



Acta Medicinae et Sociologica (2026)  
Vol. 17. No. 42. (262-288)

doi:

<https://doi.org/10.19055/ams.2026.05/29/12>

UNIVERSITY OF  
DEBRECEN  
FACULTY OF  
HEALTH SCIENCES  
NYÍREGYHÁZA

## Overcoming Culture and Religion as Organ Donation barriers in South Africa: A Scoping Review

### Szervdonáció érdekében túljutni a kultúra és vallás akadályain Dél-Afrikában: Áttekintő tanulmány

Tawanda Chipere<sup>1</sup> and Saajida Mahomed<sup>2</sup>

<sup>1</sup>PhD Candidate, University of KwaZulu-Natal, College of Health Sciences, Nelson R. Mandela School of Medicine, 719 Umbilo Road, Umbilo, Durban, South Africa;  
[ORCID: 0000-0002-7878-5042](https://orcid.org/0000-0002-7878-5042)

<sup>2</sup>Medical Doctor, University of KwaZulu-Natal, College of Health Sciences, Nelson R. Mandela School of Medicine, 719 Umbilo Road, Umbilo, Durban, South Africa;  
[ORCID: 0000-0001-7095-9186](https://orcid.org/0000-0001-7095-9186)

#### INFO

**Tawanda Chipere**  
tawatc01@aol.com

#### Keywords

Organ donation,  
religion,  
culture,  
South Africa

#### ABSTRACT

Organ donation in South Africa is limited, leading to organ shortages. This scoping review collates recommendations addressing culture and religion as organ donation barriers. Culture and religion are cited barriers to organ donor registration and may explain individuals' desire to donate but reluctance to register as a donor. Studies focusing on South Africans offering culturally and religiously relevant strategies were included. Experimental, observational, qualitative and review studies about organ donation in South Africa were included. Non-scientific sources were excluded. Scopus, SciELO, PubMed, Sabinet, Google and Google Scholar were searched up to January 2026. 28 articles (1990 to 2022) were selected. Thematic analysis identified recommendations and recurring themes. Recommendations varied by religion: ancestral appeasement for African communities, mosque-based education for Muslims, biblical emphasis for Christians and karma/generosity for Hindus and Buddhists. Themes included family-centred approaches, education on brain death, engaging religious leaders and integrating donation into school curricula. Donation education in schools can foster generational attitude shifts.

**Kulcsszavak**  
szervdonáció,  
vallás,  
kultúra,  
Dél-Afrika

A szervdonáció Dél-Afrikában csekély, ami hiányhoz vezet. Jelen áttekintő tanulmány olyan ajánlásokat gyűjt össze, melyek a kultúrát és a vallást említik meg a szervdonáció akadályának. A kultúrát és a vallást nevezik meg akadályozó tényezőként a szervdonor regisztráció kapcsán, ami talán magyarázatot ad arra, hogy vágyaival ellentétben az egyén

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miért vonakodik attól, hogy szervdonornak regisztráljon. Ez az írásmű dél-afrikaiakkal foglalkozó tanulmányokat térképezett fel, melyek kulturális és vallási szempontból kínálnak releváns stratégiákat. A nem tudományos tanulmányokat kizártuk. Áttekintettük a Scopus, SciELO, PubMed, Sabinet, Google and Google Scholar megjelenéseket 2006 januárral bezárólag. Mintegy 28 tanulmány került kiválasztásra az 1990-2022 időszakból. A témaelemzés ajánlásokat és visszatérő témákat azonosított be. A javaslatok az alábbi hitek szerint változnak: afrikai közösségek ősi lecsendesítése, muszlimok képzése a mecsetben, bibliaközpontúság a keresztények számára, és nagylelkűség a hinduk és buddhisták számára. A témák a következőket foglalták magukba: családközpontú megközelítés, képzés az agyhalálról, vallási vezetők bevonása, és szervdonációra vonatkozó ismeret beépítése az iskolai tantervbe. A szervdonációra vonatkozó ismeret átadása elősegítheti a generációs attitűdváltást.

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Beérkezett: 2026.03.15

Bírálat: 2026.04.30

Elfogadva: 2026.05.25

## **Introduction**

Organ transplantation is defined as the surgical transfer of a functional organ, tissue, or cell from a donor to a recipient for therapeutic and/or function restoration purposes (Lal & Giri, 2019). Organ transplants can be classified based on medical necessity: life-saving transplants (liver, heart, and lung), without which recipient survival is not possible; and quality-of-life-improving transplants (kidney, pancreas), which enhance functional capacity and reduce medical burden (Black et al., 2018; Han & Sutherland, 2010). South Africa became the first African country to perform an organ transplant in 1966, when doctors Thomas Starzl and Bert Myburgh performed a kidney transplant at a Johannesburg hospital. The following year, South Africa achieved a historic milestone when surgeon Christiaan Barnard performed the world's first heart transplant at a Cape Town hospital (Wilhelm et al., 2020). In addition, South Africa has contributed to global transplant knowledge by pioneering kidney transplantation between a Human Immuno-deficiency Virus (HIV) positive donor-recipient pair (2008); penis transplantation (2016); and HIV positive living organ donation (2017) (Botha et al., 2019; Crymble et al., 2017; Muller et al., 2010; Pentecost & Cousins, 2019).

