REVIEW ARTICLE

A review of self-care deficit theory to sexual reproductive health and rights on adolescents and young people living with HIV

DOI: 10.29063/ajrh2025/v29i7.14

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Abstract

Adolescents and young people living with HIV (AYPLHIV) face unique challenges in managing their sexual and reproductive health and rights (SRHR), influenced by social, cultural and structural factors. This narrative review explores the application of Orem's Self-Care Deficit Theory in SRHR programs targeting AYPLHIV. Drawing on various regional and country contexts, the review synthesizes literature to examine how theory's core concepts: person, health, environment and nursing can be used to understand and address the self-care needs and SRHR outcomes of this vulnerable population. By using the fundamental principles of Orem's theory to guide analysis and discussion, this review highlights the importance of theory-informed interventions that foster autonomy and effectively address the healthcare needs of this vulnerable population and fostering self-care *(Afr J Reprod Health 2025; 29 [7]: 148-157)*

Keywords: Adolescents; sexual and reproductive health; HIV; youth-friendly services; self-care

Résumé

Les adolescents et les jeunes vivant avec le VIH (AJVVIH) sont confrontés à des défis uniques dans la gestion de leur santé et de leurs droits sexuels et reproductifs (SDSR), influencés par des facteurs sociaux, culturels et structurels. Cette revue narrative explore l'application de la théorie du déficit d'autosoins d'Orem aux programmes de SDSR ciblant les AJVVIH. S'appuyant sur divers contextes régionaux et nationaux, cette revue synthétise la littérature afin d'examiner comment les concepts fondamentaux de la théorie : la personne, la santé, l'environnement et les soins infirmiers, peuvent être utilisés pour comprendre et répondre aux besoins d'autosoins et aux résultats en matière de SDSR de cette population vulnérable. En s'appuyant sur les principes fondamentaux de la théorie d'Orem pour guider l'analyse et la discussion, cette revue souligne l'importance d'interventions fondées sur la théorie qui favorisent l'autonomie, répondent efficacement aux besoins de santé de cette population vulnérable et favorisent l'autosoin. *(Afr J Reprod Health 2025; 29 [7]: 148-157).*

Mots-clés: Adolescents ; santé sexuelle et reproductive ; VIH ; services adaptés aux jeunes ; autosoins

Introduction

The transition from childhood to adolescence represents a significant and often challenging phase for some young people, characterised by a multitude of physical and psychological changes. Considering global advancement in HIV management, it is essential to recognise that the number of adolescents living with HIV is growing.[1] This critical developmental stage presents unique challenges, particularly concerning sexual and reproductive health (SRHR) matters. Adolescents and young people living with HIV (AYLHIV) navigate the complexities of their health needs, which are often more intricate than those of their peers, influenced by factors such as age, gender and the mode of transmission.[2]

As AYLPHIV progresses through adolescence, they confront the dual realities of their developmental transitions and the implications of living with HIV.[2] This intersection raises pressing questions about their SRHR, for which they frequently lack adequate answers. The SRHR needs of these individuals are multifaceted and require tailored interventions that acknowledge their unique circumstances.[2] Self-care strategies within the SRHR program have the potential to enhance self-efficacy, autonomy, and engagement in health management for both AYPLHIV and their caregivers.

However, it is vital that the implementation of such interventions does not inadvertently sever their connection to essential healthcare services.[2] For many young people living with HIV in different countries, the pursuit of intimacy, fertility intentions and the desire to have children are essential to their sense of belonging and experiencing love.[3-4-5-6] Consequently, they may start engaging in dating and sexual activities, which introduce them to a more complex need for SRHR interventions and at times information.[6] Information on SRHR. Unfortunately, access to relevant SRHR information is often limited or inadequately communicated to this group in other culturally inclined groups and settings. Various factors such as age, cultural context and prevailing social norms contribute to the discomfort in discussing sexual and reproductive matters with healthcare providers or their parental figures.[7] Furthermore, concerns regarding confidentiality and judgemental attitudes from healthcare professionals exacerbate these challenges, resulting in limited provision of information, support and understanding of their emerging sexuality, sexual orientation and reproductive health choices.[7] In many settings, the availability of accurate information about life choices for AYPLHIV remains limited. In cases where SRHR information is available, it frequently lacks specificity and relevance for adolescents, thereby impeding both access and utilisation of the available resources. It is imperative to ensure that SRHR services are not only made available but also seamlessly integrated into all aspects of HIV treatment and care, thereby addressing the comprehensive needs of this vulnerable population.[7-2] The review applies Orem's Self-Care Deficit Theory as a conceptual framework to explore the SRHR experiences and needs of AYPLHIV. By organising the discussion around the theory's four metaparadigms of the theory, this review highlights the value of a theory-informed approach in designing youth-friendly nursing interventions aimed at achieving optimal SRHR outcomes while enhancing self-care practices.

