



**Journal of
CONTEMPORARY
SOCIETY & EDUCATION
(JCSE)**

**ISSN: 2709-832X (Print)
2709-8338**

DOI: <https://doi.org/10.69778/2709-8338/26/5.1/EN>

Editorial note:

Faculty of Humanities Teaching and Learning Colloquium 2025 (T&L Colloquium 25) hosted by the Faculty of Humanities, North-West University, South Africa took place in Rustenburg, South Africa, from September 9-11, 2025, with a rich and stimulating programme filled with inspiring keynotes, contributed papers, workshops and panels. This bi-annual colloquium brings together educators, researchers, students, policymakers, and community practitioners. The main theme of T&L Colloquium 25 was “Reimagining the Future of Humanities Knowledge and Pedagogy: Decoloniality, Technology and the Social Justice Imperative.” This special issue of the *Journal of Contemporary Society And Education (JCSE)* contains Thirteen (13) selected papers presented at T&L Colloquium 2025. Selected contributions come from within and outside of South Africa and address a wide range of issues in humanities, decoloniality, technology and the social justice.

The introductory contribution by Tshifhiwa Ignatia Mashau provides an overview of research findings and trends related to the colloquium’s focus on the role of digital humanities and technology in supporting decolonial scholarship. The author’s article which titled “Decolonising digital health promotion in African higher education institutions: A justice-oriented literature review” develops a Digital Health Justice Framework to guide equitable and culturally responsive digital health promotion in African HEIs. A research article by Eyitayo Francis Adanlawo and Mpho Chaka follows with a discussion of emerging career pathways that foreground wellbeing and sustainable development, positioning humanities graduates as key contributors to sustainable and ethical futures. The authors identify novel professional opportunities in sectors including community engagement, policy development, and social innovation. They advocate for an expanded employability paradigm that integrates humanistic knowledge with sustainable development goals, underscoring the vital role of humanities disciplines in shaping resilient, inclusive societies.

The article by Nurain Aboo Mohammed evaluating the use of QR codes as a form of assessment in teaching and learning. The author confirms the potential of QR codes as both a useful and effective medium for assessment in educational settings. Samuel Chukwudi Agunyai and Victor Ojakorotu article “Analyzing the effect of the disconnection between the curriculum and Africa’s indigenous Knowledge on effective learning” argues that Africans’ realities still encompass indigenous knowledge on various levels that can be incorporated into the continent’s school curricula.

Other articles include: Examining the Impact of Digitalization and Inequality Post Covid -19 In Africa by Phuti Ignatius Moloto *and* Rosinah Pillay; The Omitted Conversation: Incorporating Teacher Union Scholarship for A Transformative Educational Agenda Within the Educational Landscape. Thembinkosi Zwane Trevor, David Matsepe; Examining factors behind an achieving institution: A scenario of secondary schools in Limpopo Province by Ngwako Solomon Modiba; Assessing the role of the COVID-19 catch-up recovery programme on learner performance in EFAL by Vele RJ, Tshikota and TM Badugela; Entrepreneurial Education and Sustainable Entrepreneurship Advancing Sustainable Development Goals in South Africa Through Small Businesses by Lazarus, M. and Beharry-Ramraj, A; Mitigating Grammatical

Ambiguity In English Prepositional Phrases At Dzindi Circuit Secondary School, South Africa by Farisani Thomas Nephawe; Exploring the Usage of Metadiscourse in Research Proposals Written by Honours Students by Mzamani Steven Khosa and Ernest Kwesi Klu; and Population Ethics and its implication for Developing Countries by Onwe Peter S. and Kelechi Johnmary Ani. Policy Windows and Missed Opportunities: An Institutional Analysis of How Teacher Unions Influence (or fail to influence) National Educational Policy Formulation by Zwane Thembinkosi Trevor, Matsepe David.

Editor,

Prof. Mpho Chaka

North-West University, South Africa.

Table of Content

1. Decolonising digital health promotion in African higher education institutions: A justice-oriented literature review Tshifhiwa Igetia Mashau	6
2. Emerging Career Pathways for Humanities Graduates: Integrating Wellbeing and Sustainability Mpho Chaka & Eyitayo Francis Adanlawo	26
3. Evaluating the Use of QR Codes as a Form of Assessment in Teaching and Learning Nurain Aboo Mohammed	38
4. Analyzing the effect of the disconnection between the curriculum and Africa's indigenous Knowledge on effective learning Samuel Chukwudi AGUNYAI & Victor OJAKOROTU	55
5. Examining the Impact of Digitalization and Inequality Post Covid -19 in Africa Phuti Ignatius Moloto, Rosinah Pillay	69
6. Examining factors behind an achieving institution: A scenario of secondary schools in Limpopo Province Ngwako Solomon Modiba	78
7. Assessing the Role of the COVID-19 Catch-Up Recovery Programme on Learner Performance in EFAL Vele RJ, Tshikota SL & TM Badugela	95
8. The Omitted Conversation: Incorporating Teacher Union Scholarship for A Transformative Educational Agenda Within the Educational Landscape. Thembinkosi Zwane Trevor, David Matsepe	112
9. Entrepreneurial Education and Sustainable Entrepreneurship Advancing Sustainable Development Goals in South Africa Through Small Businesses Lazarus, M. and Beharry-Ramraj, A	131
10. Mitigating Grammatical Ambiguity In English Prepositional Phrases At Dzindi Circuit Secondary School, South Africa Farisani Thomas Nephawe	152
11. Exploring the Usage of Metadiscourse in Research Proposals Written by Honours Students Mzamani Steven Khosa and Ernest Kwesi Klu	165

12. Population Ethics and its implication for Developing Countries
Onwe Peter S. and Kelechi Johnmary Ani 177
13. Policy Windows and Missed Opportunities: An Institutional Analysis of How Teacher Unions Influence (or fail to influence) National Educational Policy Formulation
Zwane Thembinkosi Trevor, Matsepe David 187