Despite South Africa's pioneering transplantation successes, the country struggles with inadequate organ supply. This is a global problem and the World Health Organization (WHO) Global Observatory on Donation and Transplantation (GODT) data from 2024 estimated that although 173 727 people received a transplant in that year, this figure represents less than 10%

of the global need and the majority of patients were unable to receive a transplant owing to organ shortages (Global Observatory on Donation and Transplantation, 2025; Solez et al., 2018).

Transplant activity is lower in South Africa relative to countries with comparable economic capacity, such as Lebanon, Egypt, Tunisia and Paraguay (Moosa, 2019). The rate of transplanted kidneys in the country which was 55% of all patients on renal replacement therapy in 1994, plummeted to 20.7% by the end of 2020 (Davids et al., 2022). The current burden of patients requiring organs for transplantation is unclear, with the South African Department of Health stating in 2022 that 2780 patients were on the waitlist, whilst the Organ Donor Foundation statistics in the same year suggested the number was at 5000 patients (Government, 2023; Organ Donor Foundation, 2023). The authors could not identify 2025 data on exact numbers of people on the waiting list from any of the official websites, suggesting inadequate tracking and reporting of this data. Only 0.2% of the country's population are registered organ donors and it is likely that organ shortages will progressively worsen over time owing to low donation rates (Moosa, 2019).

The plague of low donor numbers has prompted extensive research within South Africa to investigate organ donation barriers. Multiple factors have been identified, ranging from a lack of public education and awareness pertaining to the importance of organ donation, to national health systems and policies which do not prioritize organ donation (Berzelak et al., 2019; Hill, 2016; Kämäräinen et al., 2018; Reese et al., 2020). Barriers to organ donation ultimately vary depending on the population under study and this review focuses on South Africa, with the aim of unearthing solutions which are relevant to the country.

South Africa has a population of 63.1 million people according to the 2025 mid-year population estimates, with a racial breakdown of 81.8% black, 8.4% coloured, 7.1% white, 2.5% Indian/Asian and the remaining 0.2% of the population is unclassified (Statistics South Africa, 2025). Organ donation is mainly fuelled by the minority white population (H. R. Etheredge et al., 2013). Surveys conducted within the urban and rural black populations have revealed positive attitudes towards organ donation, with 70% and 72% of respondents expressing willingness to donate their organs in two separate studies (Bhengu & Uys, 2004; Moosa, 2019). However, 82% of families withhold consent for organ donation of their family member when approached by healthcare workers (Moosa, 2019). Overwhelmingly, culture and religion have been

identified by research as the main reasons why South Africans support organ donation but refuse to donate their own organs or permit donation of their relatives' organs (Bookholane et al., 2020; Moosa, 2019; Muller et al., 2015; Thomson, 2017).

Although culture and religion are fundamentally different societal constructs, they are intertwined owing to grey areas regarding their perception and definition. Culture refers to a combination of shared traditions, rituals, customs, heritage, values, meanings and ideas, some or all of which derive their origins from religion (Wray et al., 2022). Culture is associated with an individual's race and these terms are often used as a proxy for one another (Wray et al., 2022).

Religion is defined as a sentiment of learned behaviours and social expressions which reflect cultural values that centre around a higher being or superior power (Paul Victor & Treschuk, 2020). In South Africa the major religion is Christianity (81%), followed by Islam (1.7%), Hinduism, Judaism, Buddhism and African traditional believers collectively comprise less than 4% of the population, while 15% of the population have no religious affiliation (Shunmugam, 2024). Evidence suggests that belief-centred campaigns may enhance organ donation rates and with over 85% of South Africans aligned to religious beliefs, it is plausible that approaches cognisant of beliefs and cultural values are required to improve organ donor registration in the country (Khoshravesh et al., 2019). South Africa's predominant religion, Christianity, supports organ donation through the theological principles of brotherly love, generosity and altruism (Doerry et al., 2022; Oliver et al., 2012). This raises an important question regarding how religious beliefs are interpreted in ways that contribute to the observed reluctance to register as organ donors.

A preliminary search of MEDLINE and JBI Evidence Synthesis failed to identify existing or underway systematic reviews or scoping reviews similar to this research. Scoping review methodology was selected as the research method is suited to studies which seek to identify and examine key characteristics related to a concept - in this case, key recommendations for overcoming cultural and religious barriers to organ donation. The methodology accommodates a wide range of data sources and encompasses the corresponding heterogeneity in aims and study methods which are inherent when a large data set is considered, making it ideal for this research.

The objective of this scoping review was to collate recommendations from literature which focus on addressing cultural and religious barriers to organ donation in South Africa.

### **Review question**

What are the recommendations for overcoming culture and religion as barriers to organ donation in South Africa?

### **Eligibility criteria**

#### **Participants**

Studies on South Africans and all adults living in South Africa were included in the review. Participants were old enough to donate their organs and of a mental capacity enabling them to voluntarily donate their organs.

#### **Concept**

Focus was made on recommendations to overcome barriers to deceased organ donation in South Africa by both individuals and families.

