Childhood trauma among young adults: Experiences from rural Moretele, South Africa

Bonolo Mmereki*[1], Kebogile Mokwena[2], Mathildah M. Mokgatle[3]

[1, 2, 3] Department of Public Health, School of Health Care Sciences, Sefako Makgatho Health Sciences University, Ga-Rankuwa, South Africa

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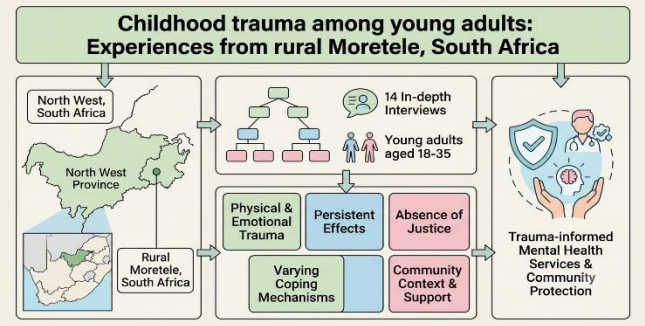
ABSTRACT

Childhood trauma is increasingly recognised as a major contributor to long-term mental health burden, yet qualitative evidence from rural African communities remains limited, particularly regarding how young adults interpret traumatic experiences and their continuing effects. This study aimed to explore experiences of childhood traumatic events among young adults aged 18–35 years in the rural Moretele health sub-district, North West Province, South Africa. A qualitative study was conducted as part of a broader investigation involving participants who had tested positive for childhood trauma in a preceding quantitative survey. Thirty eligible participants were purposively recruited for the qualitative arm, and in-depth interviews were conducted until data saturation was reached after fourteen interviews. Data were analysed thematically using an inductive approach supported by NVivo 12 software. Five major themes emerged, reflecting diverse forms of childhood trauma experienced within and outside the family environment. Participants described physical and emotional trauma, persistent effects extending into early adulthood, perceived absence of justice, and the use of different coping mechanisms with varying degrees of effectiveness. These findings show that childhood trauma in rural communities is not confined to isolated events but may persist through psychological distress, unresolved injustice, and adaptive or maladaptive coping responses. The study highlights the need for trauma-informed mental health services, accessible psychosocial support, and community-based protection systems for children and young adults in rural South African settings.

ABSTRAK

Trauma masa kanak-kanak semakin diakui sebagai salah satu kontributor utama terhadap beban kesehatan mental jangka panjang. Namun, bukti kualitatif dari komunitas pedesaan di Afrika masih terbatas, khususnya terkait bagaimana orang dewasa muda memaknai pengalaman traumatis dan dampaknya yang berkelanjutan. Penelitian ini bertujuan untuk mengeksplorasi pengalaman kejadian traumatis masa kanak-kanak pada orang dewasa muda berusia 18–35 tahun di wilayah pedesaan Sub-Distrik Kesehatan Moretele, Provinsi North West, Afrika Selatan. Penelitian ini menggunakan pendekatan kualitatif sebagai bagian dari studi yang lebih luas, yang melibatkan partisipan yang sebelumnya teridentifikasi positif mengalami trauma masa kanak-kanak dalam survei kuantitatif. Sebanyak tiga puluh partisipan yang memenuhi kriteria direkrut secara purposif untuk tahap kualitatif, dan wawancara mendalam dilakukan hingga mencapai saturasi data setelah empat belas wawancara. Data dianalisis secara tematik menggunakan pendekatan induktif dengan bantuan perangkat lunak NVivo 12. Lima tema utama ditemukan, yang mencerminkan beragam bentuk trauma masa kanak-kanak yang dialami baik di dalam maupun di luar lingkungan keluarga. Partisipan menggambarkan trauma fisik dan emosional, dampak yang menetap hingga masa dewasa awal, persepsi tidak adanya keadilan, serta penggunaan berbagai mekanisme koping dengan tingkat efektivitas yang berbeda-beda. Temuan ini menunjukkan bahwa trauma masa kanak-kanak di komunitas pedesaan tidak terbatas pada peristiwa yang berdiri sendiri, tetapi dapat berlanjut dalam bentuk tekanan psikologis, ketidakadilan yang belum terselesaikan, serta respons koping yang adaptif maupun maladaptif.

