Exploring factors that influence youth's experiences and adherence to the COVID-19 public health and social measures (PHSMs) in rural Bushbuckridge, Mpumalanga Province.

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KEY WORDS

- COVID-19
- Public Health and Social Measures
- Adherence
- Mpumalanga Province
- Youth
- Lockdown
- Thematic Analysis
- Qualitative

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ABSTRACT

Background: The COVID-19 pandemic has impacted many lives and caused various economic, psychological, educational, health-related, and social problems and disruptions in South Africa. Studies conducted on how young people were impacted found that the pandemic brought a lot of uncertainty and anxiety. The COVID-19 public health and social measures aiming to limit the spread of the virus, imposed restrictions that exacerbated the challenging socio-economic conditions of people living in South Africa.

Aim: This research aims to explore young people's experiences of and adherence to the COVID-19 public health and social measures.

Methodology: A qualitative research methodology was used, and individual in-depth interviews were conducted with 12 participants between the ages of 18-30, who have lived at Jim Brown Village, Bushbuckridge Mpumalanga since the inception of lockdown in South Africa. The data was analysed using thematic analysis. Ethics approval was obtained from the Senate Research Committee at the University of the Western Cape. Consent was obtained from the participants and their anonymity and confidentiality was assured by using a participant identifier number.

Results: As per study, the findings revealed that young people experienced hardships because of COVID-19 and associated control measures. The COVID-19 PHSMs had an impact on the mental health and well-being of young people with some participants reporting to having felt anxious, fearful, uncertain, and lonely. The various roles and responsibilities shifted as some participants had to take on more roles within their families while others felt they were unable to fully fulfil their roles of being "providers" and "protectors" due to the devastating impact of the COVID-19 PHSMs. The study also found that the media played a significant role in the dissemination of information though there was false information and propaganda spread in some media platforms which also impacted the level of trust that participants had on the media. The deeply entrenched inequalities within the country were further highlighted through the education impact whereby it was revealed how access to online learning and acquiring the gadgets to partake in the online activities due to the closure of schools, depended on the socio-economic status of guardians and learners. The closure of employment/business impacted the financial stability of the participants with some reporting that their business suffered due to the curfews that were introduced as well as the closure of other traders. Those employed revealed the fear of losing their jobs and not being able to provide for their families. Lastly, the availability of social and community support portrayed the spirit of UBUNTU and cushioned

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some of the participants from the effects of COVID-19 PHSMs, though participants stated that support services for youth were limited in their communities.

Conclusion and Recommendations: The PHSMs had a substantial impact on the lives of young people and support to help them through this challenge was limited. To fully understand and implement intervention strategies for the future it is important to adopt a holistic person-centred approach, that will focus on the individual, social aspects, community aspects as well as the policy environments that all intersect and impact on people. It is equally important to actively involve of young people when devising intervention strategies and policies in order to ensure their concerns are adequately taken into account.

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DECLARATION

I declare that *Exploring factors that influence youth's experiences and adherence to the COVID-19 public health and social measures (PHSMs) in rural Bushbuckridge, Mpumalanga Province* is my own work, that it has not been submitted for any degree or examination in any other university, and that all sources I have used or quoted have been indicated and acknowledged by complete references.

Signed: 

Date: 28 September 2023

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To my late dad, *I told you I would make you proud*, may you continue to rest in perfect peace.

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CHAPTER 1: INTRODUCTION

1.1. Background

Corona virus (COVID-19) is a disease that is caused by the SARS-CoV-2 virus (WHO, 2021). This is an infectious disease that is transmitted through droplets, directly, indirectly and through close contact with a person who is infected; a person who is asymptomatic is still able to transmit the virus (Majam *et al.*, 2021). The first case of COVID-19 was reported in China, Wuhan in 2019 and since then the virus spread to every corner of the world (Indrayathi *et al.*, 2021). The Huanan Seafood Wholesale Market in Wuhan, Hubei, China, is a seafood wholesale wet market. In late December 2019, there was an outbreak of an unexplained pneumonia that was characterized by fever, dry cough, exhaustion, and sporadic gastrointestinal symptoms (Huang, Wang, Li, Ren, Zhao, Hu, *et al*., 2020). The disease spread quickly across the world, the first case in South Africa was reported in March 2020 (STATSSA, 2020).

According to statistics obtained from the World Health Organisation, there have been 768 560 727 confirmed cases of COVID-19 and a total of 6 952 522 deaths globally as of 26 July 2023 (WHO, 2023).

The Africa Centre for Disease Control (Africa CDC) (2021) reported that South Africa has the highest prevalence and the highest cumulative incidences of COVID-19 infections in Africa. There are more than 4000 000 COVID-19 cases reported as from the 26 July 2023 and South Africa has surpassed the 100 000 deaths mark (WHO, 2023).

Mpumalanga reported 204, 367 cases, of which 199 075 have recovered and a total of 4774 deaths on the 2nd of February 2023 (SA Coronavirus, 2023).

In order to contain the spread of the virus and limit fatalities, the World Health Organisation (WHO) released a guideline of non-pharmaceutical interventions (NPI) against COVID-19 referred to as public health and social measures (PHSMs).

Public health and social measures (PHSMs) are a global strategy that consists of personal measures (washing hands, sanitising, wearing a mask, physical social distancing) the environmental measures (disinfecting areas), and distancing measures (allowing a certain number of people in an area such as a grocery store, maintaining distance in shared spaces within the workplace, leaving the house only buy essentials) (WHO, 2021). These strategies were devised as a strategy to limit the spread of the virus.

Since the first COVID-19 case in South Africa there have been various guidelines implemented to prevent and curb the spreading of the virus including a strict lockdown severely limiting the movement of citizens and impacting various sectors around the country.

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1.2.The Research problem and Rationale

The COVID-19 pandemic impacted various sectors in the country and the world, it resulted not only in the loss of human life but caused severe social and economic problems and placed a great burden on South Africa's public health system (WHO, 2020).

The implementation of the lockdown led to the temporary closure of schools and institutions, education came to a standstill, and the temporary closure of most companies resulted in the loss of income and employment for many people who were working prior the lockdown. Consequently, young people are suffering greater levels of insecurity in an environment where the majority are already disadvantaged and are impacted by poverty and unemployment (Mudiriza & Lannoy, 2020). A study conducted by Gittings *et al.* (2021) state that being unable to generate money in informal or service-industry occupations was reported as very stressful by young people in these situations because they did not know how they would be able to provide for their families and themselves. The study further reports on the indirect impact the lockdown had on service delivery, the mental health of young people and the anxiety and fear that young people experienced about their unclear futures because of COVID-19 (Gittings *et al.*, 2021).

While there are some studies conducted on the COVID-19 Public Health and Social Measures (PHSMs), overall research that focuses on the experiences of young people in South Africa is limited. What has been published has shown that the mental health of young people was negatively affected by the lockdown measures (Jaureguizar, Galende & Ozamiz, 2021). How people experience PHSMs is likely to have an influence on whether they adhere to them and will determine what they require in terms of support while PHSMs are in place.

Although we know that PHSMs have shown to be effective in slowing down the spread of the virus, there are few in-depth studies focusing on PHSMs and the experiences young people in South Africa. Such studies are particularly limited among rural communities and in the province of Mpumalanga. It is important to research young people so that their experiences are also considered and understood when developing pandemic management strategies and when attempting to promote adherence. Now that the PHSMs are no longer in place, it is important to investigate young people's experiences with them before too much time passes, and their experiences become more difficult to recall. If evidence on the experience of young people with these kinds of measures is not available, future pandemic management strategies risk, again, not taking their needs into account and having the same negative impacts as well as failing to learn from and enhance anything that went well.

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This research will give the young people in the study sample a platform to share their experiences of the COVID-19 PHSMs and the factors that influence their adherence to these measures. There are very limited studies that investigate and explore the adherence of young people to the PHSMs, and this research is aimed at providing insight into the adherence levels and the factors that play a role in this regard as well as the experiences of young people.

1.3.Aim of the study

This study aims to explore young people's experiences of the COVID-19 public health and social measures.

1.4.The objectives of the study

- To describe how young people living in Mpumalanga experienced the COVID-19 public health and social measures.
- To explore the factors influencing young people's adherence to the COVID-19 public health and social measures.
- To identify any gendered dimensions of young people's experiences of the public health and social measures.

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CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

The literature review chapter focuses on the literature that is relevant to COVID-19 and the public health and social measures. It begins with describing the Public Health and Social Measures (PHSMs) which were implemented in South Africa, paying particular attention to lockdown as a preventative measure. Then some of the documented socio-economic impacts of the PHSMs will be briefly discussed including impacts on food security, employment, and inequality. It will then specifically consider literature focused on the impact of COVID-19 on young people with a particular focus on mental health, education, and youth employment. This chapter will further discuss the adherence to PHSMs. Lastly, it will explore the theoretical framework underpinning this study.

2.2. Public health and social measures

A report by Partnership for Evidence-Based Response to COVID-19 (PERC) (2020) states that the PHSMs were a necessity to slow down the spread of the virus and lessen the pressure that the virus put on the health care system, but they also placed a great burden on people as it restricted their movement and access to certain services. The PHSMs were washing hands, sanitising, wearing a mask, physical social distancing, disinfecting areas, lockdown and distancing measures which entailed allowing a certain number of people in an area such as a grocery store, maintaining distance in shared spaces within the workplace, leaving the house only to buy essentials. All these measures were adjusted according to the reported COVID-19 cases, with some of the measures such as wearing a mask and social distancing being stringently enforced.

Lockdown as a Preventative measure

On the 26 of March 2020 a strict lockdown was instituted in South Africa, everyone was required to stay indoors except when one needed to get essential medical supplies or buy groceries. Shops were also required to manage the number of people permitted into the premises at a given time (Sekyere, Bohler-Muller, Hongoro, & Makoae, 2020). One needed a permit to travel to work, all public gatherings were prohibited and only 50 people could attend funerals. Depending on the severity of the current COVID-19 wave, regulations were adjusted, and restrictions were loosened or tightened.

These levels of restriction were referred to as lockdown levels 1-5. Lockdown level 5 was the most restrictive while level 1 had less strict measures in place allowing public gatherings though the number of people allowed per venue capacity was still restricted. People were still

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required to maintain social distancing and they were also required to keep masks on and sanitise and/or wash their hands (Mengjo, 2021).

Non- adherence to some of the PHSMs was regarded as a punishable offence in South Africa, especially the wearing of masks, maintaining the required number of people during public gatherings, and adhering to the curfew (Sekyere *et al.*, 2020). The "new normal" affected not only people's movements and accessibility but it also required a lot of adjustments to be made. In response to the PHSMs institutions took to online learning and teaching, companies and organisations implemented virtual meetings and working from home (Sekyere *et al.*, 2020).

2.2.1. Socio-economic effects of PHSMs

In a study conducted in South Africa, Majam *et al*. (2021) report that the PHSMs led to many secondary socioeconomic challenges, they further add that, travel restrictions disrupted supply chain processes which contributed to food insecurity especially in low-income earners and closure of work decreased the income of low-skilled workers.

The PHSMs has also disrupted livelihoods because they restricted economic activities such as workplace closures, movement of goods due to curfew and access to markets (PERC, 2020).

COVID-19 placed a lot of burden not only on livelihoods but on access to essential services, some of the barriers reported by people pertains to some facilities being closed, hospitals rescheduling procedures, and some not being accessible due to mobility restrictions. Some treatments were deferred due to fears of COVID-19 transmission (PERC, 2020).

Inequality

South Africa's lock down was regarded as one of the most restrictive lockdowns to be implemented in Africa and the world (Stiegler & Bouchard, 2020). In a nation with the highest inequality rates in the world and 20% of the population living in extreme poverty, the people of South Africa have not been equally impacted by the adverse effects of COVID-19. The lockdowns exposed the level of inequalities that exist between the middle class and lower class, as some battled to put food on the table whilst others were able to stay at home and make purchases online (Alvarez-Iglesias *et al.*, 2021)

The implementation of the strict lockdown meant that there was little economic activity thus further burdening those that are self-employed and the informal sector as there were no opportunities to earn income (Sekyere *et al*, 2020).

A report by the World Bank (2020) states that COVID-19 poses a threat to 3 million South Africans falling into poverty. A survey conducted by Stiegler and Bouchard (2020) suggest that middle class people living in formal housing were able to adhere to the lockdown whilst

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those from poorer backgrounds living in informal settlements struggled to adhere to the lockdown as they needed to find means to survive. Erero and Makananisa (2021) go on to add that higher earning professionals and managers can mostly observe social distancing and may even work from home whilst those that are in workplace clusters within the mining sector, retail, manufacturing, public and private industries are the most affected due to overcrowding; hotspots have primarily developed in the crowded townships and informal settlements of metropolises. Sekyere *et al.* (2020) note that another issue is with peri-urban, rural, or informal housing where it is hard to maintain a social distance because of the close proximity of the structures and the lack of well-defined infrastructure, individuals living in overcrowded settlements often find it healthier to stay outdoors than indoors, making it difficult for them to adhere to the lockdown regulations.

This demonstrates the inequalities that exist in South Africa and the way in which these inequalities were exacerbated by the pandemic and the PHSMs.

2.3. Impact of COVID-19 on young people

COVID-19 had a huge impact on the lives of young people, and they had to adjust and continue their daily activities even after the impact that the pandemic had in people's lives, families, communities, and the country as a whole. Our lives have been impacted in every way by the COVID-19 pandemic. Young people were marginalised from social and economic activities, this has been a major obstacle even before the onset of the pandemic, young people are now risk of suffering (limited employment opportunities, closure of educational institutions, income and job loss) due to the pandemic unless steps are taken to avert this (International Labour Organisation, 2021).

Much of the research describing the impact of COVID-19 on young people can be categorised into three themes which will be discussed in more detail.