DOI: <https://doi.org/10.69778/2709-8338/26/5.1/a1>

DECOLONISING DIGITAL HEALTH PROMOTION IN AFRICAN HIGHER EDUCATION INSTITUTIONS: A JUSTICE-ORIENTED LITERATURE REVIEW

Tshifhiwa Ignatia Mashau

Department of Inclusive Education, University of South Africa

mashati@unisa.ac.za

Orcid: <https://orcid.org/0000-0002-4212-7857>

Abstract

Digital technologies are increasingly central to higher education globally, yet their integration into health promotion in African higher education institutions (HEIs) often reproduces structural, cultural, and epistemic inequalities. While digitalisation has expanded access to health education, it remains shaped by colonial legacies, linguistic hierarchies, and externally controlled technological infrastructures. This conceptual paper develops a Digital Health Justice Framework to address these challenges and guide equitable and culturally responsive digital health promotion in African HEIs. Drawing on a critical synthesis of four key elements, literature, digitalisation, health promotion, equity, and digital divides, Critical Digital Pedagogy (CDP) and Decolonial Theory, the paper integrates micro-level pedagogical approaches with macro-structural analyses. Five interrelated pillars are articulated: inclusive access, culturally responsive pedagogy and linguistic justice, epistemic plurality, participatory co-design, and digital sovereignty. Together, these pillars offer a multidimensional framework that stresses agency, culture, and power in digital health education. The paper argues that without intentional pedagogical transformation and structural reform, digitalisation risks perpetuating existing inequities. By contrast, adopting a digital health justice lens enables HEIs to become active producers of contextually relevant, equitable, and sovereign digital health promotion. This framework contributes to both the theoretical advancement of digital justice debates and the practical transformation of health promotion in African higher education. This paper contributes to educational theory by integrating decolonial and pedagogical lenses to inform digital health promotion strategies in higher education.

Keywords: Digital health justice; Higher education; Decolonial theory; Critical digital pedagogy; Health promotion; Africa.

1. Introduction

The assimilation of digital technologies has become fundamental to teaching, learning, and health promotion in higher education institutions (HEIs) globally Suarez-Reyes et al., (2019). Nevertheless, according to Nel (2025), higher education institutions (HEIs) encounter significant challenges in efficiently preparing students to navigate and

complete their degree programs. In Africa, universities perform a critical role as the focal point of knowledge and providers to the well-being and progress of students. These institutions facilitate the integration of academic learning with social, psychological, and health-related development (World Health Organization [WHO], 2021; UNESCO, 2021). The inclusion of

digital technologies in higher education accelerated during the COVID-19 pandemic UNESCO, (2020), allowing innovative practices to health education, wellness support, and student engagement (Czerniewicz et al., 2020; UNESCO, 2020; Czerniewicz & Rother, 2018). Moreover, this digitalisation attempt has also been emphasised and, in some cases, exacerbated existing inequalities in access, cultural representation, and epistemic inclusion (Abimbola & Pai, 2020; Kwet, 2019; Smith & Nkosi, 2022). This connection between digital innovation and continued inequities highlight the need to critically investigate how digital health and education depictions are structured and whose viewpoints they benefit within African higher education frameworks.

The West African proverb, “Until the lion tells the story, the hunter will always be the hero,” suggests the difficulties of digital health justice in African HEIs. For decades, the depictions and technological infrastructures related to education and health promotion have been largely designed by researchers and institutions outside Africa. Platforms, curricula, and educational content are often designed outwardly, establishing epistemologies and pedagogical frameworks that mainly exhibit Eurocentric biomedical traditions (Mbembe, 2020; Adanlawo & Chaka, 2022). Consequently, African students regularly participate in digital health initiatives where their languages, traditional health systems, and lived experiences are marginalised or overlooked (Makgoba, 2020; Mazrui, 2021).

1.1 Problem statement

The adoption of digital platforms within African Higher Education Institutions (HEIs) is often promoted as an efficient and cost-effective strategy to enhance access to health promotion and wellness services. However, this promise is undermined by two interrelated categories of barriers, that is structural and epistemic. Structural barriers include inconsistent internet connectivity, high data costs, unreliable electricity and limited access to digital devices particularly in the rural and low-income communities (Babalola & Genga, 2024; Mwansa, Ngandu, & Mkwambi, 2025; Sithole & Mbukanma, 2024). For example, student in remote areas often rely on prepaid mobile data which restricts their ability to engaged with online health resources consistently. These infrastructural limitations transform digital platforms from tools of empowerment into sources of exclusion.

Epistemic barriers, on the other hand, manifest through linguistic dominance, the marginalisation of indigenous knowledge systems, and the prevalence of biomedical paradigms in digital health content (Orjinta & Mbah, 2022; Ahairwe, 2023; Ndlovu, 2023). For instance, most digital health materials are delivered in English or French, sidelining African languages and traditional health narratives. This not only limits comprehension but also delegitimises culturally rooted understandings of health and well-being (Sekalala & Chatikobo, 2024; Kwet, 2019). Together these barriers shift digitalisation from being a

transformative solution to a mechanism that reinforces existing power dynamics. According to Abimbola et al., (2021) to dismantle the oppressive powers of colonisation would require more than one group of people demanding change. In essence Abimbola et al, (2021), concurs that its only marginalised people who should determine the conditions of engagement in the contexts and that they disadvantaged people are the experts of their own lives. Without intentional efforts to address both structural and epistemic exclusions, digital health promotion risks becoming inclusive in appearance but exclusive in substance (Xaba et al., 2025; Abimbola & Pai, 2020).

1.2 Rationale and significance

This conceptual paper argues that African HEIs stand at a crossroads where they can either continue importing digital platforms and pedagogies that perpetuate colonial legacies under the guise of modernisation, or they can reimagine digital health promotion through justice-oriented frameworks that centre equity, cultural relevance, and epistemic plurality (Chigona, 2021). As HEIs strive to fulfil the Sustainable Development Goals (SDG 3: Good Health and Well-being; SDG 4: Quality Education), they must critically examine how digital technologies can empower students rather than just deliver content (UNESCO, 2021; WHO & UNICEF, 2021).

Existing scholarship highlights the potential of digital health initiatives to expand reach and flexibility (Mtebe & Raisamo, 2019). However, research

also shows persistent divides along socio-economic, linguistic, and geographic lines (Czerniewicz & Rother, 2018; Musonda & Mwansa, 2021). These divides are not merely infrastructural; they are rooted in colonial histories, global technology dependencies, and epistemic hierarchies (Mbembe, 2020). Without critical intervention, digital health promotion risks being “inclusive” in appearance but exclusive in substance.

1.3 Aim and contribution

This paper aims to develop a Digital Health Justice Framework that promotes equitable and culturally responsive digital health initiatives in African higher education institutions. It makes a threefold contribution: First, it synthesises four components; digitalisation and health promotion, equity and digital divides, Critical Digital Pedagogy, and Decolonial Theory establishing the foundations of digital health justice. Second, it integrates Critical Digital Pedagogy with Decolonial Theory to create an analytical lens connecting micro-level pedagogical practices with macro-level structural and epistemic conditions. Third, it develops a five-pillar framework that includes inclusive access, culturally responsive pedagogy and linguistic justice, epistemic plurality, participatory co-design, and digital sovereignty. This framework contributes to the discourse on digital justice and guides the transformation of health promotion initiatives in African higher education. These contributions position the paper at the intersection of educational theory, health promotion, and decolonial scholarship, providing a

framework for reimagining digital health in African universities.

