliative care services, leaving patients to navigate complex health challenges without adequate support (Zuma & Wight, 2023).

Mutale, Matenga and Wagner (2023) advocate the systemic integration of traditional healers into multidisciplinary care teams, enabling them to leverage their expertise in spiritual and cultural practices to bridge the gaps in psychosocial support. Traditional healers play a pivotal role in attending to the holistic needs of patients, including their spiritual and emotional well-being, which are often overlooked in conventional healthcare frameworks (Kennedy et al, 2022). For example, Zuma and Wight (2023) illustrate how home-based care programmes in rural KwaZulu-Natal have demonstrated culturally sensitive and patient-centred care and improved patient trust and adherence when traditional healers collaborate with biomedical practitioners to administer culturally aligned therapies. These collaborative efforts not only enhance patient outcomes, but also foster mutual respect and understanding between traditional and biomedical practitioners (Mutale et al, 2023).

Policy reforms are essential to formalise the integration of traditional healers into the healthcare system. Mutale et al (2023) recommend prioritising accreditation frameworks for traditional healers and funding community-driven research to standardise indigenous practices without eroding their cultural integrity. The Traditional Health Practitioners Act 22 of 2007 provides a legislative foundation

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for such reforms, emphasising the need for standardised training and registration to ensure the safety and efficacy of traditional healthcare practices (Botha, 2024). Furthermore, integrating traditional healers into multidisciplinary teams can help to fill critical gaps in palliative care delivery, particularly in rural areas where access to conventional medical services remains limited (Court & Olivier, 2020).

These programmes demonstrate the potential for integrating traditional healing practices into mainstream healthcare systems and fostering a more inclusive and equitable approach to palliative care (Kennedy et al, 2022). By leveraging the strengths of both traditional and biomedical paradigms, South Africa can redress the systemic inequities that perpetuate health disparities and improve the health outcomes for vulnerable populations (Mutale et al, 2023).

Policy developments over the past five years reflect a growing commitment to decolonisation and equity in healthcare. The DoH's 2023–2028 Strategic Plan explicitly prioritises the integration of traditional medicine and the promotion of cultural safety in all health services (DoH, 2023). Nevertheless, significant challenges remain, including resource constraints, regulatory bottlenecks and entrenched biases within the health system. Sustained advocacy, research and cross-sectoral collaboration are needed to translate policy commitments into meaningful change on the ground (Krause et al, 2024).

In conclusion, overcoming the fragmentation of the South African palliative care system requires a multifaceted approach that prioritises integration, reliability and cultural sensitivity. By incorporating traditional healers into multidisciplinary care teams and implementing policy reforms to standardise their practices, a cohesive and inclusive healthcare framework can be instituted that meets the complex needs of its diverse population (Kennedy et al, 2022; Botha, 2024). Such efforts are essential to bridging the divide between the traditional and the biomedical paradigms, fostering equity and improving health outcomes for all.

5. Conclusion

The South African healthcare system stands at a pivotal crossroads, one at which it is compelled to redress the entrenched inequities and the cultural dissonance in the provision of palliative care. This study has illuminated the profound necessity to integrate IKS and culturally attuned methodologies, guided by the ecological perspective, in order to navigate the intricate interplay between individuals and their socio-cultural environments (Krause et al, 2024; Ngcwalisa et al, 2024). The persistent exclusion of African beliefs and rituals from mainstream healthcare not only perpetuates colonial legacies, but also erodes patient dignity and psychosocial well-being (Mahilall & Swartz,

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2021). Decolonising healthcare training and practice – by embedding African epistemologies alongside allopathic models – emerges as a transformative imperative for fostering inclusivity, strengthening patient–provider trust and aligning care with the spiritual and cultural values of diverse communities (Garneau et al, 2021).