2.3.1. Mental Health

Global Mental Health Impact

COVID-19's effects on mental health, employment, restrictions, loss of income and disruptions to relations and education, were the areas that youth voiced the most concern about (OECD, 2020). The biggest risk factors for an increase in mental health issues, according to studies on the COVID-19 and past pandemics, are a fear of contamination and a restriction on social interaction (Jaureguizar *et al.*, 2021). Early survey results from China show how exposure to the pandemic has a severe impact on young people's mental health. These early results show increased rates of worry, decreased sleep, and irritability in young people. Concerns were raised about a potential "last wave" of the virus's impacts on young people who have little

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control over their environment and who would suffer from poor mental health and social implications (Power *et al.*, 2020).

A study focusing on the impact of COVID-19 on the mental health of adolescents across the world, conducted by Branje (2023) revealed that disparities in how adolescents were impacted by the pandemic were influenced by various factors such as their socio-economic background and pandemic-related factors such as restrictive measures, furthermore, the COVID-19 measures such as lockdowns, stay-at-home orders as well as social distancing policies that were implemented across the world had a significant influence on the day-to-day life of young people for example, young people couldn't travel as before, educational institutions were temporarily closed and they had to adapt to online learning, and there was limited social interactions with peers due to the adjusted lockdown levels where people were only permitted to leave their homes for essentials or emergencies. Early cross-sectional studies conducted in the sub-Saharan Africa reported that young people experienced a high burden of mental health issues (Mudiriza & Lannoy, 2020)

A rise in anxiety, mental disorders and the use of alcohol was observed from 17 longitudinal studies that were conducted amongst college students, in the early stages of the COVID-19 pandemic in spring 2020 (Branje, 2023).

South African mental health impact

A study sample of undergraduate students from South Africa found the level of life satisfaction to be low whilst levels of loneliness and symptoms of anxiety were found to be high (Pretorius & Padmanabhanunni, 2021) the findings of this study were consistent with those in Zambia and Sierra Leone (Sharpe *et al.*, 2021).

A study sample consisting of 11 700 young people from all the provinces in South Africa was collected, Mudiriza and Lannoy (2020) reported that 72% of the sample of young people with depressive symptoms were identified during the first shut down in South Africa.

In their study Gittings *et al.* (2021) further add that having basic, urgent needs satisfied in an environment of uncertainty and great precarity was the issue that young people in their research expressed as having the most concern about, in addition to these concerns young people in the study also expressed their fears regarding their future education due to the pandemic.

Alvarez-Iglesias *et al.* (2021) state that following the implementation of the initial lockdown regulations in March 2020, the South African Depression and Anxiety Group (SADAG) conducted a survey among the public where it was discovered that 65% of respondents reported feeling worried during lockdown, although supporting the limits (Speak Your Mind, 2020). COVID-19 has a detrimental effect on South African's mental health Chadi, Ryan and

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Geoffroy (2022) suggested that the decreased access to mental health services, social isolation, and lack of access to support services within communities and the few opportunities for physical activity may negatively affect young people's mental health in the short and long term due to the restrictions introduced to curb the spread of the COVID-19 pandemic.

This confluence of elements, along with the worry about spreading the disease and other social and economic issues, have, in the opinion of many experts, produced a "perfect storm" that could hasten the beginning of mental health disorders in youngsters or worsen those that already present. This may be especially true for young people who already have vulnerabilities, such as those who have experienced familial hardship (Cohen & Bosk, 2020; Jones *et al*., 2020 as cited in Chadi, 2022).

The COVID-19 pandemic connects and overlaps with pre-existing social and environmental risk factors, which already have a disproportionately negative impact on the mental health of adolescent girls and young women (AGYW) furthermore, increased levels of, emotional distress, anxiety and other negative feelings were observed among AGYW in some areas because of COVID-19 and the lockdown, which worsened pre-existing mental health stresses (Duby *et al*., 2022).

Special attention ought to be given to the vulnerable and marginalised populations (LGBTQI+ community, homeless, those struggling with substance use and abuse as well as those in foster care) during the COVID-19 pandemic, they are more likely to be at risk of injury and it may in some cases be difficult (even dangerous) for them to stay at home due to family demands as well as economic uncertainty (Silliman Cohen & Bosk, 2020). At the same time, the COVID-19 pandemic reduced staffing or made it impossible for people to access safety nets that safeguard children, such as child protective services, educators, and medical and mental health professionals (Silliman Cohen & Bosk, 2020). Gender nonconforming youth and LGBTQI+ youth are far more likely to experience physical and sexual abuse with the degree of gender nonconformity predicting a higher risk for poly victimization (Silliman Cohen & Bosk, 2020). Prior to COVID-19, LGBTQI+ adolescents suffered disproportionately from mental health issues, with their sexual orientation and gender identity serving as risk factors for victimization, trauma, discrimination, and abuse. Despite evidence of significant unmet mental health needs, LGBTQI+ adolescents have long been disregarded in research, health care, and legislation despite the harmful effects of COVID-19 on youth and young adults' worldwide mental health (Ormiston & Williams, 2022).

The closure of schools and institutions limited the LGBTQI+ youth and young adults from accessing services such as counselling, support programs (physical and mental) as well as

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identity-based resources, the inequities in mental health were worsened by the COVID-19 control measures furthermore, people who were more vulnerable during the COVID-19 pandemic are young people with intersectional identities this includes LGBTQI+ youth, Black, indigenous and people of colour (Ormiston & Williams, 2022).

Gaining a better knowledge of risk and resilience factors will also help in identifying intervention strategies and future pandemic preparation (Haag *et al.*, 2022)

2.3.2. Education

To control the spread of the COVID-19 virus, many schools had to close and resort to online learning. Although the purpose of these closures was to stop the virus from spreading within institutions and from reaching susceptible people. According to recent COVID-19 survey, the mortality rate only decreased by 2% to 4% because of educational institution closures and they have had a significant macroeconomic impact (Kumar *et al*., 2021).

According to a global survey, 65% of young people reported that they have learned less since the beginning of the pandemic, with 51% fearing the delay of education even though efforts had been made for the continuation of education on online platforms (UNICEF, 2021).

The closure of schools has had a significant impact on young people and school going children. Results from a study by Chaabane, Doraiswamy, Chaabna, Mamtani, and Cheema (2021) noted that children from poorer homes and those with disabilities were at a higher risk of seeing educational inequities grow as a result of limited parental involvement and the lack of resources for online learning, their findings imply that when schools closed due to COVID-19, children and teenagers lost access to several vital services, including healthcare services provided in schools, special education programs that give disabled children specialized teachers and structured learning environments, and nutrition programs provided in schools and daycare facilities that feed less fortunate children.

Chaabane *et al*. (2021) further add that the closure of schools exacerbated loneliness in young people and contributed to an increase in anxiety in children as well as a substantial rise child stress, frustration sadness and indiscipline. Due to the closure of schools, movement was limited and restricted which may have contributed to more physical inactivity and an increase in screen time (tv, games, internet, cell phones) and unhealthy eating habits.

Access to internet or technological devices posed as a challenge for some children in their communities, whilst keeping an eye on their child and maintaining harmony in the home was challenging for many working parents (Kumar *et al.*, 2021).

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Schools were no longer able to supply low-income students with free lunches, as well as social isolation and school dropout rates have increased (Nicola *et al.*, 2020). According to Kumar *et al.* (2021) the family with the lowest level of education accounts for 60% of the overall learning loss in children.

Learning poverty (defined by the world bank as the inability to read and understand a simple text by the age of 10) is experienced by almost 80 % of students. (Zeufack *et al.,* 2020 as cited in Alvarez-Iglesias *et al.,* 2021). The second quarter of the 2020 lockdown left roughly 13 million students in South Africa without access to adequate education, the high unemployment rate amongst young people was further exacerbated by the waning in economic activity (Zeufack *et al.,* 2020 as cited in Alvarez-Iglesias *et al.,* 2021).

2.3.3. Youth employment

Youth hunger and poverty were made worse in nations that already struggled with food insecurity because of the COVID-19 pandemic due to strict public health control efforts (Govender *et al.,* 2020). The closure of businesses and a stagnant global economy was exacerbated by the pandemic thereby putting more strain on the labour market, and young people felt the brunt more than adults due to the recession on the labour market (UNICEF, 2021)

Young people faced challenges accessing employment prior to the pandemic, including in the Eastern and Southern Africa, therefore the pandemic exacerbated long-standing conditions in the global labour markets (ILO, 2020; Govender *et al.,* 2020). Since, there are fewer job prospects available (UNICEF, 2021).

In spite of making up only one third of all formal employment prior to COVID, the pandemic disproportionately affected youth employment, resulting in a 14% decline in employment for workers under the age of 35, which accounted for two thirds of all job losses in the formal sector between the first term of 2020 and the second term of 2021 in South Africa (Altman, 2022). The danger of unemployment is already higher for young adults (18–24 years old), which has an impact on their capacity to maintain steady job and income. Altman (2022) further adds that 2.24 million jobs were lost in South Africa during the first lockdown (March to June 2022), employment was at 1.44 million by the second quarter of 2021, which was below what it had been before the inception of the lockdown.

There was a great need for policy responses and initiatives targeted at youth (un)employment, there are countries that took swift steps at ensuring that they stabilise youth employment by introducing programmes at the start of the pandemic (Rinne, Eichhorst, Marx, & Brunner, 2022). While other countries delayed in introducing policies and programme targeted at the

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youth as a response to the COVID-19 pandemic (Rinne, Eichhorst, Marx, & Brunner, 2020). Rinne *et al.* (2022) notes that there are some youth employment initiatives that were implemented swiftly as part of a comprehensive policy agenda by some countries in the Global South; they further give an example of South Africa which implemented and extended its youth focused initiatives although there were some implementation challenges.

In South Africa, the government introduced food parcels and the SRD grant which was meant to assist those that lost their jobs, as well as those that were struggling to make ends meet during the pandemic. There were other initiatives and programmes such as the Presidential Youth Employment Initiative, The COVID-19 Temporary Employer/Employee Relief Scheme (TERS) and other job opportunities for graduates, that were implemented as a way of mitigating the negative impact of COVID-19 on the youth. Although, all these initiatives were implemented, the number of youth people who are not working, attending school or in training has increased and has since not returned to its pre-crisis level (ILO, 2021).

2.4. Adherence to PHSMs

The PHSMs were implemented as a way of curbing the spread of the COVID-19 virus and to slow down its progression for response measures such as the preparation of the healthcare system and the invention of new drugs and vaccines, to be put in place (Murukutla *et al*., 2022). A study conducted in African countries by Murukutla *et al.* (2022) discovered that the PHSMs adherence levels within the first 6 months of the COVID-19 outbreak were higher additionally, the adherence to the community PHSMs was lower than the personal PHSMs adherence levels; the community PHSMs refers to measures such as crowd control, allow a certain number of people inside shops, the temporary closure of churches, nightclubs, inter-provincial travelling whilst personal PHSMs refers to mask wearing, hand sanitising, washing hands. It is therefore imperative that there is an understanding regarding the factors or influences that lead to the adherence to the PHSMs.

Economic activity, emotional health and social connections have all been significantly impacted by the pandemic. Despite the pandemic's universality, past experiences with natural catastrophes indicate that different people may be affected by it differently. People's reactions to catastrophic occurrences are influenced by factors such as their gender, age, social background, and emotive responses (Neumayer & Plümper, 2007; Taylor *et al*., 2008; Eckel *et al*., 2009; Ibuka *et al*., 2010; Huang *et al*., 2013; Callen *et al*., 2014; Jang *et al*., 2020 as cited in Alsharawy *et al*, 2021).

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2.4.1. Gender and adherence to PHSMs

A study conducted in 8 different countries by Galasso *et al.* (2020) found that women also saw the COVID-19 pandemic as being more serious and adhered to prevention measures more consistently across the eight different countries. They further add that there are different factors that influence compliance, the data from the study showed persistent variations between the ways that men and women view the pandemic and behave in response to it.

According to adolescent girls and young women (AGYW) who participated in a study that was conducted in 6 districts in South Africa, the worry of both contracting COVID-19 and running into the police made them afraid to leave the house even though they are aware that there are no prospects to earn any money by staying at home. (Duby *et al.*, 2022).

2.5. Research Gaps.

Prior studies have shown the impact that the COVID-19 pandemic and related PHSMs had on young people, including the impacts on their mental health, education, employment, as well as family and community networks. However, the available research is limited and none of the studies described focused specifically on rural populations. There is also some research exploring the factors which influence people's adherence to the PHSMs, however these qualitative studies do not focus particularly on young people based in rural communities in South Africa. This study seeks to address these gaps and to explore how young people in the rural village in Mpumalanga experienced the PHSMs and the various factors that influenced their adherence to the PHSMs.

2.6. Theoretical framework

The socio-ecological model will be used as the theoretical framework for this study. Urie Bronfenbrenner initially developed the socio-ecological model (SEM) as a conceptual framework for understanding human evolution in the 1970s. The SEM was eventually formalised as a theory in the 1980s (Kilanowski, 2017).