Barriers to organ donation are factors which make people decide to keep their organs after they die by not signing an organ donor register during their lifetime. They also include reasons resulting in refusal by individuals and families for healthcare workers to harvest organs from their brain-dead relatives. Harvesting organs after a person has passed away for the purposes of giving them to a patient in need is known as deceased organ donation.

For this study organ donation barriers excluded reasons for refusal to donate organs whilst alive, such as donating a kidney or part of the liver, also known as living organ donation. This type of donation is governed by different dynamics influencing people's decisions and is not within the scope of this review.

## **Context**

Recommendations for encouraging deceased organ donation were required to target South Africans who subscribe to a particular religion and/or culture for them to be included in this review.

## **Types of Sources**

This scoping review considered all study types, namely experimental; quasi-experimental; analytical and descriptive observational studies for inclusion. Evidence from national websites affiliated with organ donation was reviewed.

Studies focused on qualitative data were considered including designs such as phenomenology, grounded theory, ethnography and qualitative description.

Systematic reviews and opinion papers meeting the inclusion criteria were also considered for inclusion in this scoping review.

## **Methods**

Reporting adhered to the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018). In addition, reporting guidance was sought from the JBI methodology for scoping reviews (Peters et al., 2020).

## **Search strategy**

The search strategy aimed to locate both published and unpublished studies. An initial limited Google Scholar search was undertaken to identify articles on the topic using the keywords: organ donation, culture, religion, and South Africa. Boolean operators were utilized as necessary to ensure that retrieved articles were relevant to the topic under study. Text words contained in the titles and abstracts of relevant articles and the index terms used to describe the articles were used to develop a full search strategy for Scopus, SciELO, PubMed and Sabinet (Appendix 1). The search strategy and identified keywords and index terms were adapted for each included database and information source. Reference lists of included sources of evidence were screened for additional studies. In addition to the four scholarly databases mentioned above Google Scholar, the South African National Department of Health website and the Organ Donor Foundation website were also searched for information. The search was conducted from the 3<sup>rd</sup> of January 2026 and concluded on the 31<sup>st</sup> of January 2026.

All studies published in English were included, without date restrictions. Studies which were not published in English, without certified English translations were not included in the review.

### **Study selection**

Following the search, identified citations were collated and uploaded into Mendeley Reference Manager 2.142.0 (2026) and duplicates removed. PRISMA-ScR guidelines were utilized during study selection (Tricco et al., 2018). The screening criteria was piloted by randomly selecting 10% of included titles and TC and SM independently screened them for study inclusion. The obtained kappa score of 0.90 was deemed sufficient and no modification of screening criteria was necessary. Data was extracted from papers included in the scoping review by TC and SM using a data extraction tool developed by the reviewers. Discrepancies which were subsequently noted were resolved via discussion between the reviewers. Remaining titles were independently screened systematically by first reviewing article titles, then abstracts, before the full-length papers were reviewed.

### ***Inclusion and Exclusion Criteria***

Both phrases “South Africa” and “organ donation” and either or both of the key words “culture” or “religion” were required to appear in the text of the article for it to be included. The population under study was South African residents who were adults (over the age of 18) capable of consenting to organ donation. After full-length articles were retrieved, only articles suggesting recommendations for increasing organ donation that were specific to one or more South African cultures and/or religions were included in the review. Articles with recommendations for promoting organ donation which considered the complexities and nuances of communities, but failed to mention a specific religion or culture were also included for comprehensiveness. Articles were excluded if their study populations were not South African; if they failed to make recommendations for how the organ donor shortages in the country should be addressed; and if recommendations for improving organ shortages were not cognisant of either culture or religion or both.