2. Literature review and conceptual framing

The digitalisation of higher education has garnered extensive scholarly attention globally, with the COVID-19 pandemic accelerating pre-existing trends (Czerniewicz et al., 2020; Czerniewicz & Rother, 2018). Researchers have examined not only the technological and pedagogical shifts caused by the transition to online education but also the significant social, cultural, and epistemological ramifications (Abimbola & Pai, 2020; Kwet, 2019). In African higher education institutions (HEIs), which are vital for intellectual development and health advocacy, digitalisation presents both opportunities and challenges (WHO, 2021; UNESCO, 2021).

This section reviews four key aspects of the existing literature that form the conceptual basis for the Digital Health Justice Framework:

- The intersection of digitalisation and health promotion within HEIs,
- Considerations of equity and justice in digital learning,
- Principles of Critical Digital Pedagogy, and
- Tenets of Decolonial Theory.

These elements intersect to illuminate both structural inequities and transformative potentials within African higher education.

2.1 Digitalisation and Health Promotion in Higher Education

Higher education institutions (HEIs) are increasingly recognised as vital "healthy settings" that support students' physical, mental, and social well-being alongside their academic pursuits (World Health Organisation, 2021). Digital technologies play a key role in this by enabling large-scale delivery of health education, wellness information dissemination, virtual counselling services, and peer support networks. During the COVID-19 pandemic, universities across Africa rapidly adopted digital platforms to sustain health promotion programs (Eze et al., 2018). For instance, the University of Ghana launched a mobile health (mHealth) initiative that provided students with mental health resources via WhatsApp and SMS, reaching over 10,000 students in under six months (Asare & Nkrumah, 2021). Similarly, in Nigeria, tertiary institutions used USSD-based platforms to deliver sexual health education to students without smartphones, ensuring inclusivity despite infrastructural limitations (Nkomo & Adanlawo, 2024; Adeoye et al., 2020).

In South Africa, digital learning environments such as Moodle and institutional LMS platforms were adapted to include wellness modules, peer support forums, and links to telehealth services (Czerniewicz & Rother, 2018). These innovations illustrate digitalisation's potential to enhance access and continuity in health promotion initiatives. However, this potential is unevenly realised, since students in rural areas and low-income

households often face unstable internet connectivity, lack of devices, and high data costs (Musonda & Mwansa, 2021). For example, a study in Limpopo Province found that 63% of students relied on prepaid mobile data, which limited their ability to access health content consistently. Additionally, students with disabilities reported that most digital platforms lacked screen reader compatibility and closed captioning, excluding them from wellness resources. Moreover, digital health content is often monolingual, primarily in English or French, and adheres to Eurocentric biomedical frameworks. This limits its relevance for students whose health beliefs are shaped by indigenous knowledge systems (Makgoba, 2020; Mazrui, 2021). Thus, while digitalisation has expanded access to health promotion resources, it has not ensured equity or epistemic inclusion.

2.2 Equity, justice and digital divides

The initial research on the digital divide focused on first-level divides, measuring physical access to technology and the internet. Over time, this discourse evolved to include second-level divides, addressing digital skills and literacy, and third-level divides, examining outcomes from technology use (van Dijk, 2020). In African higher education institutions (HEIs), these divides intersect with structural inequities related to geography, socioeconomic status, language, and historical legacies (Czerniewicz & Rother, 2018; UNESCO, 2021). The dominance of English and French marginalises African languages and cultural

frameworks in health and well-being dialogues (Smith & Nkosi, 2022; Mazrui, 2021).

Additionally, questions regarding technological hegemony and data governance arise. Many African universities rely on imported platforms like Google Classroom and Microsoft Teams, influenced by external stakeholders (Mhlongo & Ndlovu, 2020). This dependence represents a form of digital colonialism (Kwet, 2019), positioning African institutions as consumers rather than producers of digital technologies. Data from these platforms often transfers to servers in the Global North, raising ethical, privacy, and sovereignty concerns. Such dependencies echo colonial patterns of knowledge and resource extraction under the light of digital technologies.

These issues intersect with health promotion efforts. Digital health initiatives using imported platforms risk perpetuating inequities by prioritising biomedical narratives and marginalising Indigenous health knowledge (Makgoba, 2020). They may reinforce the dominance of urban, affluent, English-speaking students who can navigate these systems (Czerniewicz & Rother, 2018). Thus, seemingly neutral technological solutions often obscure significant cultural and epistemic exclusions, highlighting the need for frameworks that prioritise justice and inclusion.

2.3 Synthesis of literature components

The existing literature on digitalisation within higher education institutions

(HEIs) exposes a multifaceted landscape characterised by both opportunities and challenges. While digitalisation enhances accessibility, it concurrently has the potential to exacerbate existing inequities; it offers the promise of inclusivity yet may also perpetuate epistemic exclusions. To

systematically conceptualise these complex dynamics, Table 1 presents a comprehensive summary of the principal themes, insights, and identified gaps across the four key elements of literature reviewed in this section.

Table 1: Summary of key literature aspects on digitalisation and justice in HEIs

Literature components	Core focus	Key insights	Gaps identified	Key references
Digitalisation & Health Promotion	Utilising digital tools to enhance access to education and wellness.	Increased accessibility and flexibility during the COVID-19 pandemic.	Unequal access and low cultural responsiveness.	WHO (2021); Adeoye et al. (2020); Brown & Czerniewicz (2021)
Equity & Digital Divides	Distribution of digital access, skills, and outcomes.	Reveals structural inequities that go beyond first-level divides	Overlooks epistemic and cultural justice.	van Dijk (2020); UNESCO (2021); Kwet (2019), Hill 2016
Critical Digital Pedagogy (CDP)	Participatory and emancipatory pedagogy in digital spaces.	Promotes empowerment, inclusion, and validation of identity.	Does not address structural dependencies on technology.	Chigona (2021) & Mutisya & Rotich (2022)
Decolonial Theory	Power, knowledge systems, and sovereignty.	Reveals colonial legacies in digital technology and education.	Operational frameworks are needed in higher education.	Mbembe (2020); Ndlovu-Gatsheni (2018)

Source: Researcher’s own design

This sequence illustrates that while each component of the literature provides valuable insights, none offers

a holistic framework for addressing the pedagogical and structural inequities inherent in digital health promotion

independently. This identified gap highlights the need for an integrative approach, prompting an exploration of Critical Digital Pedagogy and Decolonial Theory, which will be discussed in the subsequent section.