This research underscores the transformative potential of culturally competent psychosocial interventions that holistically deal with both the physical and the psychological dimensions of care within the framework of African cosmology (Mahilall & Swartz, 2021; Shaheen et al, 2023). Such approaches not only enhance mental health outcomes, but also serve to rectify the historical injustices and systemic inequities that have long marginalised African worldviews in healthcare delivery. Policy reforms prioritising the integration of African palliative care practices are essential if a healthcare system is to be instituted that respects all South Africans' dignity, preferences and well-being (DoH, 2023).

Despite these advances, the persistence of colonial legacies, structural barriers and regulatory inertia continues to impede progress, though. The marginalisation of traditional healers, insufficient healthcare provider training and the limited implementation of inclusive policies undermine the potential for decolonised care to transform the outcomes for South Africa's most vulnerable populations (Krause et al, 2024; Ngcwalisa et al, 2024). A paradigm shift is urgently required – one that centres the voices, values and expertise of indigenous communities in the design and delivery of palliative and mental health services. Achieving this vision will demand sustained political will, significant investment in capacity-building and the creation of enabling environments for authentic cross-cultural collaboration. Ultimately, this study has striven to chart a pathway towards equitable, reflective and sustainable healthcare solutions that honour South Africa's rich cultural and historical contexts.

6. Recommendations

To surmount the multifaceted challenges confronting South Africa's palliative care system, it is imperative to embed IKS within the extant healthcare frameworks. This integration should acknowledge the cultural and spiritual dimensions of health that are frequently overlooked in conventional biomedical paradigms. Empirical research demonstrates that incorporating traditional practices – such as ancestral rituals and herbal therapies – can substantially enhance patient trust, adherence to treatment and overall health outcomes (Sibandze & Dludlu, 2023; Muzumbukilwa, 2024). In this regard, accelerating the integration of traditional medicine into national health policy, with

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explicit guidelines being in place for collaboration between biomedical and indigenous practitioners, is a critical priority (DoH, 2023).

Decolonising healthcare training is equally vital. Existing curricula often privilege Western medical paradigms, in this way marginalising indigenous epistemologies. Embedding African cosmologies and ontologies into healthcare education will foster cultural competence and equip practitioners to respond appropriately to the holistic needs of patients (Garneau et al, 2021; Mokoena & Ndlovu, 2023). It is therefore recommended that the inclusion of indigenous health systems, intercultural competence and ethical engagement with traditional healers in all health professional curricula be mandated (Ngcwalisa et al, 2024).

Moreover, policy reforms should formalise the role of traditional healers in multidisciplinary care teams. The Traditional Health Practitioners Act provides a legislative foundation for such integration and underscores the necessity of standardising training and accreditation (Botha, 2024). Collaborative models – where traditional and biomedical practitioners co-design care plans – have demonstrated promise in fostering equitable and patient-centred healthcare systems (Ilozumba et al, 2023; Jama et al, 2024). Involving patients, families and community leaders in the co-design of palliative care services will serve to ensure their cultural relevance and acceptability (Mahilall & Swartz, 2021).

Adopting a holistic bio-psycho-social-spiritual approach to palliative care is essential to responding to the complex needs of patients. This model, which reflects African cosmological views, emphasises the interconnectedness of physical, psychological, social and spiritual health Balbadhur & Gwyther, 2025). Investing in rigorous research to evaluate the impact of decolonised care models on mental health outcomes is crucial to implementing evidence-based policy and practice (Shaheen et al, 2023) successfully.

Finally, systemic reforms must prioritise mental health support as an integral aspect of palliative care. Community-based initiatives and culturally sensitive counselling services are able to mitigate stigma and improve access to care in underserved regions (Gaede & Versteeg, 2024; Khunju, 2024). Fostering partnerships between government, academia, civil society and traditional health practitioners is necessary to drive systemic change and ensure the sustainability of these reforms (WHO, 2023). Coupled with infrastructural improvements such as mobile healthcare units, these efforts can bridge persistent gaps in service delivery and ensure equitable access to palliative care for all South Africans.

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