

**Young Adults' Experiences of COVID-19 Related Psychological Stressors and Coping
Mechanisms During the Pandemic in Johannesburg**

by

MUHULUSHI PAMELA SITHOLE

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SUPERVISOR: DR G. ISMAIL

CO-SUPERVISOR: DR N. TALIEP

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DECLARATION

Name: _____Muhulushi Pamela Sithole _____

Student number: _____64231143 _____

Degree: _____MA Psychology _____(_DFPSY95)

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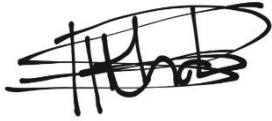
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Abstract

Despite increased knowledge about the COVID-19 pandemic itself, knowledge about its impact on mental health is still lacking in South Africa. This study, thus, sought to understand young adults' experiences of COVID-19-related psychological stressors, trauma, and coping mechanisms used to deal with such stressors. The study was conducted in Orange Farm, South of Johannesburg in the Gauteng province, South Africa. The study population consisted of young adults aged between 18 and 35. Snowball sampling was employed as it is a convenient method for accessing hard-to-reach populations. A sample of 10 young adults was recruited for the current study. This study was qualitative and employed a semi-structured interview technique to explore young adults' experiences with COVID-19-related psychological stress and trauma. Data was analysed and interpreted using a thematic analysis. Major themes that have emerged from the data analysis include: the changes in perceptions of the COVID-19 pandemic; the experience of psychological stressors due to the pandemic; the coping mechanisms that were used by young adults; positive outcomes from the pandemic; and the long-term effects of the psychological stressors experienced. The study also highlighted the various coping mechanisms that were employed to deal with the stressors brought on by the pandemic. The current study findings have implications for policymaking to mitigate pandemic-related stressors and ensure the psychological well-being of young adults in future pandemics.

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CHAPTER 1

Introduction

1.1 Background

The COVID-19 virus was first detected in Wuhan, China in December 2019. The virus was unknown and foreign, contributing to it spreading rapidly across the globe (World Health Organisation [WHO], 2020). The WHO consequently declared COVID-19 as a pandemic on the 11th of March 2020 (Preti et al., 2020). The first COVID-19 case in South Africa was recorded on the 5th of March 2020, and a state of disaster was declared on the 15th of May 2020. On the 27th of March 2020, a 21-day lockdown period was imposed (Reddy et al., 2020). These conditions include imposed travel bans on high-risk foreign countries, banning of non-essential domestic and international flights, self-quarantine for people coming from high-risk countries and high-risk areas, contact tracing, bans on large gatherings (this included religious, traditional, sports, musical, and recreational gatherings), no selling of cigarettes and alcohol, self-isolation, closure of schools, hygiene control, and curfew. Since the first lockdown restrictions were imposed in March 2020, there have been four waves, and the lockdown stages varied from the severe stage 5 to the lower stage 1 (Loo et al., 2022). Ultimately, in response, the South African government, like other countries also affected by the pandemic, implemented hard lockdown restrictions and measures, including isolation and social distancing, to curb the spread of the virus (Ryan et al., 2020). Like COVID-19, there have been various pandemics reported throughout history that have had deleterious outcomes.

A pandemic is defined as a large-scale epidemic (a highly infectious disease that affects people in a short period of time within a large geographical area) that affects millions of people in different parts of the country and even spreads to different parts of the world, causing severe illness (WHO, 2010b). There have been several major pandemics that have been recorded in the past - these include the bubonic plague between the years 1346-1353 which had 50 million fatalities, the Spanish flu (H1N1 influenza virus) from 1918 – 1920 with 20% of the infections resulting into fatalities with 35-100 million deaths, Russian flu (H2N2 or H3N8) from 1889 – 1890, Asian flu (H2N2) from 1957 – 1958, Hong Kong flu (H2N2) from the year 1968 – 1969, a second Russian flu in the year 1977 – 1978, HIV/Aids from the year 1981 to this current moment, swine flu (H2N2) from 2009 – 2010, Zika virus from 2015 – 2016, and Sever Acute Respiratory Syndrome (SARS) from 2002 to 2004 which caused 8098 infections and 774 deaths (Taylor, 2019). More recently, the 2020 coronavirus (COVID-19), by May 3rd,

2023, had more than 765222935 confirmed cases and 6921614 deaths reported globally (WHO, 2023).

Moreover, the symptoms of the COVID-19 virus include fatigue, fever, dry cough, myalgia, dyspepsia, headaches, and diarrhoea (He et al., 2020). The COVID-19 virus is highly contagious, infects many people at the same time, and results in a high number of fatalities (Boyraz & Legros, 2020). The virus rapidly spread, and world leaders and the WHO implemented measures to try to reduce the spread of the virus. These measures include travel restrictions, closing non-essential businesses, social distancing, quarantine, isolation, and wearing protective equipment (Boyraz & Legros, 2020).

The COVID-19 pandemic has led to unpleasant consequences for many people. The adverse effects of a pandemic on the population have been discussed by Lederberg et al. (1992), who have identified consequences such as physical harm (e.g., severe illness), death, social and economic difficulties, including difficulty socialising and grief from losing loved ones, financial instability, change in routine, loss of jobs, closing down of businesses, uncertainty about the future, as well as psychological outcomes such as fear and anxiety. This was seemingly true for people in South Africa too, where a large number of deaths were experienced, with many breadwinners losing their lives, resulting in families facing financial struggles and the possibility of being in poverty (Mbunge, 2020). Tswana (2020) highlight that since the beginning of the pandemic, the South African population has also continued to struggle with high rates of unemployment, with over 300 000 people in South Africa having lost their jobs because of the pandemic.

The restrictions on movement, forced quarantine, economic loss, unemployment, death rate, continuous lockdown, and the drastic and significant change in the routine and daily life of people resulted in people experiencing mental health problems of uncertainty and helplessness (Naidu, 2020). The mental health problems associated with the pandemic include uncertainty, panic, fear of contracting the virus, obsessive behaviours, post-traumatic stress disorder (PTSD), stigmatisation, anxiety, and depression. There was also an increase in gender-based violence (GBV), riots, racism, xenophobia, social unrest, and demonstrations (Mbunge, 2020). In addition, the pandemic also affected the younger population, particularly students.

It was reported that over 750,000 pupils have dropped out of school during the pandemic - the lowest school attendance in 20 years (Damon, 2021). More young people engaged in reckless behaviour, with a 60% rise in teenage pregnancy in Gauteng, 23 000 children below the age of 18 giving birth between April 2020 and March 2021, and 35% of children aged 14 who gave birth in the same period (Save the Child, 2021). The United Nations

Women (2021) also note that since the beginning of the COVID-19 pandemic, there has been a shadow pandemic of domestic violence which has risen significantly. Statistics reveal that there has been a significant increase in alcohol and substance abuse (Van Ovensiere, 2020). These findings further reveal how the COVID-19 pandemic caused harm to the psychological well-being of people.

It thus remains important to further expound on the concept that the COVID-19 pandemic not only caused physical harm but equally resulted in adverse psychological outcomes (e.g., fear, panic, anxiety, and feelings of hopelessness) (Hameed et al., 2022) both within the South African and global contexts. For instance, Shoba (2020) points out that many South Africans were not prepared to deal with the effects of the COVID-19 pandemic, which included associated illness, loss of life, self-isolation, quarantine, fear, and anxiety. In addition, Givetash (2022) investigated the idea of mental health in South Africa during the pandemic, and they discovered that since the start of the pandemic, there has been a 25% surge in anxiety and depressive disorder cases in South Africa. Furthermore, Benfante et al. (2020) emphasises a strong link between the COVID-19 pandemic and high anxiety levels in the Italian population. In China, a few weeks after the beginning of the pandemic, a third of the people between the ages of 13-35 years showed signs of severe anxiety, with 40% being prone to psychological health challenges (Liang et al., 2020). Furthermore, Trnka and Lorncova (2020) investigated the idea of fear, anger, and media-introduced trauma and discovered that the American population had a high sense of fear regarding health, finances, medical care, food supply, isolation, and death due to COVID-19. Similarly, a study by Kathirvel (2020) adds that during the COVID-19 pandemic, people experienced post-traumatic stress syndrome just after the pandemic had begun, including insomnia, irritation, and emotional disturbance, and in the long term, they started experiencing substance abuse, PTSD, anxiety, anger, and the avoidance of crowded places and social withdrawal. This serves as evidence that the COVID-19 pandemic not only had severe physical repercussions but also resulted in negative psychological health problems.

According to Lazarus and Folkman (1984), psychological stress is caused by the relationship between the individual and the environment. The person viewing or appraising the environment as taxing or exceeding their resources and well-being hinders the person's cognitive appraisal. As a result, when discussing psychological stress and stressors, it is also important to discuss coping. Coping is defined by Lazarus and Folkman (1984) as the constant cognitive change and behavioural management of demands that are appraised as taxing. Coping involves multiple problem-solving abilities through coping functions that involve adequate

information processing and flexibility using different coping resources by maintaining health, positive beliefs, problem-solving skills, social skills, support, and material resources to deal with psychological stress (Lazarus & Folkman, 1984). During stressful times when people experience various forms of stressors at the same time, being in a stressful environment requires an individual to employ suitable coping mechanisms for them to be able to manage the stressful situation. If negative coping mechanisms like numbing, denial, substance abuse, aggression, blaming, withdrawal, and wishful thinking are used, they may cause more psychological harm (Hou et al., 2020).

This study takes into account the psychological stressors that have been noted by other studies, as outlined in previous paragraphs, as well as the consequences this may have, particularly on young adults. Therefore, This research study seeks to investigate young adults' lived experiences during the COVID-19 pandemic to better understand the psychological stress that young adults experience and the coping mechanisms they use to manage those stresses.

1.2 Problem statement

Psychological stressors are crucial when discussing the psychological well-being of an individual, as these stressors could be correlated with the emergence or aggravation of mental health disorders such as PTSD, complex post-traumatic stress disorder (CPTSD), adjustment disorder, reactive attachment disorder, disinhibited social engagement disorder, burnout, anxiety, depression, anger, etc. (American Psychiatric Association [APA], 2013). With the devastating COVID-19 pandemic, which persisted for over two years, it remains vital to explore related stressors of the pandemic, coping mechanisms to deal with such stressors, and the effects of such stressors if not dealt with effectively. Preti and colleagues (2021) found a strong causal link between the COVID-19 pandemic, depression, PTSD, and anxiety in healthcare workers during the pandemic. Furthermore, Rahman et al. (2020) highlighted the psychological stress that elderly people above the age of 65 have experienced because of the pandemic.

There are few, albeit growing, research studies that look at psychological stressors and the coping mechanisms citizens utilised during the COVID-19 pandemic. Existing studies were conducted in Australia, North America, and China, which found a high percentage of psychological stress among the population and high proneness to psychological disorders (Rahman et al., 2020; Trnka & Lorencova, 2020; Zheng et al., 2021). Even so, in the South African context, a review of existing literature indicates a paucity of research that investigates COVID-19-related psychological stressors and coping mechanisms among young adults.

Against the South African backdrop, there has been numerous research that has investigated vaccine hesitancy in different population groups like adults, the elderly population, pregnant women, healthcare workers, and the urban population (Adeniyi et al., 2021; Engelbrecht et al., 2022; Hoque et al., 2020; Kim et al., 2021). Oyenubi and Kollamparambil (2020) discovered that in South Africa depressive symptoms had significantly increased during 2020 relative to 2017 due to social grants and financial concerns caused by the pandemic. Furthermore, Engelbrecht et al. (2021) discovered a high level of PTSD among nurses. These studies have considered different population groups and different professions concerning the pandemic. They have also focused on mental disorders caused by psychological stress due to financial distress. However, there is yet to be research that focuses specifically on young adults in the country, who are the most vulnerable group of people as they are exposed to substances, risky behaviour, and mental illness (Kim *et al.*, 2020). Furthermore, these existing studies focus only on one stressor, i.e., financial stress, excluding all other psychological stressors experienced by young adults. This highlights the need for and importance of the proposed study as it will assist in exploring psychological stressors experienced by young adults during the COVID-19 pandemic, which, by extension, can subsequently inform relevant interventions to assist young adults in coping with COVID-19-related, as well as other non-pandemic-related stressors.

In summary, a paucity remains in existing research in understanding the lived experiences of young adults regarding psychological stressors due to the COVID-19 pandemic and the various coping mechanisms they drew on. Due to the constantly evolving knowledge, technologies, medical and psychological breakthroughs, and forms of communication which influence the experience of psychological stressors and different coping mechanisms, it is important to remain abreast of such influences and constantly re-evaluate psychological stressors and trauma in context.

1.3 Rational

Psychological stressors are defined as “emotional, physical, social, economic, or another factor that disrupts the normal physiological, cognitive, emotional, or behavioural balance of an individual” (APA, 2013. 854). This means that psychological stressors cause an imbalance in the person's normal everyday functions, resulting in negatively affecting the psychological well-being of individuals. On the other hand, Selye (1956) claims that a stressor is a reaction to a demand, threat or harm. In both understandings of what a stressor is, Selye (1956) and APA (2013) concur that a stressor is an event that can cause an individual to be

unable to manage the stressful event that they are facing. Mazure (1995) agrees with the APA (2013) by pointing out that psychological stressors create a big risk of psychological problems like schizophrenia, major depression, unipolar and bipolar disorders, panic disorders, and the development of post-traumatic disorders. This then makes it essential to investigate psychological stressors in relation to COVID-19, as it may have dire consequences for the mental health of many people during times of crisis. These conditions may also affect people post-pandemic due to the several psychological disorders that may develop as a result of the COVID-19 crisis.

1.4 Aim and Objectives

The COVID-19 pandemic has forced people worldwide to adjust their daily lives, and this was no different for South African citizens. A great number of people have experienced or witnessed a large number of infections, severe illness, and numerous deaths occurring in a short space of time due to the pandemic, giving way to various psychological stressors. Therefore, this study aimed to explore the perceptions of psychological stressors young adults between the ages of 18 to 35 experienced during the COVID-19 pandemic, the coping mechanisms that drew on, and the long-term effects of those stressors if not managed correctly. The primary aim of the study was actualised through the following objectives:

- To explore the perceptions of young adults in Orange Farm regarding psychological stressors experienced due to the COVID-19 pandemic.
- To identify the coping mechanisms that young adults drew on/utilized to cope with the psychological stressors caused by the COVID-19 pandemic.
- To explore the long-term effects of those psychological stressors on young adults post-COVID-19 lockdown.

RESEARCH QUESTIONS

- What are the perceptions of COVID-19-related psychological stressors that young adults living in Orange Farm experienced due to the COVID-19 Pandemic?
- What are the coping mechanisms that adults utilised to cope with the psychological stressors caused by the COVID-19 pandemic?

- What are the long-term effects of those psychological stressors on young adults post the COVID-19 pandemic?

1.5 Significance of the Study

This study explored young adults' perceptions of psychological stressors and coping mechanisms during the COVID-19 pandemic. This study is envisioned to have several benefits for the public, the Department of Health, the Department of Social Development, institutions for higher education, and future research.

This study aims to benefit the public by identifying similarities in the psychological stressors that young adults experience. This research will not only look at the psychological stressors but also find the different coping mechanisms, some of which may be beneficial to other people and if negative coping mechanisms are used. Findings from this study may inform solutions to psychological health challenges.

This study will benefit not only the population but also the Departments of Health and Social Development by providing a clear description of the psychological stressors that were experienced by young adults. This may assist the Department of Health to be in a better position to provide aid to young adults who are struggling to cope with COVID-19-related psychological stressors. The Department of Social Development can ensure that, in addition to the physical health and social welfare of the population, the psychological and mental health of the people are also taken care of.

In institutions of higher education, this study may be beneficial as it will serve as a guide for creating a deeper understanding of the various psychological stressors that people experience when faced with a highly infectious disease and lockdown restrictions. In addition, it may provide an understanding of the coping mechanisms and the current state of young people in the country.

This study could be beneficial for future research as it will serve as a basis and guide for those interested in researching a similar topic. It may also provide information and findings from different scholars that were referenced in the literature review.

1.6 Definition of key terms

The core definitions of this study are as follows:

Psychological stressors: Psychological stressors are considered to be “emotional, physical, social, economic, or another factor that disrupts the normal physiological, cognitive,

emotional, or behavioural balance of an individual” (APA, 2013. 854). This means that psychological stressors cause multiple imbalances person's resulting in clinical psychological problems.

Psychological stress: Psychological stress occurs when an event that occurs causes the individual to exceed their resources to cope (APA, 2013A). According to Lazarus & Folkman (1984), psychological stress is caused by the relationship between the individual and the environment, in which the person views or appraises the environment as taxing or exceeding their resources and well-being. This may hinder the person’s cognitive appraisal.

Traumatic event: A traumatic event refers to an incident that brings about physical, emotional, or psychological harm (WHO, 2019). According to the DSM-5, trauma is a result of direct exposure (personally), witnessing the event occur to others, learning of the traumatic event occurring to a close family member or friend, or exposure to evasive details of the traumatic event. The experience of actual or threatened death, injury, or physical harm involves intense feelings of fear, horror, and helplessness.

Coping: Coping is defined by Lazarus and Folkman (1984) as the constant cognitive change and behavioural management of demands that are appraised as taxing. Coping involves multiple problem-solving abilities through coping functions that involve adequate information processing and flexibility using different coping resources by maintaining health, positive beliefs, problem-solving skills, social skills, support, and material resources to deal with psychological stress (Lazarus & Folkman, 1984).

Young adult: Refers to a person whose age ranges from 18 to 35 years old.

1.7 Theoretical Framework

The theoretical framework that will be utilised for this study is the Transaction Model of Coping by Richard Lazarus and Susan Folkman (1984). They proposed that stress is an interaction between the individual and the environment that they live in. According to this model, stress involves how the individual appraises the stressor and their ability to cope with that stressor. Lazarus and Folkman (1984) suggested that there are two types of appraisals: primary and secondary. The primary appraisal includes the evaluation of the stressful event to see if it is either stressful, positive, or irrelevant. If the appraisal is either positive or irrelevant, the stressor is seen as not stressful. If the stressor is appraised as stressful, it is further evaluated to see if it is a harm/loss, a threat, or a challenge. Secondary appraisal is regarded as an evaluation of the internal and external resources a person has at their disposal to cope with stressors (Lazarus & Folkman, 1984). The transactional model focuses on the psychological

stress response in which a person is an active participant in how they appraise the stressful event (Lazarus & Folkman, 1984). The transactional model of stress and coping will assist in finding out how young adults appraised the stressors that came with the COVID-19 pandemic in the primary stage to see what kind of a stressor it is, and whether it is stressful, positive, or irrelevant. It is necessary to assess the different coping mechanisms that young adults had at their disposal in the secondary appraisal stage, to see if they were able to cope with the COVID-19 stressors.

The Transaction Model of Coping focuses on psychological factors in the response to a stressor, acknowledges the subjective nature of stress, and an individual is an active participant in how they appraise the stressor, thus the appropriate theoretical framework for this proposed study.

STRUCTURAL OUTLINE

This study consists of five chapters that will be outlined as follows.

Chapter 1 Introduction

Chapter 1 consists of the context and overview of the study. This Chapter introduces the research topic and outlines the aims and objectives of the study. The theoretical framework is discussed in relation to the research topic, and finally. The importance of the research is also highlighted.

Chapter 2 Literature Review

Chapter two consists of a literature review that conceptualises psychological stressors, trauma, lifestyle changes, and all the different stressors that come with COVID-19-related psychological and coping mechanisms. It discusses different literature and empirical evidence from scholarly sources. This allows the reader to have a comprehensive understanding of the importance of exploring the different perceptions of COVID-19-related psychological stressors and coping mechanisms. This chapter further discusses the chosen theoretical framework, i.e., the transaction model of stress and coping. It also the reasons for choosing the theoretical framework.

Chapter 3 Research Design and Methodology

This chapter focuses on the research design and methodology used in this study. It discusses the research paradigm, study approach, and design. The study setting, population, sample, data collection, and procedure are also outlined and justified. Furthermore, it discusses the study's rigour by focusing on validity, including dependability, confirmability, transferability, and reflexivity.

Chapter 4 Findings

This chapter consists of an evaluation of the findings regarding the lived experiences of the COVID-19 pandemic-related psychological stressors that young adults experienced. The coping mechanisms they used during the pandemic are also the focal point. Finally, the chapter assesses the emerging themes from the data that were collected from the participants.

Chapter 5 Discussion

This chapter provides an overview of young adults' psychological stressors and coping mechanisms during the COVID-19 pandemic. This is done through a summary of conclusions drawn from the findings in the context of the literature review.

Chapter 6 Conclusion

This chapter summarises the themes that have been discussed and the conclusions drawn from the study; the study's limitations will then be discussed in conjunction with recommendations.