Social Ecological Model

The SEM posits that there are multiple factors that affect health and that there is an interaction between the individual level, interpersonal level, institutional level, community level and public policy level which all influence a person's health (Mcleroy, Bibeau, Steckler & Glanz,1988). This model provides an overview of the determinants of health at various levels, which helps understand how the different levels can impact a person. The SEM will underpin this study as the aim is to generate a thorough understanding of young people's experiences of and adherence to the PHSMs. This model provides a framework which can be used to make sense of the multiple factors which are likely to have an influence on young people's health

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experiences. The following paragraphs provide a brief overview of the different levels of the SEM:

The individual level considers a person's age, gender, economic status, educational level, knowledge, and attitude as some of the attributes that can influence a person's behaviour (Mcleroy, Bibeau, Steckler & Glanz,1988). The interpersonal level considers the relationships and interactions that a person has, this includes family and friends. This level of the SEM states that the networks and relationships that a person maintain may serve as emotional support or even shape a person's social identity (Mcleroy, Bibeau, Steckler & Glanz,1988). The institutional level focuses on the behaviour of a person that may be shaped by an institution's characteristics, its rules and/or regulations (Mcleroy, Bibeau, Steckler & Glanz,1988). The community level is made up of a variety of elements, including the built environment, the community's location, housing, transportation, level of income, health care, and educational resources (Mcleroy, Bibeau, Steckler & Glanz,1988). It also includes the relationships between community organisations and the power structures which have an influence on communities such as cultural norms and standards, social status, the economy, and other social factors. The last level is the public policy level which focuses on the laws and policies which can also impact and determine health outcomes (Mcleroy, Bibeau, Steckler & Glanz,1988).

The COVID-19 PHSMs have impacted the different spheres of people's lives, and it is through the use of the SEM framework that we would get to understand the lived experiences of young people, and how the different levels of their lives were impacted by different factors which influenced their (non) adherence to the COVID-19 PHSMs. The theoretical framework helps our thinking and understanding of the impact of the PHSMs on the different spheres of the participants lives, it is also used to discuss the findings of the study as well as to categorize the recommendations that the researcher developed from the findings.

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CHAPTER 3: METHODOLOGY

3.1. Introduction

This chapter presents the methodology used in the study, a description of the study design, study setting, sampling method as well as the data collection techniques and data analysis is provided. Lastly, the ethical considerations will be discussed.

The study aims to explore young people's experiences of the COVID-19 public health and social measures and specifically to answer the following research questions:

- What are the experiences of young people living in Mpumalanga of the COVID-19 public health and social measures?
- What are the factors influencing young people's adherence to the COVID-19 public health and social measures?
- What are the gendered dimensions of young people's experiences of the public health and social measures?

3.2. Methodology

The research project adopted an interpretivist approach which endeavours to understand and gain insight into the experiences, opinions, thoughts, and emotions of people (Gittings *et al.*, 1989). De Villiers (2005) adds that interpretivism seeks to gain understanding about the complex human behaviours that exist as well as gain insight about people's social settings. This approach is associated with qualitative research design.

3.3. Study Design

This study made use of a qualitative research design informed by a phenomenological interest in the lived experiences of participants (Merrium & Tisdell, 2016).

According to Creswell, Hanson, Clark and Morales (2007) phenomenology seeks to understand the lived experiences of people regarding a particular phenomenon. This research design is appropriate because of the study's aim to explore how young people experienced the COVID-19 PHSMs.

3.4. Study Setting

The researcher carried out this study in a small rural village known as Jim Brown, which is located within the Bushbuckridge municipality in Mpumalanga. According to Statistics South Africa (StatsSA) Census 2011 Community profile Jim Brown has a population of approximately 2600.

This village is unique in that there are some services (such as refuse removal, flushing toilets connected to sewerage, piped water inside residences and most households gets their water

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from the local river) that are not available in the community, and this may have had an influence on their experience of PHSMs. The COVID-19 measures and regulations have highlighted the importance of amenities such as running water in households and access to proper sanitation, some of these amenities are lacking in this village as villagers sometimes go for days without running water and resort to fetching water at the nearby river which can also increase the chances of transmitting the virus as people go to the river to bath, wash dishes, wash clothes and fetch drinking water.

3.5. Sampling

The sample for this study comprised of young people between the ages of 18-30 living at Jim Brown Village, they needed to have lived in the village since 26 March 2020 the inception of lockdown in South Africa. The rationale behind selecting participants who have been residing in the village since the inception of lockdown was to understand their experiences of COVID-19 and the PHSMs living in a rural village.

The researcher made use of non- probability, purposive sampling, the sample was heterogenous including both males and females who live in the village.

The sample size was 12 participants, the researcher wanted to develop rich descriptions of the participants experiences and so a smaller sample enabled her to conduct in-depth interviews and to spend time intensively analysing the data. To recruit participants, the researcher engaged organisations that work with youth from the community such as Lovelife organisation and community centres where youth are involved. After contacting Lovelife organisation the researcher discovered that the organisation had moved their centre to another village and was no longer serving young people from the area where the research was to be conducted. The researcher then contacted the local community centre, which is a place where young people frequent. Due to the community set up, there was no manager at the centre so the researcher had to get permission from the local councillor to conduct research at the community centre. The researcher set up a meeting with the councillor to explain the research project and its aim and then permission to conduct the research study was granted.

3.6. Data collection techniques

The data was collected through semi-structured face to face in-depth interviews using a series of open-ended questions and observations of young people's body language during the interview sessions. The use of open-ended questions was important because it allowed participants to discuss the salient aspects of their experiences of and adherence to PHSMs. The researcher also translated the interview guide to Xitsonga as it is the dominant language spoken

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in the community, in order to ensure that participants could discuss the topic in a language they were comfortable with. The researcher started the interview by introducing herself and explaining the research study, it's aim and the participants' participation in the study. The researcher felt it was important to develop a trusting relationship with the participants so that they are also comfortable engaging, the researcher also addressed issues of confidentiality before the interview and went through the consent form with the participant so they were aware that their personal information will not be shared with anyone, nor will their names be included in the study.

The interviews were conducted in English and/or Xitsonga which is the local language spoken in the village and the interview guide was also translated into Xitsonga; the interviews were audio recorded with the participants permission. Each interview was estimated to be 60 minutes long, the time set aside was sufficient for most participants to be able to answer all the questions in the guide.

Due to the ongoing COVID-19 pandemic, the interviews were conducted in a well-ventilated area, depending on the weather they were also conducted outdoors in a quiet and private space. The COVID-19 protocols and procedures in place at the time of the interviews were observed stringently, and the researcher discussed with the participant what they were comfortable with and accommodated them accordingly.

3.7. Data Analysis

The researcher analysed the data using the thematic analysis method. Clark and Braun (2017) define thematic analysis as a method used in qualitative research to identify, analyse, and interpret patterns of data. Guest *et al.* (2012) adds that since thematic analysis emphasizes individuals' subjective experiences, feelings, and perceptions, it is relevant to phenomenological approaches. Thematic analysis is appropriate in this phenomenological study because the sample of participants is greater than 10, the study is interested in identifying themes across the sample rather than focusing on unique factors for each participant and it is interested in the implications of the findings for future pandemics (Braun & Clarke, 2020). The researcher identified and collated all the data from the individual interviews conducted. The researcher went on to analyse the data and arranged it according to the themes relating to adherence to the PHSMs and the experiences of young people of the PHSMs.

The first step that the researcher took in this process was to transcribe the audio recording of the interviews, this refers to translating data to written documents, the researcher undertook this task manually. The researcher played the recorded interview and then typed what was said,

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this assisted the researcher in familiarizing herself with the data before the coding process could start. The researcher translated the interviews to English where another language was used.

The next step in the process is known as coding. Braun and Clarke (2013) refer to a "code" as a word or phrase that captures the importance of a particular idea that may be of use. In this step the researcher read the transcript and highlighted the data needed to be coded. An example of some of the initial codes are, *"family pressure" "Loss of employment and ripple effect on family members" "limited support for school kids" "limited freedom of movement".*

This process repeated until the whole data set was coded, and the relevant data associated with each identified code was collated.

The next step in the process was identifying themes. Braun and Clarke (2006, p. 82) state that a theme "captures something important about the data in relation to the research question and represents some level of *patterned* response or meaning within the data set".

In this phase the researcher reviewed the data that was coded and identified the areas that were similar or overlapped, the researcher clustered the codes that were similar so that they could reflect a meaningful pattern and add meaning to the data. (Braun & Clark, 2006)

The researcher also explored the relationship that existed between themes and how these was able to tell a story that answered the research question. (Braun & Clarke, 2006)

The step to follow was reviewing potential themes, this was when the researcher reviewed the themes in relation to the data that was coded, this was an important step as it also contributed to quality checking. The researcher rechecked the themes identified against the data that was collated and identified if the theme was fitting, when the researcher found that the theme did not fit, it was relocated to another theme, there are some themes that overlapped, and these were grouped together and into one theme. For example, in the initial theme analysis the researcher had *"adherence to PHSMS" "non-adherence to PHSMs"* as separate themes and after reviewing the themes the researcher realised that they overlapped with the other themes *"Mental and emotional impact" impact on business/employment*, and they were then relocated to those themes (Braun & Clarke, 2006).

After the researcher reviewed the potential themes, she reviewed the themes in relation to the entire dataset to check whether it captured the dataset or a part of it meaningfully. The step that followed was the definition and naming of themes. In this phase the researcher stated what was specific and unique about each theme and checked whether it addressed the research question. The researcher then named each theme, there are six themes that the researcher found they are *(1) mental health and emotional aspects, (2) roles and responsibilities (3) information and*

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media (4) education, (5) impact on business/employment, and (6) community and social support.

The last step involved producing a report that provided a story about the data based on the analysis, the researcher wrote out the themes logically and ensured that they were connected and meaningful (Braun & Clarke, 2006).

3.7.1. Trustworthiness

Cypress (2017) defines trustworthiness as the quality, genuineness, and accuracy of qualitative research findings. Yin (1994) further adds that trustworthiness can be used as a standard by which to assess a study design's quality. Specific elements of trustworthiness include credibility, transferability, dependability, confirmability and reflexivity, each of which will be discussed in relation to the present study below.

Credibility

Credibility is defined as the degree of trustworthiness that can be attributed to the accuracy of the study results. The research findings' credibility is determined by whether or not they represent reliable information gleaned from the participants' original data and are a valid interpretation of their initial thoughts (Korsjens & Moser, 2018).

This was ensured through prolonged engagement (Korsjens & Moser, 2018). Prolonged engagement was facilitated by the researchers position as an 'insider' in this village- have spent substantial time here herself, she was very familiar with the setting and the context which helped her to interpret the data in a credible manner.

Transferability

Transferability refers to the extent to which the findings of the study can be transferred to other contexts. In order to facilitate this, rich or "thick" descriptions of the participants, the setting, and themes within the study were collected so that the reader is able to assess the similarities and differences when compared to other contexts (Korsjens & Moser, 2018).

Mills, Durepos and Wiebe (2012: 2) define thick description as "the process of paying attention to contextual detail in observing and interpreting social meaning when conducting qualitative research." The researcher achieved this by describing their setting, and environment as well as their experiences and contextual understandings (Mills, Durepos & Wiebe, 2012). The participants' backgrounds, employment status as well as age is presented in the results section, this provides an opportunity to understand each participant's socio-economic context.

Dependability and confirmability

Dependability refers to the long-term consistency of a study's findings and confirmability refers to the extent to which additional researchers could validate the study's results (Korsjens

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& Moser, 2018). This study ensured dependability and confirmability by keeping an audit trail throughout the research process which documented the decisions made along the way. This included a record of the analysis process and how the themes were developed, the coding framework which was used to analyse the data including quotes supporting each of the categories which were identified.

Reflexivity

Creswell and Miller (2000) state that a researcher should be aware of their own beliefs, assumptions and biases and should be able to self-disclose this. Lambert, Jomeen, and McSherry (2010) posit that reflexivity involves being self-aware. This means that as a researcher one should be conscious of their own feelings, ideas, and world views and how this can influence and impact the study.

To achieve reflexivity in this study the researcher kept a journal of their thoughts, assumptions, and biases at every stage of the study and documented and reflected on their roles as the study continued. The researcher also noted down thoughts, reactions, and ideas about the participants' comments as the research unfolded, this assisted the researcher in better understanding herself in relation to the research.

The researcher forms part of the community and social world that is being studied and one cannot fully detach from it, therefore they spent their time critically reflecting on and documenting their own subjectivities and emotions towards the phenomenon being studied (young people's experiences of and adherence to the COVID-19 PHSMs) as well as the study participants (Jootun, McGhee, & Marland, 2009).

Researcher's Reflection

The researcher felt that the PHSMs played an important role in trying to curb the spread of the virus, however it also impacted her as she was not able to travel to visit loved ones during the hard lockdowns, this caused a lot of distress especially living in a different province. There were some views that some of the participants held that the researcher felt were false and at times felt very frustrated as she felt that she could not challenge the participants on the views that they held. For example, some participants expressed that COVID-19 was a conspiracy to have people killed. Having lost loved ones during the pandemic there was some countertransference (this is when a therapist transfers his/her own feelings to a client) that happened especially when one participant shared about the loss of a loved one and how it impacted her emotionally, this resonated with the researcher, and she had to quickly identify those feelings and ensure that they did not interfere with the interviews. The researcher has a background in social work, and it was at times challenging to maintain a position of a researcher

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and not a therapist, especially when participants shared emotional aspects of their lives and experiences. The researcher felt that it was important for her to be able to identify the feelings because she was worried that the interview session would turn into a counselling session where feelings and emotions are discussed instead of the interview questions. She also did not want to overshare irrelevant issues that were not part of the interview.

The researcher tried to set her views and feelings about the PHSMs aside so that the participants could express their ideas, though the researcher did experience some challenges especially with participants who focused more on blaming the government and political parties about the misuse of funds, PPE and other aspects that were in the media. Some participants wanted to focus more on those issues and not the questions that were asked by the researcher, so the researcher had to acknowledge the feelings and views of the participants but also steer the interviews so that they focus on interview questions whilst also ensuring that the participants do not feel dismissed. The researcher was able to achieve this by reminding the participants about the questions and the aims of the interviews but also acknowledging their opinion and feelings about issues they expressed. Though in the end, the researcher did feel that some of these issues raised by the participants that initially seemed off topic did add value to the data and provided her with a perspective and deeper understanding about how the participants experienced the COVID-19 PHSMs. For example, there was a participant who kept talking about the government, how COVID-19 was just a way to steal money from the state. As much as this sounded a bit off topic, it did provide insight on how the participants viewed government and the lack of trust in the government. This demonstrates how the researcher's pre-existing ideas around how the interviews should go and the topics which were covered were challenged by some of the participants and reflecting on this and allowing a more flexible approach to the interviews, whilst still ensuring that participants understood the aims of the study, meant that rich new aspects of participant experiences were included in the data.