Overview of the Orem's self-care deficit theory

Nursing theories represent a body of knowledge that supports nursing practice and contributes to achieving positive patient outcomes.[8-9] A theory serves as a creative and systematic framework for understanding the various aspects of the world, facilitating the description, explanation, prediction or control of phenomena.[9-10] Among these theories, Orem's self-care deficit theory is commonly used in nursing practice to elucidate the nature and scope of nursing. This theory provides a structured framework that links relevant knowledge and delineates specific outcomes or goals for nursing, thereby enhancing the effectiveness of nursing care and ensuring accountability for nursing actions.[11-9-10] Orem's theory incorporates the four concepts of the nursing metaparadigm, which are a person (man), health, environment and nursing.[12-10] The theory indicates that individuals require nursing or healthcare interventions when their healthcare exceeds their ability to meet those needs., which is also referred to as "deficit relationship".[11] In this review, the sexual and reproductive care and rights of adolescents and young people living with HIV will be examined and discussed through the lens of these four metaparadigm concepts as they relate to self-care.

Approach

This paper presents a narrative review exploring the SRHR needs of young people AYPLHIV through the lens of Orem's self-care deficit theory. A narrative review methodology was selected to facilitate a comprehensive, thematic synthesis of literature drawn from diverse sources, including peer reviewed studies, theoretical papers and grey literature. This approach is particularly appropriate for integrating theoretical perspectives with existing empirical evidence to offer a contextualised understanding of SRHR challenges faced by AYPLHIV. The review is structured around the core concepts of Orem's theory, person,

health, environment and nursing, which serve as the framework for discussing individual, systemic, and structural deficiencies in SRHR care. A targeted literature search was conducted using databases such as PubMed, Scopus and Google Scholar. Keywords included "Orem's Self-Care Deficit Theory", "adolescents", "young people", "HIV" and "sexual and reproductive health." Studies were included if they addressed SRHR issues among AYPLHIV and aligned with Orem's theoretical constructs. Literature focusing on unrelated populations and not grounded in SRHR, and self-care concepts was excluded. This theoretical framework enabled a focused synthesis of findings facilitating the identification of key gaps and opportunities for targeted interventions.

Application in SRHR Context

Barlow *et al* in Kennedy *et al* describe self-care as actions an individual takes to lead a healthy lifestyle, meet their social, emotional and psychological needs, care for their long-term or chronic illnesses, and prevent further illness.[13] As people mature, they usually develop skills to enable them to take care of themselves and their dependents.[11-9] Within the context of the SRHR program, self-care refers to activities individuals undertake in promoting their own SRHR, preventing sexual and reproductive health-related diseases and other undesirable outcomes, limiting and mitigating predisposing factors to sexual-related illnesses and other undesirable outcomes and preserving and restoring their SRHR.[14]

Self-care deficit theory is grounded in expressed insights about the powers and characters of individuals who need health care and those who provide care. This theory explores the nature and constitution of those characteristics, and the structural processes involved in providing care to individuals, families and communities.[9] In the primary healthcare setting, the self-care metaparadigm is articulated through four core concepts that delineate the discipline: person, health, nursing/healthcare provider, and environment.[8]

Person

George posits that a person should be understood as "a whole being" rather than through a reductionist lens of mind-body dualism, highlighting the complexities of human identity, relationships, culture and experiences.[8] This perspective necessitates a holistic approach to comprehensively understand individuals, particularly those receiving care and treatment, whose needs extend beyond the confines of mind-body dualism. Factors such as gender, poverty, ethnicity, lack of education residential background significantly influence the concept of intersectionality which is crucial in understanding the self-care needs of adolescents and young people living with HIV, particularly the SRHR.[15]

Several factors shape the SRHR of this population:

- ***Age*:** the onset of puberty presents unique challenges for young people living with HIV.
- ***Gender*:** specific issues such as family planning, menstruation, sexual orientation and circumcision play significant roles in shaping SRHR experiences.
- ***Health*:** living with a chronic condition such as HIV complicates the management of SRHR health needs and associated challenges.
- ***Availability of resources*:** access to youth-friendly services, comprehensive SRHR services and supportive healthcare providers is crucial in addressing the unique SRHR and healthcare needs of young people living with HIV.
- ***Self-care agency:*** individuals' ability to determine requirements for regulating functioning, decide what to do and how to perform care procedures to meet their own self-care needs.[11]
- ***Self-care deficit:*** inadequate adjustment between self-care agency and therapeutic self-care demand.[11]

A person is conceptualised as an adaptive system striving to maintain adaptation with their role as an individual, as a family member, a community member and part of the society. Consequently, a person is a major focus on nursing as a recipient of care.[7] Some principles and actions support and motivate individuals to engage in positive self-care

behaviours and achieve the adoption of health seeking behaviours and lifestyle choices.[16] By considering these multifaceted factors, we can enhance our understanding of how to effectively support adolescents and young people in managing their self-care while navigating their specific circumstances.

Self-care is determined by individuals' activities, capacities and capabilities and their knowledge and actions regarding self-care. Appropriate interventions must be developed to improve and promote health maintenance, monitoring and self-management.[16] Many adolescents and young people living with HIV lack sufficient understanding of their bodies, developmental changes, and overall health which often results in unpreparedness for the transitions associated with puberty and adulthood.[17-18] Self-care begins with knowledge and understanding of various health aspects; however, in many low and middle-income countries, there's limited knowledge of SRHR alongside poor access to SRHR services, contraceptive options and family planning resources.[19] This situation limits women's autonomy over their health choices.

Orem's self-deficit theory recognises individuals as physical, social and psychological individuals with varying degrees of self-care abilities. As recipients of care, individuals possess the potential for learning and development, enabling them to discover ways to meet their self-care needs.[12] SRHR self-care activities are usually undertaken without professional direct care or assistance, but individuals are informed by technical knowledge and skills derived from both professional and lay experiences.[14] Achieving adequate levels of self-care requires a holistic approach that integrates diverse multisectoral knowledge addressing physical, social and psychological well-being. However, challenges such as lack of autonomy, inadequate knowledge regarding access to preventative and curative SRHR services and gender inequality result in self-care deficits in the realm of SRHR. Young people living with HIV require empowerment and psychosocial and mental health support to address individual difficulties and past traumas, which should include resources and SRHR education.[20]

Young people living with HIV are autonomous individuals with unique needs. They desire to be in relationships and to engage in sexual encounters at similar rates to young people not living with HIV. However, status disclosure to sexual partners becomes a challenge.[19] Insufficient support and guidance concerning status disclosure can adversely hinder their ability to manage their own health and exercise self-care. This inadequacy may lead to poor health outcomes and detrimental sexual decisions. Therefore, intervention programs must prioritise addressing the SRHR of young people living with HIV while enhancing their knowledge and understanding of SRHR and HIV issues including stigma and disclosure.[21] These programs should empower adolescents to make informed choices regarding their SRHR without facing coercion, discrimination or abuse. Findings from studies conducted in mid and low-middle-income countries around the world suggest that creating a supportive environment such as teen clubs and adolescent corners will empower young people to exercise their rights and make healthier decisions about their bodies and futures thereby enhancing self-care.[17-22-23] Furthermore, the increasing accessibility of technology represents an additional advantage for disseminating SRHR information and services to adolescents and young people living with HIV.[24] This usually encourages the use of digital health technology to promote the sustained adoption and maintenance of healthy lifestyle behaviours.

Health

The World Health Organization defines health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease and infirmity". This comprehensive understanding of health, physical, mental and social well-being is integral to Orem's Self-Care Deficit Theory.[12] Achieving a state of health and well-being involves developing interventions and care plans to enhance and maintain patients' overall well-being while addressing limitations to prolong and preserve life.[12] For young people living with HIV, prioritising the integrity of human structure involves improving health care quality with an

emphasis on availability and accessibility. The Incorporation of HIV management within youth-friendly service provision is vital for enhancing knowledge and access to SRHR services for AYPLHIV.[19]