CHAPTER 2

Literature Review

2.1 Introduction

The previous chapter introduced the research topic and the main objectives that the study focuses on. This chapter reviews literature regarding psychological stressors and coping mechanisms during the COVID-19 pandemic. The review will include the relevant theories, the existing knowledge, and the debates in this field, which will provide a suitable explanation of the relevance of this research by providing context.

In particular, this literature review envisions to offer a summary of studies regarding the COVID-19 pandemic. The literature further highlights the existing gaps regarding stressors during the COVID-19 pandemic and coping mechanisms, to explore the aim of this study. The literature review also considers different arguments in the literature regarding the pandemic as a psychological stressor. Some of the arguments include the psychological implications, accompanied by the daily hassles experienced, major life events that occurred during the pandemic, and finally, the coping mechanism's principles. The chapter concludes with a discussion of the theoretical framework chosen for the study.

2.2 The Psychological Stressors Experienced by People during the COVID-19 Pandemic

The following section will begin by explaining what a psychological stressor is in relation to the COVID-19 pandemic. It will also highlight the different psychological stressors, themes, and patterns that have contributed to psychological stressors among the victims.

2.2.1 COVID-19 pandemic as a psychological stressor

The COVID-19 pandemic is a life-threatening illness that caused psychological stressors and trauma in communities and societies at large during the pandemic. People from different societies across the world experienced a drastic change in their everyday lives. They felt fearful and threatened by the virus and its various deleterious outcomes such as illness, death, the collapse of economies, hospitals getting fuller than their capacities, reports of coffins 'running' out in mortuaries, the erection of mass graves, threats of infection, fear of death, fear of losing loved ones, restrictions of movement through a lockdown and social distancing (Shevlin et al., 2020). This is evident in the work by Hunt et al. (2021) who observed that the COVID-19 pandemic caused immediate anxiety, uncertainty about the future, fear, and loneliness in South Africans due to lockdown measures. These measures (the closure of

schools, disturbances in trade, increased unemployment, increased hunger, and depression), which caused disruptions in people's lives, are considered psychological stressors according to the DSM-5(2013).

Psychological stress is defined as “any emotional, physical, social, economic, or other factors that interrupt the normal physiological, cognitive, emotional or behavioural balance of an individual” (Ciccarelli & Noland, 2014, p. 829). The DSM-5 further defines psychological stressors as life events that are associated with, can trigger, or exacerbate the occurrence of a mental disorder (Ciccarelli & Norland, 2014). A study by Kim et al. (2022) attest to this. They discovered a prevalence of depression and anxiety due to the pandemic. However, according to the stressor and trauma criteria of the DSM-5, a life-threatening illness or debilitating medical conditions are excluded as traumatic events or psychological stressors (Ciccarelli & Noland, 2014). Due to this Van Overmeire (Shevlin et al., 2020a) argues that the COVID-19 pandemic should not be considered as a psychological stressor or trauma because it does not qualify as one.

Nevertheless, and as alluded to earlier, Shevlin et al. (2020) contend that people from different societies across the world felt fearful and threatened by the virus and its outcomes. These life events and changes brought on by the COVID-19 pandemic qualify this pandemic as a traumatic event and a stressor as it disrupts a person's psychological and emotional stability (Shevlin et al., 2020). Hence, the COVID-19 pandemic is perceived as a psychological stressor and traumatic event even though it is an illness. Now that the pandemic has been identified as a traumatic event and a source of psychological stress, it is important to consider how knowing and hearing about the pandemic influences mental health.

In the South African context, a study in the Western Cape by De Man et al. (2021) studied the relationship between COVID-19-related stressors and the mental health of people during the strict restrictions where everyone had to stay home, they discovered that distress related to containment and distress from risk of infection was associated with high prevalence in anxiety and depressive symptoms in adults who had to adhere to strict stay home rules. Furthermore, Rwafa-Ponela et al. (2021) investigated the impact of the COVID-19 pandemic on people's mental health in two different locations in South Africa. They discovered that initially, the participants felt fear and panic due to the virus being unprecedented, fear of being infected and infecting others, fear of being hospitalised, as well as a variety of psychological and social-environmental factors, such as financial distress, worries about family, and fear of being hospitalised. Similarly, October et al. (2020) noted that the social conditions related to the pandemic brought changes in South African families thus causing family-related stressors

that caused anxiety, depression, and stress, eventually resulting in the deterioration of the families' mental health.

As mentioned above, the COVID-19 pandemic and the implementation of the lockdown and preventative measures have not only taken a toll on the physiological, social, and economic lives of South Africans but have consequently caused a psychological impact on individuals by bringing changes, fear, worries, anxiety, and depression as a result this makes it important to know how being amid a global pandemic has had an impact on the mental health of South Africans.

2.2.2 Media contribution to causing psychological stressors during the pandemic

Mass media was a vastly used medium of communication, entertainment, and information during the period of the pandemic. The use of mass media raised interest in the impact and contribution it had on the mental health of individuals during the period of the COVID-19 pandemic. Mass media regarding the COVID-19 pandemic contributed to causing psychological stress and trauma in people during the pandemic (Shevlin et al., 2020). Broadcasting and media have been great sources of information regarding the developments of the pandemic; however, it was also a source of panic (Rocha et al., 2021). The news of the spread of the virus and its devastating effects quickly spread through social media, news broadcasts on television, radio, newspapers, podcasts, videos, and newsletters (Rocha et al., 2021). People were exposed to the horrific news of the daily rise in infection rates, a high number of deaths, mass graves being dug, the loss of neighbours, and the loss of loved ones (Shevlin et al., 2020). Shevlin et al (2020) add that mass media published self-documented videos of people who were affected by COVID-19 and who eventually died, and also documentaries of the daily experiences of COVID-19 patients in hospitals, in some cases videos documenting the last days of COVID-19 patients.

The World Health Organisation (WHO) announced that continuous exposure through watching news broadcasts and statistics regarding the pandemic can cause fear, anxiety, and uncertainty, and suggested that to maintain good mental health, citizens should avoid constantly watching broadcasts in this regard (WHO, 2020). Shevlin et al. (2020) discovered that there was a heightened level of trauma, anxiety, and depression among the United Kingdom adult population during the initial days of the pandemic during self-isolation and social distancing. This demonstrates that people who were in quarantine experienced trauma, anxiety, and depression due to the pandemic media and social platforms. However, according to the DSM-5 media broadcast, TV news, social media, and electronic media do not qualify as

exposure to psychological trauma or psychological stressors (Ciccarelli & Noland, 2014). As a result, Shevlin et al., 2020 argue that exposure to the COVID-19 pandemic through media and TV does not satisfy the diagnosis of exposure to a life-threatening or stressful event as indicated by Shevlin et al. (2020). As people were in quarantine, they were unable to physically see others suffering from the virus. They only saw videos and media of people suffering due to the pandemic. In response to the argument made by Van Overmeire (2020) using the DSM-5, Shevlin et al. (2020) argue that exposure to the trauma of the COVID-19 pandemic through media is valid when considering it through the lens of the International Classification of Disease (ICD) -11. This means that media can be considered as a contributing factor to exposure to trauma depending on the lens that is used to assess it. For this study, the perspective of Shevlin et al. (2020) is used concerning the exposure to the COVID-19 pandemic trauma through media as a traumatic event. This also reveals the shortcomings in the DSM-5 definition of what is considered an experience of a traumatic event. During the pandemic, media was not the only source of stress in the country; individual households also faced various financial constraints.

2.3 Daily Hassles and Life Events Causing Psychological Stress During the COVID-19 Pandemic

The above section has provided knowledge and different existing debates regarding the COVID-19 pandemic being a psychological stressor or a traumatic event. In light of this, it is important to note there are various aspects of COVID-19 which also cause psychological stressors. This section provides a detailed narrative of the different studies and literature that highlight daily changes and life events that produced the different psychological stressors.

2.3.1 Isolation

Humans are social beings, and they socialise, in every aspect of their lives, which includes work, school, playing, family, and friends, all contributing to their physical and mental health (Leung et al., 2010). South Africa is well-known for its sense of togetherness, however, the laws of social distancing and restrictions that were implemented put limitations on how people socialise (Mbunge et al., 2020). It led to situations where people felt lonely because they could no longer meet and socialise. Moodley (2020) asserts that even though the restrictions were put in place, to protect people, the public perceived quarantine, isolation, and social distancing restrictions as a punishment, abuse, and a form of discrimination. While the WHO (2020) suggested that social isolation was important for reducing the spread of the

COVID-19 virus, it has negative outcomes on a person's psychological and emotional well-being by causing loneliness, low mood, boredom, stress, fear, frustration, anxiety, and loss of social connections (Razai et al., 2020). This shows that, by trying to solve one problem of the rapid spread of the virus, another problem of psychological and emotional imbalance in the South African population was being created.

The restrictions for social distancing and quarantine affected people from different social standings differently, the group that was most negatively affected were people from poor communities, people living in informal settlements with no water or sanitation, people who live in crowded households, refugees, migrants, and homeless people (Gayer-Anderson et al. 2020). This could be attributed to the frustration of living in small spaces since there is no space to move easily and the space has to be shared with other people. Social distancing and quarantine meant that people could not see their loved ones and being in the middle of a deadly pandemic made things worse, as it included having a fear of losing loved ones and not being able to see them in their last days. Furthermore, Gayer-Anderson and colleagues (2020) confirm that social restrictions and people being confined to their homes for long periods brought a high risk of facing abuse and exploitation, which was evident in the sharp rise in woman and child abuse since the beginning of the pandemic, and a rise in femicide. People who live in abusive environments face a great challenge as they are stuck with their abuser, and in some cases, the abuse increased - the country thus experienced a surge in Gender Based Violence (GBV) in South Africa during the pandemic (Mittal & Singh, 2020).

2.3.2 The COVID-19 pandemic and challenges of isolation in South African community

Mbunge et al. (2020) state that initially when an individual was infected, they were expected to isolate for seven to 14 days at their place of residence or health care facility. Later, the time and duration for isolation and quarantine were revised to seven days (Mbunge et al., 2020). This has proven to be a challenge in South Africa. In congruence with this view, Mbunge et al. (2020) state the following reasons: higher rate of child-headed families due to previous pandemics and violence, high unemployment rates, high levels of poverty, a large number of people living in informal settlements, large number of people living in small houses which are crowded making a difficult to practice social distancing and isolation. This put a big challenge on many people who did not have enough resources for isolation and quarantine because it meant they would not be able to protect their loved ones from getting sick if they were to be infected. Haffejee and Levin (2020) emphasise the point made by Mbunge et al. (2020) through an exploratory study that looked at how structural inequality (exposure to violence, socio-

economic inequality, poverty, and neglect) has placed many children/minors in a compromised situation. The COVID-19 pandemic thus exposed already vulnerable groups to not only the threat of illness but also other structural impediments influenced by socio-economic status - isolation consequently meant that they could not provide for their families.

2.3.3 Economic stress caused by the COVID-19 pandemic

South Africa's inequality is high due to the legacy of apartheid, with the Gini coefficient indicating a large disparity of 844 to 305 in inequality between the poor and the wealthy. A third of the South African population depends on grants to survive, half of the population lives in abject poverty, and the unemployment rate exceeds 35% (Chatterjee, 2019). With the already high unemployment levels in the country, high poverty, and economic inequality, many people in informal settlements and poor communities rely on informal trade to make a living but during lockdown restrictions, they had to be confined to their homes and were not allowed to trade (Jain et al., 2020). This resulted in many of the informal businesses being unable to operate, hence, many informal businesses in South Africa could not survive the constraints caused by the pandemic as they had no insurance and no compensation (Jain et al., 2020). Some of the unemployed people in South Africa are precarious workers who are not formally employed so they do not have stable jobs (Paremoer et al., 2021). From 2020 to 2021, there was a 21% drop in active employment in South Africa from 9% in 2019 due to the COVID-19 Pandemic (Chitiga-Mabugu, 2020). Hlayisi (2022) reports that the unemployment rate in South Africa was 29.1% in 2019, but this number drastically increased during the pandemic to 35.3%. Since there is such a high rate of unemployment, households, and families had severe financial challenges with no household income and struggled to afford basic needs like paying rent, utilities, food, and sanitation. These financial constraints caused an increase in poverty and financial stress of being unable to afford basic needs. Many unemployed people, those employed in the informal sector and those who are self-employed had to stay at home and social distance; this meant that they could not provide for their families putting them at risk of starvation, losing their homes and property (Gayer-Anderson et al., 2020). This caused frustration for many people, as they then thought about the reality of having to lose everything they had worked hard for and owned, while also struggling to put food on their table. Hunt et al., (2021) found that hunger, unemployment, and loss of income are sources of depressed mood and mental problems. It is thus evident that economic problems can cause many of the affected people to experience psychological disturbance and imbalance resulting in mental health challenges.

2.3.4 Disruption of the supply chain

The ban on international and local travel disrupted the supply and demand of goods, logistics, and import and export of goods, resulting in a shortage of supplies at a large scale and economic instability for individuals and communities. This caused various feelings of distress due to fear of price hikes, unavailability of basic supplies, and the restriction of movement. The pandemic disrupted the food chain.

Fear of the unknown coronavirus caused people in South Africa to be unsure of having sufficient supplies and a shortage of supplies during the pandemic (Arafat et al., 2020). From the time the outbreak began in China, many people saw what was happening in other countries through the media. This revealed how other countries experienced a shortage of supplies, being unable to leave their homes as they pleased, causing fear among South Africans and resulting in a drastic change in consumer buying (Yuen et al., 2022). Several people started buying a particularly large number of goods due to fear of not finding enough supplies the next time they went shopping or the fear of sharp price hikes on those goods. This is called panic buying. This happened because people saw this behaviour from other people outside the country and also initiated the behaviour, sparking many people to panic buying due to fear of regret or missing out (Yuen et al., 2022).

According to Kaur and Malik (2020), panic buying gave people a sense of control over the situation they were in because even though they could not control the pandemic, they could at least control the environment in which they live. In South Africa, the products that people bought included personal protective equipment, food, alcohol, and toilet paper (Rasul et al., 2021). Behaviour like panic buying had a very negative effect on the supply chain and distribution of goods in the country. For example, South Africa had a shortage of personal protective equipment, sanitisers, and face masks for essential workers and the entire population. South Africa had to rely on other countries for personal protective equipment (Moosavi et al., 2022). This is why South Africans were advised to make face masks using fabric for the first few months of the pandemic. Many healthcare workers in different hospitals were also concerned about their health as they had a shortage of personal protective equipment (Bibi, 2020).

With the international travel bans and travelling restrictions, there were disruptions in the logistics industry. Firstly, there was a shortage of workers due to quarantine. With mass infections and strict travel restrictions, air cargo was also limited to drop-in passengers. Marine shipping faced similar problems, with some crew members getting infected, and there was a

massive 30% drop in in container shipping services (Xu et al., 2020). South Africa and other countries depend on imports and exports for supplies. So, if the logistics supply chain is disrupted it means that goods cannot come in and out of the country, further increasing the economic instability and disrupting the supply chain of the country. Fu et al. (2020) discovered that manufacturing declined by 20% in the first year of the pandemic. This shows how the pandemic negatively affected manufacturing and productivity, which resulted in disruptions in the logistics industry. Another thing that disrupted the supply chain was the more than usual change in the demand for goods like flu medication, cough syrups, and children's medication (Nasereldin et al., 2021). This kind of panic buying resulted in goods that are usually bought being in low demand and some goods expiring. It disturbed supply chain operations, causing a shortage in supplies and lowering the economy of the country. Since the textile and clothing industry had to be closed down as they were non-essential, a shortage of raw materials and machinery for making textiles and clothing occurred in the textile industry (Xu et al., 2020). There were disruptions in the supply of wood and boards as many furniture companies struggled to find wood and boards for production. As a result, many furniture companies closed their doors, and some had to have a short time (Xu et al., 2020). This caused severe stress for the workers who were afraid of losing their jobs, while others lost their jobs and could not provide for their families.

2.3.5 Availability of basic needs

The existing high levels of inequality, poverty, unemployment, and economic decline due to the COVID-19 pandemic, as mentioned above, resulted in a rate of 8.18 million people in the country being in a crisis while 1.16 million were in a situation of emergency due to food insecurity (Ngarava, 2022). Even though people were in a state of crisis due to facing a life-threatening virus, they had to meet their food demands, which, according to Mouloudj et al. (2020), was threatened by the COVID-19 pandemic. This caused individuals in poor and developing countries to experience food shortages. Hunt et al. (2021) emphasise the importance of looking at poverty and hunger in relation to the COVID-19 pandemic, as they claim that hunger is closely linked to a depressed mood and psychological distress. It is thus evident that food insecurity and hunger may result in psychological disturbance.

2.4 The COVID-19 Pandemic and The Education System

The COVID-19 pandemic has caused drastic changes in the education system and day-to-day teaching and learning. The government responded to the pandemic by temporarily

closing schools and reducing the number of face-to-face attendance (Onyema et al., 2020). Some schools introduced digital learning portals so that the learners did not miss any learning (Soudein et al., 2020). This proved to be an injustice to other learners from disadvantaged backgrounds with unequal access to a proper internet connection, electricity, technology, and Wi-Fi/data (Mbungizi, 2022). These disruptions caused an increase in learners missing out on school, with a total number of 750,000 learners staying out of school from 2020 through 2021 (Damon, 2021). This brought much frustration to learners and parents from disadvantaged backgrounds who could not get the devices and learning tools needed to continue learning.

Not only do learners rely on the school for educational purposes, but learners also rely on the education system for nutritional purposes, which was also disrupted by the pandemic (Damson, 2020). Many children from underprivileged communities rely on the food prepared at the school, the food parcels, and the sanitary towels they receive from the schools through the National School Nutrition Programme (NSNP) (Soudein et al., 2020). The NSNP feeds more than 9 million learners, but another 2 million children did not receive meals (Damons, 2020). Therefore, the closing of schools meant that the NSNP, which provided meals to all underprivileged learners, stopped doing so during COVID-19 (Mbungizi, 2022). The announcement that the schools were to be closed caused panic and frustration among the learners and parents as it meant that the children would lose their source of nutrition (Soudein et al., 2020). As the source of nutrition was temporarily taken away by the pandemic, it meant that not only did the parents and kids worry about their health and education being left behind, but they also had to worry about where they would get their next meal from.

2.5 The use of public transport during the pandemic

Several challenges in using public transport were experienced during the COVID-19 pandemic. Most people in South Africa use public transport to travel to and from work, school, shopping, and everyday general activities (Governder, 2015). After the outbreak of the COVID-19 virus, the government feared that since many South Africans use public transport in large numbers, there would be a high possibility of transmission or infections in taxis, buses, trains, and other forms of public transport (Luke, 2020). During lockdown, the government put in place policies and regulations for the use of public transport. One of the regulations was that public transport vehicles were prohibited from carrying full capacity and should carry 50% capacity. As the restrictions were eased, taxis and other forms of passenger public transport were allowed to carry a load of up to 75% (Mbenge et al., 2020). Thereafter, passenger public transport was allowed to carry full capacity on condition that all passengers wear face masks.

Passengers had to be sanitised before and after entering the vehicle; however, public transport operators did not follow these guidelines (Mbunge et al., 2020). With the result public transport increased the possibility of viral infections due to people not maintaining social distancing and sitting close to each other (Zhen et al., 2021). As taxi owners were not adhering to the restrictions, it was difficult for commuters to observe isolation and social distancing rules; they were forced to be in tight spaces that lacked proper ventilation, and people came into contact with each other because of lack of space in a time where contact was risky, and it placed people at greater risk of contracting the virus (Tiranchi & Cats, 2020). This resulted in people having excessive anxiety when using public transport since they fear contracting the virus.

2.6 Access to Health Care

The South African healthcare system was already overburdened before the pandemic, as 80% of the country's population lacks medical insurance, with the already high number of people living with HIV and other chronic diseases in addition to the already overburdened health-care system (Abdool Karim, 2020). The restrictions imposed on the movement of people adversely affected the access to healthcare facilities and services. (Paremoer et al., 2020). People were reluctant to seek healthcare services as a result of these restrictions, resulting in a decline in healthcare attendance and child vaccinations (Siedner et al., 2020). This caused major stress on people with chronic illnesses as they were already at high risk of infection and experiencing severe illness from COVID-19 (Siedner et al., 2020).

The government created more quarantine spaces and treatment centres for people as the infection rates continued to rise. While more medical staff were hired, there was still a high shortage of healthcare providers. The South African healthcare system was not ready to deal with a pandemic of such magnitude. There were very limited healthcare providers and those who were available experienced exhaustion, burnout, and psychological stressors from seeing many people being severely ill and others dying within a short period (Hunter et al., 2021). All these situations made it very important to assess the impact of health care on the psychological health of both the health care providers and the population accessing the health care services.