3.8. Ethical considerations

Ethical approval to conduct the study was sought from the Biomedical Research Ethics Committee (BMREC) at the University of the Western Cape.

The researcher acknowledges that all research involving human subjects carries some degree of risk. The researcher attempted to mitigate that risk as far as possible by taking the following precautions.

Participants were able to make an informed decision to partake in the study as the study aims and purpose were explained clearly to them and they were provided with a participant information sheet providing the details of the study, what was expected of them and their rights

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as a participant. Participants were asked for permission to record the interviews. They were not forced or coerced to participate, they were told that they are not required to answer any questions they would prefer not to, and they were made aware that they can withdraw from the study at any given time without any judgement and consequences. Participants were also given an opportunity to ask any questions they had about the study.

Participation in this research was voluntary and there were no incentives given for participating. Participants signed a consent form whereby they allowed the researcher to interview them for the study for research purposes as well as record the interviews.

At the start of each interview, the researcher addressed what confidentiality was and what it meant in this study, participants' identities were kept confidential and there was no reference to their personal details. Psychological services were made available for participants who showed any signs of distress. The participants did not show any signs of distress, the researcher's training as a social worker meant that she was able to closely monitor the participants' reactions to the interview to make sure that no one appeared to be distressed or uncomfortable. The researcher also informed the participants that at the beginning of the interviews that psychological services were available should they need it.

The data will be stored in a password protected file for 5 years, the file will only be accessed by the researcher and will be deleted thereafter.

These ethical considerations are very important in ensuring that there is no harm done to the participants as well as keep their data safe.

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CHAPTER 4: RESULTS

4.1. Introduction

This chapter presents the characteristics of the participants and reports on the research findings of the study. Six main themes were identified through the analysis of the participants descriptions of their experiences of the COVID-19 PHSMs and the reasons for their (non)adherence. These are (1) mental health and emotional aspects, (2) roles and responsibilities (3) information and media (4) education, (5) impact on business/employment, and (6) community and social support. These themes will be discussed in this chapter, starting with the one that was most discussed by participants.

4.2. Table 1: Participants Profile

(n=12)

Participant Number (PN)	Gender	Age	Economic activity
P1	Male	29	Employed
P2	Male	29	Employed
P3	Female	25	Runs a small business
P4	Male	24	Runs a small business
P5	Female	26	Employed
P6	Female	20	Studying
P7	Female	30	Employed & runs a small business
P8	Male	28	Runs a small business
P9	Male	22	Runs a small business
P10	Male	24	Employed
P11	Male	21	employed
P12	Female	21	Unemployed

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4.3. Mental health and emotional aspects

This theme explores the feelings and emotions of the participants relating to the COVID-19 pandemic and the PHSMs. It provides an overview of how the participants were impacted by COVID-19 PHSMs mentally and emotionally and explores how this influenced their (non)adherence to the PHSMs. Participants expressed a range of emotional reactions to the PHSMs including fear, loneliness, anxiety which interacted with their likelihood of adhering in different ways.

4.3.1. Fear, anxiety, and stress.

The interviews that were conducted focused on the PHSMs however the participants also shared their experiences of COVID-19 more generally.

The pandemic brought a level of uncertainty about the future with participants not knowing what would happen to their families, their employment, and businesses, and this instilled a lot of fear, anxiety, and stress in them. Most participants described feelings of fear and stress with some explaining that they feared that they would contract COVID-19 and pass on to their loved ones, whilst some feared dying and leaving behind their children.

"So, at that time I was really afraid… I was very scared especially because I was worried that if I get COVID-19 I'd pass it to my kids." P5

"I was so scared because they were saying if a person is older, they are at risk of getting COVID and mina I stay with my mother so my thoughts were always kuri uta lovha loko akhoma hi COVID, (so my thoughts were always that she might die if she contracts COVID)"P7

The PHSMs' themselves also had an impact on the participants mental and emotional well-being, as seen in the quote below by participant 4 and they influenced the way in which participants experienced and perceived the COVID-19 pandemic. Participant 6 describes how the rules compounded his feeling of stress related to the pandemic

"I couldn't cope with them, I felt they were too much on my mental health" P4.

"it's just that the rules were too much ad a lot was happening at the same time, the fear of dying and also getting sick and infecting people around me…" P6

These emotional reactions to the pandemic impacted participants' adherence to the PHSMs in various ways. While some participants reported that their fears of dying influenced them into

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adhering to the PHSMs other reported that they worried and feared passing COVID-19 to their loved ones which is what led them to adhere to the PHSMs.

"I was worried about my family and that I was putting them at risk". P12

"My close friend and colleague died in November 2020, he had previously contracted COVID and survived twice, he never cared about lockdown and the rules, he would go drinking every weekend, he always thought that being young was gonna work in his favour. So, when he passed, we found that he had COVID, it was at that time where I think it sunk in that Covid was dangerous, it was that time where I knew I had the duty to protect my family. So, losing someone that close to me contributed to me adhering to rules". P12

Some of the participants reported that they mostly adhered to the COVID-19 rules and regulations due to fearing the police brutality. Participants witnessed the way in which the police, man-handled and treated people who disregarded the COVID-19 rules and regulations, with some stating that such brutality was unfair and uncalled for.

"*Police and military police. I saw how people were getting hit if they were not following the rules." P3*

"it was so hard to comply with them especially masks it was hard to breathe in them and lock down we couldn't get necessities we needed because we feared police and military police." P3

"I think I only followed them coz there were police around more especially in town, so I was scared of them." P12

The potentially violent response from police led to people feeling afraid which did appear to increase the likelihood of people adhering to the PHSMs, but it also had a negative consequence of adding more stress and anxiety when people are already experiencing a stressful situation.

4.3.2 Isolation and loneliness

The PHSMs were recognised as a necessity to curb the spread of the COVID-19 virus however some of the regulations were viewed as too strict and unnecessary. Some participants reported that they felt "lonely and isolated" as they were not permitted to travel to other provinces. During the first lockdown people were encouraged to stay at home and only leave the house when going to get household essentials and people were discouraged from visiting each other or staying in groups without social distancing as this would pose as risk if one person were to contract COVID-19.

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"there were a lot hey, but just to highlight the ones that affected me a lot was the travel restrictions, I couldn't see my mother as often as I wanted and it was at a time where I needed her the most, also having COVID and isolating alone because I was afraid I would make my grandparents sick, so it was very lonely" P6

Participants also reported the difficulty experienced with interacting and socialising with other people in the community. One participant expressed that people kept their distance from her because she works at a clinic, and it made her feel very lonely and isolated.

"I couldn't visit people as often as I'd want to. Working at a clinic too yati (you know) I picked up kutsi (that) people started keeping their distance from me, perhaps they thought I'm carrying COVID (laughs). It was very hurtful and lonely to be isolated by people you used to be close to." P11

4.3.3. Emotional reaction

There was a general sombre feeling towards the pandemic and how the rules and regulations were enforced. One participant however expressed a very opposing view and came across as nonchalant and unbothered about the pandemic. The participant reported that though he was adversely affected by the pandemic (his business did not make enough income, it was difficult to get access to certain places and get some goods delivered due to some companies being closed) he still did not show any emotion. He also described his perception that other people did not care about the PHSMs either and would disregard the rules and regulations.

"Well, some of the people didn't care, if there was poster put up no one would really take the time to stop and read it. It was business as usual". P10

When questioned about his adherence to PHSMs and the reasons he adhered he mentioned that he did so because it was mandatory and felt compelled to adhere however, he did not care much about the PHSMs.

"because I had to especially at work or public places" P10

I actually didn't care much. P10

This kind of reaction and attitude towards the PHSMs had an influence on the participant's adherence level as it shows that he only adhered when he felt it was necessary or he was being monitored. i.e public spaces.

Overall, the participants reported that they experienced a lot of different emotions, and this had an impact on their experiences of the PHSMs and their mental health and well-being.

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4.4. Roles and Responsibilities

The COVID-19 pandemic and the PHSMs brought along some changes to the family structure as well as within our communities. With some, breadwinners losing their employment, some losing their source of income as well as the loss of loved ones.

Some participants reported that they have had to take on more roles and responsibilities within their families because of the COVID-19 PHSMs. Some of the responsibilities that the participants had to take on are financial in nature, where they had to commit more financially, assisting with buying food and other household essentials. One participant used the term "black tax" which is a term loosely used to refer to a situation whereby a person who has a form of income provides financially to his/her parents, siblings, and sometimes extended family members out of either responsibility or obligation.

"I have more responsibility financially than before COVID, I find myself having to assist some family members more… you know …black tax so because of the ripple effect of COVID that led to job losses and deaths, some family members are struggling to even put food on the table and that's where I sometimes have to step in." P2

The COVID-19 PHSMs brought many challenges, with participants struggling to adapt to the changes. Some felt they had to take on additional responsibilities while others described feeling that their roles in their families could not be fully fulfilled due to various obstacles and reasons. Some participants reported that their roles as breadwinners were affected by the lockdown period, and this impacted the way in which they support their families because businesses were not trading as usual.

"The whole experience I feel was just not good, and to be honest I am a man... the reason I am running a business is so I can provide for my family, my daughter goes to school… there a lot of things that I have to contribute on, if I am not making money how do I take care of her". P8

"My businesses also had a setback… and I couldn't really provide the way I have been used to". P4

The quotes show how gender roles influenced how people experienced the consequences of the PHSMs. In the above quote, the participants emphasise how they were not able to provide for their families due to the PHSMs. Participant 8 further added how his role as a man and provider was impacted by his business not doing well due to the measures that were put in place as a way to curb the spread of COVID-19.

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A few participants felt the need to take responsibility in terms of protecting themselves and their families from contracting the virus. These instilled feelings of fear, knowing that they could contract the virus and pass it onto their loved ones.

"I was because I feared for my life, so I had to, plus I live with my mother and two siblings, this whole thing was not about me only, by protecting myself, I was also protecting them". P9

"Hi tsame (we stayed) a month without her pension mara at least we got food parcel from the local councillor … thing I will think of was my kids, if I die as a parent mother who will take care of them? I will always make sure that I adhere to the rules for the sake of my kids". P7

Navigating through the pandemic and trying to protect oneself from contracting the virus as well as ensuring that loved ones are protected and safe proved to be very important to some of the participants. Such roles and responsibilities come with a lot of work and requires one to be able to strike a balance in all the aspects and roles that they play. This is required the participants to be able to multitask and carry out the different roles and responsibilities within their families, work environment and other aspects of their lives. Participants highlighted their struggles with finding a balance within the pandemic and still maintaining the different roles that they play in the lives of their loved ones.

"Family pressure of trying to manage being a mom, a work from home teacher and still follow the COVID protocols while also policing my kids especially my daughter because the understanding of what was happening around us was not fully there yet". P5

The two roles that were frequently highlighted by the participants as especially salient in the interviews were the roles "provider" and that of "protector". Some of the participants were parents while others felt responsible for the economic well-being and safety of parents and extended family members. However, there were also new roles that participants had to take on such as "teacher", "disciplinarian" "carer" that places stress on families.

The roles and responsibilities that participants hold in their respective communities as well as families play an important aspect in their lives as well as their functioning as a unit. Some participants indicated how the PHSMs had an impact on their ability to fulfil those roles and some described how their roles and responsibilities influenced their willingness to adhere to the PHSMs.

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4.5. Information and Media

With the COVID-19 pandemic ravaging throughout the world, accessing information about the virus, its spread, the number of confirmed cases as well as recovery cases and updates about the PHSMs became of paramount importance to people, as this is where daily updates and changes in regulations were announced. The media (television, radio, newspapers, magazines) and social media (facebook, Instagram, twitter, youtube, whatsapp, tik tok) played a role in the sharing of information to communities.

4.5.1. Limited trust in the media

Most participants reported that they found it difficult to trust the information that was shared regarding the COVID-19 pandemic as well as the PHSMs due to various reasons such as conflicting information from different media, the false information, and not enough information to mention a few.

"Now there was a pandemic, care workers dying, media scaring us, a lot of propaganda… I don't think I would believe anything that gets said from now… you just can't tell where the truth lies…" P2.

"I also thought that they are playing with us, when I saw all the reports and how fast the news was coming in… I thought there's nothing like that… but I think the negative propaganda and theories made up is what made people doubt the messages" P10

"The way it came about, its origins, the way it spread, the reports we were getting on TV I still ask myself if they were real or cooked. It was just confusing, the amount of false information, how the cases fluctuated during certain times, it made it difficult for me to believe and process what was happening around me, and you would log in on social media you would find lies and number of cases that don't match and sometimes you would want certain info about the lockdown levels and it wouldn't be there"P12.

Some participants expressed confusion regarding information about the PHSMs especially during the lockdown periods where there were different levels and the different PHSMs attached to those levels. Such feelings of confusion impacted and influenced the adherence levels of some of the participants as they reported to not knowing which PHSMs were in effect in some of the lockdown levels.

"At first I was a bit confused about the measures because there was not much information about them I mean in rural areas that is to say people had their own interpretations and so on and it was very difficult to follow some of the rules without actually knowing at first I think I

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remember around March I thought that if you wear your mask you wash your hands, you social distance and sanitize you are guaranteed 110% to not contract COVID-19 but as time went on I realized that even if you are cautious you can still contract it"P5

Though confused about the PHSMs one participant reported that not knowing what will happen next, influenced her decision to adhere to the PHSMs as well as seeing the rising COVID-19 case reports that were shared on the different media outlets.