Self-care is an integral part of health promotion, encompassing all actions an individual undertakes to take care of the self and immediate environment.[25] Studies conducted in Sub-Saharan Africa and other regions indicate that adolescent girls and young women remain particularly vulnerable to poor health outcomes; however, this vulnerability should not limit the provision of similar services to male adolescents as fostering healthy sexual relations is essential for all genders.[8-26] A study conducted in Iran highlighted the need for a holistic approach to addressing the self-care needs of AYLHIV as they require a range of interventions from SRHR, acute and mental health as their challenges extend beyond physical but also psychological.[27] There's a pressing need for programming aimed at reducing sexual risk behaviours among young people living with HIV to address existing gaps in care. A critical component of strengthening healthcare systems is the development of a comprehensive framework that actively engages AYLHIV, thereby facilitating holistic care. This approach ensures that all individuals regardless of gender, receive necessary SRHR care without encountering stigma and discrimination.[28]

SRHR-focused self-care considers the extent to which an individual relies on external resources at home, within the community and or professional healthcare. Interventions for health systems must focus on optimizing resource utilization.[16] This level requires multilevel strategies to support responsive and youth-friendly services as this population requires a different mix of comprehensive and developmentally appropriate services.[28-29] Additionally, there is a pressing need to develop robust data collection mechanisms and strengthen health information systems to enable analysis. Such systems would facilitate the assessment of service utilisation, identification of gaps in service delivery and inform targeted interventions.[15] Applying the Self-care theory requires efforts to strengthen and create systems that not only address individual needs but also dismantle existing inequalities and barriers to accessing essential SRHR services.

Environment

The environment encompasses the various contextual factors that influence individuals' ability to meet their health needs, including interpersonal interactions, as well as physical, social, economic and cultural factors.[8] George (2011) asserts that individuals' perceptions of their environment significantly impact their overall experience within it.[8] Orem (1991) as cited in Shah (2015) emphasises the necessity to conceptualise both the individual and the environment as a unified entity. The environment can exert both positive and negative influences on an individual's capacity to meet their health needs.[12] In the context of HIV, community environments can play dual unprecedented roles, they may either promote health and wellbeing or contribute to HIV stigma.[30] The nursing concept of the environment considers both physical and psychosocial features, thus, interventions are designed based on these characteristics.[12] This necessitates that nurses and other healthcare providers receive training focused on cultural competence, sensitivity and the importance of fostering an inclusive healthcare environment.

In Orem's model, there is a strong emphasis on identifying and addressing all factors that may impact an individual's ability to engage in self-care.[12] Biological and socio-economic determinants are critical in shaping SRHR outcomes and influence how individuals respond to these challenges.[18] In the environmental or social system, the premise of SRHR self-care, the premise is primarily concerned with the existing drivers and barriers to self-care, particularly concerning the operating fiscal and policy environment, as well as cultural norms that inform self-care practices in the wider community.[16] The analysis of SRHR self-care begins with the social system, which encompasses enabling and constricting structures within which people are seen as active agents.[25] This was evident in the findings from studies conducted in Senegal, South Africa, India and Cote d'Ivoire, where cultural beliefs significantly influenced how adolescents and young people

perceived their sexual needs and behaviours.[31-6-32] This shows the importance of understanding how the environment with its social structures operates. Enhancing SRHR outcomes for AYPLHIV requires a comprehensive approach that addresses structural issues such as gender inequalities. It is essential to combat stigma and discrimination in all settings while fostering a supportive environment that gradually enhances the sexual and reproductive health of AYPLHIV. Support from the social environment, including family and community can be invaluable in addressing some of the transitional challenges faced by AYPLHIV.[19-22] Promoting an environment with supportive healthcare providers, families and communities is essential for fostering human adaptive systems and enhancing decision-making to achieve sexual and reproductive health autonomy.[12]

Nursing

Nursing is defined as "a caring profession that supports and assists the patient, whether ill or well, at all stages of life, in achieving and maintaining their potential for optimal health; where this is not achievable the patient is cared for with dignity until death".[33] Montgomery (2005) as cited in Shah (2015) describes nursing as a unique field of knowledge and an action-oriented system that embodies professional practice.[12] Orem's self-care deficit theory conceptualises nursing as a series of interventions aimed at fulfilling the necessary self-care needs. The nursing agency (defined as a person trained in nursing) and the nursing system (the relationship between the nurse and patient) both encompass actions designed to meet self-care needs.[11-12]