GRAPHICAL ABSTRACT



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*** Correspondence**
1 Molotlegi street, Ga-Rankuwa 0208, South Africa
201700824@swave.smu.ac.za

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INTRODUCTION

Childhood trauma is a major public health and mental health concern because its consequences may persist long after the traumatic events have occurred. Globally, childhood traumatic experiences are common, with estimates indicating that more than 60% of individuals experience at least one adverse childhood traumatic event during their lifetime, while one in six experience more than four such events (Verma & Agrawal, 2021). The World Health Organization mental health survey across 24 countries also reported that 70.4% of adults had experienced traumatic events in their lifetime, while the prevalence of childhood trauma among children and adolescents ranged from 47.6% to 83.6%, with variation across cultural contexts (Liang et al., 2020). Childhood trauma includes exposure to actual or threatened death, serious injury, sexual violence, physical harm, emotional abuse, neglect, or witnessing traumatic events affecting close relatives or peers. Its long-term impact is shaped by the type and severity of trauma, duration of exposure, developmental stage, and availability of support after the event.

The burden of childhood trauma is highly relevant to the Sustainable Development Goals, particularly SDG 3 on good health and well-being, SDG 4 on quality education, SDG 5 on gender equality, and SDG 16 on peace, justice, and strong institutions. Untreated trauma may contribute to post-traumatic stress disorder, anxiety, depression, emotional dysregulation, aggressive behavior, delinquency, substance use, poor interpersonal relationships, impaired cognitive development, and increased risk of chronic and mental disorders in adulthood (Ashaba et al., 2021; Liang et al., 2020; Mall et al., 2020; Scheidell et al., 2018). These outcomes compromise educational achievement, social participation, productivity, and overall well-being. Therefore, understanding childhood trauma among young adults is essential not only for mental health intervention but also for broader public health strategies aimed at preventing the intergenerational consequences of violence, adversity, and psychosocial distress.

Although childhood trauma has been widely documented as a predictor of poor mental health and social functioning, its lived experiences among young adults in rural South African communities remain insufficiently explored. Sub-Saharan Africa is characterised by multiple forms of adversity, including orphanhood, child labour, physical punishment, family violence, poverty, and social instability, all of which may increase children's exposure to traumatic events and worsen later mental health outcomes (Katsongo-Phiri et al., 2019; Liang et al., 2020). In South Africa, rural and peri-urban communities are particularly vulnerable to psychosocial difficulties and high levels of childhood traumatic events, yet many affected individuals remain undiagnosed and untreated because mental health services are limited, costly, or inaccessible (Collins et al., 2023; Galvin et al., 2025; Rossouw et al., 2024; Sharp et al., 2019). The general solution is to identify childhood trauma retrospectively among young adults and use these findings to develop context-based, trauma-informed mental health responses that are accessible, culturally appropriate, and integrated into primary health care and community support systems.

Scientific literature indicates that early identification of childhood trauma is important for preventing or reducing later psychopathology among adolescents and young adults. Trauma may manifest through internalising problems, such as anxiety, depression, emotional distress, and social withdrawal, or through externalising problems, such as aggression, delinquency, substance use, and risky behaviour (Liang et al., 2020; Scheidell et al., 2018). These manifestations may persist into adulthood when traumatic experiences remain unrecognised or untreated. Evidence from low-resource settings suggests that children exposed to multiple forms of adversity often experience compounded psychosocial consequences, particularly when poverty, racial discrimination, family disruption, and limited social protection coexist (Ashaba et al., 2021; Katsongo-Phiri et al., 2019). Therefore, trauma identification should be linked to counselling, psychosocial support, family-based intervention, and referral pathways that address both emotional suffering and social determinants of mental health.

In South Africa, the need for context-sensitive trauma response is particularly urgent because the country faces a high burden of mental health disorders but has insufficient resources to meet population needs (Myers et al., 2018; Sorsdahl et al., 2021). Studies have shown that a considerable proportion of individuals experience undiagnosed depression and anxiety, partly due to cost barriers and limited access to mental health services (Collins et al., 2023). The use of validated screening tools, such as the Childhood Trauma Questionnaire, provides an opportunity to identify trauma histories among adults with greater precision and to support research and clinical decision-

making in underserved communities (Maepa & Ntshalintshali, 2020). However, screening alone is insufficient if it is not followed by qualitative exploration of the meaning, context, and perceived consequences of trauma. Understanding how young adults describe their childhood traumatic experiences can help health care providers, families, and community systems respond more effectively to emotional and behavioural manifestations before they develop into more severe mental health problems.