2.4 Critical Digital Pedagogy

Critical Digital Pedagogy (CDP) provides a framework for examining pedagogical dynamics in digital health education within African higher education. Grounded in Freirean principles, CDP emphasises dialogue, co-creation, and critical reflection, challenging traditional models that view students as passive recipients (Freire, 1970; Chigona, 2025). This paradigm critiques the perceived neutrality of technology, focusing on how digital environments shape relationships among learners, educators, and knowledge. A key aspect of CDP is its attention to the political and cultural dimensions of pedagogy, prompting inquiries into authority, knowledge legitimacy, and recognition of lived experiences.

Empirical studies highlight CDP's transformative potential in African higher education. Research in South Africa shows that participatory digital curricula, developed through collaborative workshops, enhance student engagement in mental health modules. A Kenyan study by Mutisya and Rotich (2022) demonstrates how digital storytelling empowers students to articulate reproductive health narratives in their native languages, increasing relevance and reducing stigma. These examples showcase CDP's ability to disrupt entrenched power dynamics by amplifying student

voices (Fraser & Honneth, 2019; Ogunyemi & Okeke, 2023). CDP goes beyond adopting interactive technologies; it calls for a critical re-examination of pedagogical relationships. Much digital health content follows a transmission model characterised by top-down, biomedical, and monolingual frameworks that uphold hierarchies between experts and learners (Makgoba, 2020). In contrast, CDP promotes horizontal relationships where students and educators collaboratively define issues and co-design solutions (Chigona, 2021). This approach is crucial in health promotion, where cultural beliefs and experiential knowledge shape behaviours and well-being (WHO, 2021).

However, CDP has limitations when viewed in isolation. Many interventions focus on micro-level classroom practices, such as participatory module design and dialogic methodologies, without addressing the macro-level structures governing digital technologies (Maphela & Adanlawo, 2025; Chigona, 2021; Mhlongo & Ndlovu, 2020). Despite adopting critical pedagogical frameworks, educators often use platforms with designs and data governance dictated by foreign corporations (Kwet, 2019). Thus, while CDP can enhance agency in constrained environments, it is insufficient alone to achieve transformative changes in the structural conditions. Addressing these conditions requires a decolonial perspective.

2.5 Decolonial Theory

Decolonial Theory rigorously interrogates enduring colonial power dynamics in contemporary epistemological frameworks, technological systems, and institutional arrangements. Scholars like Mbembe (2020) and Ndlovu-Gatsheni (2018) assert that universities are entrenched in colonial hierarchies that privilege Western languages and knowledge while marginalising indigenous epistemologies. The ongoing digitalisation exacerbates these hierarchies, as technologies are not neutral but reflect underlying assumptions shaped by their contexts of production, predominantly in the Global North (Kwet, 2019).

A critical aspect of decolonial analysis is the role of language in knowledge production. Mazrui (2021) highlights that English and French in African Higher Education Institutions (HEIs) sideline local languages, impeding discourse on culturally situated health understandings. Health promotion, particularly on sensitive topics like mental health and traditional healing, becomes vulnerable to linguistic exclusion. Digital health content in colonial languages constrains comprehension and undermines the legitimacy of indigenous epistemologies (Smith & Nkosi, 2022; Makgoba, 2020).

Epistemic plurality is integral to decolonial discourse, positing multiple valid knowledge systems, including indigenous understandings of health. These should engage in constructive dialogue rather than being subordinate to biomedical frameworks (Zulu &

Chansa, 2019). However, digital platforms often favour standardised biomedical content due to its easier distribution and oversight (WHO & UNICEF, 2021), which undermines culturally responsive health promotion and reinforces colonial hierarchies (Mbembe, 2020).

Technological sovereignty is a significant concern as African HEIs rely on imported systems for learning, data storage, and communication, perpetuating colonial economic dependencies (Mhlongo & Ndlovu, 2020). Decisions on language support and data ownership are often made by external actors, raising ethical concerns about the ownership of educational infrastructures and the interests they serve (Kwet, 2019). Decolonial theorists advocate for locally governed platforms and open-source technologies to align digital education with local priorities (Mbembe, 2020). In health promotion, decolonial approaches encourage the integration of indigenous and biomedical knowledge, the utilisation of African languages, and the localisation of technological infrastructures (Makgoba, 2020; Zulu & Chansa, 2019). The aim is to reconfigure systems to genuinely reflect African epistemologies, values, and governance structures.

2.6 Integrating Critical Digital Pedagogy and Decolonial Theory

The literature indicates that neither Critical Digital Pedagogy (CDP) nor Decolonial Theory, considered in isolation, adequately addresses the multifaceted inequities in digital health promotion within African higher

education institutions (HEIs). CDP provides a strong framework for pedagogical transformation, emphasising participatory, dialogic, and critical methodologies in digital learning at the micro level (Chigona, 2021). In contrast, Decolonial Theory focuses on structural and epistemic transformation, critically examining the macro-level systems governing language, knowledge hierarchies, and technological sovereignty that influence educational practices (Mbembe, 2020; Ndlovu-Gatsheni, 2018).

Integrating these two perspectives offers a comprehensive framework that

aligns pedagogical transformation with structural change. Critical Digital Pedagogy empowers students to engage as active agents in knowledge production, while Decolonial Theory examines the institutional and technological frameworks that facilitate or hinder such participation. This integration is particularly relevant in health promotion, which requires both pertinent content and inclusive structural mechanisms. The relationship between CDP and Decolonial Theory is encapsulated in Table 2, highlighting how their combined application can foster a more equitable and context-specific approach to digital health promotion.

Table 2: Dimensions between Critical Digital Pedagogy and Decolonial Theory

Dimension	Critical Digital Pedagogy (CDP)	Decolonial Theory	Comparison
Core concern	Transforming Pedagogy and Fostering Students' Agency.	Structural & epistemic transformation	Pedagogy and structure result in a holistic justice lens.
Scale	Micro (lecturer Hall interaction and learning)	Macro factors (institutional, technological, epistemic)	A multi-dimensional approach.
Strategies	Dialogue, co-creation, and critical reflection.	Reclaiming languages, embracing diverse ways of knowing, and asserting sovereignty.	CDP empowers agencies, while decoloniality alters the established rules.
Health Promotion implications	Enhance engagement and cultural significance.	It supports indigenous knowledge and contests biomedicine.	Improve content, teaching, and governance in HEIs together.