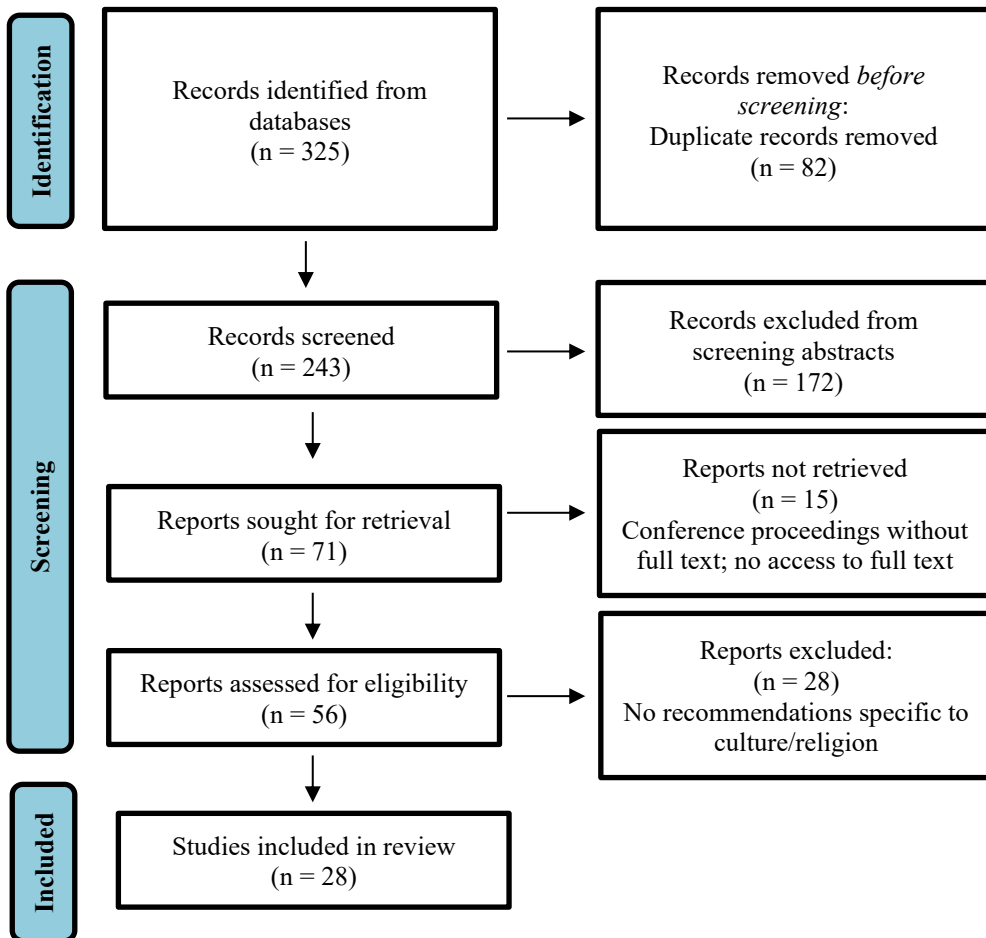
### **Results**

A total of 325 records were identified from searching electronic databases and information sources. After removing 82 duplicates, 243 records remained.

Screening titles and abstracts was done independently by both reviewers and resulted in the exclusion of 172 records. The remaining 71 records were selected for download so that the full-length articles could be scrutinized, however, 15 of these could not be retrieved as they were either conference proceedings without full length articles, or the authors could not gain access to the full article. Reading the 56 remaining full-length papers and assessing for eligibility resulted in the selection of 28 articles for inclusion in the final review.

Below is a PRISMA-ScR flow chart outlining the search and selection process:

**Figure 1.: PRISMA-ScR flow diagram (Page MJ et al., 2021)**



**Data Extraction**

The data extracted from included studies was as follows: study aims and objectives; population size, age, sex and race; research approach; religion/culture examined; and study conclusions. The data extraction form is provided (Appendix 2).

**Data Analysis and Presentation**

Included studies utilized varying research approaches, with the most common being interviews, which were utilized in 8 studies. Six studies used a literature search methodology, 5 used questionnaires and there were 2 surveys. Quasi-experimental methodology, focus groups and retrospective descriptive study methodologies were used in one study each. Ages of the participants varied from 18 to 80 years. Christianity was mentioned in 10 studies, while African traditional beliefs were reported in 9 studies. Islam was reported in 4 studies, Hinduism in 3, Buddhism in 2 and Judaism and Jewish religions in one study each. The racial distribution discussed in the included studies is as follows: 17 studies mentioned recommendations for increasing donation within the black communities, 4 studies addressed the white community, and the Indian and Coloured communities were addressed by one study each. The total number of respondents included in the scoping review is at least 8374 people. The studies included in this review are as shown in Table 1 below:

**Table 1.: Studies included in the review**

Author & Year	Study Design	Population (n; Age, Sex, Race/Ethnicity)	Religion/Culture Examined	Key Barriers Addressed
Ali 2019	Literature review	N/A (53 articles)	Islam	Lack of religious rulings; divided scholarly opinions; body integrity
Allorto 2015	Survey	150; ≥20 yrs; 119F/31M; African	Not specified (general cultural)	Cultural completeness in afterlife; religious objections
Bhengu 2004	Semi-structured interviews	48; Mostly >50 yrs; Sex NR; African	Zulu	Lack of knowledge; ancestral haunting; predestination
Bookholane 2020	Prospective descriptive	83; Families (varied)	Not specified	Family decision-making; perceptions of donation
Buthelezi 2011	Quasi-experimental (pre/post-test)	18; 18-25 yrs; 9F/9M; Black	Black South African	Family beliefs; religious interpretations
Crymble 2017	Questionnaire	273; Mostly <50 yrs; Sex NR	Christian/African traditional	Personal beliefs; cultural ethnicity
Crymble 2017b	Questionnaire	273; Mostly <50 yrs; Mostly F	Christian/African traditional	Religious stance; traditional beliefs
Dayal 2022	Retrospective cohort	1,208; ≥18 yrs; 57.4% F; 52% Black, 39% White	Black	Self-sacrifice norms
De Gama 2020	Interviews + focus group	13; ≥40 yrs; 11M/2F; Black	Zulu	Transition to ancestry; cultural immutability
Dimo 2018	Unstructured interviews	21; NR; Black	Zulu/Christian	Ancestral identification; taboo discussions
Dimo 2020	Literature review	N/A	Not specified	Ancestral recognition; misfortune associations
Dimo 2021	Semi-structured interviews	30; ≥20 yrs; NR; Black	Muslim/Christian/Jewish/Buddhist/Hindu/Traditional	Body ownership; cultural prohibitions
Etheredge 2013	Structured questionnaire	1,048; NR; 667 Black, 187 White	Not specified	Language barriers; ancestral displeasure