Existing studies have established that childhood trauma is associated with PTSD, anxiety, depression, behavioural difficulties, impaired relationships, substance use, poor cognitive outcomes, and chronic disease risk later in life (Mall et al., 2020; Scheidell et al., 2018). Research from Sub-Saharan Africa further indicates that children are exposed to diverse traumatic experiences, including family violence, physical punishment, orphanhood, poverty-related adversity, and child labour (Ashaba et al., 2021; Katsongo-Phiri et al., 2019). In South Africa, rural and peri-urban communities experience substantial psychosocial vulnerability, but trauma-related mental health concerns are often underdiagnosed and undertreated due to constrained resources and limited access to services (Galvin et al., 2025; Rossouw et al., 2024; Sharp et al., 2019). Although these studies highlight the magnitude and consequences of trauma, less attention has been given to how young adults in rural South African communities narrate, interpret, and cope with childhood traumatic experiences after the events have occurred.

The novelty of this study lies in its qualitative exploration of childhood trauma experiences among young adults aged 18–35 years in the rural Moretele health sub-district, North West Province, South Africa, particularly among individuals who had already screened positive for childhood trauma in a preceding quantitative survey. Rather than focusing only on prevalence or symptom burden, this study examines the types of trauma experienced, the emotional and social meanings attached to those experiences, perceived justice or lack of justice, continuing effects into early adulthood, and coping mechanisms used by survivors. This focus is important because understanding lived experience can inform trauma-informed, community-based, and primary health care responses that are more responsive to local realities. Therefore, this study aimed to explore the experiences of childhood trauma among young adults aged 18–35 years attending clinic services in a rural community of South Africa.

METHODS

Study design

This paper reports on the qualitative phase of a sequential explanatory mixed method study on the impact of childhood trauma on the mental health of young adults. The quantitative phase quantified the existence of childhood trauma in the sample and the qualitative arm followed up with in-depth interviews to further explore how childhood trauma was experienced by the sample.

Participants

The study was conducted among male and female young adults between the ages of 18-35 years, who had a score of 21 and above on the CTQ and who attended clinic services for various reasons in Moretele health sub-district, South Africa.

Study setting

The study was conducted in Moretele sub-district, which is a predominantly black residential area in the North West Province. The setting is predominantly rural and of low socioeconomic status, as depicted by poverty, poor roads, poor sanitation and high unemployment rate especially among the youth. Five clinics which included two 24-hour health centres, one 6-day operating clinic and two 5 working days clinics were purposefully selected for the study.

Sample size and sampling techniques

Participants were purposely sampled from the cohort of participants of the quantitative phase of the mixed method study which screened for childhood trauma. Participants who tested positive for childhood trauma from the use of the Childhood Trauma Questionnaire (CTQ) with a score of 21 and above were recruited for this qualitative phase. The sample size was determined by data saturation in which additional interviews no longer provided new information. Data saturation was reached after 14 in-depth interviews.

Data collection tools and process

An in-depth interview guide which allowed for probes was used to collect data from the participants. A quantitative questionnaire was used to collect sociodemographic data.

The in-depth interviews were held at different clinics within Moretele sub district, in private consultation rooms, the purpose of the study was explained and participants were provided an opportunity to ask questions or seek clarifications.

Table 1
Characteristics of participants by gender

Variables	Female (n=24)	Males (n=6)
Age (years)		
18-24	7(78%)	2(22%)
25-35	18(86%)	3(14%)
Marital status		
Not married	24(80%)	6(30%)
Married	0(0%)	0(0%)
level of education		
Primary school	2(100%)	0(0%)
High school	22(78%)	6(22%)
Tertiary school	0(0%)	0 (0%)
Employment status		
Unemployed	20(80%)	5(20%)
Employed	4(80%)	1(20%)
Residence		
In Moretele	24(80%)	6(30%)
Outside Moretele	0(0%)	0(0%)
Substance use		
None	23(88%)	3(12%)
Alcohol	1(33%)	2(67%)
Smoking	0(0%)	1(100%)
Religion		
None	7(64%)	4(36%)
Christian	17(89%)	2(11%)

Informed consent was provided from participants and data was collected by the researcher from different participants until data saturation was reached.

Data analysis

The audio-recorded data were typed, translated into English, and uploaded into NVivo 12 for analysis. A codebook with definitions of each code was developed from the first few transcripts. These codes were applied to all the transcripts using the NVIVO 12 software. The codebook was modified as new codes emerged, and the codes were used as the basis of the narratives for the findings of the study.