Source: *Researcher's own design*

The table presented above explains the convergence of Critical Disability Studies (CDS) and Decolonial Theory, offering a robust, justice-oriented framework for advancing digital health promotion within the context of higher education in Africa.

2.7 Conceptual synthesis: Toward a Digital Health Justice Framework

The integration of Critical Digital Pedagogy (CDP) and Decolonial Theory requires the development of a Digital Health Justice Framework that conceptualises justice as both pedagogical and structural. Pedagogically, justice empowers students to co-create knowledge, engage critically with content, and see their identities and experiences reflected in digital environments. Structurally, it demands a transformative reconfiguration of the linguistic, epistemic, and technological architectures that govern these spaces, ensuring they authentically represent local realities and promote epistemic plurality.

Current methodologies in digital health promotion within African higher education institutions (HEIs) often focus narrowly on technological access, neglecting these deeper dimensions (Czerniewcz & Rother, 2018; UNESCO, 2021). Such approaches risk creating symbolic inclusion while perpetuating substantive exclusion; students may access digital platforms yet remain

marginalised in terms of meaningful participation, cultural recognition, and epistemic agency (Mazrui, 2021; Smith & Nkosi, 2022). In contrast, a digital health justice lens emphasises inclusive access, culturally responsive pedagogy, epistemic plurality, participatory co-design, and digital sovereignty, comprising five foundational pillars that will be elaborated upon later. This framework aligns with global models such as the World Health Organization's (2021) Healthy Settings approach and UNESCO's (2021) advocacy for epistemic justice, while extending these concepts to address the digital and decolonial dimensions pertinent to African higher education.

This literature review critically examines four interrelated dimensions: scholarship related to digitalisation and health promotion; equity and the manifestations of digital divides; the principles of Critical Digital Pedagogy; and frameworks established by Decolonial Theory. By synthesising these two theoretical perspectives, the researcher constructs a comprehensive foundation for a Digital Health Justice Framework. CDP offers micro-level pedagogical strategies designed to empower students, while Decolonial Theory provides macro-level insights aimed at reconfiguring the linguistic, epistemic, and technological infrastructures underlying digital health initiatives. Together, these frameworks present a holistic view of justice that extends beyond mere access, proactively addressing issues of

agency, cultural responsiveness, and sovereignty in digital health promotion.

3. Analytical approach

This paper employs a conceptual research design well-suited for advancing theoretical frameworks, integrating diverse literature, and generating new insights without requiring the collection of primary empirical data (Jabareen, 2009; Snyder, 2019). The primary objective is to systematically synthesise existing scholarship to develop a Digital Health Justice Framework for African higher education institutions (HEIs). This framework is informed by Critical Digital Pedagogy (CDP) and Decolonial Theory, which serve as complementary analytical lenses. This section outlines the rationale, methodology, and strategies employed in the paper.

3.1 Rationale for conceptual design

Conceptual papers effectively explore rapidly transforming disciplines, especially where disparate scholarship elements converge without unified theoretical frameworks (Snyder, 2019). The domain of digital health promotion within African higher education institutions (HEIs) exemplifies this context, characterised by the intersection of various discourses, including educational technology, health promotion, digital justice, pedagogy, and decoloniality. While each segment has produced significant insights in isolation, a pronounced theoretical deficit exists in synthesising these components into a coherent

framework that can inform research, policy, and practice (Mbembe, 2020; Chigona, 2025). A conceptual approach enables a critical examination of prevailing assumptions, the identification of inherent tensions and collaborations among the discourses, and the formulation of novel analytical categories Mncwango & Adanlawo, 2025; (Jabareen, 2009).

3.2 Literature identification and selection

The literature body for this paper was constructed through a systematic and purposive search methodology. Key academic databases and repositories utilised included Scopus, Web of Science, ERIC, PubMed, and Google Scholar. Relevant policy documents from UNESCO and the World Health Organization (WHO) were also incorporated, recognising their significant impact on global education and health promotion paradigms. The search strategy integrated a combination of keywords related to digital education, health promotion, higher education, equity, critical pedagogy, and decolonial theory. Emphasis was placed on peer-reviewed publications and authoritative reports published between 2018 and 2025 to ensure currency while capturing significant conceptual advancements both prior to and following the COVID-19 pandemic.

Inclusion criteria for the selected literature were: (a) relevance to digital education or health promotion within higher education, (b) contributions that address themes of equity, justice, or

decoloniality, and (c) publications in English. Exclusion criteria included non-peer-reviewed commentary articles lacking substantive analysis, non-English sources, and works primarily focused on grades R-12 instead of higher education. The aim was not exhaustive coverage but a strategic selection process that facilitates in-depth analysis (Snyder, 2019).

3.3 Analytical strategy

The analytical framework for this paper employs a thematic synthesis approach based on Braun and Clarke's (2006) principles for qualitative analysis and Jabareen's (2009) model for conceptual frameworks. This methodology involves a structured, iterative process comprising four interconnected steps:

3.3.1 Familiarisation and initial mapping: This phase involved a thorough examination of literature related to four key dimensions: digitalisation and health promotion, equity and digital divides, Community Development Practice (CDP), and Decolonial Theory. Through close reading and annotation, salient themes were identified and mapped.

3.3.2 Thematic grouping and comparison: The identified themes were systematically grouped into coherent clusters such as "access and equity," "language and epistemology," "pedagogy and participation," and "technological sovereignty." This facilitated the identification of convergence, divergence, and complementarity across themes.

Notably, CDP centres on student agency, while decolonial theory emphasizes the need for epistemic transformation.

3.3.3 Theoretical integration:

Integration of CDP and Decolonial Theory was achieved through conceptual mapping of the intersection between micro-level pedagogical strategies and macro-level structural transformations, illustrating how these factors collaboratively promote multidimensional justice in digital health promotion. This step was supported by analytical tools, including comparative tables (see Tables 1 and 2 in Section 2), which refined complex arguments into structured formats.

3.3.4 Framework construction: From the integrated themes, five foundational pillars of Digital Health Justice were inductively derived: inclusive access, culturally responsive pedagogy (encompassing linguistic justice), epistemic plurality, participatory co-design, and digital dominance. These pillars encapsulate the principal challenges identified in the literature and provide a structured lens for analysing and enhancing digital health promotion practices within African higher education institutions (HEIs).

3.4 Ensuring rigor

To establish conceptual rigor, the analytical framework was anchored in three criteria: comprehensiveness, coherence, and reflexivity (Jabareen, 2009; Snyder, 2019). Comprehensiveness was achieved through incorporating a diverse range

of literature from various disciplines, including education, global health, and decolonial studies. Coherence was maintained by refining categories iteratively and conducting systematic cross-verification among themes and theoretical constructs. Reflexivity required a thorough examination of the author's positionality and the broader socio-political context surrounding digitalisation in Africa, mitigating the risk of perpetuating Eurocentric narratives.