<b>Etheredge 2014</b>	Structured questionnaire	3,173 (combined); NR; Black/White	Black/White	Demographic shifts in willingness
<b>Fouche 2019</b>	Literature review	N/A	Catholic/Jehovah's Witness/Greek/Islam Orthodox/Buddhist/Hindu	Lack of ritual knowledge; journey to afterlife
<b>Gidimisana 2016</b>	Questionnaire	268; ≥21 yrs; 90% F; Black (96% Xhosa)	Xhosa/Christian	Ancestral approval; ritual interference
<b>Hawkins 2017</b>	Literature review	N/A	Christian/Islam/Hindu/African traditional	Reincarnation fears; consent requirements
<b>Kometsi 1999</b>	Semi-structured interviews	10 families; Varied; Black	Xhosa	Time for acceptance; ancestral integrity
<b>Lubbe 2019</b>	Focus groups	41; 25-64 yrs; F; Black	Setswana	Trait inheritance; racial preferences
<b>Makhutsisa 2021</b>	Structured questionnaire	300; NR; Mostly Black	Black	Cultural body integrity; family influence
<b>Mokabane 2020</b>	Semi-structured interviews	15; 20-59 yrs; 6F/9M; Black (Sepedi/Ndebele)	Black African	God's will; ancestral completeness
<b>Moropa 2019</b>	Semi-structured interviews	12; 50-80 yrs; 50% F; African	Pedi	Family consent; ancestral/god's will
<b>Muthivhi 2015</b>	Focus groups	97; 16-50 yrs; 35% F; Black	Black	Incentives; school targeting
<b>Muwanga 2018</b>	Literature review	N/A	Christian/Islam/Judaism/Hindu/Buddhist/African	Misconceptions; cremation desires
<b>Nadvi 2019</b>	Literature review	N/A	Islam	Legal/religious alignment
<b>Pike 1990</b>	Retrospective records	368 families; NR	Not specified	Age/suicide influences on consent
<b>Pike 1993</b>	Interviews	2,750; ≥18 yrs; 1,750F/1,000M; White/Black	White/Black (rural/urban)	Organ-specific beliefs; family communication
<b>Van den Berg 2005</b>	Questionnaire	67; 28-67 yrs; 9% F; 59% White, 39% Black	Christian (Baptist)	Church guidance; resurrection wholeness

NR = Not reported; F = Female; M = Male.

Thematic analysis of extracted data yielded recommendations tailored to specific religions and cultures, emphasizing sensitivity to beliefs about death,

the afterlife, and altruism. These are presented in Table 2, with frequencies indicating the number of studies supporting each theme.

**Table 2.: Synthesized Recommendations by Religion/Culture**

Religion/ Culture	Key Recommendations	Supporting Studies (n)
<b>African Traditional Beliefs (e.g., Zulu, Xhosa, Pedi)</b>	<ul style="list-style-type: none"> <li>- Encourage ritual sacrifices (e.g., animal slaughter) to appease ancestors post-donation.</li> <li>- Involve traditional healers in brain death diagnosis and myth debunking (e.g., regarding heart/kidneys).</li> <li>- Approach entire families for consent, allowing extended time (24h-1 week) and including adult females.               <ul style="list-style-type: none"> <li>- Target community groups (e.g., burial societies, stokvels, churches) with donor/recipient testimonials.</li> </ul> </li> <li>- Host open days at transplant units for cost comparisons and Q&amp;A by community members.</li> <li>- Use face-to-face campaigns in rural areas, translated materials, and local languages.</li> </ul>	Bhengu 2004; De Gama 2020; Dimo 2018, 2020, 2021; Gidimisana 2016; Kometsi 1999; Mokabane 2020; Moropa 2019 (n=9)
<b>Christianity (including Baptist, Catholic)</b>	<ul style="list-style-type: none"> <li>- Cite Bible verses promoting life extension and altruism (e.g., second chances, Christian love).</li> <li>- Highlight papal support (Pope as a donor) and church positions on bodily resurrection without wholeness.</li> <li>- Involve church elders and pastors in awareness campaigns and guidance.               <ul style="list-style-type: none"> <li>- Emphasize donation as a grieving aid and demonstration of love.</li> </ul> </li> </ul>	Buthelezi 2011; Crymble 2017a,b; Fouche 2019; Hawkins 2017; Muwanga 2018; Van den Berg 2005 (n=7)
<b>Islam</b>	<ul style="list-style-type: none"> <li>- Promote mosque-based education and campaigns, clarifying rulings (e.g., lesser evil principle for deceased donation).</li> <li>- Address divided scholarly opinions via expert involvement.</li> <li>- Ensure family involvement and consent between Muslims.</li> </ul>	Ali 2019; Dimo 2021; Hawkins 2017; Muwanga 2018; Nadvi 2019 (n=5)
<b>Hinduism/ Buddhism</b>	<ul style="list-style-type: none"> <li>- Emphasize core principles (e.g., Karma/generosity supporting donation).</li> <li>- Address cremation preferences by clarifying post-donation processes.</li> <li>- Involve faith-based organizations in promotion.</li> </ul>	Dimo 2021; Fouche 2019; Hawkins 2017; Muwanga 2018 (n=4)
<b>General/White Culture</b>	<ul style="list-style-type: none"> <li>- Consider demographics in campaigns (e.g., multilingual ads).</li> <li>- Integrate school curricula for early education.               <ul style="list-style-type: none"> <li>- Use media (e.g., talk shows, radio) with recipients' stories.</li> </ul> </li> </ul>	Etheredge 2013, 2014; Muthivhi 2015; Pike 1993 (n=4)