Ethical considerations

The study was approved by Sefako Makgatho Health Sciences University Research and Ethics Committee (SMUREC/H/231/2023: PG). Permission to conduct the study in the health facilities was received from the provincial, district, sub district land management of the facilities. Written informed consent was obtained from all participants. Participants who showed signs of distress during the in-depth interviews were referred to the counselling services of the health facilities and all participants were provided with the contacts of the South African Depression and Anxiety Group (SADAG) which provides telephonic counselling at no cost to the user.

RESULTS

Characteristics of participants in the study

Table 1 shows characteristics of participants, the study had more females than male participants, all participants were not married and resided in Moretele subdistrict. Majority of participants reached high school, were unemployed, did not use any substances and were Christians. Participants who responded during the in-depth interviews were ranging between 18-27 years. There were more female participants (12 females) than male participants (2 males) who participated in the study. The youngest participant was 18 years and the oldest participant was 32 years in the study

Types of childhood trauma

This theme refers to the different types of traumas that participants experienced during childhood, which included death of a parent and other close relatives, sexual assaults, being abandoned or neglected by parents and bullying.

The childhood trauma experiences reported by participants included the death of a parent.

> *"She passed away in Mozambique, I was around 12 years when she passed away, it still hurt till now."* (19-year-old male born with HIV and lost his mother)

> *"My childhood was very bad, losing my mom at a young age, I had to be a mother to my siblings when my mom passed away."* (27-year-old female who lost her mom and raised by step mother)

Figure 1
Word cloud of the study



Sexual assault was also experienced by some participants

> *"They told me that you'll give us one round. Mind you, I'm a virgin and they raped me."* (22-year-old female who survived sexual abuse by strangers)

> *"He came into our room and told me if I screamed, he'd kill me and he did what he did (raped me)."* (20-year-old female who survived sexual abuse by her step father)

Abandoned by parents at a stage of vulnerability increased the impact of the trauma

> *"……. she (my mom) even chased us away, she told me to go back home (my grandmother's house)."* (20-year-old female who survived sexual abuse by her step father and neglected by mother)

Bullying at school was also commonly reported by participants as a form of childhood trauma.

> *"They started bullying me in grade 6 with my body shape saying, I'm so slender and hey you with legs that are not the same size."* (18-year-old female who survived bullying from school mates)

Impact of childhood trauma

This theme refers to how the participants view the impact and consequences of the trauma they experienced, which included taking over responsibilities they were not ready for, physical changes, not enjoying their childhood stage, being suicidal, sleep disturbances and angry Behavior.

> *"What hurts me is that I had to be a parent at the age of 16, taking care of my sibling till now."* (19-year-old female neglected by own mother)

> *"I didn't like myself because I had lost weight. I didn't even want to look at myself in the mirror. It took my self-confidence."* (25-year-old female neglected by own mother)

> *"While other kids were playing, I was busy going to courts, going to hospital, getting counselling, so it took out the rainbows in my childhood."* (20-year-old female who survived sexual molestation by own father)

> *"I tried to kill myself but I was not successful ...."* (25-year-old female who was neglected by own mother)

> *"That night I didn't sleep, I had nightmares. I was screaming. I just woke in the middle of the night."* (22-year-old female who survived sexual abuse from strangers)

> *"The whole incident made me angry, even now I'm still angry."* (22-year-old female who survived sexual abuse from strangers)

Justice system response

This theme explains how expected justice was not served after personal violence was perpetrated, despite reporting the cases to law enforcement.

> *"Even the law didn't do much, a case of sexual molestation was opened but it got flushed because my dad is a policeman."* (20-year-old who survived sexual molestation by own father)

> *"Yes, he (my step father) was arrested (for raping me), but my mom bailed him out."* (20-year-old female who survived sexual abuse by step father)

> *"At Dube police station they said that I should describe him and I did, even today the case is still hanging."* (22-year-old female who survived sexual abuse from strangers)

Table 2
Themes & sub themes

No.	Major Themes	Sub-themes
1	Types of childhood experienced	1.1.Death of a parent
		1.2.Experienced abandonment
		1.3.Sexual molestation and assault
		1.4. Experienced bullying in the community
2	The impact of childhood trauma on the lives of the participants	2.1.Physical impact
		2.2.Childhood impact
		2.3.Suicidal thoughts and attempts
		2.4.Sleep disturbances
		2.5.Angry behaviour
3	The view that justice was never served	No specific sub-theme identified
4	Assistance received to help cope after the trauma	No specific sub-theme identified
5	The development of coping mechanisms	No specific sub-theme identified

Assistance received

This theme explains the various help and support from professionals, neighbours, families and loved ones that helped to cope with the effects of the traumatic event. Such assistance included professional mental health support and a combination of social and material support from significant others.