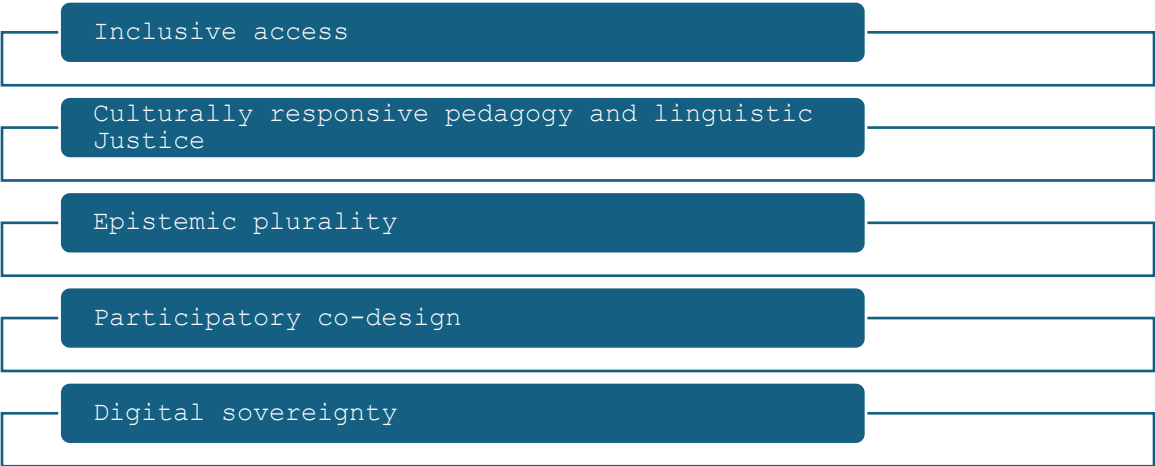
This methodology facilitated the systematic synthesis of interdisciplinary literature, ultimately leading to the formulation of a five-pillar Digital Health Justice Framework. This framework is rigorously grounded in analytical principles and is contextually relevant to higher education institutions in

Africa, laying a foundation for the ensuing thematic discourse.

Discussion

The Digital Health Justice Framework defined in this paper is based on five interrelated pillars that address pedagogical and structural inequities in digital health promotion within African higher education institutions (HEIs). These pillars, including inclusive access, culturally responsive pedagogy, linguistic justice, epistemic plurality, participatory co-design, and digital sovereignty, are mutually reinforcing, creating a cohesive framework for reconceptualising digital health promotion through a lens of justice. Each pillar is illustrated in Figure 1 and analysed in a structured narrative to highlight its significance and interconnections within the broader context of digital health education.

Figure 1: Five pillars of the Digital Health Justice Framework



Source: Researcher’s own design

4.1 Inclusive access

Inclusive access is a fundamental principle in the pursuit of digital health justice, emphasising not only physical accessibility to digital technologies but also the conditions necessary for equitable and meaningful engagement. Existing literature on digital divides suggests that access alone is an inadequate metric for assessing equity (van Dijk, 2020; UNESCO, 2021). Although many higher education institutions in Africa have enhanced Wi-Fi connectivity, established device loan programs, and expanded online health resources in response to the COVID-19 pandemic, students from rural and low-income backgrounds continue to face significant barriers. These include unreliable electricity, prohibitive data costs, and inadequate infrastructure (Adeoye et al., 2020; Czerniewicz & Rother, 2018; Musonda & Mwansa, 2021). Furthermore, for students with disabilities, digital health platforms often fail to adhere to universal design principles, exacerbating their exclusion from vital resources.

Such challenges highlight that access is influenced by structural socio-economic disparities that cannot be resolved solely through infrastructure investments. Inclusive access must integrate economic, geographic, linguistic, and ability-related factors to ensure that students are not only connected but also capable of engaging meaningfully with health content. Without these considerations, initiatives aimed at increasing access risk perpetuating existing inequalities by favouring students who are already positioned to benefit (UNESCO, 2021).

Moreover, realising inclusive access requires policies that address linguistic

diversity, promote disability inclusion, and provide targeted support for marginalised groups, avoiding one-size-fits-all approaches. This foundational pillar establishes a framework for meaningful participation and must be aligned with pedagogical and epistemic transformations to achieve substantive digital health justice.

4.2 Culturally responsive pedagogy and linguistic justice

The second pillar, culturally responsive pedagogy and linguistic justice, emphasises the need for digital health education to authentically reflect students' cultural identities, languages, and worldviews. Historically, African higher education institutions have predominantly used English and French as languages of instruction, continuing colonial educational frameworks that marginalise indigenous languages and perspectives (Mazrui, 2021; Smith & Nkosi, 2022); hence Mokala, Matariro & Makalela, 2025. p1823) argue “that in South Africa, African languages’ ability to address language issues in education has been overlooked”. On the other hand, health promotion curricula often reproduce biomedical narratives that overlook community-based conceptions of health, leading to student alienation and reduced engagement (Makgoba, 2020). Studies show that allowing students to use their home languages and culturally relevant narratives in digital learning environments significantly enhances comprehension and participation (Mutisya & Rotich, 2022).

Culturally responsive pedagogy extends beyond translation; it involves integrating cultural knowledge systems,

metaphors, and linguistic resources into the pedagogical design. This approach aligns with Critical Digital Pedagogy principles, advocating for conversation and participatory learning (Chigona, 2021), and resonates with Decolonial Theory's call to reclaim language as an epistemic battleground (Mbembe, 2020). By incorporating students' linguistic and cultural backgrounds into digital health content, educational institutions affirm students' identities, challenge the universality of biomedical discourses, and enhance the relevance of health promotion. This pillar shifts the pedagogical focus from external narratives to local voices, fostering greater engagement and advancing epistemic justice.

4.3 Epistemic plurality

Epistemic plurality acknowledges multiple legitimate knowledge systems, including indigenous, community-based, and biomedical paradigms, and fosters constructive dialogue within digital health promotion. Historically, colonial educational frameworks have privileged Western biomedical knowledge while marginalising African epistemologies (Ndlovu-Gatsheni, 2018; Mbembe, 2020). Digital technologies often perpetuate this hierarchy by prioritising standardised content from the Global North. However, African societies exemplify pluralistic health practices where biomedical and traditional systems coexist, interact, and evolve (Zulu & Chansa, 2019). Neglecting this plurality may alienate students whose health beliefs are shaped by indigenous knowledge and community practices (Makgoba, 2020).