Healthcare providers work in a physically, emotionally, and psychologically demanding environment as they constantly have to interact with patients. Some of these patients are very ill, losing their lives, and they also have to assist people who have experienced traumatic injuries (Cook et al., 2021). However, as the COVID-19 infection rates continued to rise, it exposed how the South African healthcare system and the healthcare providers were not ready to deal with a pandemic of that magnitude (Hunter et al., 2021). Healthcare providers

became exhausted and emotionally strained as they had to witness many people die in a short amount of time, and additionally, several people were in a critical state (Hunter et al., 2021). In an exploratory study that explored the healthcare workers' experiences of burnout, depression, anxiety, resilience, and coping mechanisms during the COVID-19 pandemic, Cook et al. (2021) found that healthcare workers experienced elevated psychological distress levels and vulnerability to anxiety. This shows that even though health workers have been tasked to attend to the health care needs, being amid a pandemic caused them to experience psychological healthcare risks.

2.7 Lifestyle Changes

The COVID-19 pandemic has affected different facets of people's lives from their domestic lives, work, social life, recreation, and celebrations. People had to wear protective equipment like face masks and face shields and had to adopt new ways of constantly washing and sanitizing hands (Cheng et al., 2020). There had to be a change in socialising, as people had to stay at home most of the time, with no hugging, touching, or handshakes (Chang et al., 2020). There were changes in the way people meet or gather with other people like keeping a 2m distance between everyone, using virtual meetings, and limiting the number of people in the gatherings and meeting areas (Matli, 2020). In the workplace, people had to adjust to new patterns and styles of doing certain things, like having to work from home using telecommunications and computers to get the work done (Amoah & Simpeh, 2020). Kollamparambi and Oyenubi (2021) found that during the first wave, 92% of people in South Africa had reported that they changed their behaviour, and during the second wave there was 99.7% reported a change in health behaviours. The use of facemasks moved from less than 50% in the first wave to 70% in the second wave. This shows how people were initially hesitant to comply with the behavioural changes. When they saw the effects of the virus, there was a change, and wearing masks was simpler to comply with.

Other behavioural changes associated with reducing the spread of the virus were avoiding high-risk spaces and practising social distancing. However, social distancing and determining a high-risk space depended on what a person perceived as a high risk (Beham et al., 2021). In the work by Beham et al. (2021), it was discovered that some people felt safe in restaurants and pubs while on the contrary others felt that private parties and private spaces were safer than restaurants and pubs (Beham et al., 2021). Even though the restrictions were put in place to protect the nation, the work by Moodley (2020) demonstrated that the public perceived the quarantine, isolation, and social distancing restrictions as a punishment, abuse,

and a form of discrimination. This makes it evident that even though the government believed that people had a common understanding of what high-risk spaces were, in reality, people did not have a common understanding of high-risk spaces. This created confusion and uncertainty resulting in distress as people did not have a similar understanding of the behavioural adjustment that they required to keep them safe from contracting the virus.

A few lifestyle changes during the pandemic have been discovered through studies. Davy et al. (2021) observed that students experienced a decrease in exercising time and sleep regulation, with males experiencing a higher reduction in high-intensity workouts and alcohol in comparison to female students. In addition, Mastungo and Chopera (2020) explored the effects of the COVID-19 lockdown on nutrition, health, and lifestyle patterns among adults in Zimbabwe. They discovered that 76.4% of the participants experienced a drastic increase in anxiety and stress, while 89.1% an increase in screen time on TV/laptops/ cell phones, etc., 62.5% reported a reduction in physical activity, increase in sedentary activity, and an increase in alcohol consumption and smoking. In both these studies, the lifestyle changes that were experienced during the pandemic resulted in psychological difficulties like depression, anxiety, insomnia, and stress. This shows how lifestyle changes brought about by the COVID-19 pandemic have resulted in a negative impact on the psychological well-being of people.

2.8 Missing Major Milestones

The COVID-19 pandemic restrictions caused individuals to lose their feeling of agency because as they lacked control over the situation, there was a sense of powerlessness, loss of independence, and freedom (Statz et al., 2022). Statz et al. further explain that people had goals, plans, and major success celebrations that they planned to have, but were cancelled due to the COVID-19 restrictions. This leads to many people feeling cheated out of their time. Many people missed out on important life milestones such as personal goals they set for themselves, and missed events (such as vacations, weddings, graduations, important work meetings, work opportunities, and academic milestones), increasing depressive symptoms (Levine et al., 2021). Furthermore, Goragiola et al. (2022) explored how adolescent families were affected and discovered that adolescents missed out on milestones such as graduation, moving to university/college, and starting a new job. Even senior citizens felt deprived of celebrating personal milestones such as birthdays, retirement, meeting their grandchildren, and other milestones such as witnessing their older children get married, and having to cancel or delay trips, which caused disappointment and distress (Statz et al., 2022). This leads to the conclusion that being unable to achieve important life milestones left them feeling robbed,

experiencing feelings of despair and showing depressive symptoms.

2.9 The Impact of the Pandemic on Religious and Traditional Practices

The COVID-19 pandemic negatively affected how people worshipped and practised traditional customs. Khumalo et al. (2016) support that religion and tradition provide meaning to life, which comprises two main components - comprehension and purpose. Comprehension allows people to have a full understanding of their life experiences and purpose, which serves as a motivation to reach life goals. During the COVID-19 lockdown restrictions, people did not have access to their spiritual support system during the pandemic (Captari et al., 2022). When spiritual gatherings which provide a source of balance for all religious people were disturbed, many religious people struggled to cope with the fear of death, being infected, and being isolated, and they grieved the loss of loved ones (Khumalo et al., 2014).

Cultural practices were also affected as there were restrictions on coming into contact with other people, and restrictions for more than 50 people gathering in the same space for funerals, weddings, ceremonies, or celebrations (Jaja et al., 2020). Traditional practices were also affected by restrictions on buying, selling, or brewing alcohol, which is an important aspect of traditional activities (Jaja et al., 2020). Adhering to the COVID-19 restrictions was difficult when it came to traditional and cultural rituals, as many traditional people felt like they were forsaking their identity and roots, as tradition and culture form part of their daily lives, values, and norms, it also forms their identity and influences their beliefs (Kgodima & Leburu, 2022). The traditional practices that were affected are traditional male circumcision initiations, funeral rights and rituals, marriage rites, rituals for when a child is born, and ancestral ceremonial practices (Kgodima & Leburu, 2022). These rituals are central to the different stages in the lives of many traditional people.

The religious and traditional practices for death were hindered by the pandemic. More than 300,000 people in the country have lost their lives to the pandemic, and many others lost their lives from other diseases, violence, accidents, and other natural causes. The death of loved ones can negatively affect the emotional, psychological, and social well-being of those left behind (Hidalgo et al., 2020). Therefore, how they deal with the loss, whether religiously or traditionally through the rituals and rite of passage, provides the bereaved a platform for expressing their emotions, connecting with family and friends, having another opportunity to connect with the deceased, an opportunity for closure and coming to terms with the death (Hidalgo et al., 2020). Observing all these rituals is, thus, important in the bereavement process and in dealing with loss. If these rituals are not observed according to Kgodima and Leburu

(2022), it may impair the social functioning of those who are grieving, it denies the bereaved an opportunity for support, therefore, they end up suffering from prolonged grief disorder, excessive guilt from not observing all the necessary rituals for the rite of passage, guilt for the premature death of the loved ones, anger, and depression. This shows how the pandemic disrupted how the bereaved grieve, the mourning process, and denies the loved ones left behind a chance to celebrate the life of the deceased, making it difficult to bear the emotional grief from experiencing the loss.

2.10 Coping Mechanisms

Coping is the way people reduce the distress that comes because of having to face challenges and threats (Villada et al., 2016). For an individual to deal with stressful situations, Balcar et al. (2021) point out that there should be a combination of behavioural, cognitive, emotional, and physiological processes. Subsequently, Lazarus and Folkman (1984) conceptualise coping as the process by which, through behavioural and cognitive adaptations, a person can manage distress originating from both the external and internal environment. According to these conceptualisations of coping, there has to be elevated stress, trauma, a burdened environment, and an unprecedented form of stress.

COVID-19 had a major impact on people's lives and how they go about their everyday tasks, their livelihood, and well-being. People had to use different coping strategies to manage the pandemic. According to Fluharty and Fancourt (2021), coping is a conscious or unconscious strategy that an individual uses to manage their stress. Through different studies that will be mentioned below, it is evident that people used different coping mechanisms to deal with the effects of the pandemic. Roman and Colleges (2020) found that to cope with the COVID-19 pandemic, healthcare workers in South Africa required a supportive environment, family, and spiritual care. In a research study by Fluharty and Fancourt (2021) women and older adults in the UK managed the stress brought by the pandemic through problem-focused and emotion-focused coping mechanisms.

Individuals used different coping mechanisms to deal with the effects of the pandemic. In Zimbabwe, Chirombe et al. (2020) investigated the coping mechanisms used by Zimbabweans during the COVID-19 pandemic. They found that 60% of the participants used social coping mechanisms like WhatsApp groups with family and friends to stay in contact with family and friends at a time they could not physically meet. The study further found that 45% of the participants spent more time playing games while 27.5% of people used other social media platforms like Zoom, TikTok, and other forms of social media. Furthermore, the study

revealed that 20% of people chose to keep away from social media to avoid news regarding the pandemic, 40% listened to music to avoid anxiety, 77.5% of the participants turned to religious coping mechanisms through prayer, devotion, and the reading of scripture they also listened to audios, videos, and online church. The study also revealed that 90% of the participants used physical coping mechanisms that included cooking meals, gardening, cleaning the house, creative art, exercise, and sleeping as coping mechanisms during this time.

Prowse et al. (2021) investigated the COVID-19 coping mechanisms for different genders among university students in Canada. They found that more female students than male students relied on connection with friends and family through video conferencing i.e., 39% of males and 55.3% of females. In addition, 24.3% of males and 19.6% of females used exercise as a coping mechanism. Social media was also one of the biggest coping mechanisms with more females than males using it as a coping mechanism with 55% of females and 33% of males (Prowse et al., 2021). Moreover, it was found that 24% of males and 46.9% of females used sleep as a coping mechanism. 17.5% of males and 36.2% of females ate more fast food and sweets as a coping technique, 5.2% of males and 6.8% of females used vaping nicotine to cope, while 8.2% of males and 6.8% of females drank more alcohol, 10.7% male and 10.8% female used Cannabis (Prowse et al., 2021).

These findings serve as evidence of the different coping techniques that different people used to cope with the stress that was brought about by the COVID-19 pandemic, these techniques included the use of social media, religion, creativity, screen time, music, physical activity, food, and substances. These coping mechanisms have similar elements but also differ according to the setting of the study, religion, and occupation.

2.11 Prolonged Effects of Psychological Stress

Prolonged psychological stress can have negative implications on the psychological health of an individual. It has been stated by the DSM-5 that psychological stressors are responsible for the onset or exacerbation of a mental disorder (Ciccarelli & Noland, 2014). Psychological stressors are very crucial when discussing the psychological well-being of an individual, as they may be related to the emergence or aggravation of mental disorders like Post-Traumatic Stress Disorder (PTSD), Complex Post-Traumatic Stress Disorder (CPTSD), adjustment disorder, reactive attachment disorder, disinhibited social engagement disorder, burnout, anxiety, depression, anger, etc. (American Psychology Association, 2014). This section discusses the possible prolonged effects of the psychological stress caused by the COVID-19 pandemic.

Since the beginning of the pandemic, public health facilities have been concerned about the increase in depression and anxiety in individuals. In a study by Kim et al. (2022), they discovered that there was a significant elevation in the number of people experiencing mental illness and a 14.5% increase in the possibility of experiencing depression. There was also an increase in sleep disturbances with many young people experiencing insomnia and an increase in depression and anxiety in South Africa (Devy et al., 2021). This shows how the pandemic had a ripple effect of causing other mental health issues like insomnia, depression, and anxiety.

Adjustment disorder is a stress-related disorder, that results from an inability to adjust to one or more psychological stressors. It occurs when a person is constantly thinking about the stressor and the consequences of the stressor, resulting in constant worry. If the person cannot adapt to the stressor, it causes impairment in their normal functioning concerning their social life, family, friends, job, and school, including other aspects of their lives (WHO, 2019). Exposure to all this pandemic-related information resulted in people constantly thinking about it and re-experiencing the related trauma leading to chronic worry and impairment.

Prolonged grief disorder is a possible result of the pandemic, occurring when someone has a prolonged grief response of constant pain and constant thinking about the deceased after the loss of a spouse, a child, a parent, or a close loved one (WHO, 2019). The pandemic caused the death of many people in the country and in some cases, more than one person in one family lost their life. If the bereaved are unable to deal with the grief properly according to the person's culture or religion it leaves them with a persistent feeling of guilt, anger, being unable to accept the death, and being unable to perceive anything positive about the future (WHO, 2019). This grief then interferes with the person's everyday functioning in multiple spheres of their life/lives.

The psychological distress caused by the COVID-19 pandemic like food instability, social instability, and economic constraints may be human rights infringements for low-income households resulting in lawless behaviour and social unrest (Mbunge et al., 2020). The lockdown restrictions together with the existing high unemployment rates, caused people to be unable to provide for their families through formal and informal trade, resulting in social instability, tension, and unrest as people were in distress from being unable to provide for their families and being exploited politically as the government does not deliver services on time (Chetty, 2021). In 2021 there were mass lootings across the country even though the initial motivation for the looting was because of the former president's arrest, many protesters who joined the looting revealed that there was a deeper meaning behind the looting which included

poverty, inequality, unemployment (Bhattachary & Rach, 2021). This further causes economic damage and inequality in the country (Lilleker et al., 2021). This illustrates that people were reacting with anger towards the restrictions, unemployment, inflation, and economic setbacks due to the pandemic. The Mail and Guardian also reported a significantly high increase in protests, and political and social unrest (Madubela, 2021). The tensions from the lockdown restrictions fuelled more unrest resulting in sparks of protests and violence across the entire country. This evidence highlights how the prolonged stress from restrictions and the pandemic caused people to have emotions of anger and sadness, as a result, they directed their frustrations to the government and business owners because of the pandemic.

2.12 Theoretical Framework

This section will discuss the theoretical framework for this study. Various theories assist in understanding psychological stressors. One such theory is Walter Cannon's (1932) fight or flight response, which looked at the body's physiological response to stress by activating the sympathetic nervous system and the endocrine system to either fight or take flight as a response to stress. This theory is based on the physiological stress response. According to the stress diathesis model by Spielman et al. (1987), everyone has a predisposition to mental disorders or diseases. Psychological disease and mental illness are an interaction between a person's vulnerability to a disorder and the susceptibility the individual possesses through social interaction; for example, vulnerability through genes is the hypothesis that interacts with the environment (Spielman et al., 1987). This means that if there is high vulnerability through genes, then there is a high possibility of having a mental disorder, as it needs fewer environmental factors to trigger it. On the other hand, if the vulnerability through genes is very low, it will take the interaction of more environmental factors to cause the onset of the mental disorder. This model shows that people develop psychological disorders in response to the stress that they have plus the underlying predisposing factors to the disease (Spielman et al., 1987). The stressor is the one that triggers the diathesis.

The fight or flight response model only focuses on the immediate response to an immediate trauma or stressor; the response to a stressor is physiological, and even the prolonged effects of the arousal of the sympathetic nervous system are physical. This disqualifies the fight or flight response from being used in this study. The diathesis-stress model focuses on the biological make-up (diathesis) interacting with environmental stressors that cause mental illness. It is argued that even though someone has no predisposition to mental disorders, they can still experience them (Colodro-Conde et al., 2017). Stress, according to this

model, is the only one that can cause mental illness like depression by triggering the diathesis, but the diathesis cannot be measured (Colodro-Conde et al., 2017).

Another theory to consider is the General Adaptive Syndrome (GAS) theory by Selye (1936). Selye (1936) asserts/contends that the biological body responds to the presence of a stressor over time. There are three major stages in the GAS theory: the first stage, the alarm stage, comprises shock, which is a reduced physiological response to a stressor. At this stage, the sympathetic nervous system, regarded as the fight or flight response, kicks in, and then arousal rises to what Selye calls counter-shock (Selye, 1936). The second stage is the resistance stage, which is where the person is still functioning but at a heightened activation of the sympathetic nervous system for a prolonged period. The longer the resistant stage lasts, it causes cytostatic illnesses, which destabilise the ability to resist the stressor. This causes the immune system to be compromised and increases the chances of experiencing psychosomatic illnesses in the final stage, which is the exhaustion stage. Thus, the GAS model focuses on the physiological factors in the stress response, where the individual is a passive respondent to the long-term effects of a stressor. According to the GAS model, a person is a passive responder to a stressor, so the same rules can be used for everyone, making it objectively measurable.

Another theory in consideration is the Transaction Framework by Richard Lazarus and Susan Folkman (1984). They proposed that stress is an interaction between the individual and the environment in which they live. According to this model, stress involves how the individual appraises the stressor and their ability to cope with that stressor. Lazarus and Folkman (1984) suggested that there are two types of appraisals: primary appraisal and secondary appraisal. The primary appraisal includes the evaluation of the stressful event to see if it is either stressful, positive, or irrelevant. If the appraisal is either positive or irrelevant, then the stressor is seen as not being stressful. If the stressor is appraised as being stressful, it is further evaluated to see if it is a harm or loss, a threat, or a challenge. The second appraisal is an evaluation of the internal and external resources that a person has at their disposal to cope with the stressor (Lazarus & Folkman, 1984). The transactional model focuses on the psychological stressor response, in which a person is an active participant in how they appraise the stressful event (Lazarus & Folkman, 1984).

The transactional model focuses on the psychological factors in responding to a stressor, where individuals are active participants in how they react to a stressor. This model emphasises that stress is subjective, so it is not objectively measurable. As a result, for this proposed study the transactional stress model is the most appropriate theoretical framework to employ, as this study seeks to investigate, the COVID-19-related psychological stressors that

young adults experience and the coping mechanisms they use.

Moreover, according to the transactional stress model, stress is an interaction between the person and their environment (Lazarus & Folkman, 1984). In this instance, there is an investigation between young adults and their environment during the COVID-19 pandemic. According to this model, how an individual responds to a psychological stressor in their environment will determine how they can cope, hence this indicates why some individuals may feel that COVID-19 may be felt as a psychological stressor to some people while others may feel that it is not. The transactional stress model may assist in finding out how young adults appraised the stressors that came with the COVID-19 pandemic, in the primary appraisal stage to see what kind of a stressor it is. Then it is important to assess the different coping mechanisms they had at their disposal in the secondary appraisal stage to see if they can cope with the COVID-19 stressor or not.

2.13 Conclusion

This chapter explored the concepts of stressors, stress, trauma, and coping mechanisms related to the COVID-19 pandemic. This literature review analysed different ways in which the COVID-19 pandemic has possibly produced different stressors and conceptualised coping amid a pandemic. The review included studies conducted in different parts of the world including South Africa, theoretical frameworks and statistical reports, to gain a better understanding of the constructs related to this study, and why these are relevant to this study.

CHAPTER 3

Method

3.1 Introduction

This chapter discusses the methods employed in the study to answer the research questions and the aims of the study. The chapter will commence with the research paradigm and the research approach and design. Thereafter, the type of research for this study, the research strategy, the sampling strategy that will be used and the data collection procedures, methods, and analysis will be discussed. Lastly ensuring rigor, reflexivity and ethics will be discussed. The chapter will conclude with a summary of the chapter.

3.2 Research Paradigm

An interpretivism paradigm was employed as this paradigm seeks to understand human experiences and knowledge (Creswell & Creswell, 2018). The study sought to understand the participants' experiences of COVID-19-related psychological stress during the pandemic, from their perspectives in a natural setting that is not controlled, thus, this paradigm is suitable for this study (Rehman & Alharthi, 2016).

A qualitative interpretivism research design will be employed for this study as it is more subjective (Jones & Gratton, 2015). This exploratory research aimed to gain a better understanding of young adults COVID-19-related psychological stressors and coping mechanisms, adopting a qualitative approach. The study, thus, further aligns with the interpretivism view that social phenomena should be understood “through the eyes of the participants rather than the researcher” (Darling-Hammond et al., 2007, p. 21). The researcher is not detached or independent from the research but is intricately connected to the social reality they are studying (Creswell & Creswell, 2018; Rehman & Alharthi, 2016). Interpretivists generally collect qualitative data from social actors and analyse data using an inductive approach, i.e., the researcher uncovers patterns in the data and collapses these under broad themes to gain a deeper understanding of a phenomenon (Rehman & Alharthi, 2016). The qualitative approach is used in trying to understand and explore different phenomena by using words, not statistical expressions (Jones & Gratton, 2015).