"I think a big contribution for me following these rules was because I was not sure what to expect. I was not sure if I don't follow them what will happen, if I do follow them what will happen because in the beginning of the outbreak, I remember there was just so much information coming in from all the different countries in South Africa trying to grapple with the virus so a lot was happening in a very short span of time so I think that is one of the things that made me adhere to some of the measures that were put in place, especially when we saw the numbers rising"P5

In this way we see uncertainty and a lack of trustworthy information being both a barrier to and a facilitator of adherence to the PHSMs.

4.5.2. Information regarding services

With the lockdown (one of the PHSMs) impacting the operating times of most shops, institutions, as well as services, participants indicated that the information about the operating times of service providers, institutions and shops was not easily available, so at times they would have to travel only to find that the institutions and shops were not trading.

"...time it was lockdown, and we were not allowed to leave the house and I didn't even have information how SASSA was working so I could help her". P7

"...the hard part was getting specific information about local issues like shops, etc the information about how to protect yourself was there and it was helpful but also there was a lot of doubt cause sometimes online you find different information, some people spreading lies." P7

The limited information that was available impacted the ability of participants to access social services and had an effect on adherence levels to the PHSMs. One participant acknowledged that the pandemic as well as the rules and regulations that were put in place were to mitigate and curb the spread of the virus however there was just too much information that was coming from multiple medias as well as some of the propaganda that was shared on the media which impacted the way in which people viewed COVID-19 and the PHSMs

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4.5.3. Impact and effectiveness of public health messaging

When asked about the effectiveness of public health messaging regarding the COVID-19 PHSMs in educating people about risks and prevention methods, most participants shared different views and sentiments with some reporting that the messaging was limited or untrustworthy as described above. The limited access to information in rural areas specifically, as well as the lack of awareness about the false messaging is raised in the quotes below. These were viewed as the barriers to the effectiveness of public health messaging which reduced adherence to the PHSMs.

"The posters were helpful but also I think it would have been nice to have like campaigns to educate people also about sharing false information and its dangers and information about COVID or about other services, they were not allowing you inside the clinic". P7

"I feel that more could've been done and looking at the virus, and how it was mutating no one knew what to expect, and the information in rural areas was too limited". P8

Some participants felt that information was shared as a way of instilling fear and compelling people to stay at home and adhere to the PHSMs.

"The risks could've been emphasised a bit more without instilling fear in people. I feel like the government scared people more than educating them because I remember at some point the media started circulating images about mass graves and funerals, so when you put something like that in the public without proper education it instils fear than education". P8

Though the public health messaging was meant to educate people and keep them abreast with the developments of COVID-19 and the PHSMs, it appears that such messaging might have had different interpretations which further heightened participants emotions making them more fearful and anxious.

4.6. Access and inequality in education

The COVID-19 lockdown regulations brought a lot of changes, and the education sector felt the brunt. One participant who is a teacher expressed the difficulty in conducting online classes, pointing out the challenges that learners who lived with grandparents faced in terms of accessing the online platforms via smartphones as well as the purchasing of data bundles.

"there were a lot of adjustments that I had to do in terms of ensuring that I report to work I support the learners that don't have smartphones or gadgets to be able to join some of our sessions online so I found that to be very challenging especially looking at the rural area where I'm based where at the school where I'm teaching you find that some of the kids are only

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supported by grandparents because their parents are not there so I think that COVID-19 itself just brought that aspect up that really made it difficult to carry on doing things on the side that I was used to doing"P5

"...as a family we had to now adjust and change the way we do things, even with kids who go to school I had to explain the importance of masks and sanitising and so on". P3

The comments above exposes the disparities that exist in some communities as some children were able to access and attend classes online whilst others did not have the means and gadgets to do so. A lot of adjustments had to be made for the school year to be saved, this also put pressure on the guardians/ parents of children who were going to school. The PHSMs also threatened food security at the schools where pupils were part of the school feeding scheme even though provisions and adjustments were made at a later stage.

"I also feel like maybe perhaps financial support as well to some of the learners because remember that when schools were closed or when they started going to school in shifts in groups that means that when they're at home there are some kids that depend on the feeding scheme that we run at school." P5

"First with the kids I didn't know kuri (that)what will happen, andiri loko vaya xikolweni va kuma swakudya efeeding scheme, (isn't it the children get food from the school feeding scheme) that assisted us at home cause at that time my partner was not getting much at work na mehe (even myself)" P7

While some participants discussed the impact of COVID-19 and the PHSMs on their children's education, other participants were students themselves and described the challenges of managing their studies during this time. One participant, who was furthering her studies at tertiary during the outbreak reported the challenges she faced having to adjust to the PHSMs as well as having to migrate to online learning. She further expressed how this transition was particularly hard for her because there was no training given on how to use the online platforms and she had to adapt immediately in order to be able to continue studying and attending lectures.

"I had to adapt right on point to study online without training which affected me very much on my studies but eventually I completed though." P3

The challenges that were faced by participants and their families not only added a lot of pressure and stress but also exacerbated existing disadvantages- those without technology were

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further disadvantaged because they could not access schooling and those without food at home could not access the school feeding.

4.7. Impact on employment/business

Most participants highlighted the adverse effects that the pandemic and associated PHSMs had on their employment as well as businesses. The closure of businesses, companies and organisations to adhere to the COVID-19 rules and regulations caused a lot of panic and anxiety because some people did not know what will happen to their jobs. Participants who are breadwinners highlighted the fear that they had regarding their job security and those that had businesses reported the difficulty they faced in terms of adhering to the COVID-19 curfews as most of the businesses were small for example, some had spaza shops, hair salons and selling fruits and vegetables at the local market. This means that their income was dependant on them interacting with customers.

"The curfews that were put it was hard to adhere to, it sort of forced me to close my shop early and I think this is where I was supposed to make a lot of money because the big shops in town were closing early." P8

"..., when a close member lost their job where they were employed for many years I started panicking as well. I mean which employer is gonna pay someone for sitting at home especially with me cause my job involves interacting with people… so as a young person a part of me thought I'd be part of the unemployment stats…" P2.

"My business suffered, I used to do some consultancy work for small businesses, during COVID those businesses were not operating so it means I couldn't earn that extra income. It was very depressing." P4

The emotions expressed in the above comments ("panicking" "depressing") demonstrate the links between this theme which focused on employment and the first theme discussing about emotional reactions. This highlights the emotional significance of employment on the participants. Participant 2's quote about becoming "part of the unemployment stats" refers to the already very high youth unemployment in the country and the stress that this places on young people.

Some of the participants who had businesses reported how the lack of support from government impacted their business citing challenges in serving their clients, adjusting operating times, as well as adhering to the rules and regulations. One participant indicated that he felt "forgotten"

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after all the promises were made and not fulfilled and felt he had no choice but to remain resilient during the difficult times he experienced.

"I did not receive any support, during the initial outbreak we were told that we would receive support as a small business, but until today there has not been much done. What's worse is that my business suffered, only the big businesses and franchises gained, what about us in the villages? It's like no one cares, as long as the big fish benefit… I guess we just pick up the pieces and move on… My sister, I guess what I am saying is that perhaps I wouldn't have been affected this much… if they gave us a stipend every month… or something nje to try and cover us as businesses". P8

Participants also highlighted how the rules and regulations affected the local businesses in the community, and how people could not trade and operate the businesses they relied on for their own sustenance.

"I still don't understand the reason behind not being able to buy alcohol, you know in the rural areas there are so many people that survive and operate taverns and bottle stores". p8

The PHSMs, though necessary to curb the spread of COVID-19, affected the participants and their businesses leading to significant financial and emotional strain.

4.8. Community and social support

The community and social support theme explore the social relationships and structures that exist. It encompasses community and family support, government support as well as recommendations for support.

4.8.1. Community and family support

The community and family support encompass the place where people live as well as the social interactions and relations that they have with each other. During the COVID-19 pandemic some people relied on community support services as well social support from loved ones

Participants describe the village where they live as closely knit and this shows the connectedness of community members.

"A person who lives in a close-knit village, where the community socialises, and everyone knows everyone". P8

Participants reported to receiving many kinds of support, most of them reported how grateful they were to have been around some family members during the lockdown and this provided them with a sense of belonging and support.

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"Having family, I live and distress with, share some jokes and play some games every once in a while, the primary support was from the family I live with, than that I can't think of any other support that I have received". P2

"I think for me the only kind of support that I received was from close friends you know and some of my family members given the fact that I mean in those early days everyone was afraid and of contracting COVID-19 … The support I received… um… just encouragement from my family just reassuring me that I'm doing the right thing, just reassuring me that how if I contract it they're there to take care of me and my kid". P5

Some participants indicated that they found comfort and relief in knowing that they were not alone during lockdown and the emotions that they were experiencing were experienced by other people as well.

"…you know as much as it was a difficult time, and it was stressful. It gave me some form of comfort knowing that I was not alone in it, the uncertainty, the fear, the anxiety… people were also feeling it and perhaps some were not as open to talking about it". P2

The pandemic also broke down some bonds and relations that were formed. One participant expressed how the loss of a close colleague affected her emotionally and the whole experience changed her life.

The saddest experience was when I lost my colleague and friend, you know he just collapsed and died. We shared an office together, so we were very close and it was at that moment when I knew that life will not be the same. P11

The community context does not only focus on the social relations but includes the services and amenities that are present within the community and how these services interact and impact the residents within that community. Some participants pointed out the lack of some of the amenities and resources in their community and this impacted their ability to adhere to the PHSMs.

"*At times, my side of the village we wouldn't have water so it means I had to go to the river, and we can't social distance there and if we don't have water in the house, we can't adhere to the lockdown rules". P3*

The above comment points out how the lack of proper sanitation and running water in the household influences the adherence levels of participants and highlights the development areas that still need to be tackled more especially in rural communities.

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Participants indicated the cons of being in a rural environment and how there are various aspects that impacted them that they felt could have been averted had the needed services and resources been available.

"…in the rural area its very tough because of the economy and that most of the people that are here are not formally employed". P8

Though closely knit and supportive, the impact and influence of the PHSMs could be felt by most participants in the community, this also highlighted the role that community and social relationships played a role in helping participants function and cope with the changes brought by the pandemic. Community members often had to rely on each other for information, support and food.

4.8.2. Government Support

The South African government also tried to mitigate the impact of the COVID-19 PHSMs by making available food parcels, the social relief of distress grant, (SRD grant) as well as facilities that people could go, to isolate if they had contracted the virus.

There were some practices and events that the participants felt were unfair and somewhat divided the community. Participants expressed their disappointment in how some things unfolded in the community such as the distribution of food parcels in the community, a participant expressed how some deserving people did not receive them whilst others did and questioned this unfair practice.

"As a young person living here, I witnessed how some practices were unfair, some people got food parcels during COVID others didn't, what was criteria? Not only in this village but there were a lot of reports about corruption, the 500 billion, PPE, tenders…the works… now do you think people care now? I don't think so… we have been let down at a time where we needed support and guidance". P2

"I didn't qualify for the social relief of distress grant and when my family went to apply for the food parcels, we were told we don't qualify because my dad is employed, though I saw so many people who are employed receiving them." P3

The government plays a big role in service delivery and ensuring that there socio-economic challenges are addressed. However, during the COVID-19 pandemic there were various incidents (distribution of food parcels, SRD grants, reports about corruptions and fraud) that happened, and this affected some participants' perceptions of the government. Though some

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of the resources and services were reported to be unfairly distributed, some participants benefitted from what they received.

4.8.3. Recommendations for support

The availability of supportive services enables communities to cope and make sense of the situation that they find themselves in. Participants reported on the different forms of support they received or witnessed within their families as well as their community.

When questioned about other forms of support that they would have wanted to see or receive in the community during the pandemic, participants put forward various suggestions that the felt would have helped them immensely and would have probably influenced their experiences of the COVID-19 PHSMs. Most of the suggestions referred to government or institutional support and reflected the difficult economic situations participants faced as a result of the pandemic.

Participants reported that having free access to some of the COVID-19 prevention equipment such as "*sanitisers"* and "*masks"* would have benefitted communities by helping them to prevent the spread of the virus. Others mentioned that access *to "counselling services"* would have helped them cope better with the psychological impacts of the pandemic.

Other participants recommended financial support such as:

- "*Free medical insurance*", *"funeral relief"* and "*more financial support for small businesses"*. Support for the youth in school or studying towards tertiary qualifications such as *"study buddies for school children"* as well as *"gadgets that could use to access learning material"* was also highlighted as important. Another participant emphasised the need for support for young people for after the pandemic.

- *"I think also the government should have prepared us the youth for how to cope after COVID. Cause look at the economy now, everything is expensive, people died, lost jobs it's like learning to live again, so even if the support was for during COVID, they should have made a plan or have programmes that can help especially youth after COVID. Now most youth are just sitting, some are doing crimes cause the cost of living is high, everything is more difficult now." P7*

The above comment highlights how young people experiences themselves to be in a much worse situation post- COVID-19 and how they might be feeling forgotten as some of the support was only received during the pandemic and there is no sustainability of such services.

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Having continued support appeared to be very important as it was highlighted by most participants, though accessing such support services would not have eradicated COVID-19 but it could have helped communities and families cope better.