> *"Yes, I did go to 3 sessions of counselling and in grade 7 I went for my last session and that's when I felt I could actually go on by myself."* (20-year-old female who survived sexual molestation by own father)

> *"I'm okay because my uncle supports me, he helped me until now."* (19-year-old male born with HIV and lost his mother)

> *"I even ran away from my country (Zimbabwe) to South Africa, when I got here, I found a boyfriend I think I was about 16 years I stayed with him even now and he took very good care of me."* (27-year-old male who lost his mother and raised by extended relatives)

Coping mechanisms

This theme elaborates how participants developed various ways to deal with the effects of childhood trauma. Such coping strategies included recreating new memories in an attempt to minimize the traumatic ones, writing a book and a continuous effort to block the traumatic events.

> *"I feel like I'm replacing my childhood by watching cartoons, I feel like I'm making memories for my childhood that I missed." (20-year-old female who survived sexual molestation by own father)*

> *"There's a book that I wrote on my life, I wrote about my entire life and all I went through it helped me cope." (32-year-old female who survived sexual abuse from strangers)*

Qualitative thematic findings from NVivo analysis

The qualitative interview data were analysed using NVivo 12 to identify the most prominent words, patterns, and thematic meanings emerging from participants' narratives. The word cloud illustrates that the term "trauma" appeared as the most dominant word, indicating that participants' accounts were strongly centred on traumatic childhood experiences and their continuing consequences, as illustrated in Figure 1. Other frequently occurring terms, such as "childhood," "experienced," "impact," "assistance," "post," "coping," "abuse," "sexual," "death," "bullying," "suicidal," "nightmares," and "justice," reflect the broad range of adverse experiences and emotional responses described by participants. The prominence of these terms suggests that childhood trauma was not experienced as a single isolated event, but as a complex and continuing life experience involving loss, abuse, fear, emotional distress, unresolved injustice, and attempts to cope with its effects.

The thematic analysis generated five major themes and nine sub-themes, as presented in Table 2. The first theme, types of childhood trauma experienced, included the death of a parent, abandonment, sexual molestation and assault, and bullying in the community. These findings indicate that trauma occurred both within and outside the family and disrupted participants' sense of safety, belonging, and emotional security. The second theme, the impact of childhood trauma on participants' lives, reflected the long-term consequences of trauma, including physical effects, childhood disruption, suicidal thoughts and attempts, sleep disturbances, and angry behaviour. These findings suggest that unresolved trauma continued to affect participants' mental health, emotional regulation, and social

functioning into early adulthood. The remaining themes were the view that justice was never served, assistance received to help cope after the trauma, and the development of coping mechanisms. These themes show that participants often perceived their trauma as unresolved, received varying levels of support, and developed different strategies to manage its consequences. Overall, childhood trauma was marked by diverse experiences, lasting impacts, unmet needs for justice and assistance, and ongoing efforts to cope with psychological distress.

DISCUSSION

Childhood trauma is associated with long term effects of mental and physical health. The various types of traumas occur because childhood traumatic occurrences are often driven by the vulnerability of the victims. Experiencing and witnessing death, especially a sudden death of a parent or close relative, was one of the most prevalent and reported trauma among the young adults in the study. Losing a parent is linked to a wide range of behavioural and mental health problems such as substance use, profound grief, poor academic attainment and incapacity in developmental task (Alvis et al., 2022; Li & Chen, 2025).

This study found parental neglect among the types of traumas experienced by the participants. Parental neglect of children increases vulnerability to other types of traumas, and compounded social, emotional and health outcomes later in adulthood (Keely et al., 2023), which results in developmental delays, including academic and social interaction difficulties. Other consequences of child neglect in the study included low self-esteem, poor self-image. Sibling caregiving was found in parental neglect in the study which resulted in school absenteeism and feelings of social engagement (Armstrong-Carter et al., 2023). These sibling caregiving outcomes can be mitigated by positive and strong sibling relationship where close, warm and satisfied relationship is found between siblings (Lavante et al., 2023).

Sexual abuse and assaults in childhood emerged as a type of childhood trauma in the study, which, although occurring frequently in South Africa, the voices of the children are rarely heard (Fouche et al., 2019). In particular, areas of low socioeconomic, such as the setting of this study, are reported to be more vulnerable (Ajayi et al., 2021). Mental disorders such as depression and anxiety, physical health problems, suicide, which was also reported in the study often occur among affected victims (Papalia et al., 2023).