3.3 Research Approach and Design

This study draws on a phenomenological approach and a qualitative interpretive research design, to understand the lived experiences of the participants (Cresswell & Cresswell,

2018). Qualitative research uses spoken words and descriptions to understand the lived realities of individuals and explore the phenomena in this case the perceptions of young adults on COVID-19-related psychological stressors and coping mechanisms.

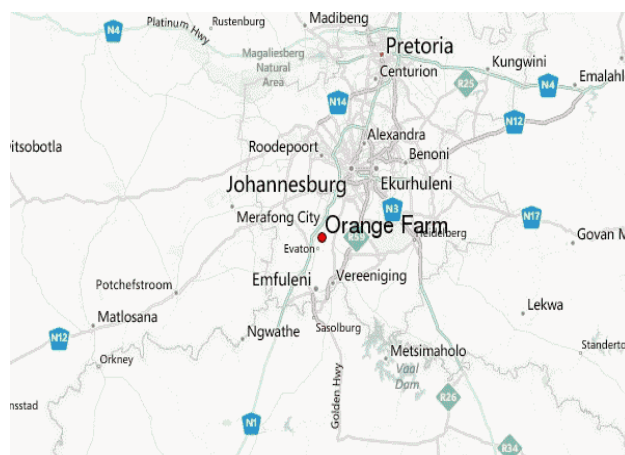
A research design is a strategy that describes how the research will be structured and the processes that will be utilised to answer the research questions by describing how data will be collected, analysed, and reported (Creswell & Creswell, 2018). This study adopts a qualitative interpretive research design, as qualitative research is descriptive, includes reflexivity, and data that has rich meaning (Galletta, 2013). This will guarantee an in-depth and rich understanding of the perceptions of young adults regarding psychological stressors and the coping mechanisms experienced during the COVID-19 pandemic.

3.4 Study Setting

The study setting is Orange Farm, in Johannesburg, South Africa. Orange Farm is a semi-rural township located approximately 45 km from Johannesburg Central in Gauteng Province, South Africa. The community is regarded as an undeveloped community with one of the biggest informal settlements in the country, and an estimated population of about 1 million people (Orange Farm Human Rights Advice Centre, 2016). The community faces multiple structural challenges, including low literacy levels, high levels of poverty and unemployment, a lack of basic services, and limited access to justice and healthcare facilities, as well as high levels of violence and crime (Orange Farm Human Rights Advice Centre, 2016). In addition, this community has been struggling with poor resources, such as proper sanitary infrastructure (water, and sewer system), and basic needs (shelter, food, water, and day-to-day essentials). This setting had been chosen as Gauteng has been the epicentre of the COVID-19 pandemic and poorer communities suffered the brunt of the COVID-19 pandemic.

Figure 3.1

Geographical representation of Orange Farm in the Johannesburg region



3.5 Study Population

The population for this study is young adults, aged 18 – 35 years. Exploring young adults' experience is vital as they have fairly high levels of substance misuse, mental health issues, and other harmful health outcomes when compared to other age groups (Higley, 2019). This group has experienced the highest number of job losses, unemployment, school dropout rate, and the highest rate of lifestyle changes (Hlayisi et al., 2022). The group also experienced a startling increase in symptoms such as depression and anxiety during COVID-19 (Kleine et al., 2023).

3.6 Sampling and Sample Size

This study employed a non-probability sampling strategy, specifically using a snowball sampling technique. A non-probability sampling is when you do not know a very distinct member of the population (Naderifar et al, 2017). In this study sample, one participant was approached to participate in the research study then they were asked to recommend another young adult who may be interested in participating (Naderifar et al, 2017). This process was repeated for all the participants. The sample aimed to recruit and interview 12 participants for this study however, due to data saturation data collection stopped at 10 participants as there was no new emerging information (Ayres, 2007). See Table 3.1 below for participant demographic information.

Table 3.1

Demographic information of participants

| Participant | Gender | Level of Education | Occupation | Ethnicity | Language |
|-----------------------|--------|-----------------------------|-------------------------------|-----------|----------|
| Interview 1 Lerumo | Male | 3rd-year university student | Student | Black | Sesotho |
| Interview 2 Thabo | Male | Grade 12 | Unemployed | Black | Isizulu |
| Interview 3 Siza | Female | Grade 12 | Self-employed Creche owner | Black | Isizulu |
| Interview 4 Themba | Male | Grade 12 | Unemployed soccer player | Black | Isizulu |

| | | | | | |
|-----------------------|--------|-----------------------------|-------|-----------------------------|---------|
| Interview 5 Pinky | Female | 2nd-year university student | Black | Unemployed parttime student | Sesotho |
| Interview 6 Busi | Female | Grade 12 | Black | Unemployed | Isizulu |
| Interview 7 Lerato | Female | Grade 11 | Black | Unemployed | Isizulu |
| Interview 8 Poppy | Female | Grade 12 | Black | Unemployed | Isizulu |
| Interview 9 Tshidi | Female | Grade 10 | Black | Self-employed | Isizulu |
| Interview 10 Zoe | Female | Nursing diploma | Black | Registered nurse | Sesotho |

3.7 Data Collection Method and Procedures

Data collection commenced upon receiving ethical clearance from the University of South Africa ethical team (see Appendix 1). The data-gathering method used for this study was a face-to-face semi-structured interview format (see Appendix 8, 9 & 10). A semi-structured interview has a set of open-ended unstructured questions that are used to probe the participants regarding the topic of interest (Creswell & Creswell, 2018). The interview questions were based on the research aims and objectives (see Chapter 1). To ensure that the research topic was adequately explored, the interviewer developed a set of predetermined questions.

Possible participants were first contacted through phone and WhatsApp to explain the aims and objectives of the research study and were asked for a short face-to-face meeting to further discuss what the research was about and what it entailed to participate in the research study. After the initial meeting which discussed the information regarding participating in the research (see Appendix 3, 4 & 5), participants had to decide whether they would like to participate in the research study.

Upon agreement to participate in the study, an appointment for the interview with the participant was finalised and this included the date, time, and place of the interview. The interviews commenced from the 21st of August 2024 to the 7th of September 2024. The times, dates, and places of the interviews were convenient for both the participant and the researcher. Eight of the participants preferred meeting in their place of residence, while two of the participants preferred meeting in a public place. This resulted in two interviews taking place at the park and the mall parking lot.

The interview commenced with a brief reminder and introduction, to orientate the

interviewee on what would be happening to avoid confusion, and misunderstandings and to build rapport with the interviewee. The participant or interviewee was then reminded of the aims and objectives of the study, what the interview would entail, what the interview would be used for, and how long the interview would last. The interviewee was further briefed on the nature of participation, in other words, that their participation was voluntary, that there were no correct or incorrect answers, and it was reiterated that they may withdraw at any time during the interview or at any point during the study. Permission was also sought to record the interview to ascertain whether they were comfortable with being recorded. The participant was then given a consent form to complete (see Appendix 5, 6 & 7) to permit to participate and commence with the interview.

3.8 Data Analysis

Data analysis is the process of breaking down the data that was collected during the data collection phase in a systematic way to turn it into manageable units (Jacelon & O'Dell, 2005). The analysis of the data was done using ATLAS.ti 23 which is software employed to analyse qualitative data and assist in the coding process.

The first activity after data collection was to organise and transcribe the data. As some of the interviews were conducted in IsiZulu and Sesotho, after the transcribing phase was complete the non-English interviews had to be translated into English. The next step was to make sense of the data according to the accounts of the participants (Cresswell, 2014). Thereafter a first-level and second-level data analysis occurred (Cresswell, 2014). According to Cresswell (2014), the basics of qualitative data analysis are to take the raw data, organize it, and then familiarise yourself with the data by reading through it, followed by coding the data. The logical next step is to develop themes and descriptions of the codes that were found in the data and finally interpret those themes by finding their meaning.

For this research study, the most suitable data analysis method was thematic analysis which assisted in discovering the different themes that emerged during the data analysis process as they related to COVID-19-related psychological stressors and coping mechanisms (Miles et al., 2014). Thematic analysis can be used to understand the participants' lived experiences, social processes, constructs, different views, culture etc. (Braun & Clarke, 2019).

The analyses not only relied on the recorded transcribed data but also included the notes taken during the interview which included, any, and all non-verbal communication. Once the interviews were transcribed, the data coding phase commenced.

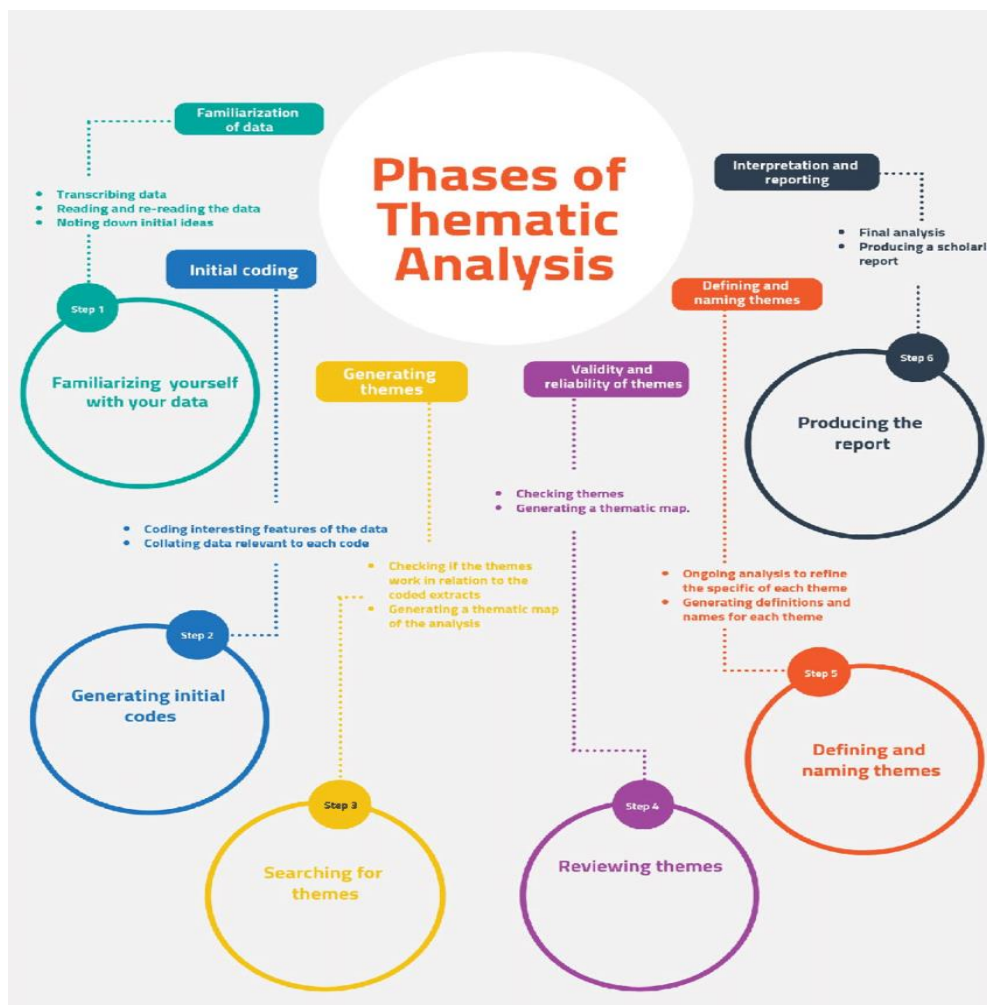
The initial coding of the data included the first step of familiarising yourself with the

data by transcribing the data, reading the transcripts multiple times, and writing down a few notes and ideas (Braun & Clarke, 2006). The second step was to generate codes from the transcribed data relevant to the research questions and thereafter cluster similar chunks of information under the same code (Braun & Clarke, 2006). Some codes were generated using *in vivo*, (i.e., the literal words that participants used during the interview), to capture the accurate meaning of the participants' experience (Saldana, 2016). This is an inductive way of coding where short phrases are taken from the data; thus, the codes were developed from the data (Miles et al., 2014).

The third step was further clustering and refinement to generate and produce themes from the previous step. In the fourth step, a thematic map was created through revising and reviewing the themes (Braun & Clarke, 2006). The fifth step comprised analysing the themes and creating definitions for these themes to make sense of those themes. The final step involved writing a discussion of the results in the form of a report (see Figure 3.2.).

Figure 3.2

Visual representation of Bruan & Clarke's (2006) thematic analysis



3.9 Ensuring Rigour

Rigour refers to transparency in every step of the research process. This would include a detailed description of every step and action that was taken in collecting and analysing the data to ensure that the research stakeholders can follow or replicate the process (Lincoln & Guba, 1986). This process would further require a blueprint of the processes of trustworthiness, credibility, dependability, conformability, and transferability (Lincoln & Guba, 1986).

Trustworthiness ensures the findings from the study are accurate and given an accurate representation of what the participants have given an account of, while also convincing the reader of the validity of the research (Creswell & Creswell, 2018). The primary criteria for trustworthiness include credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1986).

The researcher ensured credibility through the utilisation of multiple data sources, an appropriate theoretical framework and a thick description of the data to comprehend the experiences, social phenomena, and context of the subject (Stewart et al, 2017; Creswell & Creswell, 2018). The data was engaged methodically and accurately to gain a deeper understanding of the data for a thick description (Creswell & Creswell, 2018).

The second criterion, dependability, refers to the ability of the study data and results to remain stable over time in different conditions (Cresswell & Creswell, 2018). Dependability was achieved through prolonged engagement by the researcher with the data and having a second person (i.e., the supervisor) analyse the data to ensure that the researcher was not biased toward their ideas or thoughts (Lincoln & Guba, 1986). This is coherent with confirmability which refers to the fact that there has to be two or more people reviewing the data to ensure that there is congruency in the findings (Lincoln & Guba, 1986). This also speaks to the third criterion of confirmability, which refers to the neutrality of the study. This was achieved by having more than one person (researcher and two supervisors) working on the data analysis process (Lincoln & Guba, 1986).

The question of whether the study results can be transferred to a different group in a different setting in a qualitative study is called transferability (Lincoln & Guba, 1986). This was achieved by providing a thick description of the data, providing details of the sample, the setting of the study, and methods of data collection and analysis (see Chapter 3).

The last criterion of confirmability refers to the extent to which the researcher was impartial and fair in conveying the participants' opinions, perceptions, feelings, and emotions (Lincoln and Guba, 1986). The researcher ensured confirmability through the use of quotes and exact words that the participants in the interviews used under the different themes discussed to

provide a true reflection of the participant's perceptions and feelings.

3.10 Reflexivity

In qualitative research, reflexivity is about self-introspection and being mindful of how history, cultural experiences, and life experiences can influence how the researcher sees the world and thinks, as this can influence the research study (Creswell & Poth, 2018). Reflexivity ensures trustworthiness and ensures that the researcher is aware of their biases and how those biases can influence the data (Smith et al., 2012). To ensure reflexivity, a reflexive diary was kept acknowledging my biases and engaging with people who have different ideas regarding the topic.

Being a young adult who lives in a township and having experienced the pandemic just like everyone in the country and around the world, has led me to have my own experiences and perceptions of being a young adult living in the time of the pandemic. Having lived with people who were front-line workers during that time would have influenced my own experience.

Before commencing this research study, I realised that more emphasis was placed on physical health and taking the necessary precautions to prevent infection. However, not much was being discussed regarding the mental health of people during that time. Through my own experiences, I was interested in knowing what other young adults experience and the meaning and understanding they draw upon. And even though the pandemic had caused some hardships, how were they able to deal with those hardships, and if not, what is their current state?

In the process of conceptualising the study, in the beginning of writing up my thesis while collecting data from journals in the literature review and watching documentaries and news broadcasts showing the challenges people face, especially regarding health and finances, I realised Orange Farm was a financially challenged and low-income community who experienced financial difficulties even before the pandemic.

Implementing the study practically came with its own challenges, such as requesting support for the participants in the local health care centres due to having limited knowledge of research. Furthermore, the processes were long, and the hierarchy of officials for approval of support was even longer. However, after various attempts and having to knock on various doors, access to the participants was granted.

Upon commencing with the data collection and conducting interviews, my supervisors encouraged me to keep a journal. Through journalling my thoughts and feelings, I was able to realise how, from the beginning of the interviews to the last interview, I became more

comfortable with doing the interview. This resulted in participants being able to express themselves more. Some of the participants experienced some form of hesitation in participation with one of the participants having expressed reluctance to participate due to a lack of knowledge about COVID-19 and wanted to gather a few textbooks to read about it first. However, after having explained several times and reassuring the participants that this interview was not to test their knowledge of the pandemic and intellectual ability but was more about their individual experiences and thoughts, the participants agreed on the interview. Some participants expressed their hesitancy in participating in the research due to being unable to express themselves in English. After explaining to them that IsiZulu and Sesotho speakers were catered for they had a sense of relief as they were more comfortable in expressing themselves in their indigenous languages.

Some of the participants were forthcoming with information and it was more of a conversation guided by a question structure. However, for some participants, there had to be more probing questions so they could share more detailed information about their stories.

Through conducting these interviews and having conversations with the participants, I was able to see how my initial thoughts and ideas of the pandemic had evolved. In the beginning, I had a grim perception of the pandemic. However, through these conversations, I could see that there were also positive aspects to the pandemic; not every aspect was of doom and gloom. This is why it was important to be aware of my thoughts, ideas, and biases and ensure that they do not influence the outcome of the study. Even though, at the beginning, some of the participants showed some hesitation, in the end, some of the participants expressed gratitude for having had the opportunity to share their experiences.

One of the participants expressed their gratefulness for the interview as no one had ever shown interest in their experiences or wanted to know how they were doing after having experienced a pandemic that was life-changing to them. Thus, this study gave the participants a voice to talk about their experiences. Another participant expressed that they were grateful for this opportunity that forced them to reflect on their past experiences of the pandemic because, during the pandemic and hard lockdown, they had goals and plans that they wanted to do if things got better and the pandemic ended. Now that things are better and they have gained some form of normality, they have forgotten about those goals and plans. So having the opportunity to reflect on those experiences allowed them to remember their goals and want to work on those ideas. Furthermore, even though this study had positive outcomes, it also came with some pitfalls, as some of the encounters of grief and loss brought a sense of sadness.

The process of analysis allowed me to have a deeper understanding of the data. In the

analysis, I listened to the recordings and transcribed them, and then I listened again while reading the transcripts to ensure they were congruent. I translated the data while ensuring that the exact expressions of the participants were captured. I then went through the scripts several times. Coding allowed me to have a deeper understanding of the data and allowed me to be familiar with the data increasing the credibility and dependability of the study. However, this came with its own downfalls. This process proved to be a very time-consuming and tedious task, albeit a fruitful one. Using software like ATLAS.ti in the data analysis process allowed me to be more organised. Through this software, I learned a new skill in data analysis, which simplified the process.

Having gone through this experience and process has been rewarding because even though it is only a small portion of South Africa, it will bring awareness and attention to the different aspects of the pandemic and how to handle it better or cope if ever another pandemic occurs. The study also provided a better picture of the different structural problems and stressors people may encounter and how to handle them better.

3.11 Ethics

Ethics are very important in every kind of research when studying humans and animals, as they provide rules and principles for acting morally correct towards others, as well as participants protected from any harm or risks (Thiroux & Krasemann, 2014).

Precautions were taken to ensure that all the participants were respected and treated in a dignified manner and that no harm affected the participants. The research should benefit the participants while maintaining their confidentiality and anonymity (Thiroux & Krasemann, 2012). Ethical clearance for this study was granted by the UNISA ethics board with the CREC Reference: 64231143_CREC_CHS_2023 NHREC-240816-052. The following ethical principles will be discussed: autonomy, justice, confidentiality, beneficence, non-maleficence, fidelity, responsibility, respect for people's rights, and responsibility.

The participants' autonomy was acknowledged and treated with respect and dignity (Saltus & Pithara, 2015). Participants in this research study were not forced or coerced in any way to participate in this research study and were given time to think and make their own decisions of their own free will.

Participants were provided with enough information about the aims, objectives, and what is expected of them to make an informed decision. All participants were given consent forms and allowed to withdraw from participating in the research at any point in the interview or the study. Before giving consent to participate, all the participants had the information sheet

(Appendix B) read to them and were given a copy of the information sheet for them to review at their leisure.

Participants were allowed to be anonymous; their real names and identities would not be recorded, and their personal information was treated with the utmost care. All personal information gathered from participants was protected and kept under lock and key. Even though a snowball sampling technique was employed, anonymity was maintained; their real names and identities were not recorded; instead, a pseudonym was used. Their personal information was treated with the utmost care and respect, with only the principal researcher and her supervisors having access to the data. The data may be published in a research report, journal, and conference proceedings; however, as indicated previously, the participants' identity and all identifying information were and will be kept confidential.