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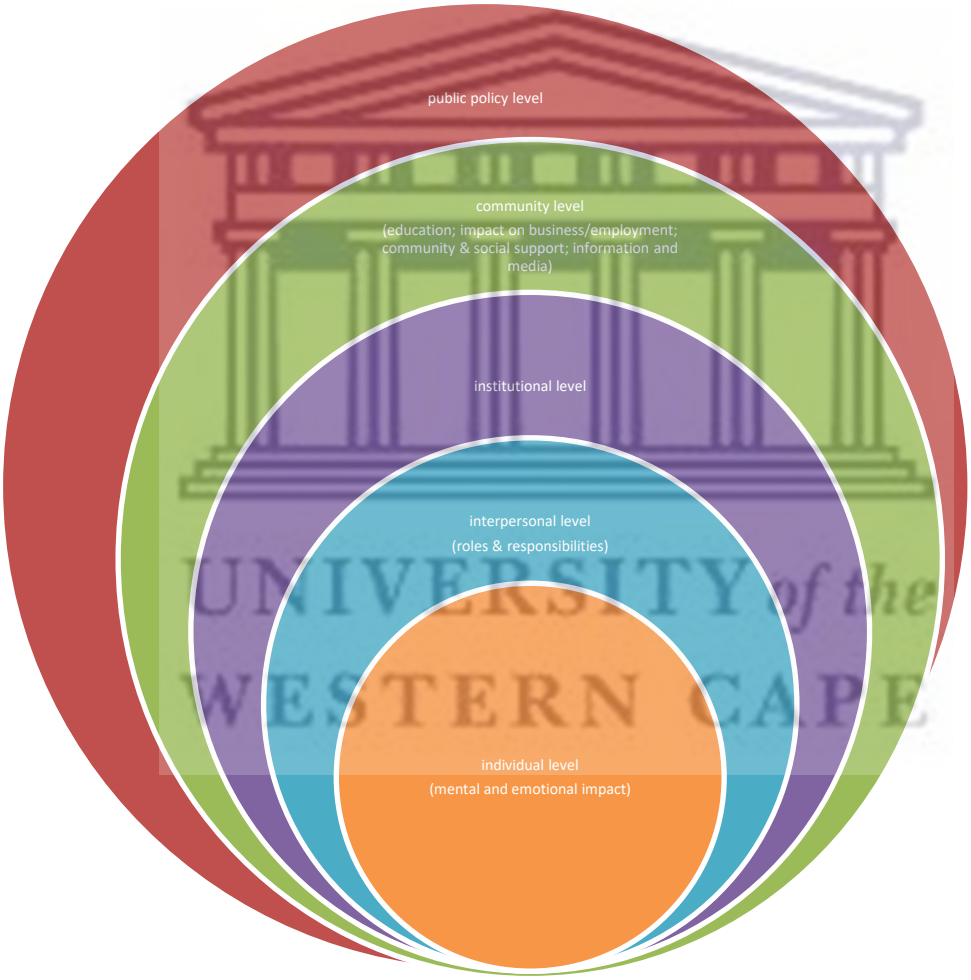
CHAPTER 5: DISCUSSION

5.1. Introduction

This research sought to explore factors that influence youth's experiences and adherence to the Covid-19 public health and social measures (PHSMs) in rural Bushbuckridge, Mpumalanga Province. This chapter discusses the key findings of the study in relation to the existing literature as well as the research aim and objectives. The limitations of the study will be discussed, and recommendations will be proposed. The SEM framework which underpins this study is used to demonstrate how COVID-19 PHSMs impacted people in different levels from the individual level, interpersonal level, institutional level, community level and public policy level.



Adapted from McLeroy, K. R., Steckler, A. and Bibeau, D. (Eds.) (1988). The social ecology of health promotion interventions. Health Education Quarterly, 15(4):351-377.

5.2 Mental and emotional impact

The study found that the COVID-19 PHSMs had an impact on the participants' mental and emotional health. Participants experienced different emotions ranging from anxiety, fear,

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loneliness to the feeling of indifference. There are different stressors and events such as loss of loved ones, job and financial anxiety, extra financial obligations, separation from loved ones, health and safety concerns that triggered such emotional reactions. This was an impact that affected people at an individual level.

Other studies which focused on the impact of COVID-19 and its associated measures also found that stressors such as fear of dying, illness, and uncertainties about the future and social isolation because of loss of regular work and educational activities had an impact on mental health. (de Carvalho *et al.,* 2020, as cited in Troyer, Kohn & Hong, 2020). Similarly, a study conducted by Chew *et al.* (2020) across infectious disease outbreaks found that the common psychological consequences which were reported included anxiety, depression and fear reportedly resulting from financial and job insecurity, disruption of one's routine and the well-being of their loved ones, supporting the findings presented in this study. Bell *et al.* (2023) adds that there are far reaching consequences for mental health and well-being brought by the COVID-19 pandemic and associated health measures that transformed people's lives throughout the world.

5.3. Roles and Responsibilities

The study found that the roles and responsibilities that participants held within their families and communities changed due to the COVID-19 PHSMs and its impact on their source of income. Some participants reported that they had to take on more financial responsibilities due to various reasons such as loved ones losing their employment, death and due to the closure of schools which led to children attending classes from home; while other participants felt their roles of being "providers" could not be fulfilled due to the impact that the pandemic and its control measures had on the country's economic landscape. This impact affected people at an interpersonal level where formal and/or informal relationships were affected due to the change in roles and responsibilities.

One of the study research questions sought to identify any gender dimensions of young people's experiences of the PHSMs. While most of the experiences discussed appeared to be salient across genders and none of the participants explicitly referred to gendered dimensions attached to the experiences of PHSMs. The study did find that there were some roles that were mentioned more often by female participants such as being a "carer" or "teacher" whereas the male counterparts attached importance to roles of "provider" which had more to do with the provision of necessities (food and money).

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Mentor-Lalu (2022) discusses the gendered impacts of COVID-19 and states that women generally spend more time doing unpaid care work which includes but is not limited to cooking, cleaning and care giving, and this is due to inequity and the gendered norms that are attached to these roles. According to a policy brief multitasking was among the many highly gendered household duties that were handled by women (Power, 2020 as cited in Gavidia *et al.*, 2022). The women in this study also emphasised the additional caring responsibilities that they had to take as a result of the pandemic and the challenges they faced trying to juggle the multiple additional responsibilities they had to take responsibility for.

Most people were spending the majority of their time at home with their families due to the COVID-19 pandemic response measures, which have also disrupted social and protective networks, limited access to services, and increased stress, especially for breadwinners who are unable to work and support their families (Adebiyi *et al.,* 2021). This also speaks to the responsibility that they took to remain home and protect their loved ones.

The men in this study noted the negative impact of the pandemic on their roles in their families, as providers. While a number of studies describe the significant impact of the pandemic and PHSMs on employment (Altman, 2022), few explore the gendered personal implications of this, the majority appear to have focused on the socioeconomic impact of COVID-19 on women (Wenham, 2020). This study provides initial insight into how the PHSMS had an influence on the gendered identities of men and how these were impacted by the COVID-19 PHSMs.

The study also revealed that some participants were concerned more about the safety of their loved ones; ensuring that they do not contract the virus, and this also impacted their mental health and well- being as it evoked feelings of fear. This highlights the protective parenting role that participants were playing, through ensuring safety and security as well as ensuring that the family's emotional and physical needs are met.

Various studies have shown the centrality of the role of a provider to men, Brown (2016) asserts that the provider role is key for men as this shows their importance in the family and demonstrates that they are needed. The study findings highlight the impact of the pandemic on men's roles in their families, as participants reported how the pandemic had a negative impact on their ability to provide for their loved ones, this is a finding that is rarely represented in other available studies.

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5.4. Information and media

This impact affected people at a community level where people had to rely on the media companies for information, and some of the information that was disseminated shaped the behaviours and attitudes of people. The study found that the media (television, radio, newspapers, magazines) and social media (facebook, Instagram, twitter, youtube, whatsapp, tik tok) played a pivotal role in the dissemination of information regarding COVID-19 and the PHSMs. As an important tool for the distribution and dissemination of information, especially during the pandemic there were some controversies that marred the media. The study found that participants lost trust in the media due to multiple reasons such as propaganda and conflicting information that some media platforms reported that led to some participants expressing that they were confused about the PHSMs due to the information that was disseminated by the media.

The study also found that the public health messaging regarding the COVID-19 PHSMs that were aimed at educating people about the risks and preventative measures was not as effective due to the limited information that was available as well as the way the information was perceived and interpreted.

Wasserman and Madrid-Morales (2021) states that in some instances media houses report issues that they are instructed to and therefore may be "captured" by the state, they further report that a substantial amount of misinformation is reported in news media even though at a lower level than social media and social media platforms such as twitter, facebook and whatsapp have exacerbated the spread of infodemic.

A case study conducted by Matamanda *et al.* (2022) in Bloemfontein, South Africa found that social media plays a huge role in the spread of false information They further cite Gerosa *et al.* (2021) who support this finding by pointing out that while higher COVID-19 knowledge was associated with schooling, the use of social media played a significant role in the spread of misinformation.

Similarly, a multi-method study conducted across Africa found that there is a scarcity of research that supports or refutes mitigation options for the damages brought by public health misinformation, additionally, the study highlighted how false information about public health can be reduced or worsened by the responses of social media users (Stewart, Madonsela, Tshabalala, Etale & Theunissen, 2022).

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5.5. Education

The study highlighted some of the inequalities that exist within our communities. This was an impact that affected people on the community level. The education sector was impacted by the pandemic as schools had to close whilst measures were put in place to curb the spread of the virus. The study found that school-going children were affected by the online learning that had to take place because some children did not have the necessary gadgets required for online learning, and participants who were still attending tertiary education experienced challenges in adjusting to the changes brought by the pandemic.

This study is consistent with the findings of a study conducted by Soudien, Reddy and Harvey, (2021) whose study provides a critical look at the *Impact of COVID-19 on a fragile education system.* Their study highlighted the difference between households, stating how children from affluent households and schools were able to continue learning online even though there were some challenges, on the other hand schools from disadvantaged backgrounds were not able sustain online learning adequately (Parker *et al.,* 2020; Spaull, 2020)

School-going children had different learning experiences depending on their social capital and access/availability of resources at their disposal, although all learners lost learning time due to limited access to educational facilities, several reports from the media confirmed that children from disadvantaged families and backgrounds barely learned (Soudien *et al.,* 2021).

5.6. Impact on employment/business

Households receiving grants and those that are not receiving both experienced loss of their primary source of income. Many households receiving grants prior to the lockdown depended on other sources of income, a danger to their quality of life was posed by the risk of job losses or a downturn in business (Wills, Patel, van der Berg & Mpeta, 2020).

The study findings pointed to the ripple effects that COVID-19 and the PHSMs had on the participants employment/businesses, and this impacted not only the individual person but their loved ones as well. The closure of businesses and the introduction of curfews as measures to curb the spread of the virus threatened people's livelihoods and impacted their ability to provide for their families, and this also had ramifications on their emotional well-being. This impact affected people at a community level.

These study findings are echoed in a study conducted by Adebiyi, Roman, Chinyakata, and Balogun (2021) on *The Negative Impacts of COVID-19 Containment Measures on South African Families,* which points out how the COVID-19 measures left millions of people unemployed due to the downsizing of businesses. Many people live from pay check to pay

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check as they are engaged in informal employment, and the lockdown prevented them from their daily means of survival.

A study conducted by Posel, Oyenubi and Kollamparambil (2021) also highlighted how the loss of employment and other job opportunities had an impact on people's mental health as well as their ability to access other economic resources. They further add that adult employment remained significantly lower than it was prior to the lockdown. This finding further magnifies the impact that COVID-19 and its associated measures had on the economy and the lives of individuals.

The government introduced relief measures as a way of mitigating the impact that the lockdown had on individuals and their families. Additionally, in some families, the breadwinners are employed in insecure jobs where they have no access to social benefits or other forms of assistance, this has a negative impact on families as they will not be able to afford food and other necessities when there is no income or when the income is reduced (Adebiyi *et al.,* 2021).

5.7. Community and social support

Findings from this study revealed how familial and community support played a significant role in the lives of some participants who reported that they received support (emotional and financial) from the community and their loved ones, thereby helping them cope with the changes brought by the pandemic, the support was in the form of food and emotional support The study also revealed the perception of corruption and mistrust that the participants have in the government due to reasons such as unfair distribution of food parcels, SRD grants and corruption (Silubonde, Knight, Norris ,Heerden, Goldstein, & Draper, 2023). Though some of the support came from the family and the closely knit community, the study revealed that there is a disconnect between the government, institutions, and the people, as there are some support services, that participants reported that they would have liked to see in their community. There are services that community members lacked in their communities and some of the institutions provide inadequate food parcels as participants revealed that there are some deserving families that did not receive them.

In South Africa, the narrative is that families and communities were robbed of the resources needed to care for their children. For example, when schools were closed temporarily, they had to adapt to online learning and some families and schools lacked the tools and gadgets needed for the learning to take place. Some families were unable to provide properly for their children due to loss of employment and there was no support provided, on the hand unemployment insurance fund (UIF) took long to be processed for those peoples who lost their jobs which left

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them in a precarious situation. To stop the virus from spreading, lockdown procedures were instituted whereby people were required to stay in their homes resulting in unemployment, hunger, and isolation from supportive social networks (Jamieson & van Blerk, 2022).

Jamieson and van Blerk (2022) reported how the spirit of *ubuntu* was alive during the pandemic, where communities came together to aid those who could not afford, through the provision of food and other necessities.

They further add that neighbours, faith-based organizations, community networks all came together to assist families who were in need, an example of the Bulungula Incubator in the Eastern Cape is given which created a safe haven for the elderly, provided homes to homeless people as well as those that needed accommodation to self-isolate, provided food parcels for those in need as well as mobilized to fight against police brutality (Bulungula Incubator, 2020 as cited in Jamieson and van Blerk, 2022). This is consistent with the findings of this study where families and communities relied on each other for support.

These social networks and support cushioned many families from the hardships brought by COVID-19 and the findings in Jamieson and van Blerk (2022) are consistent with the findings of this study findings that reveals the importance of social and community support.