## Themes

### **A. Black communities.**

#### ***Ancestors and traditional healers***

To increase organ donation within black South African communities, discussions should address beliefs regarding ancestors and the body's completeness after death (Bhengu & Uys, 2004). Ritual sacrifices prior to donation may appease ancestors and educated traditional healers can assist in diagnosing brain death (Bhengu & Uys, 2004; Kometsi & Louw, 1999). Educating traditional healers on transplantable organs, especially the heart and kidneys, can dispel myths surrounding these organs (Bhengu & Uys, 2004). Traditional healers need to be knowledgeable about the importance of organ donation due to their community proximity and strong influence (Bhengu & Uys, 2004).

#### ***Families***

Black families require encouragement to have open discussions about organ donation, which is a topic that is often avoided (Allorto et al., 2015). Consent should ideally be sought from entire family units, ensuring inclusion of the matriarch and the topic should be introduced gradually (Allorto et al., 2015). Families with traditional beliefs should be encouraged to consult collectively, with the provision of sufficient time (24 hours to 1 week) for them to reach a consensus (Hawkins, 2017). Educational campaigns must be tailored to black families to improve understanding, with measures in place for reviewing effectiveness so that campaign impact can be improved over time (Buthelezi & Ross, 2011). Reassurance about bodily integrity post-donation and culturally appropriate explanations of brain death are essential (Kometsi & Louw, 1999). Emphasizing how donated organs can aid family members can further motivate donation discussions (Moropa, 2019).

#### ***Black township communities***

Targeting social groups like burial clubs and stokvels may be an effective way to introduce conversations around organ donation in a familiar and relaxed setting (Bhengu & Uys, 2004). Donor-recipient testimonials can also be initiated by township community members to encourage familiarity (Dimo, 2018). Additionally, hosting open days at dialysis centres and transplant units where knowledgeable community members answer questions may help

demystify the process (Bhengu & Uys, 2004). To modify cultural traditions, demonstrating the immediate benefits of donation and engaging familiar community figures to perform outreach instead of healthcare workers can reduce perceptions of detachment by the healthcare fraternity from the community (De Gama et al., 2020). Nurses and healthcare workers involved in organ donation should acquire an in-depth understanding of black cultural norms (Bhengu & Uys, 2004). Face-to-face educational campaigns and promoting kidney donation may assist in eliciting community buy-in, as kidneys are better understood and carry less donation stigma, unlike corneas (Bhengu & Uys, 2004; Dimo, 2018; H. Etheredge et al., 2018; Gidimisana, 2016; Pike et al., 1993). Hosting talk shows and using culturally sensitive language will further support donation efforts (Gidimisana, 2016). Presenting organ recipients publicly in a positive light can drive a cultural shift towards acceptance within the townships (Mokabane, 2020; Moropa, 2019).

### ***Disadvantaged communities***

Donor registration methods must be cognisant of illiterate individuals (Dimo, 2018). Additionally, developing organ donation centres in rural areas can ensure accessibility and engagement for lower-income black populations (Mokabane, 2020).

### ***Anatomical education***

Within black communities, brain death is generally not well understood and comprehensive education on organ function and the significance of organ donation should be provided (Bhengu & Uys, 2004; Dimo & Mulqueeny, 2021; Kometsi & Louw, 1999). Cornea donation is a subject that should be avoided amongst groups of black people who have not fully embraced organ donation, owing to stigma and diminished understanding of corneal function (H. R. Etheredge et al., 2014; Hr et al., 2013; Pike et al., 1993). Additional investigations should be conducted into how black individuals relate to specific organs and the impact of donating those organs to tailor outreach efforts effectively (Pike et al., 1993).

## **B. The Islamic community**

### ***Islamic religious leaders***

Information dissemination through religious leaders may resonate better with Muslims as they may be more receptive to organ donation suggestions from

people whose religious opinions they respect (Ali et al., 2020). Engaging Islamic scholars and Imams to create unified stances on organ donation is crucial, and it is imperative for them to discuss the topic amongst themselves (Ali et al., 2020; Hr et al., 2013). Involving Islamic experts on organ donation will ensure maximum effectiveness (Ali et al., 2020).

### ***Mosque-based education***

Organ donation should be taught in mosques to raise awareness within Islamic communities (Ali et al., 2020; SS Nadvi & M Osman-Hyder, 2021). Campaigns promoting organ donation need to be conducted at mosques to effectively reach and educate the community.

### ***Muslim families***

Family involvement is crucial in organ donation decisions for Muslims. This ensures that the decision aligns with both religious and cultural values (Ali et al., 2020).