It is important to maintain beneficence and non-maleficence. Participants were protected from any risks and possible harm while participating in the study. The participants were initially debriefed about the psychological harm they may experience. They were advised that if they required psychological assistance, they would be referred for counselling to a local counselling centre, a clinical psychologist or a registered UNISA counsellor (see Appendix 3). The arrangements with the psychologist were made to provide mental health assistance should participants require it (see Appendix 3). A debriefing session was held after each data collection session, allowing participants an opportunity to voice their reactions to the preceding interview.

When conducting research, there should be integrity, which refers to having a good understanding of professional standards and social morals, including being compassionate towards others and being truthful (Bos, 2020). In this study, integrity was upheld through detailed methods.

Objectivity is another important aspect of ethics, as the researcher must maintain a neutral position by not showing any form of bias and not reflecting their ideas on the results. The researcher should also mention all their intentions and interests regarding the research, the day, and the results (Bos, 2020). In this study, objectivity was maintained by having reflexivity and ensuring rigour in each phase of the research study. Honesty is important, as all the information that is included in the study should not be falsified, plagiarised, or misrepresented in any form (Bos, 2020). All the information that has been included in this study has been taken from peer-reviewed sources that have been referenced. Plagiarism has been avoided by paraphrasing ideas, referencing them, and using Turnitin.

3.12 Conclusion

This chapter describes the methods employed for this research study, namely, the research design, research approach, and data collection and analysis method. Different elements related to the participants have been included, like study setting, study population, and sample size. The chapter also outlined the trustworthiness, reflexivity, and ethical considerations. All the above-mentioned aspects of Chapter 3 have been discussed and embedded into the research process to achieve the aims and objectives of the research study while also answering the research questions.

CHAPTER 4

Results and Findings

4.1 Introduction

This chapter presents a discussion of the findings and results that have been gathered from the data collection phase. The data analysis is structured according to thematic analysis, discussed in Chapter 3, and presents the themes and subthemes generated from the data collection phase. The interviews from the data collection phase were guided by the aims and objectives of the study, which was used to answer the following research questions:

- What are the perceptions of young adults in Orange Farm regarding psychological stressors experienced due to the COVID-19 pandemic?
- What are the coping mechanisms that adults utilise to cope with the psychological stressors caused by the COVID-19 pandemic?
- What are the long-term effects of those psychological stressors on young adults post the COVID-19 pandemic?

In alignment with the above research questions, five themes and subsequent subthemes emerged. These themes are discussed to provide a comprehensive understanding of how young adults navigated their external environment during the COVID-19 pandemic and how they managed and coped with the stressors they faced. The chapter concludes with a summary of the core findings.

4.2. Emerging Themes and Subthemes

As mentioned above, five themes, namely, 1) young adults' perception changes of the COVID-19 pandemic; 2) stressors experienced due to the pandemic; 3) Coping mechanisms employed to cope with the stressors; 4) positive outcomes from the pandemic; and 5) long-term effects of psychological stressors, which emerged in alignment with the aims and objectives of the study. These five themes were then subdivided into subthemes (see Table 1). For a more detailed explanation of the codes and how they were used to establish the themes and subthemes, see Appendix D. It is important to note that the various themes interrelate with each other and the subsequent subthemes. This interrelatedness is an indication that each theme and subtheme have an effect on or depends on the other. The section to follow is a discussion of the themes and subthemes that emerged from the findings as guided by the aims and objectives of the study.

Figure 4.1

Emerging Themes and Subthemes



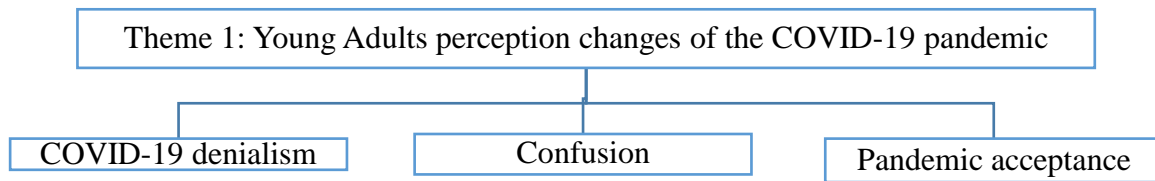
4.3. Theme 1: Young adults' Perceptions of the COVID-19 Pandemic

It is important to note that the change in participants' perceptions and assessments of the COVID-19 pandemic was directly related to the virus's progression. Thus, as the virus advanced in severity, so too did participants' perceptions of the pandemic. This affected participants' psychological well-being. Therefore, the more intense the situation or pandemic became, the more anxiety participants experienced.

Three subthemes emerged regarding how young adults perceived the impact of the COVID-19 pandemic in South Africa and how their perceptions evolved over time. The subthemes COVID-19 denialism, confusion, and pandemic acceptance make up theme 1, young adults' perceptions changes of the COVID-19 pandemic (Figure 2).

Figure 4.2

Theme 1 and its subthemes



4.3.1 COVID-19 Denialism

Participants indicated that during the initial stages of the pandemic, when it reached South Africa, they felt a sense of ambivalence and expressed feelings of denial. They did not take the situation seriously, especially since COVID-19 was in the country. Additionally, not taking the situation seriously meant they were also not considering the effects COVID-19 had on the health of individuals and other aspects of living. This ignorance of the situation is evident in the following quote:

So I, to me it was that, ‘ah! These people are maybe trying too... there is something that they are trying to do, it can’t happen here in South Africa. No, things like this rarely happen. When we get sick we get simple things like diarrhea, those things, that are not troublesome’. (Lerumo)

Even though there were visible signs and news reports of the pandemic, the participants disregarded these sources of information and persisted in denying the reality of the COVID-19 pandemic:

Well at first I was not taking it seriously cos I was seeing it only on TV. (Poppy)

Well, uhm. The first thing that happened in my thoughts was that I was thinking that these are just rumours of COVID. I told myself that, no, these are just rumours, we can see on the news that they are fabricating stories like that but then (uhm) (pause), it did not remain that way as time went on. (Thabo)

Even with the continuous talks and bombardment of information on the pandemic on the news, social media, newspapers, etc., people were not persuaded to understand the seriousness of the pandemic and its effects. Some believed it to be a common illness like the flu.

OK, it’s a flu. It was just a flu for us. Yes! (Siza)

It was something that we did not think much of it, because it was a sickness that we did not think much of. It was a flu. Yes, a flu. (Siza)

Well at first I was not taking it seriously cos I was seeing it only on TV. (Poppy)

For some young adults, denial was their first response to the presence of the pandemic. In other words, the pandemic was perceived as something that was not serious or even fatal and would only last for a limited amount of time without causing harm. "I thought that it was something that was just passing, it was something that would last two months or one month, I did not think that this thing will [sic] hurt so many people," (Themba). Some of the participants did not believe the pandemic could have serious health implications that could cause severe illness and ultimately cause death.

Another participant felt that the COVID-19 pandemic and the implementation of the lockdown measures were viewed as a tactic used by the government and authorities to keep South Africans isolated. This skepticism in government is displayed in the quote below:

no, they [government] are just doing this to keep us away' but when you go and try to approach other people and ask them if they agree with what they hear and you tried [sic] to tell yourself that 'no this thing is not real it's just a plan [from the government] to keep you at home'. (Thabo).

The above quote speaks to the distrust some of the participants have in government, which led to their initial refusal to accept the pandemic as real, and all the reports and updates were a true reflection of what was happening. It took various events like the implementation of lockdown, people getting infected and witnessing high numbers of deaths for them to start paying closer attention to what the presence of the pandemic meant for them.

4.3.2. Confusion

The journey to acceptance of the realities of the COVID-19 pandemic participants included 1) overcoming the denial of the existence or the effects of the pandemic and 2) experiencing confusion, doubts and incomprehension with the current situation. This second phase of acceptance of the realities of the pandemic resulted in some of the participants experiencing feelings of confusion, doubt and incomprehension.

But it was 50/50, another thought was that these are just numbers, the numbers can't just go up like that, you see. You know, there is that thought. And then the other side, it was like OK, maybe, maybe, just maybe. (Lerumo)

Hai! (long exhale), it was a pandemic, because we were all surprised that what is this? What is happening? So we were surprised that... (Siza)

So I was like no, it's not there, then I was like now yoh! It exists. Then I was like no there's no such. (Pinky)

This phase of confusion emanated from experiencing feelings of shock and disbelief and not being able to comprehend what was happening cognitively. This state of shock was accompanied by episodes of being doubtful and not knowing what to believe as they were still trying to find reasons or evidence to support the seriousness and reality of the COVID-19 pandemic. During this phase, some of the young adults also expressed fearful and scary feelings as they would have to face the actual reality of the pandemic.

It was not nice because you are always scared. That I am going to leave my family, I am going to leave my kids without parents. Like, there was just that thing of being scared all the time. (Lerato)

4.3.3. Pandemic acceptance

How some of the young adults perceived the COVID-19 pandemic seemed to have evolved from denial to confusion and then acceptance as they began to recognise and accept the existence and effects of the pandemic in the country. The timing and reasoning for acceptance of the pandemic came in different forms for different participants and resulted according to their experiences during this time. Participants 2, 3, and 8 mentioned that the implementation of the lockdown measures and the COVID-19 restrictions caused them to accept the pandemic. These measures and restrictions made the threat of the pandemic appear very real, as is indicated in the following excerpts:

I think my thoughts started to change by lockdown. We were locked in, that is when we saw that 'No this thing seems to be serious'. (Siza)

Then I started taking it seriously when I started seeing people wearing masks every day, then I started taking it seriously. (Poppy)

You start to take things seriously when you go out. And see that things are no longer the same. People like the chaos that we are used to is not there anymore. (Poppy).

After having witnessed the changes as a result of the restrictions, i.e., having to stay home and people being unable to go to work or move around easily as they usually would, and

having to wear protective equipment like masks as well as social distancing, that is when they started ‘to take this seriously’.

For some of the participants, it took them time to witness someone close to them or someone they knew becoming infected with COVID-19 for it to become ‘real’. Other participants witnessed the hard reality of seeing the daily updates of the infection rate via the television, in the newspaper or via social media to believe that it was a reality. It also took these participants, upon seeing the number of infections rising exponentially, to accept that COVID-19 is a reality. As mentioned by Lerumo:

But then over I started to see that ‘no this thing is serious’ because now the numbers are going up as you could see yourself. They would say today it’s this certain number, now it’s this number, so slowly but surely I started to see that ‘this means that this things is ‘real’. (Lerumo)

For other participants, it was first-hand and second-hand experiences of losing loved ones. This brought a sense of shock that something that they did not regard as being ‘serious’ had resulted in the death of a loved one or someone they knew. This was the case for participants 1, 3 and 5, as indicated in the following quotes:

Yes, it changed. It changed because I saw people that are not close to me but I knew were infected with it. Like not, like just being infected but a real thing, they pass on, the person passed on. That’s when I started to see that ‘oh, this thing is serious, it’s serious. (Lerumo)

Honestly. There was a time, a little time where I was like, it actually exists because people were dying, (Pinky)

4.4 Stressors Experienced Due to the Pandemic

What came through from the interviews and throughout the data collection process was the fact that many of the stresses and stressors experienced by the participants were related to being unable to or struggling with adjusting to the ‘new norm’. The new norm is the new way of doing things due to the restrictions and the various changes that were happening during the lockdown and the pandemic period. Participants felt apprehensive and unsettled and “couldn’t adjust to that new change ... it’s like there [was] nothing that they [could] do”. “You cannot move, (Pinky), "so, like, it was difficult for, for, for the life we were used to. We had to move from that a different kind of life." (Busi). The difficulty of adjusting to the ‘new norm’ brought

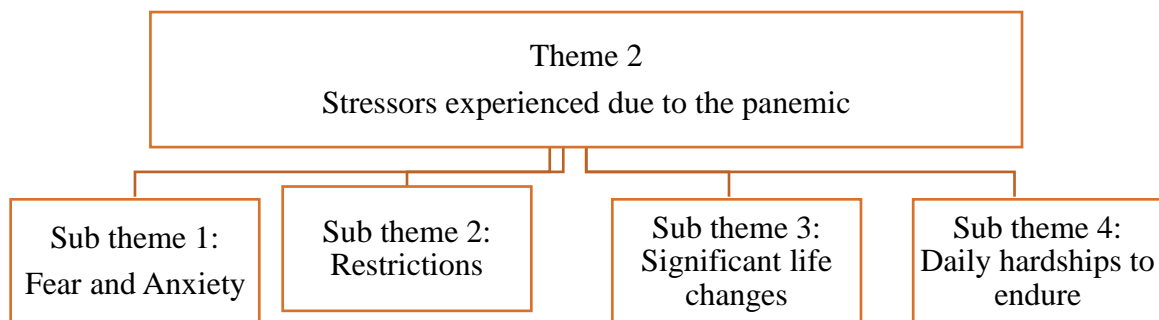
with it its own set of challenges that caused a threat to the participant's livelihood. This also led to feelings of anxiousness, fraughtness and heightened levels of stress.

This theme focuses on stressors experienced during a pandemic. Stressors refer to events, experiences, or environmental stimuli that cause individuals to become anxious and stressed out (APA, 2013). Whether physical or psychological, these events or experiences are perceived as threats or challenges to the individual and have both short and long-term negative psychological consequences for human societies.

Four subthemes emerged regarding the psychological stressors experienced by participants due to the COVID-19 pandemic. The subthemes, fear and anxiety, restrictions, significant life changes and daily hustles make up theme 2; stressors experienced due to the pandemic (Figure 4.3).

Figure 4.3

Theme 2 and its subthemes



4.4.1 Fear and anxiety

When the reality of COVID-19 became ‘real’, participants started experiencing a sense of fear and panic, and their anxiety levels intensified. Participants highlighted the fact that they had ‘fear’, they were ‘scared’ and were experiencing ‘lots of anxiety’. One participant described feeling anxious all the time, while another participant expressed how feeling scared was always present and experiencing feelings of anxiety. "That time ... made me have anxiety, yah. I became anxious and a lot" (Pinky).

In four of the interviews, participants expressed the same sentiment of having felt scared. "You get scared, yes it was very scary, yes so" (Tshidi); "You are always scared" (Lerato); "It scared me a lot that COVID kills" (Themba); "We were all scared" (Busi).

The reality of living through a pandemic brought a challenge and a threat to safety and life. People were met with the emotions of constant fear and worry of contracting or experiencing severe illness and or dying. This is expressed in the following quotes:

It was just scary, that wooh! We just pray it doesn't get to us and our family. But yah it was fine. (Zoe)

Am I next or what? (Lerumo)

The constant fear of contracting COVID-19 additionally came with a sense of paranoia as some participants started becoming critical of their health and paid close attention to how their health was by comparing the symptoms with that of COVID-19. They began to diagnose themselves with the fear that they might have contracted COVID-19:

When you also start sweating a little at night while sleeping you start getting worried about your health that eish! What if it's COVID-19? Cos the symptoms said that this, this, this and that. So, like, I can say that it worried me. Even the people around me, I was worried about them eish! What if my grandfather, plus it's elderly, you see? It was stress, it was giving me stress. (Lerumo)

Because the symptoms, it'd like sometimes you feel that, if you cough you feel that, ay maybe I also have it. Or maybe a little fever you will think that no, this is it you see. (Poppy)

This fear of contracting COVID-19 impacted participants' work and workspaces. For those at their workplaces who had to interact with people, it brought an added fear and risk, making them feel uncomfortable being in their workplaces:

I was scared because I was working with people. That time I was working, so we were working with a lot of customers, many different people, so I was always scared. (Poppy)

Plus we are the ones who are working at the front line, who are working, who will be working with these people that have it. It was just yah the fear of the unknown (Zoe)

There was an extended fear of not being able to trust the protective equipment that was used in trying to prevent transmission. The participants who came into direct contact with people who had COVID-19 made them aware of the fact that they were with a person who is

infected, "like the first patient that you are going or nurse with COVID-19 and how am I gonna protect myself from getting it" (Zoe).

Furthermore, the participants expressed that they feared for their own lives and their relatives and loved ones (i.e., children, parents, grandparents). This placed immense pressure on them as they constantly worried for their loved ones and themselves.

So I was also shaken that what if it comes to my family and one of them gets infected with COVID, so this means that it can infect us as well? (Themba)

I would think that the elderly are old and their immune systems are not strong enough like ours. You see, they cannot withstand this, this uh uh pandemic uh or this virus. (Lerumo)

4.4.2 Restrictions

The following subtheme discusses different restrictions that were put in place to curb the spread of the COVID-19 pandemic. The different restrictions impacted the participants' psychological well-being.

The pandemic brought drastic changes to which the participants had to adjust, and some participants could not become accustomed to the 'new norm' of restrictions.

So, like, it was difficult, for, for, for the life we were used to. We had to move from that, a different kind of life. (Busi)

you cannot adjust, it's like there is nothing that you can do, you cannot move, like...So I was always down like, I couldn't continue with my daily routine. I was not used to that type of thing, you see, being closed down. (Pinky)

Restriction of movement as a result of the implementation of the lockdown, in addition to the presence of the pandemic, made participants feel as though they were restricted or limited from being able to move around freely. One participant stated that "it infringed many of our rights like freedom of movement" (Lerumo). This led to feelings of frustration from not being able to go out and leave their homes. Another participant reiterated the feelings of frustration and described the restrictions as being trapped in a box. "I feel like (pause) (long exhale) like I was in a box ... because we were restricted from many things" (Busi).

These restrictions were viewed as drastic changes within a short period with no preparation of the citizens. "There were many things that worried me. That changed in a short

period of space of time" (Lerumo). These changes that came with the lockdown restrictions placed a challenge on young adults.

Social distancing and isolating oneself from others was against the social fabric of society and human beings. Despite the intention to protect people from the pandemic and also to reduce infections and death, it disturbed not only participants but many South Africans' psychological well-being.

It affected it a lot, because people I used to see find outside and interact with and talk with, today they were inside and you could only see them through the curtains. If you go to them it is like you want to give them this COVID and things like that. (Thabo)

It affected me because ... you are a social person, you like going out, so right now you are closed in. Even that stress starts afresh because you are locked in and you can't go out. So yah I think that is it. (Siza)

This caused people to become frustrated as they were now unable to meet or see their friends and relatives as they pleased, leaving them feeling lonely and alone:

The worst part again is that we could not go outside and meet with friends, which was indeed something that we were used to, and then after as time went on, it started afresh again (Themba)

We had to stay at home, we cannot go outside, we have to stay indoors, we cannot meet with our relatives and friends. (Themba)

The implications of isolating at home resulted in loneliness and the possibility of losing friends since individuals are unable to socialise, which could have resulted in individuals becoming anti-social. "I became anti-social like that" (Pinky).

While for some participants, it proved difficult to isolate, others enjoyed the isolation and being alone at home with no one but themselves and their family.

Because I am not a person who likes going out and everything. So, most of the time I usually entertain myself. Like I don't need anyone. I just stay in the house and watch my phone, sleep, and eat. (Poppy)

The lockdown restrictions and social isolation also came with the implementation of curfews. These curfews were set times when people had to be indoors, and no one should be seen on the streets during those hours. The curfew made people feel as if they were being controlled and their rights being abused.

We had a curfew, something we did not know, something that was known by people from before 1994 at the time of apartheid, not due to abuse in that way but due to the pandemic that was present. So, we had to adhere but due to the curfew between certain hours you should not be on the streets, people should be in their homes.

(Thabo)

The curfew was also challenging because, during the curfew hours, no one was allowed to go out, not even to get supplies, because everything was closed.

When it started to get dark you had to be in the house, you would find that sometimes you forgot something that you had to buy at that time, and you are not allowed to walk around, so that was the boring things and it was stressing at the same time. (Poppy)

The surveillance by police and soldiers patrolling the streets to ensure that individuals adhere to the curfew exacerbated the situation even more. The heavy presence of the police and soldiers caused immense distress to the participants as they were not accustomed to being under surveillance by authorities.

Soldiers, they were also stressing us, seeing the police, we were not used to that. (Pinky)

To ensure that people followed the rules, police physically punished and beat community members, causing added fear and experiencing feelings of abuse and threats by authorities.

So now you were feeling... like we were going back to that time of apartheid so, cos if the police were able to beat people like... (Lerato)

I was not able to go out because if you go out you will be beaten. (Themba)

4.4.3 Significant life changes

The loss of loved ones was a life-changing event, and this occurred daily during the pandemic. One participant lost both parents due to COVID-19.