The public policy level of the SEM which is the theoretical model underpinning this study may filter through all the four levels, thus individual, interpersonal, institutional, and community levels. This is because this level focuses on rules and regulations as well as laws and policies that impact and influence health. At the individual level there were PHSMs which were put in place such as washing hands, sanitising, social distancing that impacted individuals and they had to abide by these regulations. At the interpersonal level the rules and regulations affected social networks and relationships as people were encouraged to stay indoors and there were also curfews put in place. At the institutional level there were rules and regulations that impacted how institutions operate for example, temporary closures due to lockdown, only allowing a certain number of people at a time in certain institutions and/or shops. Lastly, at the community level educational facilities were impacted due to the rules and regulations that were implemented, transportation was impacted, community networks as well as resources were impacted. Therefore, the public policy level plays a role and impacts all the levels of the SEM.

5.8. Limitations

The study explored young people's experiences of and adherence to the COVID-19 public health and social measures. The study only included young people who lived in the village

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prior to the lockdown and did not consider young people who may have lived or worked elsewhere and then moved back to the village due to the pandemic or other reasons. The study also focused on the experiences of young people in the Jim Brown rural area, specifically in the province of Mpumalanga and may therefore not be representative of other rural areas within the province.

Furthermore, the eligibility criteria limited the participation of young people as the study only included young people between the ages of 18-30 years, so the experiences captured in this study are those of the sample of young people and may not necessarily be a representation of the experiences of young people between this age group.

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CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

The study aimed to explore the experiences of young people living in Mpumalanga of the COVID-19 PHSMs and the factors which influence young people's (non) adherence to them.

The COVID-19 pandemic and its associated measures impacted various spheres of life and young people also felt the brunt. Though studies specifically focusing on young people in South Africa are limited, young people's voices need to be heard.

The study findings demonstrated that the PHSMs, though shown to be effective to some extent in trying to curb the spread of the virus, it impacted young people's emotional and mental well-being which also had an influence on the (non) adherence to the COVID-19 measures. Business/ employment opportunities were also impacted as people lost their jobs thereby limiting the access to economic resources. It also interrupted education sector whereby schools had to be closed temporarily during the lockdown level 5 and children had to undertake online learning further highlighting the inequalities that exist between affluent and non-affluent households; the roles and responsibilities that participants fulfilled in their respective families were impacted with some expressing their fears of losing employment and not being able to provide for their loved ones. Other participants reported to taking on more roles and responsibilities during the pandemic such as the role of a teacher, provider and or carer. Participants reported to the connectedness of their community and the social support that they received throughout the pandemic as well as the government relief efforts such as the provision of SRD grants, food parcels and top-up grants during the early stages of the lockdown.

The findings from this study contribute to the existing literature by highlighting the importance and the need of a multi-disciplinary and multifaceted approach to tackling problems in communities and the importance of developing person-centred solutions that will assist people in coping during disease and virus outbreaks. A multidisciplinary approach is one that comprises of various individuals from different fields and backgrounds who will come up with methods and solutions to tackle the problems that communities face. By involving different people this provides a platform for addressing the problem from faceted approaches.

6.2. Recommendations

The recommendations put forward are classified into two categories, thus recommendations of the study and further research recommendations.

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6.2.1. Recommendations for policy and practice

Based on the findings, the researcher puts forward the following recommendations using the Social Ecological Model, which is the framework that underpins this study:

- **Public policy level**

PHSMs as well as related policies should be implemented in such a way that they do not negatively impact people and their families. Additionally, interventions mitigating the effects of COVID-19 should be implemented including funeral relief benefits. There should be policies, rules and regulations that govern the distribution of food parcels, grants, and other social relief measures as well as transparent accountability measures to ensure fairness. At this level, it is recommended that individuals are given free medical insurance that will enable them to seek professional help on health-related matters arising because of COVID-19 and its related measures. The participation and consultation of youth should be facilitated during policy development. The participation and consultation of youth should be facilitated throughout the policy development process.

- **Institutional level and community level**

At this level, it is recommended that institutions such as clinics, schools, and other organizations offer free supportive counselling for families and individuals in the community.

Teachers should be trained on online learning and be provided with the necessary training that will allow them to better support learners, this training should not only be provided to teachers but to parents and guardians of children who will also act as a support system for the children. This can be done at district or provincial level to ensure that all targeted teachers are trained.

Community based campaigns and public health messaging should be implemented in the community, and community-based organizations should be equipped and provided with equipment and tools to assist learners who do not have access to gadgets to participate in online learning.

- **Individual level and Interpersonal level**

The recommendations described above would support individuals in that they would be able to adhere to the PHSMs should they be motivated to, as they would have the necessary equipment-masks, sanitisers, computers/gadgets for schooling without incurring additional costs and they would have access to facilities to support their physical and mental health.

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6.2.2. Further research recommendations

Upon the completion of this study there are gaps that were identified that can be explored further in future studies these are:

- Young people's experiences of the COVID-19 public health and social measures in urban areas
- The process and impact of young people's consultation and engagement when developing policies during outbreaks.
- Additional research on the impact of the COVID-19 PHSMs on gendered identities especially among men.
- Unemployed young people's experiences of the COVID-19 public health and social measures.

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Appendix 1: Information sheet

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INFORMATION SHEET

Project Title: Exploring factors that influence youth's experiences and adherenceto the COVID-19 public health and social measures (PHSMs) in ruralBushbuckridge, Mpumalanga Province.

What is this study about?

This is a research project being conducted by Zanele Ngomane, a masters studentat the University of the Western Cape. I am inviting you to participate in this research project because you are a young person who has lived in Jim Brown village, Mpumalanga during the COVID-19 outbreak

The purpose of this research project is to explore the young people's experiencesof the public health and social measures (lockdowns, mask-wearing, social distancing amongst other) which were put in place to limit the spread of COVID-19and the factors that influence young people's adherence to them.

What will I be asked to do if I agree to participate?

You will be asked to participate in an individual interview with me in a private space.The interview is expected to last approximately one hour.

I will ask you a series of questions regarding your experiences as a young person living in Jim Brown village and your experiences of the COVID-19 public health and social measures (mask wearing, sanitising your hands, social distancing, lockdown, and other COVID-19 measures that were put in place) and the factors that contributed to your adherence to these measures as well as explore some ofthe challenges you experienced as a young person during the COVID-19 outbreak.The interview will be tape recorded with your permission.

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Would my participation in this study be kept confidential?

I undertake to protect your identity and the nature of your contribution. To ensureyour confidentiality your name will not be mentioned as I will assign a study identification number; only I will be able to link your identity to the identification number and the details will only be accessed by me.

Your interview transcripts will have an identification number and none of your personal details. Only I will have access to your consent form, and it will kept separate from the information you will provide in the interview.

The recording of the interview along with the transcript will be stored in a password protected computer file and no one besides me, will have access to it. If we write a report or article about this research project, your identity will be protected.

What are the risks of this research?

There may be some risks from participating in this research study. These include psychological and emotional risks as the interview questions will be about your experiences of the COVID-19 pandemic which could be difficult to talk about.

All human interactions and talking about self or others carry some amount of risks.We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of yourparticipation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about the experiences of young people and the factors that influenced their adherence to the COVID-19 public health and social measures. We hope that, in the future, other people might benefit from this study through improved understanding of these factors, and this may help promote adherence as well as develop youth appropriate pandemic management strategies.

Do I have to be in this research and may I stop participating at any time? Your participation in this research is completely voluntary. You may choose not totake part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you

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otherwise qualify.

In terms of the requirements of the Protection of Personal Information Act (Act 4 of 2013), personal information will be collected and processed:

What type of personal information will be collected?

Your name, age. Gender, location information and employment status

Who at UWC is responsible for collecting and storing my personal information?

Your information will be collected and stored by Zanele Ngomane, who is the person who will be conducting this study.

Who will have access to my personal information outside of UWC?

No one, besides the researcher will have access to your personal information

How long will my personal information be stored?

Your personal information will be stored for 5 years and will be destroyed thereafter

How will my personal information be processed?

Your personal information will be kept in a computer password protected file that only the researcher will have access to, there will be an identification number assigned to your name, only the researcher will be able to link your name to that identification number. Your personal information will not be disclosed in the studyand any notes collected during the interviews will be kept safe and destroyed afterthe study.

What if I have questions?

This research is being conducted by ***Zanele Ngomane from the School of Publichealth*** at the University of the Western Cape. If you have any questions about theresearch study itself, please contact **Zanele Ngomane** at: Thohoyandou block Q30 Sibasa, 0722643224, zanelengomane68@gmail.com or Dr. Michelle De Jongat 0738313016, dejongm@uwc.ac.za

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

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This research has been approved by the University of the Western Cape'sBiomedical Research Ethics Committee.

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XIPHEPHA XA VUXOKOXOKO

Nhlokomhaka ya Phurojeke: Ku lavisisa swilo leswi khumbhaka mintokoto ya vantshwa na ku namarhela magoza ya rihanyo ra vaaki na ntshamiseko wa vaaki (PHSM) ya COVID-19 etindhawini ta le makaya ta Bushbuckridge,eXifundzheninkulu xa Mpumalanga.

Xana dyondzo leyi yi vulavula hi yini?

Leyi i phurojeke ya ndzavisiso leyi endliwaka hi Zanele Ngomane, xichudeni xa masters eYunivhesiti ya Kapa Vupeladyambu. Ndzi mi rhamba ku nghenelela ekaphurojeke leyi ya ndzavisiso hikuva mi muntshwa loyi a nga tshama emugangeni wa Jim Brown, eMpumalanga hi nkarhi wa ku tumbuluka ka COVID-19. Xikongomelo xa phurojeke leyi ya ndzavisiso i ku lavisisa mintokoto ya vantshwa eka magoza ya rihanyo ra vaaki na ntshamiseko (ku pfaleriwa ka vanhu, ku ambalaswisirhelelo, ku hambanisiwa ka vanhu exikarhi ka swin'wana) leswi nga vekiwa ku hunguta ku hangalaka ka COVID-19 na swilo leswi khumbhaka ku namarhela ka vantshwa eka vona.

Xana ndzi ta komberiwa ku endla yini loko ndzi pfumela ku hlanganyela?

U ta komberiwa ku nghenelela eka mbulavurisano wa munhu hi xiyexe na mina eka ndhawu ya le xihundleni. Ntshaho lowu wu languteriwe ku teka kwalomu ka awara yin'we. Ndzi ta ku vutisa nxaxamelo wa swivutiso mayelana na ntokoto wawena tani hi muntshwa loyi a tshamaka emugangeni wa Jim Brown na mintokoto ya wena ya COVID-19 ya rihanyo ra vaaki na magoza ya ntshamiseko (Ku ambalaswimaski, ku basisa mavoko, ku hambanisiwa ka vanhu, ku pfaleriwa ka vanhu, na magoza man'wana ya COVID-19 lawa ya vekiweke) Na swilo leswi nga hoxa xandla eka ku namarhela ka wena magoza lawa xikan'we na ku lavisisa yin'wanaya mintlhontlho leyi u nga hlangana na yona loko wa ha ri muntshwa hi nkarhi waku tumbuluka ka COVID-19. Ntshaho wu ta rhekhodiwa hi thepi hi mpfumelelo wawena.

Xana ku hlanganyela ka mina eka dyondzo leyi a ku ta hlayisiwa ku ri xihundla?

Ndzi tiyimisela ku sirhelela vumunhu bya wena na muxaka wa ku hoxa xandla kawena. Ku tiyisisa xihundla xa wena vito ra wena a ri nge boxiwi tanihileswi ndzi nga ta nyika nomboro ya vutivi bya dyondzo; ntsena ndzi ta kota ku hlanganisa vutitivisi bya wena na nomboro ya vutitivisi naswona vuxokoxoko byi ta nghenisiwantsena hi mina. Matsalwa ya

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wena ya mbulavurisano ya ta va na nomboro ya vutitivisi naswona ku nga ri na vuxokoxoko bya wena bya munhu hi xiyexe Ndzi tava ndzi ri na mfikelelo eka fomo ya wena ya mpfumelelo, naswona yi ta hlayisiwayi hambanile na vuxokoxoko lebyi u nga ta byi nyika eka mbulavurisano. Ku rhekhodiwa ka mbulavurisano xikan'we na tsalwa swi ta hlayisiwa eka fayili ya khompyuta leyi sirhelelekeke hi phaswedi naswona a ku na munhu handle ka mina, loyi a nga ta va na mfikelelo eka yona Loko hi tsala xiviko kumbe xihloko mayelana na phurojeke leyi ya ndzavisiso, vutitivisi bya wena byi ta sirheleriwa.

Hi wahi makhombo ya ndzavisiso lowu?

Ku nga ha va ni makhombo yo karhi hikwalaho ko hlanganyela eka nkambisiso lowu wa ndzavisiso. Leswi swi katsa makhombo ya miehleketo na mintlhaveko tanihileswi swivutiso swa mbulavurisano swi nga ta va mayelana na mintokoto yawena ya ntungu wa COVID-19 leyi nga tika ku vulavula ha yona. Ku tirhisana hinkwako ka vanhu ni ku vulavula hi munhu hi xiyexe kumbe hi van'wana swi rhwala mpimo wo karhi wa makhombo. Hambi swi ri tano hi ta hunguta makhomboyo tano naswona hi ta teka goza hi ku hatlisa ku ku pfuna loko u hlangana na ku nga tsaki kwihi na kwihi, ka miehleketo kumbe hi ndlela yin'wana hi nkarhi wa endlelo ra ku nghenelela ka wena eka dyondzo leyi. Laha swi lavekaka, ku hundziseriwa loku faneleke ku ta endliwa eka mutivi loyi a faneleke ku kuma mpfuneto wun'wana kumbe ku nghenelela.

Hi yihi mimpfuno ya ndzavisiso lowu?