To promote epistemic plurality, it is essential to gain institutional recognition and pedagogical integration of indigenous knowledge alongside biomedical content. This requires developing digital environments where diverse epistemologies coexist equitably, such as incorporating community case studies, oral histories, and Indigenous healing narratives into digital health curricula. Rather than relegating indigenous knowledge to a supplementary role, this approach positions it as co-equal, encouraging critical dialogue among different knowledge systems. From a justice-oriented perspective, epistemic plurality is crucial, as it addresses the epistemic exclusions that persist despite advances in access and pedagogy. It shifts digital health promotion from a monologic transmission model to a discourse and democratic knowledge exchange, fostering broader epistemic freedom in African higher education (Ndlovu-Gatsheni, 2018).

4.4 Participatory co-design

Participatory co-design draws attention to collaborative decision-making amongst students, academics, and communities in putting together digital health promotion proposals. Common health education interventions typically employ top-down approaches, where the curriculum is established by external specialists and delivered through pre-existing stages (Czerniewcz & Rother, 2018). This model often neglects the lived experiences and cultural backgrounds of students.

On the contrary, participatory methods actively connect students in recognising health priorities, widening digital

content, and assessing outcomes. For instance, at the University of Cape Town, students co-created mental health modules through digital storytelling, which integrated isiXhosa idioms and metaphors to describe anxiety and depression. This method led to a 40% improvement in module achievement ratios and enhanced peer engagement (Chigona, 2021). In Kenya, Mutisya and Rotich (2022) documented a reproductive health plan in which students utilised mobile video journals to share personal experiences in their local languages. These stories were then added into digital health curriculum, promoting cultural significance and decreasing stigma all around sexual health topics.

From a critical viewpoint, co-design accelerates the realisation of epistemic and pedagogical power. It resonates with Critical Digital Pedagogy's importance on dialogue and agency, and associates with Decolonial Theory's advocacy for self-determination (Mbembe, 2020). By aligning students as co-producers of data, participatory co-design contests the perception of students as passive recipients and promotes ownership, relevance, and trust. Building on this critical ground, the repercussions of co-design extend beyond pedagogical positions to prompt how digital health promotion is conceptualised and implemented in higher education frameworks. The suggestions for digital health promotion are significant: co-designed content reflects students' realities, enhances cultural responsiveness, and strengthens institutional accountability. Therefore, participatory co-design serves as a link connecting micro-level pedagogical changes with macro-level essential

shifts suitable for achieving digital health justice.

4.5 Digital sovereignty

Digital sovereignty has emerged as a central site of debate in reimagining the digital prospects of African Higher Education Institutions (HEIs). It extends beyond the technical determination of limited data control to examine how power, knowledge, and technological dependence are arranged within the global digital arrangement. The prevalent dependence on externally established platforms, such as Google Classroom and Microsoft Teams, demonstrates a current manifestation of digital colonialism, a condition in which the infrastructures, processes, and data governance attempts of the Global North dominate the pedagogical and epistemic trajectories of the Global South (Kwet, 2019). These proposals not only consolidate data storage on foreign servers, thereby compromising data privacy, ethics, and institutional sovereignty (Mhlongo & Ndlovu, 2020), but also incorporate Eurocentric linguistic and pedagogical beliefs that overlook indigenous knowledge systems and epistemic diversity (Mazrui, 2021).

From a decolonial perspective, digital sovereignty is therefore not merely a technical objective but a multidimensional challenge encompassing epistemic, political, and infrastructural dominance (Mbembe, 2020). It entails a prolonged investment in locally dominant digital platforms, open-source ecosystems, and regional data infrastructures, together with policy frameworks that focus on linguistic justice and contextual

significance. The lack of such sovereignty in African HEIs risks propagating dependencies that replicate colonial directives, and the appearance of technological advancement in African HEIs may also lead to this outcome. In due course, digital sovereignty is foundational for accomplishing the essential transformation required to promote culturally grounded, participatory, and epistemically plural approaches to digital health promotion and pedagogy.

4.6 Synthesis of the five pillars

The five pillars form a framework designed to advance digital health justice within African higher education institutions (HEIs). Inclusive access facilitates meaningful student participation, while culturally responsive pedagogy and epistemic plurality transform content and pedagogical relationships. Participatory co-design emphasises agency and accountability, and digital sovereignty establishes the structural foundations for sustained transformation. This integrated approach transcends technocratic notions of digitalisation to emphasise critical inquiries surrounding power, culture, and epistemology. Consequently, the framework enhances existing global health promotion models (WHO, 2021; UNESCO, 2021) by integrating the digital and decolonial dimensions essential for African higher education contexts.

5. Conclusion and Recommendations

This conceptual paper argues that digital health promotion within African higher education institutions (HEIs) should be viewed not only as a technological or pedagogical progression, but also as a

justice initiative. Through a synthesis of literature on digitalisation and health promotion, equity and digital divides, Critical Digital Pedagogy, and Decolonial Theory, the paper outlines a Digital Health Justice Framework based on five interrelated pillars: inclusive access, culturally responsive pedagogy, linguistic justice, epistemic plurality, participatory co-design, and digital sovereignty. This framework provides a structured, contextually grounded approach to reimagining digital technologies for enhancing health and well-being in African HEIs.

The analysis leads to a clear conclusion: without intentional pedagogical transformation and structural reform, digitalisation risks perpetuating inequities. Although digital platforms have broadened the reach of health promotion, their benefits are unevenly distributed, often reflecting existing socio-economic and linguistic hierarchies. Critical Digital Pedagogy equips educators with tools to cultivate participatory, identity-affirming learning environments; however, it must be combined with Decolonial Theory to address macro-level structures, such as language, epistemology, and technological sovereignty. Only by integrating these perspectives can African HEIs advance from superficial inclusion to transformative digital health justice.

Based on this conceptual framework, several strategic recommendations arise for policy, institutional leadership, and practice. First, HEIs should implement inclusive access strategies that go beyond infrastructure provision to include affordability, linguistic diversity, and disability inclusion. This

involves subsidising data costs for marginalised students, enforcing universal design standards, and ensuring multilingual accessibility. Second, institutions must embed culturally responsive pedagogy in digital health promotion by integrating indigenous languages, metaphors, and cultural practices into curricula and training educators in culturally reflexive methodologies. These measures ensure that health promotion aligns with students' experiences rather than perpetuating a universal biomedical narrative.