You see man COVID changed my life a lot because I lost both my parents in the same year, like in different months apart, they followed each other, due to this COVID ... [COVID] ... was a sickness that we did not think much of. It was a flu. Yes, a flu. (Siza)

This loss has left them with a sense of shock and devastation, and the grief and loss process could not fully be carried out.

The loss of income was another life-changing event highlighting the fact that there was a disturbance in the ability to make an income. It meant that participants either had lost their jobs or sources of income or their businesses ‘hustles closed down. This emerged from several participants because only essential workers could go to work, which meant that the other group of workers could not make an income.

It was different in everything because we were used to working right! So at that time, we are not working, we are staying at home, you do not have an income because there was no income at that time. (Siza).

Some participants lost their employment at the onset of the pandemic either due to retrenchment or being short-staffed.

The following day we are told?? that ‘you guys, you can’t be coming to work because it’s lockdown, up until a certain period of time’ and then they told us that they are going to give us like a month. (Pinky)

I can say that I kind of lost my job. (Zoe)

However, those not formally employed and making an income as entrepreneurs or being self-employed also faced various challenges. They were restricted from going out to make an income. "I try to make means of putting this and that together, so (brief pause) when they said ‘no, you can not go outside, and you do not have a source of income, what does that mean?" (Thabo). This means that the restrictions of movement did not allow the entrepreneurs the opportunity to meet with their customers. It prevented them from making sales, thus resulting in them not being able to make an income.

I won’t say... ok I couldn’t find customers, mostly I didn’t have customers anymore. Cos where we are stocking it gets closed, you understand. There are no people obviously, no one wants you to enter their home and sell for them. You can’t walk on the streets anymore, you have to think for yourself and also think for these other people. (Tshidi)

Oh, I worked well when the restrictions were eased but as the restrictions got tighter the customers were less and the business dropped. (Thabo)

This then resulted in the participants being left in a very precarious position, not knowing where they would get their next income and not knowing how to survive financially in the middle of the pandemic.

You see, how are you going to live? You can't go outside, and on the other hand, you have no source of income, and the only way for you to live and make a living is for you to go out and come back with something later. (Thabo).

Their inability to work and make money brought distress. They were no longer getting income in the same way as they did before the restrictions. The money ceased coming in, making it difficult for them to make a living and meet daily essential needs in their homesteads.

As a result of this significant life change, participants experienced various financial challenges which sparked fear and questions of economic survival and meeting financial obligations: "Economically how are we going to survive?" (Thabo), "we had to cut off on other things financially" (Poppy).

These financial problems caused a lot of distress and frustration and led to feelings of loss "being finally financially independent" (Thabo) and being left behind.

This demonstrates how the experience of financial challenges that were caused by being in a pandemic caused some of the participants a challenge, frustrations, and distress.

The closures of higher education institutions and schools during the time of the pandemic were also regarded as a significant life-changing event. With the major change in the education system, moving from face-to-face teaching and learning to online and, in some cases, complete cancellation of classes caused some difficulties for the participants. Some participants struggled to study on their own, and they also struggled to catch up with their studies.

As it was carrying on I was worried about what will I do with school because the SIP classes were cancelled, Saturday classes were cancelled, Sunday classes were cancelled. (Themba)

And then yes! COVID, we were told that no more classes, everything is gonna be done online. (Pinky)

The struggles that these students had to face in school were due to several reasons. Firstly, they did not have enough time to learn or be taught in the new way of learning, such as online learning. Secondly, they did not have enough resources like proper internet connection and technological devices that they needed to be able to gain proper access to online learning.

Some other students did not get access to their educators, which led them to experience these struggles. Other students struggled with the new environment, such as home study, which led them to lose interest in learning.

4.4.4 Daily hardships to endure

With a cut or loss of income, living in under-resourced communities and overburdened healthcare systems, the inability to get proper access to the healthcare system proved to be a challenge during the period of the pandemic. It was challenging without financial means to access private forms of medical services, gaining access to the free medical services offered at public healthcare facilities in a situation where there is a demand for people to receive medical care and assistance. One participant highlighted the fact that they had to stand in very long queues so they would have access to prenatal care. In other instances, they would even have to go back home and come back on a different day because of the high volume of people needing medical assistance.

And at the clinic, there were Long queues. (Poppy)

yes the clinic, the clinic... yes I think it was the clinic because sometimes we would have to go back [without receiving help]. (Poppy)

Another challenge with the healthcare system came with the high number of healthcare professionals becoming infected. Some health care professionals would contract the virus and as a result, their patients would also be at risk of infection.

There was this time at the clinic ... I went we checked and then I don't know how but they found out that she had some symptoms of COVID and everything, and then we had to go back to check that if everyone who was attended by her, to be checked, something like that. (Poppy).

On the other hand, healthcare professionals running the risk of becoming infected meant they would have to recover before they resume their duties of healing people. This meant there would be fewer healthcare professionals taking care of patients, or their patients would have to seek medical assistance at a different facility or health professional.

Until the doctor himself got COVID and I had to sit until he is back. So I couldn't check up on... the pregnancy and how things are going ... it was a little stressful because what if something could have happened to the doctor, I would have to get a new gyne and start afresh. (Zoe)

Financial constraints and long queues to secure daily necessities and supplies were part of the hardships young people in under-resourced communities faced. Being unable to get supplies and essential needs was challenging, caused distress, and was dangerous.

This was not a matter of livelihood it was a matter of life because livelihood is where someone works and we were not working so it was not livelihood, it was life. Because if you do not eat how are you going to live? So they were very heightened! (Thabo).

This was a challenge that was faced by many of the participants. What was gathered from the interviews is that due to the restrictions and social distancing guidelines, a limited number of people were allowed in the same area or in the shops at the same time. In addition, there was a very high demand for food and other supplies. As a result, there were very long queues.

Well, we couldn't go out to buy groceries, if we had to go to the mall, you would find long queues, long queues, loong loong long queues. And you would end up having to go home. Even so, if you are lucky you would be able to go in and buy your stuff. (Pinky)

We would have to stand in a queue, that would start from this and that place from under a bridge for you to be able to enter, so you can buy food. You would find that the food would also get finished again, you would have to wait maybe they would say the trucks are still coming to deliver food at the different malls, just like that. (Lerato)

To avoid going in long queues, they would have to be proactive in trying to find different stores in different locations that do not have long queues. However, it added more costs on top of what they were already experiencing in monetary terms. "You have to change to different malls that do not have long queues. And it costs transport, to go out to vaal and other places. Yes, it was costing too much, even so." (Tshidi). Besides having to go to other shopping centres, there was an additional challenge of the supplies running out in the shops due to high demand, resulting in people not being able to find what they needed.

4.5 Coping Mechanisms Employed to Cope with Psychological Stressors

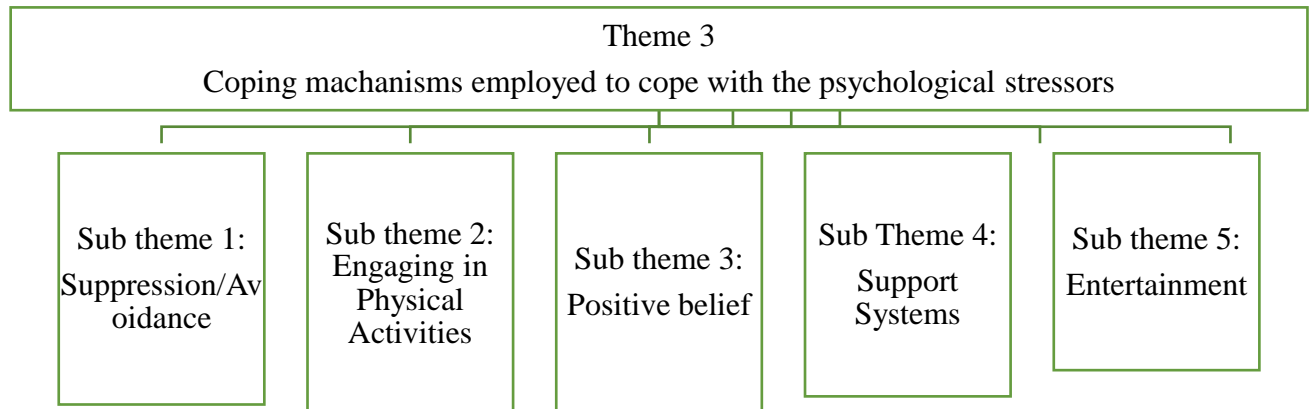
This theme speaks directly to the research question on the different ways or mechanisms young adults used to cope with the psychological stressors that they have experienced.

Five subthemes emerged regarding the psychological stressors experienced by participants due to the COVID-19 pandemic. The subthemes suppression/avoidance, engaging

in physical activities, positive belief, social support, and entertainment comprise theme 3, i.e., coping mechanisms employed to cope with the psychological stressors (Figure 4).

Figure 4.4

Theme 3 and its subthemes



4.5.1 Suppression/Avoidance

The suppression/avoidance sub-theme discusses the different ways in which young adults used suppression and avoidance as a means of coping with the stressors experienced during the pandemic.

Participants denied the existence of the pandemic, as was previously reported in theme one. They only started to believe in the realities of the pandemic once they were personally affected or impacted. One participant denied the existence of the pandemic as a coping mechanism and continued to live normally, breaking the lockdown rules and remaining in contact with other people.

So the only way that would help was to deny this COVID thing that it exists, so I can cope with this thing, you see. (Thabo)

Because of so much misinformation, one participant was left confused, doubting the pandemic's existence.

Because in 2020 there was... do you remember there was a certain period where people were dying? And, like they died and died, and then after a while, they showed us the numbers, that they were decreasing, and then they told us that Mr President has COVID then suddenly he doesn't have COVID. There were celebrities who said that they were paid to say that they got COVID and it was all over the internet. I was like, ah! Nah! This thing does not exist, so it was all just lies. (Pinky)

For these two participants, suppression and denial were their ways to cope with the stressors they faced because it meant that they were able to avoid thinking about it.

4.5.2 Engaging in Physical Activities

The participants mostly relied on physical activities as a coping mechanism. They employed physical activities like different kinds of exercises and different forms of physical movements to cope and bring relief. One professional athlete participant used exercise as a means of coping and included their family in their exercise routine to make it fun for them.

What I did was simple for me. Ok, as I play soccer, I am a soccer player. So for the activities I did was to exercise, I used to exercise. I would exercise with my family. Which is, that we were being busy with the family. So I would become better in that way as time went on. (Themba).

The physical exercise served as a coping mechanism even for those who were not professional athletes. Another participant was industrious during this period and started learning skateboarding as a form of exercise to keep themselves physically and mentally healthy. Skateboarding became one of the exercise methods employed for destressing.

I bought myself a skateboard, so I can learn how to use it. Something I have never ridden or played while I was a child because I played many games but I had never ridden a skateboard ... it gave me a sense that we need to mind our health. So I was minding my health, at the same time having fun, just to ward off the stress
(Thabo)

One of the other participants talked about playing various indigenous sports with her family, which was useful in improving her mood.

We would play 'Ovi'. By the time there was no cabinet and all that. Do (excited voice) we would play 'Ovi'. Some other time we would play 'diketo'. (Pinky)

For two of the participants mentioned above, engaging in sports as physical activity was a resource that they used in dealing with their stressors; however, for the latter participants, the recreational aspect brought relief.

4.5.3 Positive belief

The following sub-theme discusses the different positive beliefs that young adults drew on as coping mechanisms.

Self-motivation emerged as one of the most used coping mechanisms for some of the participants. Participants who used self-motivation saw it as being important to give themselves words of affirmation to keep themselves motivated. This assisted them in being able to cope during the period of the pandemic.

Five of the participants drew on self-motivation and a positive outlook despite what was happening around them in their community, country and the world.

You know, just seeing how fortunate I was, because as I said before that, I got this opportunity not with a group, I was alone. I went to work alone. I've always wondered that, I got this opportunity, how about the next person who have this opportunity? How are they feeling? How depressed are they, you see? Uh! Thinking about that kept me motivated. It made me feel that. (Thabo)

These individuals were able to use their internal resources and inspire themselves so they could push themselves into being able to find resources to deal with the stressors. Self-motivation played an important role in reducing the participants' fear as they could talk themselves out of the fear and talk themselves into perseverance, allowing them to better cope with the pandemic.

Participant Ten drew on their faith and spirituality as a coping tool during the pandemic, "believing in God." (Zoe). Believing in a higher power having control over the situation gives them peace in knowing they are not alone.

The optimistic belief in knowing that loved ones and family are healthy and safe brought a sense of peace and comfort. "Knowing that my family is safe and knowing that I'm safe, yah that's what kept me going." (Zoe). For this participant, the safety of their loved ones was paramount, and if the safety of their loved ones were at risk, they would not be able to cope. However, knowing their loved ones are healthy and not infected was a source of strength.

4.5.4 Support systems

From the data gathered, it is evident that some of the participants, as part of their coping toolkit with the pandemic, used the resource of support structures. There are different forms and different relationships that form support structures for young adults. Below is an ad-hoc description of the various forms of relationships forming support structures that the participants had.

The data highlighted that support from family was mentioned six times, support from friends was mentioned seven times, and support from neighbours was mentioned twice. For some participants, family played a vital role in supporting and motivating them, providing them

with resources for dealing with the effects of the pandemic. Two of the participants explained how their mothers could remind them of the importance of staying safe and were always there to give them support where it was needed.

Yah it's obviously my mum, it was my mum. In everything that we were faced with, and everything that was happening she was always there. (Lerato)

Family and parents seem to have provided resources for young adults to support them during the period of the pandemic. Participant Six highlights that their parents were their biggest support system, "My parents. Mmm, they played a big role" (Busi). Participant five states that their aunt was able to uplift their mood when they were feeling sad. When they could not cope with their circumstances, their parents gave them the ability to move on and keep surviving by engaging them in different activities and motivation.

My family is the one that could uplift me, especially my aunt. My aunt was always like ah, it's gonna be OK, this is gonna pass, you see. So like let's just stick together and watch movies, play songs so we can dance, oh yah, so she was like, yes, the one who could improve my mood. So it improved, so yes it improved sometimes when I was with my family. (Pinky).

Friends and friendships also formed a source of support for some of the participants as one participant expressed that they would go to their friends and destress. "I would destress by going out to see my friend, who lives next door, like (name blotted out). I would come there the (name) and just sit. Yes" (Busi). This emphasises social relationships and how friendship was used as an outlet for relieving stress. Friends and friendship circles were useful in sharing information and ideas on how to tackle different aspects of the pandemic and motivating each other while also finding a way of socialising and staying in contact with friends.

My friends, we used to meet like, during lockdown yes. But we used to just meet and socialize, we would even talk about this COVID. The experience that yes, uh at my home my mother is coughing, this thing, you can also learn that oh there is this certain remedy that I can use when I have a little flu. OK good, things like that, we would push I can say that. (Lerumo)

Support structures were a great resource for coping, as all the participants seem to have mentioned having some form of a support structure. This shows how important support systems were in helping participants to cope with the pandemic.

4.5.5 Entertainment

Some of the participants drew on multimedia as a source of coping as they explained that they did not have much to do and that they also could not go out. So, their resource for coping was through various forms of multimedia. Entertainment through watching TV and videos was a distraction from the pandemic.

I was just watching TV entertaining myself, entertaining myself with TV. (Zoe)

But other things like entertaining myself like watching videos, like good things, it was better. (Poppy)

The other form of entertainment employed by participants was music, “like most of the time, I would play music” (Poppy). Through listening to music and dancing to music (as highlighted in the previous subtheme), participants found relief.

The use of different kinds of media emerged across the data, with not only multi-media being used as a coping mechanism but social media as well. Social media was another aspect of media people explored as a useful coping mechanism during COVID-19. The following quotes highlight the aforementioned:

There was this thing they call Tik Tok, it was strong during the pandemic because people were staying at home and didn't know what to do so they did funny things. Chinese, Indian people, you know, all the people would have fun on social media during those times. They would record gyms, and the things they would do the entire day to keep themselves busy because they were staying at home. (Thabo)

It would be me and my phone. You see, social media. You watch videos you see, and everything. (Poppy)

Social media provided an outlet for coping as well as served as a form of entertainment. As a result, watching videos and memes that provided participants with relief in terms of humour relieved stress among participants. The humour and laughter, according to the participants, helped them in relieving their stress. These various forms of multimedia allowed participants to focus on something other than the pandemic, which occupied their minds. It kept their minds away from thinking about the stressors that they were facing.

Reading as a form of entertainment also provided an escape from the COVID-19 realities. Participants could shift their focus from what was happening around them and through reading, which transported them to an alternate reality for a little while to find respite. The

reading kept them engaged and prevented participants from concentrating on all the negative things that came with the pandemic.

I used to read a lot. Novels. That's the... I still do even now. Even when I came here I was going to read my book. So the coping mechanism I used was to read. Because I could take out my mind from that, I would be into the book creating pictures you see. Yes that's the coping mechanism for me. Yes and being around them. (Pinky)

Reading novels provides entertainment and an escape from thinking about stressors as they use the imagination and engage the thought processes in creating pictures and scenarios. The exercise of reading keeps an individual's brain active and stimulates mental and emotional health.

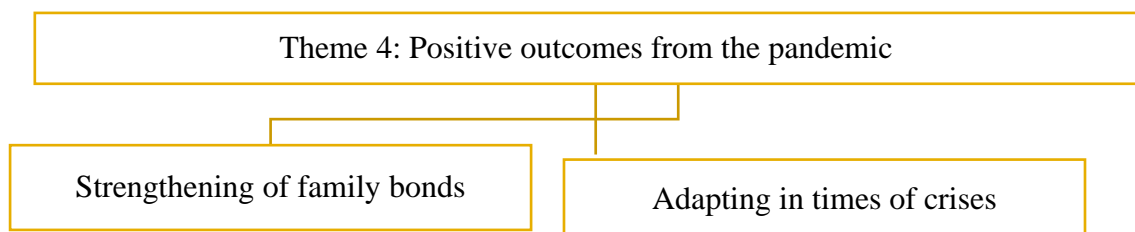
4.6 Positive Outcomes from the Pandemic

This theme refers to the positive outcomes during the COVID-19 pandemic. While South Africans and individuals throughout the world faced devastating circumstances during COVID-19, there were also instances of positive outcomes. These positive outcomes that emerged during the pandemic allowed participants to cope during the pandemic.

Two subthemes emerged regarding the psychological stressors experienced by participants due to the COVID-19 pandemic. The subthemes, strengthening family bonds and adapting in times of crises, make up theme four. The positive outcomes from the pandemic (Figure 4.5).

Figure 4.5

Theme 4 and its subthemes



4.6.1 Strengthening of family bonds

While the realities of isolation and staying home due to lockdown were challenging to adhere to, participants had the opportunity to spend more time with their families, which

allowed them to develop a deeper and stronger bond with them. Some participants could not spend time with them or even have long conversations with them before COVID-19 and lockdown. However, being under lockdown forced them to spend more time with family, creating more opportunities for interaction and engagement.

You see this pandemic in a way for me when I look at it, it helped because our communication at home changed, [improved] you can see. We were able to communicate properly, we could see that we can sit down now and talk.(Busi)

I would socialize with them, again I could see that with my family we could sit beside using our phones. Before, before COVID we couldn't, I couldn't spend a lot of time in the house but after COVID I was able to sit, like the whole day in the house. (Lerumo)

Being able to spend more time with family increased the bond for families. For one of the participants, the pandemic and being under lockdown allowed them to sit down and discuss the various issues that had caused them to have disputes and provided opportunities for resolution:

We were able to communicate properly, we could see that we can sit down now and talk. Discuss something and let it pass, cos that pandemic forced us that, when you are in the same house, no one will give up and leave saying they are giving up, and go out or maybe saying they are leaving, you see, they are going to release this stress somewhere. We had to solve right there. (Busi)

The family bonds strengthened with family during COVID-19 were sustained even after COVID-19 and the lockdown had passed. *"And even today we are still keeping it that way. We sit down and solve whatever situation and let it pass"* (Busi).

4.6.2 Adapting in times of crises

The pandemic forced people to become familiar with technology, especially the older generation., The older generation had to communicate with their loved ones and do other things using their phones and technology since they could not get assistance.

Elderly people who did not know anything about phones now started touching phones, wanting to find new things. That fourth industrial revolution happened. In that way, out of something as bad as COVID there was something good that came out of it which was the fourth industrial revolution that was talked about, that people don't know technology, they don't know how to use computers. (Thabo)

The pandemic also brought the opportunity to learn how to save money and use money sparingly and wisely. According to one participant, they could acquire skills on how to save money, and if it were not for the pandemic, they would not have learned this skill. "The benefits of COVID-19, is that you were able to say now if you had money and you are free to use that money, you were going to use it but with this COVID you could save your money." (Thabo).