The study found participants who experienced bullying at school, which was commonly reported in other studies (Ahmed et al., 2022; Hasan et al., 2025). Other studies conducted in South Africa confirmed bullying as a common occurrence in schools (Swart, 2024; Notana & Baloyi, 2025). Moreover, bullying trends continue because bullying victims often convert to bullying perpetrators to others that are seen weaker than them (Shiba & Mokwena, 2024).

The psychological impact of childhood trauma included suicide ideation and behaviours reported by victims. Experiencing traumatic events is related to planned and unplanned suicidal behaviours, young adults with a history of childhood trauma are 2 to 3 times at risk to commit suicide than peers without history of childhood trauma (Yao et al., 2023). In the study participants showed dissociation symptoms as an element that reduced injury, fear of pain and death, thus increasing capability to commit suicide as a coping factor from the traumatic event (Yarar et al., 2023; Ihme et al., 2022).

Sleep disturbance was reported in the study following childhood traumatic event. Participants portrayed problems such as difficulty falling asleep, having sleepless nights, early morning wakefulness and having nightmares, these findings are consistent with other reported publication of sleep disturbances (Guo et al., 2023). Nightmares and sleep disturbances will occur if arousal to trauma is increased by threats of environment and people, and will prevent recovery post the trauma and often lead to negative mental outcomes and chronic insomnia.

Lack of committed response from the justice system for child sexual offences was also reported by victims in the study, which was previously reported across South Africa (Mphatheni et al., 2021). Although a reported low global conviction rate and high attrition for sexual offenses has been reported, (Wieberneit et al., 2024), this has been reported to be especially high in South Africa. The challenge of low conviction rate for sexual crimes among children and those of compromised intellectual ability has been reported to be especially concerning (Machisa et al., 2023). This highlights the need for enforced and holistic support within the justice system for all victims of childhood trauma.

While other victims are able to develop strong self-resilience which helps them develop self-coping skills, self-efficacy, self-worth and optimism, others are encircled with strong supporting structures from family, society and the health system, People,

especially those who live in rural communities don't have access to skills or programs to assist them to navigate life without being drawn back by childhood trauma. Although strong social support and post traumatic therapies have shown a positive effect such as diminishing the negative physical and psychological outcomes that may arise after the traumatic event (Calhoun et al., 2022), few children in South Africa, especially in rural communities don't have access to such resources.

CONCLUSIONS

This study shows that childhood trauma among young adults in a rural South African community has enduring physical, social, and psychological consequences that may continue into adulthood when traumatic experiences remain unacknowledged, undiagnosed, and unresolved. The findings indicate that childhood trauma is not only an early-life event but also a continuing determinant of mental health, behavioural functioning, interpersonal relationships, and overall well-being. In a context where mental health resources in South Africa remain highly constrained and child and adolescent mental health services are often neglected, limited early intervention may allow trauma-related distress to persist across the life course.

The study contributes to existing knowledge by providing a deeper qualitative understanding of how childhood trauma is experienced, interpreted, and carried into young adulthood in a rural setting. These insights may support more comprehensive trauma-informed assessment and care, including the integration of brief childhood trauma screening into mental health diagnosis, closer attention to trauma histories among young people with behavioural problems, and improved referral pathways for affected individuals. Efforts to address childhood trauma should be strengthened, particularly in underserved communities with limited access to mental health services. However, because this study was conducted in one rural community, the findings may not represent the full range of childhood trauma experiences in other settings. Future studies should include broader populations and explore how unresolved childhood trauma contributes to adult mental disorders and psychosocial difficulties.

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AUTHORS' CONTRIBUTIONS

Bonolo Mmereki conceptualized the study, collected and analysed data and wrote the first draft of the manuscript. Kebogile Mokwena and Mathildah Mokgatle supervised all aspects of the study, reviewed, edited and finalised the manuscript. All authors have read and approved the final version of the manuscript.

AUTHORS' INFORMATION

Bonolo Mmereki is a researcher affiliated with the Department of Public Health, School of Health Care Sciences, Sefako Makgatho Health Sciences University, Ga-Rankuwa, South Africa. Kebogile Mokwena and Mathildah Mpata Mokgatle are full professors affiliated with the Department of Public Health, School of Health Care Sciences, Sefako Makgatho Health Sciences University, Ga-Rankuwa, South Africa.

COMPETING INTERESTS

The authors confirm that all of the text, figures, and tables in the submitted manuscript work are original work created by the authors and that there are no competing professional, financial, or personal interests from other parties.

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