Nursing fundamentally aims to deliver optimal health outcomes for patients through collaborative relationships within a safe and caring environment. This encompasses the design and implementation of various systems of care.[11] Nurses are particularly better positioned to promote self-care and can serve as an important resource for primary healthcare interventions related to SRHR. In this context, adolescents living with HIV must acquire knowledge that enables them to protect and maintain their health through self-disease prevention, self-treatment, and social support for illness in natural settings.[25] Access to information regarding health, disease management and SRHR services is essential to empower and equip AYPLHIV to self-care and protect themselves and their partners or families.[34]

In addition to achieving nursing goals, nursing is regarded as the science of promoting adaptation through fostering a nurse-patient relationship and implementing actions in the patient's interest to facilitate the required self-care.[12] Nurses and other healthcare providers play a pivotal role in equipping adolescents and young people with HIV information in preparation for HIV disclosure and living a positive life.[23] Beyond HIV status disclosure, AYPLHIV require spaces that provide ongoing support, however, nurses often lack guidelines and sufficient training to holistically address the needs of this population and to identify those that require further referral to skilled mental health professionals.[23-35] While competency in these areas is essential, it is also important to note that training alone cannot solve all the problems. A comprehensive understanding of the conditions and contexts in which healthcare professionals work is crucial to maintaining the existing trust relationships.[13]

Diverse factors for consideration

The dynamics and complexities surrounding SRHR issues for AYPLHIV are influenced by a multitude of factors. Disparities in SRHR persist and are often intersectional, particularly concerning gender and the distinction between urban and rural environments.[15] These factors can influence individuals' responses to SRHR matters and their access to healthcare services. The most significant factors include demographic, structural, and psychosocial variables.

Demographic characteristics and their impact on SRHR self-care

Demographic variables encompass a range of factors including age, gender, sexual orientation, ethnicity, religion and race. The availability of information, comprehension and correct use of healthcare resources are often impeded by multilevel social pressures that hinder the adoption of healthy behaviours. These dynamics provide valuable insights into the interaction between

nurses and patients.[20-10] In many contexts, adolescents engage in sexual activities before knowing about sexually transmitted infections (STIs) and unintended pregnancies. Adolescent girls are at greater risk for acquiring HIV and other STIs due to their biological vulnerabilities. Furthermore, the level of education determines the adoption of certain health behaviours; girls from various backgrounds frequently have less access to education compared to boys, exposing them to dependency and high-risk behaviours.[24]

Adolescent girls typically possess less power to negotiate for safe sex, especially in age-disparate relationships that may involve financial benefits. Individual characteristics such as disability and sexual orientation, coming from a single-parent household and living under poor conditions can result in the marginalisation of young people, thereby limiting their chances of receiving vital health services.[24] Additionally, AYPLHIV may face further marginalisation that limits their access to important SRHR services due to assumptions that they do not engage in sexual activities. However, it is worth noting that some AYLHIV are capable of educating their peers, both infected and uninfected, due to their better understanding of healthcare utilisation challenges and youth-specific issues related to care and treatment.[35]

Structural factors influencing SRHR self-care practices

Structural significantly influences the SRHR experiences of young adults, particularly those living with HIV. These factors include poverty, geographic location (urban versus rural), orphanhood and the availability of essential community resources.[36]

Structural factors shape individuals' self-perception and their response to health issues and services. Healthcare facility characteristics can serve as a major structural barrier to young people's access to SRHR. Such barriers include but are not limited to, the absence of designated youth-friendly spaces for adolescent services that enhance privacy and foster a sense of belonging as well as accommodating facility operating times.[37] To improve access to healthcare facilities, it is essential that these facilities assign designated youth-friendly spaces equipped with relevant information material specifically tailored to meet the needs of AYPLHIV.[29]

The utilisation of healthcare services by AYPLHIV is often complex; therefore, collaborative efforts and integration of various supports and relationships across care settings are of importance.[38] Developing strategies to reach out to young people living with HIV and facilitating their access to SRHR services is vital for addressing the unique challenges associated with managing a chronic disease. This becomes a challenge when even healthcare providers are reluctant to engage in discussions about SRHR topics including contraception with young people.[29-39-40]