With regard to the financial impact COVID-19 brought in terms of loss of employment, being isolated at home, and abiding by the restrictions imposed by the government, individuals were forced to adapt at a rapid pace. The participants talked about becoming more news-conscious and app-savvy. This resulted in them becoming aware of the youth unemployment grant i.e., the COVID-19 Social Relief of Distress grant of R350 a month, which was not there before the pandemic. This grant provided unemployed youth with support and relief, which continued after the pandemic.

Because COVID went to a point where we were given R350. So we were always on the alert of what Lindiwe Sisulu the minister will announce this time, you are always on the alert, so this thing on R350 made us more news conscious because you wanted to know if it is being stopped or if it is still carrying on? Before the R350 grant we used the Department of Health on wats app, there was also this thing of ssd where you type * something something... It was an alternative, so WhatsApp was convenient for me so I did not need the ssd, I had WhatsApp at that time. so yah! That R350 played a major role for people to start listening. (Thabo).

Even businesses needed to adapt and were able to receive some form of subsidy during this time. One participant who was an ECD worker mentioned that she was able to find some kind of subsidy from the government as they were unable to work "It was before the government thought that as ECD (Early Child Development) to remunerate ECD workers, as ECD workers. To compensate us with something, so it was just different." (Siza).

The above theme discusses the positive outcomes of the pandemic and highlights the adaptability and strengthening of family relationships and bonds during this time of distress and instability.

4.7 Long-term effects of psychological stressors

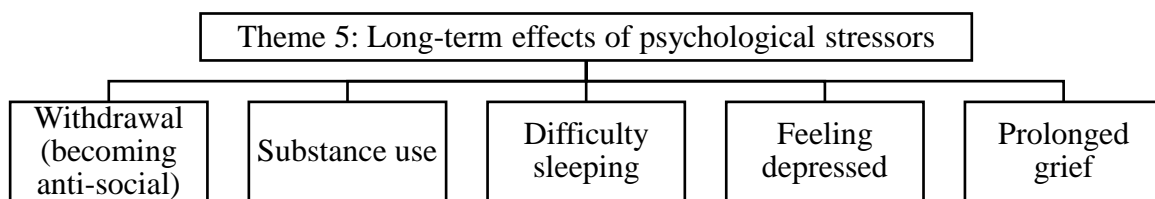
The various participants mentioned some of the multiple stressors and challenges experienced during the pandemic. Even though there were specific coping mechanisms that participants drew on in order to deal or cope with these stressors, there were instances where those stressors

were not dealt with appropriately, resulting in various psychological issues. These psychological issues are discussed below.

Five subthemes emerged regarding the long-term effects of the psychological stressors experienced by participants due to the COVID-19 pandemic. The subthemes of withdrawal (becoming anti-social), difficulty sleeping, prolonged grief, feeling depressed, and substance use make up theme 4 and positive outcomes from the pandemic (Figure 4.5).

Figure 5.6

Theme 5 and its subthemes



4.7.1 Becoming anti-social

As a result of the pandemic, restrictions on socialising and coming into contact with people were put in place, preventing people from seeing each other. For one participant, the isolation and having to stay away from socialising resulted in them withdrawing from socialising and engaging in social activities, as mentioned under the restrictions subtheme previously. They describe becoming anti-social because of having lost their friendships due to isolation and having experienced permanent changes, like having to drop out of school and being dismissed from work, which caused them to withdraw socially.

So I had to stop going to work and I was doing my first... second year at UJ. So I had to drop out because I couldn't handle the pressure of online and all that. I wasn't used to that at first. So I failed a s then I dropped out. Then I became anti-social until now. (Pinky)

So the outside people, we didn't interact with them hence I became anti-social. Even my friends, they were also distant and all so the only people that I would interact with or with is the people I live with at home because obviously we are at home. (Pinky)

The above quotes highlight the fact that the participant could not recover their social life and go back to how things were before the pandemic. This left a lasting negative impact on the individual, as stated in the excerpt below.

I'm anti-social, I don't have a lot of friends, I still stay indoors, so. It's just that's COVID-19 changed me. Like I was out there but after that... because me and my friends became very distant. Everything changed, up until now. (low tone) Like yah ... (Pinky)

Returning to the life and way of living before COVID-19 was not always possible due to the impact and consequences of the pandemic.

4.7.2 The use of substances to deal with the effects of the pandemic

After dealing with all the stressors brought on by the pandemic, some people could not use internal and external resources to deal with the stressors. This resulted in them resorting to drinking alcohol. "I think alcohol as well. like during that time saw that for them to destress they have to drink alcohol and not think too much" (Busi).

As mentioned previously, one of the participants lost both parents due to COVID-19 in a short period. They resorted to drinking as a way of trying to deal with the losses. Due to the overwhelming nature of their grief, they started using alcohol to cope. However, after the pandemic, the participant continued to consume alcohol and liked being surrounded by people and not being alone. This alcohol consumption produces a lowering of inhibitions, allowing the participant to let go of the experiences suffered during COVID-19, even if it is just fleeting.

Me, I won't lie. Me, COVID changed me because I wasn't a person who drinks alcohol, after the entire thing, I just started going out, I wanted fun, things that I did not go to before, like... so now I am an outgoing person. I want to go out and get fresh air, I want to see myself where there are other people, I do not want to be alone, I do not want to be at home particularly. I just want to be out, yes! (Siza)

Due to the stressors, alcohol use was used as a way of coping. It continued even after the pandemic. So what started as a coping mechanism might have turned into dependency on alcohol to cope.

4.7.3 Change in sleeping patterns

For one participant, surviving the pandemic changed their sleeping patterns as they were at home most of the time and did not have any activities to do, which resulted in them being unable to sleep at night and developing insomnia. The lasting effect was that their sleeping patterns had been permanently altered.

It was even difficult to sleep, it was just helping with the child, if it was not that, you do what you need to do in the house that was it ... sleeping is something that I cannot do. I mean even in the afternoon I can't. It does. For me, it even gets to three in the morning while I am still awake at other times, and I sleep for uhm... two to four hours or three (laugh). Maybe at 8, I have to take care of (child's name). It was just the thing like... no I can't. (Lerato)

4.7.4 Prolonged grief

The COVID-19 pandemic resulted in a large number of people losing their lives. This resulted in some participants experiencing the loss of loved ones, friends, relatives, colleagues, acquaintances, neighbours, etc. In some other cases, even though some people had not come into direct contact with having lost a loved one, they had experienced some sense of loss.

This thing is killing people around, it's killing people around church... uh friends who lost family member. We lost colleagues, you see. When you open the TV, ai! People are dying, you hear someone say ay so and so from church has died, you see. Hey, so and so at work died, you see. (Zoe).

Experiencing loss and being unable to complete and observe all the burial rituals and rights of passage caused a sense of not having done enough to honour the person, as the person would have to be buried within three days. Another factor is that being unable to view or identify the body of a deceased loved one did not allow the bereaved to get closure as they were unsure of the identity of the person they were burying. The following quote highlights this:

COVID destroyed, it destroyed, COVID destroyed, it destroyed a lot because even the burials were different because the funerals are different they are not similar to those of now. Like, there was no way of seeing the body of your dead loved one because they would only give you three days to bury them, you cannot see them, you do not even know if you are burying the right person or what? (Siza)

I mean we won't even... see even her corps. Because isn't you were not allowed to view the body of the person who was killed by this disease they would rap them and then rap them. You would hear that they say so so is no longer here they have been buried. Like luckily, you would be lucky if you can find their body, maybe they are at a certain hospital you would be able to see them. (Lerato)

As a result of this break in the grieving process, certain participants and many individuals across South Africa and the globe associate the COVID-19 pandemic with death. "Me, when I think of COVID I just think of [the death of] my parents, I don't want to lie because its that. When I think of COVID I just think of them because that is the first that comes to me." (Siza). Participants were not provided with the opportunity to grieve fully. In addition, the question of whether they buried the correct person will always haunt them, resulting in having to live with this uncertainty and prolonged grief.

4.7.5 Feeling depressed

Being exposed to so much grief, suffering and death daily during the COVID-19 pandemic and not having the correct resources and structural impediments to access may lead to long-term consequences. Participants expressed feelings of depression, as is highlighted in the following quotes.

I was depressed and sad all the time. Have you ever felt this thing that, (shallow voice) you feel sad... Yoh ah! It was something like that. (Pinky).

These feelings of depression caused one participant to drop out of school, lose their employment, and experience feelings of isolation. The impact of not having a stable source or income and the financial difficulties associated with this impacted the feelings of despair and depression. Furthermore, the lack of resources available to assist South Africans due to structural impediments during a pandemic was sorely lacking. It may have resulted in what could have been prevented, becoming long-term consequences.

The above subtheme indicates how the pandemic has had negative effects on the mental health of the participants, making it important to have interventions to ensure that even though there may be a deadly pandemic and lockdown restrictions, the mental health of the young adults should also be taken care of.

4.8 Summary

The findings show that even though the entire country had to endure the COVID-19 pandemic, the results highlight that young adults had their own unique perceptions and feelings about the pandemic. The data indicated the various journeys each individual had to experience as a result of the pandemic and the various stressors associated with these journeys. The data further highlighted the coping mechanisms participants resorted to for their psychological well-being, with some being more effective than others.

4.9 Conclusion

This chapter has outlined the themes that have emerged from the findings of the data collected from young adults in Orange Farm, which aligned with the aims and objectives of this study and the research questions. In the following chapter, the findings that were presented in this chapter will be discussed to gain a deeper understanding of the stressors and coping mechanisms young adults employ.

CHAPTER 5

Discussion

5.1 Introduction

The following chapter discusses the findings presented in Chapter 4, employing the transactional model of stress and coping. The chapter is structured following the objectives of the study. Each objective of the study is addressed according to the findings discussed in Chapter 4. These include the different stressors that the young adults identified, the different coping mechanisms that they have employed and, in the case of being unable to cope with those stressors effectively, what were the long-term effects they faced.

5.2. The Perceptions of Young Adults in Orange Farm Regarding Psychological Stressors Experienced due to the COVID-19 Pandemic.

The first objective focused on identifying the myriads of psychological stressors that young adults experienced during the period of the pandemic. As noted previously, Lazarus and Folkman (1984) state that a stress reaction is based upon the transaction between an individual and their environment and how the individual appraises the stressor. There are three kinds of appraisal responses, which can be positive, dangerous/threatening, or irrelevant, each dependent on the perceptions the individual has taken upon their interaction with the stressor. In this study, the young adults were faced with the COVID-19 pandemic, which served as the stressor, and participants' appraisals of the stressor varied. Different stress responses and different ways of coping were thus employed. This was accomplished through two different modes of appraisals, i.e., primary appraisal (evaluating the stressful event to assess whether it is either stressful, positive, or irrelevant) and secondary (evaluating the availability of internal and external resources to cope with the stressor) and evaluating the significance of the stressor.

One of the key findings indicates that there were various stages of appraisal at the primary level that participants underwent, namely, denial, confusion, and acceptance. During the initial stages of the pandemic, many of the young adults expressed being in denial of the existence of COVID-19 or the effects of the pandemic. Since they had perceived COVID-19 as something that was not real, they appraised it as being irrelevant and not harmful, and as a result, they ignored it. However, as stated by Lazarus and Folkman (1984) appraisal is a never-ending process. As the lockdown restrictions were implemented, the updates showed that there was an increase in infections and the number of fatalities.

The participants progressed onto the next stage, namely, confusion and uncertainty, where they were not sure whether to believe the COVID-19 pandemic existed or not and whether it could cause harm. This is consistent with the study by Nxumalo & Mchunu (2021), which shows that the initial perceptions of the COVID-19 pandemic progress on a continuum from fear to denial and then onto acceptance. This is consistent with the findings of this study, which reveal that participants went through a phase of denial and, later, acceptance.

With the appraisal of their environment, participants started to acknowledge the existence of the pandemic, noticing all the havoc it was causing, and feelings of anxiousness intensified. The pandemic was now being appraised as being a 'stressful event'. When a situation has been appraised as being stressful, it can be classified as either a harm/loss, a threat that may come, or a challenge meant to produce harm. From the themes extrapolated from the data, it was evident that participants witnessed the harmful and devastating effects of the pandemic and the looming threat intensifying daily. This resulted in experiencing feelings of anxiety, fear, and worry of contracting the virus, fear and worry of loved ones getting infected, and the ultimate fear of losing one's own life or that of a loved one. These myriads of feelings were brought on by witnessing the high number of infections and the rise in the number of COVID-19-related deaths. These findings are supported by Shevlin et al (2020), who state that the stressors of feeling fearful and worried due to fear of infection, fear of dying, and fear of losing loved ones were concurrent with that of a traumatic event and a stressor, as it causes a significant amount of physiological and psychological instability.

Restrictions on movement were another stressor identified by the participants and were a key finding for the current study. Some of the participants felt that they were being abused and their rights of movement were being infringed upon as they could not move around freely. Added to this was isolation and not being able to socialise face-to-face, which meant that they could not see or visit their loved ones as per the norm. This brought about an additional stressor of feeling isolated, causing feelings of loneliness. Even though isolation and restriction of movement were appraised as being stressful and causing harm, it also elicited feelings of isolation, discrimination, and mistreatment. These align with the findings by Moodley (2020), which highlighted the cascading effect restrictions had on people. This study found that because of the restrictions, people felt isolated, punished, abused, and discriminated against.

The current study further emphasised how young adults appraised similar situations differently. This was evident in how the restrictions on movement and isolation were perceived by young adults in this cohort, which shows a difference in stress responses. While some found it to be a stressor, others considered it to be benign. For some, how these restrictions and the

new COVID-19 lockdown measures were implemented felt like intimidation. This was exacerbated through the surveillance from the police and soldiers, which caused distress among the participants as they were not used to seeing heavy police presence. In addition, the surveillance presented a threat because of the physical assault and imprisonment that was attached when none adherence was found. Narsiah (2020) attests to this by stating that there were reports of authorities being very harsh with residents; in some cases, there were reports of police having killed people in different parts of South Africa.

Findings also highlighted the daily struggles young adults encountered during this period. These struggles were apparent in their experiences of access to health care and the consequences of the structural injustices already faced by South Africans. In a time when the health care system was in great need, some young adults experienced a challenge accessing the health care system. There was a high demand for health care in South Africa before COVID-19, with many people depending on government hospitals for medical assistance for various pre-existing illnesses (Abdool Karim, 2020). Because of the high demand of people seeking medical care and a limited amount of healthcare providers, gaining access to medical assistance was always a challenge as it was accompanied by long queues, with some instances where individuals were not helped on the day and had to come back on a different day. A study by Hunter et al. (2021) supports this, indicating a minimal number of health workers at facilities and the closure of facilities that only opened when COVID-19 restrictions eased. Another study further highlighted the fact that certain public facilities were only opened for emergencies, with the number of antenatal checkups being reduced and a decline in access to contraception and immunisations (Pillay et al., 2021). The participants who were pregnant highlighted the fact that they experienced problems in accessing antenatal care as they would have to go in long queues. A similar situation would be experienced at a private facility due to the pandemic. However, the appointment would be honoured, and the check-up would be done quickly (Murewanhema et al., 2023). In both cases, though, there were fears of infection with the experience of the healthcare providers having been infected with COVID-19 (Mbunge, 2020).

Concerning the structural injustices already faced within South Africa (e.g., high rates of unemployment and a high number of people living in abject poverty) (Chatterjee, 2019), COVID-19's arrival aggravated the situation. The COVID-19 lockdown restrictions that caused the closure of all non-essential activities and restrictions of movement were implemented. This led South Africans to lose their source of income to such an extent that even their means of making money via informal trading were halted. Consequently, it led to unprecedented distress for participants and South Africans at large, as they did not know where

their next income would come from. This is supported by a study by Hlayisi (2022) who discovered a drastic increase in the unemployment rate between 2019 and 2022. This attests to the fact that the pandemic caused large numbers of loss of employment and loss of income. This further resulted in young adults having to face loss of income and thus experiencing a stress response.

Due to the loss of employment and income, which was highlighted as another stressor, the inevitability of participants facing financial challenges was real. Some of the young adults had salary cuts while others lost their jobs, and this caused them to worry about how they would survive and how they would make a living as they had no other source of income or other means to make money. Most of the participants were informal traders who were faced with the challenge of being unable to make money. Gayer-Anderson et al. (2020) found that many people in the townships were informal traders. Due to the pandemic, they could not trade, thus causing the risk of starvation and losing their assets and property.

In the beginning, people embarked on panic buying due to the fear and uncertainty of what would happen, which gave them a sense of control over the situation (Kaur & Malik, 2020). However, due to the global restrictions, necessities, food and other supplies were scarce and in high demand. This also caused distress and frustration for the participants as they would struggle to find their supplies or have to travel far to find what they needed or spend more money finding alternatives. Hart et al. (2022) argue that the government was not prepared for the lockdown, and evidence indicated inequality in food systems resulting in food insecurity and the resultant increased hunger. Hunt et al. (2022) further emphasise the fact that people were relying on the government's food relief programmes and were unable to source adequate food supplies due to economic hardships. Thus, individuals from vulnerable households were left experiencing hunger. The government was unprepared for the effects of the pandemic after implementing the lockdown measures, with no measures put in place to ensure that the vulnerable population is taken care of in terms of food and supplies (Hunt et al., 2022). Some of the young adults in the study felt like the government was neglecting them. They felt as though the government was not considering or thinking of them in the initial phases of the pandemic. After the government had introduced the unemployment social grant, there was some relief. However, it was not sufficient to cater to the needs of the masses.

South Africa has had problems with service delivery, especially in the townships and informal settlements. The problem of service delivery was exacerbated by the COVID-19 pandemic, with some of the structural issues not being resolved (Narsiah, 2020). According

to Narsiah (2020), this is because of corruption, the presence of the pandemic, and the politicisation of service delivery.

Due to the lockdown measures that were put in place, many educational institutions had to close contact classes were cancelled, and online classes were introduced (Onyema et al., 2020). Mubangizi (2022) postulated that implementing online learning during the pandemic was an injustice to some students from disadvantaged backgrounds as they had no access to electricity, technology, internet connection Wi-fi, and data. As a result, a student had to drop out due to the aforementioned and being unable to adjust to online learning. Not enough resources were provided to assist students in adjusting to the new way of learning, which resulted in threatening the participant's careers and goals for the future.

5.3 The Coping Mechanisms that Young Adults Drew on to Cope with the Psychological Stressors Caused by the COVID-19 Pandemic.

When participants were faced with these stressors brought on by the COVID-19 pandemic, after secondary appraisal and reappraising the resources they had at their disposal, the participants had to learn and implement ways of coping with the stressor at hand. The ways of coping refer to using different cognitive and behavioural mechanisms to try and resolve the stressor. There are two ways to deal with these stressors i.e., emotion-focused and problem-focused. There were several ways in which young adults dealt with the different stressors.

Young adults employ various ways and different resources to cope with the stressors. Problem-focused coping is where the stressor is addressed and resolved to eliminate the stressor (Lazarus & Folkman, 1984). In the instance where the stressor cannot be resolved or removed, for example, during the COVID-19 pandemic, employing an emotion-focused coping style, which changes the perception of the stressful situation, is appropriate (Lazarus & Folkman, 1984).

One such emotion-focused coping style which the participants drew on in trying to cope with the pandemic was denial. Through denial, the participants suppressed their thoughts about the realities of COVID-19 and the implications and ramifications these realities may bring.

Some of the methods utilised by the young adults were to engage in various physical activities that included exercising. The participants engaged in physical activities to allow themselves to momentarily suppress the thoughts of being in a pandemic. The participants participated in exercise, sports, and playing indigenous games with family to allow them to be able to have fun while at the same time keeping fit. They carried out these physical activities to release stress and brighten their moods. In alignment with the aforementioned findings, using

physical activities in coping was a coping mechanism widely used in Zimbabwe to manage the stressors experienced, including exercise, cleaning, walking, sleeping, and cooking (Chirombe et al., 2020).

The use of multiple kinds of media, like watching TV, videos, movies, and listening to music, was used as a way of entertainment and a distraction to suppress the thoughts of COVID-19 and its related ramifications. Media provided an outlet that kept the mind engaged with something else. Similar findings were noted by Chirombe et al. (2020), who found that music was used to soothe the anxiety of being in a pandemic. Through other forms of entertainment, there was also the use of humour which would improve the mood of the participant. Social media platforms, as a way of coping, brought relief through humour and different wit, brightening individuals' moods and thoughts. This is in line with Cauberghe et al. (2021), who found that young adults in Belgium used social media to relieve feelings of loneliness and anxiety brought on by the pandemic.