### ***Islamic principles***

Highlight the Islamic principle of the lesser evil, which emphasizes that if organ donation is considered a sin, it is a lesser sin than allowing someone to die, which is a greater sin (Ali et al., 2020). Educate Muslims that often, organ donation is the only available treatment and there are no alternatives as some Muslims believe that if an alternate treatment exists, then it should be selected instead of organ donation (Hawkins, 2017).

## **C. The Christian community**

### ***The resurrection***

Discussions about organ donation for Christians should address the concept of reincarnation, reassuring them that donation does not impede the resurrection (Van den Berg, 2007).

### ***Different Christian denominations***

The Catholic faith does not object to organ donation and the Pope is an organ donor (Fouché, 2019; Muwanga et al., 2019). Donation messages should ideally be tailored to specific Christian faiths, addressing their unique beliefs, such as the necessity of draining all blood from organs for Jehovah's Witnesses

(Fouché, 2019). This approach ensures that organ donation is presented in a way that accommodates and respects individual faiths and beliefs.

### ***Religious leaders***

Educate influential Christian religious leaders about organ donation and encourage them to discuss it in places of worship (Van den Berg, 2007). Churches need to provide specific guidance on donation and clearly state their position (Bhengu & Uys, 2004; Dimo, 2018; Van den Berg, 2007). Recruiting Christian pastors to advocate for organ donation as an act of love can further promote acceptance within the community (Van den Berg, 2007).

### ***Christian principles***

Cite Bible verses that encourage the extension of life (Bhengu & Uys, 2004). Frame organ donation as an opportunity to give someone a second chance in life, akin to how Jesus offers Christians a second chance (Buthelezi & Ross, 2011).

### ***Grieving and donation***

Zulu-speaking chaplains should be engaged to approach grieving Zulu families about organ donation, ensuring cultural and linguistic alignment (Bhengu & Uys, 2004). Additionally, highlight the positive impact of organ donation on the grieving process for Christians, illustrating how it can bring solace and meaning to the families' loss by enhancing life for someone else (Van den Berg, 2007).

## **D. Buddhism and Hinduism**

The central Buddhist principle of generosity underscores the importance of donation as a virtuous act within the Buddhist tradition (Muwanga et al., 2019). Similarly, the principle of Karma in Hinduism reinforces the concept of donation as it relates to the law of cause and effect, wherein charitable actions lead to positive outcomes in this life or the next (Muwanga et al., 2019).

## **E. Non-specific religious and cultural recommendations**

### ***Children***

Integration of organ donation education into school curricula is essential to cultivate a culture of donation from an early age (Dimo, 2018). By incorporating organ donation into the life skills curriculum, children can be

empowered as agents of change, disseminating information and promoting awareness within their families and communities (Dimo & Mulqueeny, 2021). Utilizing children as donation advocates not only facilitates knowledge dissemination but also instils lifelong values of compassion and altruism (Dimo & Mulqueeny, 2021). This approach holds promise in shaping societal attitudes and effecting cultural change in favour of organ donation.

### ***Suicide***

Consent for organ donation tends to be more readily given in cases of death by suicide, possibly due to the stigma associated with suicide within various religious and cultural contexts (Pike et al., 1993). Donation offers families the opportunity to perceive the death as purposeful, potentially mitigating feelings of despair and providing a sense of meaning amidst tragedy (Pike et al., 1993). This suggests that organ donation may serve as a mechanism for families to reconcile the circumstances of death and find solace in the notion of altruistic contribution, despite the societal taboos surrounding suicide.

## **Discussion**

This scoping review collates recommendations for addressing cultural and religious barriers to deceased organ donation in South Africa, synthesising evidence from 28 studies published between 1990 and 2022. The findings indicate that reluctance to deceased organ donation is rooted in misinterpretation of cultural and religious beliefs and distrust embedded within social structures. Concerns centred mainly around bodily integrity, ancestral approval, resurrection and divine will. The disjunction between willingness to donate and low donor numbers underscores the need for contextually grounded interventions that move beyond generic awareness campaigns.

The predominance of studies reporting on black African populations, Christianity and African traditional beliefs, reflects the demographic population of South Africa, which has 81.8% black Africans most of whom are Christians or uphold African traditional beliefs, or a combination of the two (Brittian et al., 2013; Odey et al., 2025). Communities adhering to African traditional beliefs valued ancestral approval and bodily completeness in the afterlife. Recommendations to improve donation include engaging traditional healers, suggesting post-donation slaughter to appease ancestors and allowing extended, collective family deliberation. These findings align with anthropological understandings of personhood in many African contexts,

where the body retains symbolic significance after death (Hove et al., 2024; Shakwane & Vilakati, 2024). Ignoring these sociocultural nuances risks reinforcing perceptions of cultural insensitivity, making organ donation appear as a foreign concept, incapable of integration with African traditional beliefs. Culturally competent counselling, inclusion of matriarchal figures in consent discussions, and use of community-based groupings such as burial societies and stokvels represent pragmatic engagement strategies, a finding which aligns with global literature on indigenous and minority groups, underscoring cultural congruence as a precursor for effective health interventions (Joo & Liu, 2020). Multilingual campaigns and rural outreach are essential to tackle urban-rural disparities, while targeting schools may foster a generational attitudinal shift.