Many adolescents and young people who acquired HIV perinatally are cared for by relatives or grandparents due to the death of one or both parents, altering the family touch. The family unit is meant to provide safety, belonging and support for accessing healthcare.[41] Young people often find safe spaces with their peers where they can easily discuss their sexual desires and challenges, while in some cultures these topics are prohibited and often discouraged by parents and healthcare providers, ultimately impacting their use of SRHR services.[41] Consequently, both home environments and healthcare facilities often fall short as reliable sources of support and information. AYPLHIV desire conducive and supportive families, carers and positive peer networks to navigate institutions and make healthy decisions despite external pressures, particularly regarding SRHR services.[20-41]

Psycho-social determinants and their role in personal self-care

Psycho-social factors such as self-esteem, self-efficacy and regulation, negotiation skills and privacy can significantly influence an individual's thinking patterns, either positively or negatively. Many young people experience confusion regarding their body changes during puberty, largely due to parents' reluctance to discuss topics related to sex, sexuality and HIV.[28] Additionally, navigating life with the stigma associated with HIV presents ongoing challenges, including difficulties with disclosure, and emotional regulation.[42-43] Consequently, psychosocial support including empowering adolescents on intimate partner

disclosure has become an essential aspect of treatment and care for AYPLHIV.

These young people seek healthcare environments where providers respect their privacy and approach SRHR issues in a friendly and non-judgemental manner. Generally, people living with HIV often experience stigma and negative perceptions associated with presumed modes of transmission. Despite these challenges, they also desire love and meaningful relationships which complicates issues related to serostatus disclosure, negotiation of condom use and the prevention of sexual abuse.[43-44]

Adolescence is inherently a complex developmental stage characterised by numerous challenges; however, AYPLHIV encounter additional health-related challenges that may necessitate more frequent use of healthcare services compared to their peers. This increased engagement with healthcare systems can contribute to heightened feelings of insecurity and emotional instability, accentuating the need for comprehensive mental health support tailored to this population.[44] Consequently, it is crucial for healthcare providers and caregivers to understand the multifaceted implications of HIV on adolescents' daily lives. Such understanding is essential for delivering effective psychosocial interventions that address both their physical health needs and emotional well-being. By fostering an environment of empathy and support, healthcare professionals can enhance the overall quality of care provided to AYPLHIV, ultimately promoting healthier outcomes during this critical developmental stage.

Implications for nursing practice

The application of Orem's Self-Care Deficit Theory offers a valuable framework for bridging the dichotomy gaps between lay and medical systems as well as between self-help and self-care. Nurses and other healthcare professionals can leverage this theory to assess both clinical and social determinants that impact self-care behaviours. It is essential that training programs incorporate theoretical models such as Orem's not only for research purposes but also for the development of health program interventions. This integration can enhance patient-centred care within SRHR and HIV services

Limitations

While Orem's theory provides a valuable framework for understanding self-care, it may require contextualization and adaptation to effectively address complex socio-cultural issues inherent in SRHR. Future reviews should focus on integrating Orem's theory with other theoretical frameworks and exploring its adaptation beyond the nursing fraternity. Additionally, evaluating its impact through practical case studies in diverse settings will be crucial for understanding its applicability and effectiveness in real-world scenarios.

Conclusion

The provision of SRHR care services has become increasingly complex in the context of HIV, necessitating innovative approaches and re-evaluation of existing policies and practices. Orem's Self-Care Deficit Nursing Theory provides a valuable foundation for addressing SRHR needs through nursing practice. Its structured approach enhances patient engagement and facilitates personalized care. The adaptation and application of Orem's Self-Care Deficit Theory application to SRHR for this population effectively addresses the multifaceted challenges faced by individuals, healthcare systems, nurses as primary healthcare providers and their surrounding environments. These considerations are essential for meeting the SRHR needs of AYPLHIV and advancing efforts to enhance their health outcomes and sustain their quality of life.

Authors contributions

Authors, B.N conceptualised the study and designed the methodological framework. B.N. and D.M. conducted the literature search. Thematic analysis was carried out collaboratively by B.N. and D.M. D.M. provided supervision and guidance throughout the study. All authors contributed to the review of the draft manuscript and approved the final version.

Aknowledgments

The authors sincerely appreciate all those contributed to the completion of this literature review manuscript. I am especially thankful to the late Prof TE Masango for her invaluable guidance and support throughout my research project. Special thanks to the University of South Africa's Ethics Committees, for granting ethical clearance and supporting the main research project where this paper was extracted. Lastly, heartfelt appreciation goes to the University of South Africa's M & D bursaries for making this work possible.

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