Third, HEIs should promote epistemic plurality by integrating indigenous knowledge systems alongside biomedical models. This requires fostering partnerships with local communities, recognising the contributions of indigenous healers, and designing digital spaces that accommodate multiple epistemologies without prioritising one over another. Fourth, participatory co-design should be standard practice in digital health promotion. Involving students and communities as co-creators, rather than merely end-users, will ensure that priorities, content, and evaluation metrics are collaboratively shaped. This participatory approach fosters ownership, relevance, and trust.

Finally, achieving digital sovereignty is crucial for sustaining these transformations. African HEIs must

invest in locally governed digital infrastructures, open-source technologies, and regional data centres to reduce reliance on commercial platforms that impose external pedagogical, linguistic, and epistemic frameworks. Digital sovereignty transcends technical issues; it encompasses significant epistemic and political dimensions that determine control over the conditions necessary for digital health education. Policymakers at national and provincial levels should support these initiatives with suitable regulatory frameworks, funding mechanisms, and capacity-building efforts.

In conclusion, these recommendations highlight the necessity for a multi-level approach to advance digital health justice. Lecture hall pedagogical reforms must be supported by institutional and policy-level interventions that reshape the overarching technological and epistemic frameworks of higher education. By adopting this framework, African HEIs can reposition themselves as active producers of digital health knowledge, fostering educational environments that are equitable, culturally informed, and sovereign. Such transformations are essential for achieving SDG 3 (Good Health and Well-being) and SDG 4 (Quality Education) and for decolonizing the digital futures of African higher education.

References

Abimbola S, Asthana S, Montenegro C, Guinto RR, Jumbam DT, Louskieter L, Kabubei KM, Munshi S, Muraya K, Okumu F, Saha S, Saluja D, Pai M. (2021). Addressing power asymmetries in global health: Imperatives in the wake of the

- COVID-19 pandemic. PLoS Med. 22;18 (4),e1003604. <https://doi.org/10.1371/journal.pmed.1003604>
- Abimbola, S., & Pai, M. (2020). Will global health survive its decolonisation? *The Lancet*, 396(10263), 1627–1628.
- Adanlawo, E. F., & Chaka, M. (2022). COVID 19: The Constraints and Enabler in Changing the Teaching, Learning and Assessments Landscape in higher institutions of learning. *Journal of Positive School Psychology*, 6(2).
- Adeoye, I., Adanikin, A., & Adanikin, A. (2020). COVID-19 and E-learning: Nigeria's tertiary education system experience. *International Journal of Research and Innovation in Applied*, 24(2), 26–31.
- Asare, B., & Nkrumah, F. (2021). Digital health education in Ghana: Opportunities and challenges. *African Journal of Health Professions Education*, 13(2), 75–81.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Chigona, A. (2025). Digital pedagogy, academic freedom and responsibility in the post-Covid 19 pre-services teacher education. *South African Journal of Higher education*, 39(4)22, 57 doi.10.20853/39-4-47594
- Czerniewicz, L and Rother, K (2018) *Research in Comparative & International Education*, 1–19, DOI:10.1177/1745499918761708 <http://journals.sagepub.com/doi/abs/10.1177/1745499918761708>
- Czerniewicz, L., Agherdien, N., Badenhorst, J., et al. (2020). A wake-up call: Equity, inequality and Covid-19 emergency remote teaching and learning. *Postdigital Science and Education*, 2, 946–967.
- Eze, S. C., Chinedu-Eze, V. C. & Bello, A. O. (2018). The utilization of e-learning facilities in the educational delivery system of Nigeria: a study of M-University. *International Journal of Educational Technology in Higher Education*, 15(34), 1-20 <https://doi.org/10.1186/s41239-018-0116-z>
- Hill, L. D. (2016). Race, school choice and transfers to opportunity: Implications for educational stratification in South Africa. *British Journal of Sociology of Education*, 37(4), 520–547. <https://doi.org/10.1080/01425692.2014.952810>
- Jabareen, Y. (2009). Building a conceptual framework: Philosophy, definitions, and procedure. *International Journal of Qualitative Methods*, 8(4), 49–62.
- Kwet, M. (2019). Digital colonialism: South Africa's education transformation in the shadow of Silicon Valley. Doctoral Thesis. University of Rhodes.
- Maphela, B., & Adanlawo, E. F. (2025). The Challenges of Inequality in South Africa's Communities: The Role of Indigent Policy. *Science of Law*, 2025(2), 209-214. <https://doi.org/10.55284/px8dre53>
- Mbembe, A. (2020). Decolonising the digital university. *Critical African Studies*, 12(3), 221–236.

Mncwango, S. I., & Adanlawo, E. F. (2025). Reducing Youth Unemployment Through Entrepreneurship Education Interventions: The Case of South Africa. *Educational Process: International Journal*, 16, e2025261. <https://doi.org/10.22521/edupij.2025.16.261>

Mokala, N., Matariro, M. & Makalela, L. (2025). Innovations in African Language instruction: Blending traditional and digital learning approaches. Proceedings of INTED2025 Conference 3rd-5th March 2025, Valencia, Spain

Ndlovu-Gatsheni, S. (2018). *The dynamics of epistemological decolonization in the 21st century: Towards epistemic freedom*. Strategic Review for Southern Africa, 40(1), 16-45.

Nel, M. 2025. Integrating digital literacy into South African academic literacy: An autoethnographic exploration of evolving interventions. *Journal for Language Teaching*, 59(1)24. <https://doi.org/10.56285/jltVol59iss1a6330>

Nkomo, N. Y., & Adanlawo, E. F. (2024). The effects of education on tobacco consumption: A panel data analysis. *Journal of Ecohumanism*, 3(3), 308-316. <https://doi.org/10.62754/joe.v3i3.3605>

Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, 104, 333–339.

Suárez-Reyes, M., Muñoz Serrano, M. & Van den Broucke, S. (2019). How do universities implement the Health Promoting University concept?, *Health Promotion International*, 34(5), 1014–1024, <https://doi.org/10.1093/heapro/day055>

UNESCO (2020). COVID-19 Educational Disruption and Response. Retrieved from: <https://en.unesco.org/covid19/educationresponse>

UNESCO. (2021). *Reimagining our futures together: A new social contract for education*. UNESCO.

World Health Organization, United Nations Educational, United Nations Educational, Scientific, & Cultural Organization. (2021). *Making every school a health-promoting school: Implementation guidance*. World Health Organization.

Xaba, F., Adanlawo, E. F., & Chaka, M. (2025). Exploring higher education policies regulating breastfeeding on university campuses: implications for the wellbeing of women academics. *International Journal of Research in Business & Social Science*, 14(2). <https://doi.org/10.20525/ijrbs.v14i2.3897>