For Christian communities, organ donation hesitation was linked to beliefs regarding resurrection and bodily wholeness rather than doctrinal opposition. Collaboration with churches, quoting scriptural principles supporting altruism and life preservation and clarification of denominational positions may mitigate hesitancy. This study has found that theological clarification, in lieu of persuasion, may be sufficient in many Christian contexts, a finding echoed by Sylvester (2025) who emphasises that organ donation is supported not by explicit bible verses, but rather the Christian theologies of love and upholding the sanctity of life (Aimiehinor, 2025).

In Islamic communities, divided scholarly opinions result in doctrinal uncertainty regarding deceased organ donation. The literature recommends mosque-based education; consensus-building among Islamic scholars through engaging and educating them; and articulation of principles such as the principle of necessity, or the “lesser harm.” Islamic religious decision-making is highly centralised, necessitating structured engagement with imams and Islamic legal experts. Decision-making tends to be family-centred within Islamic communities, suggesting that interventions should target the family unit. This finding is supported by multiple studies which analysed donation decisions within Islamic communities and underscored the importance of the family unit in such deliberations (Siraj, 2024; Tahat, 2025; Vincent et al., 2024).

Within Hindu and Buddhist populations, donation was generally framed as compatible with principles of karma, generosity and compassion. Barriers appeared less doctrinal and more informational, particularly regarding cremation practices and bodily handling after death. Faith-based educational initiatives may therefore be sufficient to clarify misconceptions. This finding

is consistent with Doerry *et. al* 's 2022 study, which states that Hindus accumulate good karma by performing selfless deeds such as organ donation (Doerry et al., 2022). The same study also found that Buddhism has no strict guidelines for bioethical questions, thereby making organ donation decisions reliant on an individual's culture and other factors rather than religion (Doerry et al., 2022).

Across religions and cultures, several cross-cutting themes emerged. Knowledge deficits regarding brain death and organ function were pervasive and may contribute to perceptions that organ retrieval causes premature death. Anatomical and physiological education, delivered in linguistically appropriate formats, is essential. High family refusal rates suggest that individual willingness is insufficient without prior intra-family discussion. Campaigns promoting explicit family communication may therefore be more impactful than focusing solely on individual donor registration. Disadvantaged and rural communities require accessible registration systems, materials in local languages, and face-to-face engagement which can be facilitated at schools and clinics. Finally, early educational integration into school curricula was repeatedly recommended as a long-term strategy to normalise donation and shift intergenerational attitudes.

This review's findings suggest that cultural and religious barriers to organ donation can be mitigated through targeted, nuanced information campaigns. Opt-in donor registration systems like that used in South Africa require widespread, organised and sustained public awareness campaigns to create a social environment where organ donation is normalised and supported through multiple community channels such as schools, religious institutions, healthcare facilities and media. Such measures will likely achieve a measurable increase in the proportion of the population that supports donation in principle and actively registers as donors.

By focusing on recommendations rather than barriers, this review provides actionable direction for policymakers, transplant coordinators and religious and cultural leaders. The findings of this review can be integrated into national strategies and encourage collaborations between the department of health and faith leaders to amplify awareness, address misconceptions and build trust.

Notable gaps persist. The heterogeneity of study designs and variable methodological quality across included sources precluded formal quality appraisal, consistent with scoping methodology. In addition, limited representation of Hinduism, Judaism and non-black cultures may bias

recommendations towards black communities, overlooking nuances in coloured, Indian and white communities.

Future research should evaluate the effectiveness of culturally tailored donation communication through intervention efficiency studies. Comparative evaluation of mosque, church and community-based campaigns could clarify which delivery mechanisms produce measurable increases in registration and consent. Research exploring how specific organs are symbolically understood across cultures may also refine messaging strategies.

### **Conclusion**

This scoping review demonstrates that cultural and religious barriers to organ donation in South Africa are not insurmountable and religion is not the primary determinant of low organ donation rates. Public awareness deficits about organ donation and a lack of engagement with trusted community figures, such as religious leaders, result in the observed reluctance to donate. Opposition to deceased organ donation is rarely absolute and tends to be influenced by uncertainty, misinterpretation and sociocultural dynamics. In communities where religion provides decisive guidance and churches serve as central social institutions, religious and church leaders represent powerful agents for change. Interventions that engage religious leaders, traditional healers and family structures; provide clear education on brain death; respect ritual practices; and leverage existing community networks are likely to result in notable attitudinal shifts.

Organ donation organisations and public communication must therefore move beyond generic awareness campaigns and toward culturally tailored, faith-aligned strategies. Integrating organ donation education into schools, improving accessibility for disadvantaged communities and fostering structured dialogue within families may support sustained changes in attitudes. A coordinated national approach that partners with religious institutions and community leadership is likely essential to increase donor registration and reduce family refusal rates.

Increasing awareness and addressing cultural and religious concerns is not peripheral to transplant policy in South Africa; it is central to resolving the persistent gap between willingness to donate and actual donation.

### **Acknowledgements**

This scoping review will contribute towards the fulfilment of a doctorate degree for TC.

### **Funding**

No funding was received for this research.

### **Conflicts of interest**

There is no conflict of interest in this project.

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