Ndzavisiso lowu a wu endleriwanga ku ku pfuna hi wexe, kambe mbuyelo wu nga pfuna mulavisisi ku dyondza swo tala hi mintokoto ya vantshwa na swilo leswi khumbeke ku namarhela ka vona eka COVID-19 ya rihanyo ra vaaki na magoza ya ntshamiseko. Hi tshemba leswaku, eka nkarhi lowu taka, vanhu van'wana va nga vuyeriwa eka ndzavisiso lowu hi ku tirhisa ku twisisa loku antswisiweke ka swilo leswi, naswona leswi swi nga pfuna ku tlakusa ku namarhela xikan'we na ku tumbuluxa tindlela ta vulawuri bya ntungukulu leti faneleke ta vantshwa.

Xana ndzi fanele ndzi va eka ndzavisiso lowu naswona ndzi nga tshika ku nghenelela nkarhi wihi na wihi?

Ku hlanganyela ka wena eka ndzavisiso lowu i ka ku tirhandzela hi ku helela. U nga ha hlawula ku nga hlanganyeli nikatsongo. Loko u endla xiboho xo hlanganyela eka ndzavisiso lowu, u nga ha tshika ku hlanganyela nkarhi wihi na wihi. Loko u endla xiboho xo ka u nga hlanganyeli eka dyondzo leyi kumbe loko utshika ku hlanganyela nkarhi wihi na wihi, a wu nge xupuriwi kumbe ku lahlekeriwahi mimbuyelo yihi na yihi leyi u faneleke ku yi kuma.

Hi ku ya hi swilaveko swa Nawu wa Nsirhelelo wa Vuxokoxoko bya Munhu (Nawuwa 4 wa 2013), vuxokoxoko bya munhu byi ta hlengeletiwa no tirhisiwa:

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I muxaka wihi wa rungula ra munhu hi xiyexe leri nga ta hlengeletiwa?

Vito ra wena, malembe. Rimbewu, vuxokoxoko bya ndhawu na xiyimo xa ntirho.

I mani eka UWC loyi a nga na vutihlamuleri byo hlengeleta na ku hlayisa vuxokoxoko bya mina bya munhu hi xiyexe?

Vuxokoxoko bya wena byi ta hlengeletiwa no hlayisiwa hi Zanele Ngomane, loyi anga munhu loyi a nga ta va a fambisa dyondzo leyi

I mani loyi a nga ta va na mfikelelo eka vuxokoxoko bya mina bya munhu hi xiyexe ehandle ka UWC?

Ku hava munhu, handle ka mulavisisi loyi a nga ta va na mfikelelo eka vuxokoxokobya wena bya munhu hi xiyexe

Xana rungula ra mina ra munhu hi xiyexe ri ta hlayisiwa ku fikela rini?

Vuxokoxoko bya wena bya munhu hi xiyexe byi ta hlayisiwa ku ringana malembeya 5 naswona byi ta herisiwa endzhaku ka sweswo

Xana rungula ra mina ra munhu hi xiyexe ri ta tirhisiwa njhani?

Vuxokoxoko bya wena bya munhu hi xiyexe byi ta hlayisiwa eka fayili ya khompyuta leyi sirhelelekeke hi phaswedi leyi ku nga ta va na mfikelelo eka yonantsena, ku ta va na nomboro ya vutitivisi leyi averiweke vito ra wena, i mulavisisi ntsena loyi a nga ta kota ku hlanganisa vito ra wena na nomboro yoleyo ya vutitivisi. Vuxokoxoko bya wena bya munhu hi xiyexe a byi nge paluxiwi eka dyondzo naswona tinotsi tihi na tihi leti hlengeletiweke hi nkarhi wa mimbulavurisano ti ta hlayisiwa ti hlayisekile no herisiwa endzhaku ka dyondzo.

Ku vuriwa yini loko ndzi ri ni swivutiso?

Ndzavisiso lowu wu endliwa hi Zanele Ngomane ku suka eXikolweni xa Rihanyo ra Mani na Mani eYunivhesiti ya Kapa-Vupeladyambu. Loko u ri na swivutiso mayelana na dyondzo ya ndzavisiso hi yoxe, hi kombela u tihlanganisa na ZaneleNgomane eka: Thohoyandou block Q30 Sibasa, 0722643224,zanelengomane68@gmail.com or Dr. Michelle De Jong eka 0738313016, dejongm@uwc.ac.za.

Loko u fanele ku va na swivutiso mayelana na ndzavisiso lowu na timfanelo ta wena tanihi mutekaxiave wa ndzavisiso kumbe loko u lava ku vika swiphiqo swihina swihi leswi u hlanganeke na swona leswi fambelanaka na dyondzo, hi kombela u

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tihlanganisa na:

Prof Uta Lehmann
Head of Department: School of Public Health
University of the Western Cape
Private Bag X17
Bellville 7535
ulehmann@uwc.ac.za

Prof Anthea Rhoda
Dean: Faculty of Community and Health Sciences
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

Ndzavisiso lowu wu amukeriwile hi Komiti ya Mahanyelo ya Vulavisisi bya Vutshunguri bya Swilo leswi hanyaka ya Yunivhesiti ya Kapa Vupeladyambu

Biomedical Research Ethics Committee
University of the Western Cape
Private Bag X17
Bellville
7535
Tel: 021 959 4111
e-mail: research-ethics@uwc.ac.za

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Appendix 2: Consent form

UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2809, Fax: 27 21-959 2872
E-mail: soph-comm@uwc.ac.za

CONSENT FORM

Title of Research Project: Exploring factors that influence youth's experiencesand adherence to the COVID-19 public health and social measures (PHSMs) inin rural Bushbuckridge, Mpumalanga Province.

The study has been described to me in language that I understand. My questionsabout the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand thatmy identity will not be disclosed to anyone. I understand that I may withdraw fromthe study at any time without giving a reason and without fear of negativeconsequences or loss of benefits. I understand that the data collected will be kept safe in accordance with the Protection of Personal Information Act (POPIA) and will be destroyed after 5 years.

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_____ I agree to be **[**audiotaped**]** during my participation in this study.
_____ I do not agree to be **[**audiotaped**]** during my participation in this study

Participant's name……..

Participant's signature…….

Date……

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UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa
Tel: +27 21-959 2809, Fax: 27 21-959 2872
E-mail: soph-comm@uwc.ac.za

FOMO YA MPFUMELO

Nhlokomhaka ya Phurojeke ya Ndzavisiso: Ku lavisisa swilo leswi khumbhaka ntokoto wa vantshwa na ku namarhela magoza ya rihanyo ra vaaki na ntshamiseko wa vaaki (PHSMs) ya COVID-19 etindhawini ta le makaya ta Bushbuckridge, eXifundzheninkulu xa Mpumalanga.

Dyondzo yi hlamuseriwile eka mina hi ririmi leri ndzi ri twisisaka. Swivutiso swa mina malunghana ni dyondzo leyi swi hlamuriwile. Ndza swi twisisa leswaku ku nghenelela ka mina ku ta katsa yini naswona ndza pfumela ku nghenelela hi ku tihlawulela ka mina na ku tihlawulela ka mina. Ndza swi twisisa leswaku vumunhubya mina a byi nge paluxiwi eka munhu. Ndza swi twisisa leswaku ndzi nga ha tshika dyondzo nkarhi wihi na wihi handle ko nyika xivangelo naswona handle ko chava vuyelo byo biha kumbe ku lahlekeriwa hi mimpfuno.

Vuyelo kumbe ku lahlekeriwa hi mimbuyelo. Ndza swi twisisa leswaku datha leyi hlengeletiweke yi ta hlayisiwa yi hlayisekile hi ku landza Nawu wa Nsirhelelo wa Vuxokoxoko bya Munhu (POPIA) naswona yi ta herisiwa endzhaku ka malembe ya 5.

_____Ndzi pfumela ku [audiotated] hi nkarhi wa ku nghenelela ka mina eka dyondzoleyi.

_____A ndzi pfumeli ku [audiotated] hi nkarhi wa ku nghenelela ka mina eka dyondzoleyi

Vito ra mutekaxiave.....

Sayina ya mutekaxiave……

Siku……

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Appendix 3: Interview Guide

1. Can you tell me a bit about yourself and where you live?
   - How long have you lived in Jim Brown?
   - Did you live in Jim Brown prior to the COVID-19 outbreak?
2. What economic activity are you currently engaged in?
3. What were your experiences of COVID-19?
   - What were your thoughts when the pandemic first started in 2020?3.2.What do you think of COVID-19 now?
   - What are some of the challenges you faced during the pandemic?
   - How has the pandemic affected your livelihood as a young person?
4. How did you feel about the PHSMs (such as mask wearing, social distancing, lockdowns and other restrictions to prevent the spread of COVID-19)?
   - Were you able to adhere to them?
   - If yes, what contributed to you adhering to the PHSMs?
   - Which PHSMS did you find easy to adhere to?
   - Which PHSMs did you find hard to adhere to?
   - What factors made it difficult for you to adhere to those PHSMs?
5. Do you think the public health messaging regarding COVID-19 and PHSMs were effective in educating about risks and preventions associated with COVID-19?
6. Do you think your gender played a role in the adherence of COVID-19 PHSMs? Ifso, how?
7. As a young person what kind of support, if any, did you receive since the outbreakof COVID-19?
   - Did the support help you to cope with the changes that took place as a result of PHSMs?
   - Did you feel like more support could have been given?
   - If so, what kind of support do you feel you needed most?

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Interview Guide-Translated to XiTsonga

1. Xana u nga ndzi byelanyana hi wena na laha u tshamaka kona?
    - Xana u tshame nkarhi wo tanihi kwihi eJim Brown?
    - Xana a a wu tshama eJim Brown emahlweni ku nga si va na ntungu wa COVID-19?
2. Hi wihi ntirho wa ikhonomi lowu u nga le ku wu endleni sweswi?
3. Hi yihi mitokoto ya wena hi COVID-19?
    - Xana miehleketo ya wena a yi ri yihi loko ntungu lowu wu sungula hi lembe ra2020?
    - Xana u ehleketa yini hi COVID-19 sweswi?
    - Hi yihi yin'wana ya mitlhontlho leyi u hlanganeke na yona hi nkarhi wa ntungu?
4. Xana ntungu lowu wu khumbe njhani vutomi bya wena tanihi muntshwa?
    - Xana u titwise ku yini hi ti-PHSM (ku fana na ku ambala *mask*, ku siya mpfhuka lokou ri na vanhu, ku pfaleriwa na swipimelo swin'wana ku sivela ku hangalaka ka COVID-19)?
    - Xana u swi kotile ku swi landzelela?
    - Loko nhlamulo ku ri ina, i yini lexi endleke leswaku u swi landzelela ti-PHSM?
    - Hi tihi ti-PHSM leti ku oloveleke ku ti landzelela?
    - Hi tihi ti-PHSM leti ku tikeleke ku ti landzelela?
5. Hi swihi swivangelo leswi endleke u tsandzeka ku landzelela ti-PHSM ta kona?
6. Xana u vona onge marungula ya rihanyo eka vaaki mayelana na COVID-19 na ti- PHSM a ya tirha kahle eku dyondziseni hi makhombo na nsivelo leswi fambelanaka naCOVID-19?
7. Xana u vona onge rimbewu ra wena ri hoxe xandla eka ku namarhela ti PHSM ta COVID-19? Loko swi ri tano, njhani?
    - Tanihi muntshwa i nseketelo wa njhani, loko wu ri kona, lowu u wu kumeke ku sukelaloko ku tumbuluka ntungu COVID-19?
    - Xana nseketelo wu ku pfunile ku langutana na ku cinca loku veke kona hikwalaho kati-PHSM?
    - Xana u twile onge nseketelo lowu a wu fanele wu engeteriwile ke?
    - Loko swi ri tano, u twa onge i nseketelo wa njhani lowu a wu wu lava ngopfu?

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Appendix 4: Letter of approval

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The University of the Western Cape
Private bag x17
Belville 7535, South Africa

Subject: Research Approval Letter

To whom it may concern:

This letter acknowledges that I have received and reviewed a request by Zanele Ngomane student number 4104399 from the University of the Western Cape to conduct a research project titled ": *Exploring factors that influence youth's experiences and adherence to the COVID-19 public health and social measures (PHSMs) in rural Bushbuckridge, Mpumalanga Province"* at Mariti and I approve of this research to be conducted at our Community Centre.

Sincerely,

TABU MADALANE (Name And Surname)
WARD COUNCILLOR (Position/title)
0826222712 (Contact details)
(Signature)

BUSHBUCKRIDGE LOCAL MUNICIPALITY
P/BAG X 9308
BUSHBUCKRIDGE 1280
WARD NO. 6
Cllr's Name: TABU MADALANE
Cllr's Signature:
Cell No: 0826222712
Date: 12/01/2023

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60 YEARS of hope, action & knowledge

13 October 2022

Ms Z Ngomane
School of Public Health
Faculty of Community and Health Sciences

BMREC Reference Number: BM22/8/13

Project Title: Exploring factors that influence youth's experiences and adherence to the COVID-19 public health and social measures (PHSMs) in rural Bushbuckridge, Mpumalanga Province

Approval Period: **13 October 2022 – 12 October 2025**

I hereby certify that the Biomedical Science Research Ethics Committee of the University of the Western Cape approved the scientific methodology and ethics of the above mentioned research project and the requested amendment to the project.

Any further amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report annually by 30 November for the duration of the project.

For permission to conduct research using student and/or staff data or to distribute research surveys/questionnaires please apply via: https://sites.google.com/uwc.ac.za/permissionresearch/home

The permission letter must then be submitted to BMREC for record keeping purposes.

The Committee must be informed of any serious adverse event and/or termination of the study.

Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape
NHREC Registration Number: BMREC-130416-050

Director: Research Development
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