According to Lazarus and Folkman (1984), motivation is necessary to meet the environmental and social demands required for coping. For many of the participants, self-motivation was an important aspect for them to be able to cope. Young people motivated themselves, allowing them to build resilience while also pushing themselves to persevere through the stressors they faced. Being able to focus on the positive was an important aspect that allowed participants to move beyond the doom and gloom of the pandemic. Self-motivation included a myriad of activities, such as counting blessings. Participants identified blessings that allowed them to see how fortunate they were, thereby motivating them to move forward, appreciating every aspect of their lives. Another example was having a positive outlook on the future, considering and planning the future.

COVID-19 and the restrictions brought major changes in how people live, behave and do certain things. It was crucial that people needed to adapt and be flexible. Thus, adapting to the 'new norm' benefited the participants' psychological well-being and ability to cope (Lazarus & Folkman, 1984). Vuletic et al. (2021) purport that when adults adapt and develop a sense of normality, they are better able to cope with a situation. Participants in this study adapted in many ways, such as regarding hygiene practices as beneficial and necessary and incorporating them into their everyday lives. The fact that participants were willing to adhere to the hygiene practices on their own without being forced provided the nurturing ground for coping. This assisted participants in adapting more readily to the 'new norm'.

Furthermore, to keep themselves occupied, participants engaged in learning a new skill or perfecting an already existing skill. In a time that was filled with fear and anxiety

about what was happening, learning a new skill produced feelings of excitement and a sense of accomplishment. Lazarus and Folkman (1984) believe this form of coping is problem-focused coping, in which learning a new skill or improving on a new skill is sought.

Lazarus and Folkman (1984) also purport that the use of avoidance and means of escaping are defence mechanisms and a way of coping with the demands cognitively. Reading provided an outlet to escape from the realities of COVID-19, allowing participants to suppress what was happening and keeping their minds entranced and busy with the different scenarios that were being built into the book.

Many participants had the responsibility of caring for their parents, families, unborn children, newborns, work etc. Whilst pregnancy during the pandemic brought a sense of uncertainty for expectant mothers, a sense of responsibility and having to protect the child always superseded any negative feelings related to the pandemic, which allowed them to cope (Nespoli et al, 2021). Thus, having this social responsibility and skills aid in providing resources for coping (Lazarus & Folkman, 1984). Moreover, an individual may also cope with situations using intellectual capacity and knowledge, which includes self-control (Lazarus & Folkman, 1984). By focusing on their studies and striving to achieve good grades, individuals can focus fully on the result.

The use of substances, including alcohol and drugs, has been an outlet that has been used in attempts to reduce distress (Lazarus & Folkman, 1984). Some participants mentioned that young adults started using more substances, such as alcohol, during the period of the pandemic. Some participants were exposed to these substances for the first time during that period. Wardell et al. (2020) found that in the earlier days of the pandemic, young adults in Canada used alcohol and other substances to cope with pressures brought on by the pandemic, such as isolation, income loss and depression.

In trying to cope with the pandemic, some of the young adults resorted to social withdrawal, becoming anti-social. According to the transactional model, the presence of a threat can result in an individual withdrawing as a defence mechanism (Lazarus & Folkman, 1984). On the other hand, another young adult who was more introverted before COVID-19 became more outgoing and social, wanting to explore, have fun, and drink.

Spirituality and having faith in a higher power brought about a sense of peace in knowing that a higher power is watching and taking care of everyone. This assisted in coping with the various stressors. Roberto et al. (2020) corroborates this in their study that spirituality, built resilience, comfort and hope, especially in females during times of crises.

Support structures or support systems were another avenue utilised in coping and assisted the young adults in being able to deal with the various stressors. According to Lazarus and Folkman (1984), this is referred to as social resources and support. The social resources mainly came from family, friends and neighbours. The different support systems were able to provide moral support for the young adults as they had to navigate the various stressors. In some cases, these different structures of support were a platform for sharing knowledge and ideas about the COVID-19 pandemic and how to tackle different aspects that relate to it. Support structures seem to have been a great resource supporting coping for young adults.

5.4 Positive outcomes from the pandemic

The pandemic brought with it the threat to life and health, the lockdown measures, devastation, destruction and long-term ramifications. However, from the findings of this study, it is evident that the pandemic not only caused devastation and destruction, as the young adults in this study have highlighted, but positive outcomes were also experienced.

In an Australian study conducted by Cornell et al. (2021), positive outcomes were experienced during the pandemic in terms of working flexible hours, increased family time, and a peaceful life. One of the positive outcomes that have been discovered in this study was the strengthening of family bonds. During the hard restrictions, young adults pointed out how being under lockdown was beneficial and helped them establish stronger bonds with their families. Lockdown forced participants to share the same space with their families, which provided the opportunity for bonding, communicating, and nurturing the relationships. The stronger bonds and newfound ways of communicating brought about by the pandemic and being under the lockdown created a long-lasting impact on the family bonds of these young adults.

Beneficial opportunities were another positive outcome as a result of the pandemic. As a result of the job losses and unemployment, participants became industrious and thought outside the box, resulting in entrepreneurial opportunities. However, many people could not make money as non-essential services were closed, and people were not allowed to roam the streets and socialise. Some young adults seized an opportunity to make money through selling personal protective equipment (PPE) as part of the positive outcomes.

Some participants faced various financial challenges prior to COVID-19 due to lack of employment; however, due to the pandemic, the government made available the unemployment fund, which assisted them in sourcing basic necessities and supplies (Bhorat & Köhler, 2020). Even after the lockdown restrictions had eased and the transmission rates had decreased, the

government continued with the unemployment grant, which the young adults considered as a blessing. Companies also received similar relief to assist these companies and their employees with funds.

5.5 Long-term Effects of Psychological Stressors

According to Lazarus and Folkman (1984), if a stressor exceeds the coping resources that a person has available, then it becomes a chronic stressor. For some of the young adults in this study, the pandemic was extremely taxing, and the COVID-19-related stressors that they experienced exceeded the coping resources that they had. As a result, they continued to experience what is called chronic stressors.

The long-term effects experienced as a result of the pandemic can fall within three domains, namely physiological, social or psychological (Lazarus & Folkman, 1984). Participants experienced physiological and social effects of being anti-social and withdrawing from social activities and social interaction. Furthermore, a change in sleeping patterns occurred over a long period, and it was difficult to return to a normal sleeping routine.

Being unable to deal with some stressors for a long period has caused some young adults to develop a habit of resorting to the use of substances. They had initially started using the substances during the pandemic to cope. This is referred to as damage to morals as it results in addictive behaviour (Lazarus & Folkman, 1984). Even after a longer period, they continue to drink alcohol, which may cause a future problem of substance abuse.

The experience of prolonged grief was a result of a break in the funeral rituals during the pandemic and caused issues of none closure of the loss of their loved one and the inability to come to terms with the loss and departure of their loved one, resulting in them experiencing psychological symptoms (Lazarus & Folkman, 1984).

Some young adults experienced feelings of depression during the pandemic, and these feelings of depression were not addressed, which were ascribed to the lack of resources and the burden placed on an already under-resourced healthcare system.

These long-term effects indicate how participants were unable to find sufficient resources to deal with the different psychological stressors that were brought on by the pandemic resulting in the young adults experiencing depression, substance abuse, change in sleeping patterns, prolonged grief and anti-social tendencies (APA, 2013). This highlights the importance of interventions that are meant to assist young adults in finding adequate coping resources to deal with the different threats, harm, and losses or the identified stressors.

5.6 Conclusion

The discussion in this chapter centred around the three objectives of the study embedded within a transactional model of stress and coping framework. The study sought to explore COVID-19-related psychological stressors, coping mechanisms and long-term effects for young adults. This cohort in the South African context is an important group to focus on due to them being vulnerable to multiple deleterious risks, which include exposure to violence, substances, risky behaviour and various health challenges (Kim et al, 2020). Young adults in South Africa also experience depression due to social grants and financial concerns Oyenubi & Kollamparambil, 2020. While the literature provides valuable insight into the impact of the COVID-19 pandemic in the South African context, it does not address the various psychological stressors and coping mechanisms, more specifically for the vulnerable group of young adults. The following chapter will provide a conclusion of the study, its theoretical implications, limitations, and recommendations for future studies.

CHAPTER 6

Conclusion

6.1 Introduction

Considering how the COVID-19 pandemic affected the country and the psychological impact the lockdown restrictions had on individuals while living under these measures, it was important to explore the COVID-19-related stressors and the different coping mechanisms that were employed by young adults during this time. This chapter will conclude the current study by discussing the implications of the findings, the limitations of the study, and the theoretical implementation of the outcomes of the study to the young adults in Orange Farm and the rest of South Africa. Finally, the chapter will conclude with recommendations for future studies.

6.2 Implications of Findings

This study attempted to explore young adults' perceptions of COVID-19-related psychological stressors and the coping mechanisms they employed in dealing with these psychological stressors. A critical evaluation of literature that speaks to the challenges and stressors faced by people during COVID-19 has been conducted. Although such studies exist, it should be noted that these studies do not address young adults' perceptions of COVID-19-related psychological stressors, including the coping mechanisms used, especially in the South African context. The circumstances caused by the pandemic have also been shown to be even more challenging when being in a township fraught with various structural challenges in addition to the lockdown measures. It was, therefore, necessary to explore the perceptions of young adults within that context during the pandemic period. This study further sought to identify the implications of the long-term effects of those stressors if not appropriately dealt with.

The findings of the study suggest that the young adults' perceptions of COVID-19 went through some changes as it initially started with denial, then confusion, and then evolved into acceptance. These young adults experienced various psychological stressors, which include but are not limited to fear and worry for their health, fear of loved ones or themselves contracting the virus or dying, loss of employment, financial challenges, and the consequences of restrictions of movement (e.g., isolation, curfew, inability to access services and difficulty accessing health care facilities). The coping resources that the participants employed in an attempt to deal with these psychological stressors include but are not limited to the following: adhering to the rules, behavioural changes, acquiring a new skill, having responsibilities or

concentrating on studies or work, engaging in physical activities or entertainment, maintaining a sense of normality, and the use of substances. For some young adults, these coping mechanisms that they employed were not sufficient in eliminating the stressors experienced by the long-term effects of having difficulty sleeping, becoming anti-social, prolonged grief, feeling depressed, and using substances.

Study findings show that the COVID-19 pandemic had negative implications on physiological health and the mental health of these young adults. This study, therefore, contributes to providing a deeper understanding of young adults' perceptions of the pandemic and the different stressors that young adults faced during the pandemic. The pandemic also posed various challenges for young adults, especially young adults living in a township where the pre-existing structural issues already impacted daily lives. Young adults were consequently not prepared for the mental health implications that COVID-19 had on them and could not prepare themselves appropriately to deal with the various outcomes. The current study thus provides insight into these stressful experiences, which can inform appropriate and targeted intervention approaches during crises within such contexts, especially for young adults.

Furthermore, the study sheds light on the different coping mechanisms that young adults have used in an attempt to deal with the various psychological stressors that were identified. This may assist in providing a better understanding of the different coping mechanisms that were used and their effectiveness in dealing with psychological stressors. In addition, highlighting the different coping mechanisms that were made available to young adults (as they seemingly had to depend on their own structures and resources to cope) could alert government structures to the imperativeness of assistance required from their side. The government and authorities appeared to be mainly concentrated on controlling and reducing the spreading of the COVID-19 virus. Such measures did not pay attention to providing young adults with resources for managing the mental health impact that the pandemic caused on them.

It is further evident that the pandemic has left a long-lasting effect on young adults and their mental health, as the different coping mechanisms used were not sufficient to deal with the various psychological stressors presented during COVID-19. This study attempts to uncover the long-term effects of those stressors if not resolved or dealt with appropriately. Discovering these long-term effects of psychological stressors may provide a clear understanding of the implications of the pandemic on young adults. It also provides an understanding of why protecting their mental health is important during crises. Moreover, this ensures that young adults have appropriate and adequate support when dealing with threats, harm, and loss from the COVID-19 pandemic. In the case of future pandemics, they may be

better equipped to ensure that they have adequate resources for dealing with these kinds of stressors.

This study further highlighted how important financial stability, food security, academic support, and social support are to manage the different stressors accompanied by the pandemic and to consequently minimise experiences of chronic stressors and maximise effective coping.

6.3 Theoretical implications

The transactional model of stress and coping by Lazarus and Folkman (1984) concisely refers to a stress reaction as the transaction between an individual and their environment, how the person appraises that stressor, and the availability of resources to cope with the perceived stressor. Reappraisal of the stressor in conjunction with coping resources may occur to see if the initial stressor can still be considered a stressful situation or has become a chronic stressor (Lazarus & Folkman, 1984). Furthermore, how the stressors are appraised relies on the individual. This model also outlines that there are different ways of dealing with psychological stressors; there are, thus, multiple methods of coping that one could rely on.

Using the transactional model, the study was able to illustrate how young adults have appraised the COVID-19 pandemic. As stated in the theory, stressors are appraised, and the coping mechanisms that are used depend on the individual. Even in the current study, how the COVID-19 pandemic was initially appraised differed, as a majority of the participants denied the existence and effects of the pandemic, appraising the pandemic as not having significance for them. Participants were thus not bothered by it. However, few participants accepted the presence of the pandemic and the threat and harm that came with it. For the participants who were in denial of the pandemic, after having appraised the situation again with the progression of COVID-19 and witnessing various changes or the effects of the pandemic, they began to accept the pandemic (e.g., acknowledging the harm, threats, and challenges that came with it).

In line with the theory, once participants appraised the pandemic and the aspects considered to be stressors, they then went through a second appraisal where they evaluated the internal and external coping resources they had at their disposal, in conjunction with the stressor, to see if these stressors had been resolved or were still considered to be stressors. Throughout this process of appraisal and reappraisal, the young adults were able to identify various psychological stressors that had emerged due to the COVID-19 pandemic. The young adults perceived the pandemic, and consequently the various changes that came with these

conditions as stressors (for example, harm and loss experienced during this time), as they exceeded the coping resources that they had available, resulting in a stress response.

Due to the unprecedented and uncontrolled nature of COVID-19, young adults could not use problem-focused coping by attempting to remove or change the pandemic, the lockdown measures, loss, and threats that it had produced. The young adults in this study thus used emotion-based coping, which required them to regulate or change their perception and emotional response. According to the transactional theory, this can be done through avoiding/suppression or distancing. In the current study, this was done when the young adults kept on denying the existence of the pandemic by distancing themselves from the source of the stressor. The other young adults tried to maintain a sense of normality by forgetting and behaving like the pandemic did not exist when they were in their homes. With regard to seeking emotional support, the findings clearly show that the young adults' social support stemmed from family, friends, and neighbours who provided emotional, psychological, and physical resources to assist with coping. Some young adults indicated that they resorted to indulging in food (binge eating) or substances such as alcohol to manage and cope with the stressors. Humour was another resource that young adults widely used as they used entertainment, dancing, and fun activities as a resource for dealing with the pandemic. For other participants, withdrawing was a coping resource as they would socially withdraw from other people.

Reappraising the stressors with the coping resources allowed the young adults to appraise if the threat is resolved, thus making it a chronic stressor, prompting a stress response. The findings show that the young adults who did not have enough or adequate coping resources ended up having a stress response of suffering from long-term effects of stressors like trouble sleeping, use of substances, prolonged grief, depression, and becoming anti-social. Moreover, the chosen theoretical framework was appropriate for this study as it allowed for a better understanding of how the individual perceives situations and appraises them. This brought a clear understanding of the changing perceptions that young adults had due to the different stages of appraisal. This theory also assisted in understanding how young adults were able to use varied coping resources for stressors that originated from one source. It is important to know how young adults appraise stressful situations to gain a better understanding of the resources that they can draw on or utilise to manage the stressful situation, i.e., the COVID-19 pandemic. If not managed well, psychological stressors may result in negative psychological, physiological, and psychosocial effects. It will further assist in shedding light on potential stressors and the coping resources that could be used to reduce the effects of stressors among young adults.

6.4 Limitations

This study has provided some useful knowledge regarding young adults' perceptions of COVID-19-related psychological stressors and the coping mechanisms they employed during that time. These perceptions are vital in understanding the mental health implications of being in a pandemic like COVID-19. However, this study does have some limitations to consider, which are discussed below.

Firstly, a limitation of qualitative research is that it can be highly influenced by researcher bias, and to eliminate researcher bias, the researcher has to be self-aware. The researcher's knowledge plays a very important role in interpreting data, so if the researcher has limited knowledge, it may temper the authenticity of the interpretation and results (Antaki, 1988). Since the pandemic is something new, there are continuous developments and changes regarding the pandemic, which may affect the study. Qualitative research is generally time-consuming, and data may take long to analyse and interpret. It may have negatively affected what is known, and the authenticity of the research as knowledge regarding the pandemic continues to expand - young people's perceptions may thus differ as time evolves and new information emerges.

Secondly, since this is a non-probability sample, there is no random selection of participants. Participation is based on the researcher's judgment, so it does not represent the population. This means no inferences can be drawn from the population based on the results. Since there are no calculations, the margin of error cannot be calculated, which means that not all members of the society will have an equal chance of being selected, depending on what is being investigated. It should also be noted that even though snowball sampling assists in getting access to a hard-to-reach sample, it is impossible to draw statistical inferences like sampling error, so the sample does not represent the population (Sharma, 2017). Additionally, the study participants were from a single area in Johannesburg, resulting in limited transferability.

Thirdly, while recruiting the potential participants, some initially agreed to participate in the study. When the time for the appointment came, some of them hesitated to participate, thus resulting in them not honouring the appointment. Even after engaging in small talk as an icebreaker and having read and explained the information sheet, some participants expressed anxiety about participating in the research study. This anxiety could have compromised the ability of participants being able to express themselves fully and not being able to give a complete account of their experiences.

Fourthly, even though the study was not focused on gender differences regarding psychological stressors and coping mechanisms, it is important to note that the sample was

skewed towards females. As a result, the study could not indicate gender differences in terms of pandemic-induced stressors because of the sample size and the focus of the study.

Fifthly, the majority of the interviews were conducted in IsiZulu and Sesotho, and one interview was conducted in English. However, there was a mixture of isiZulu, Sesotho, isiXhosa, InDebele etc. Orange Farm is a township that has its own dialects and slang. The participants used some slang phrases. This may have caused some of the meaning of what the participants said to be lost in translation, and there may also have been a misinterpretation. However, the principal investigator is proficient in Sesotho, Isizulu, and English, which assisted in mitigating this limitation. Additionally, the transcripts were member-checked to ensure that they had been accurately translated.

Lastly, the interviews for the study occurred approximately three years after the pandemic first reached South Africa. Although the pandemic has persisted, the ability of participants to remember everything that could have happened in the initial stages of the pandemic may be limited. To minimise this, the participants were told in advance about the interview, so they could have time to remember their experiences to the best of their ability.

6.5 Recommendations

This study showed the different COVID-19-related psychological stressors young adults experienced and the coping mechanisms they employed to deal with these stressors. The study further identified the long-term effects of those psychological stressors, which shows how some young adults were unable to deal with the psychological stressors brought about by the pandemic, and thus had to deal with mental health issues.

Reflecting on the different coping mechanisms that were at the disposal of the young adults in this study, further studies should investigate their usefulness. This would be an attempt to ensure that young people are provided with better coping resources. The better-coping resources are likely to ensure that their mental health is safeguarded as much as their physical health.

Current study findings also highlight that the occupations of different participants seem to have influenced some of their experiences of psychological stressors and the resources for coping. It may be beneficial for further research to look at how different occupations and employment played a role in influencing the experiences of COVID-19-related stressors. This may be unique to those individuals, for example, nurses who are front-line workers, essential workers from shops and other services, teachers, the unemployed, students, and teachers.

It is further evident from the findings how COVID-19 caused fear, panic, and anxiety for young adults. It would be of great interest to investigate how a crisis such as COVID-19 may contribute to the development of mental health conditions such as post-traumatic stress disorder, noting that it is an illness that cannot qualify as a traumatic event according to the DSM-5. It may be of great importance to study how the COVID-19 pandemic contributed to the development of mental health conditions. There are other illnesses which caused great panic due to its rapid spread and mortality rates, and the strict lockdown measures caused fear and brought a sense of hopelessness.

Furthermore, future studies investigating the role media plays in causing trauma in times of a pandemic may be beneficial, as media and telecommunication are sources of communication for many people across the globe. The continuous media updates on the devastation that was caused by the pandemic, including the graphic images and videos of infected people and possible loved ones while in isolation, had a traumatic impact on people. Indicating that media served as a rich source of information during these restrictive periods and as a result also spread fear. Investigating the different mental health aspects and implications caused by media could assist in better understanding the different interventions that can be used in minimising the mental health impact.

6.6 Conclusion

This study examined young adults' perceptions of psychological stressors resulting from the COVID-19 pandemic, their coping mechanisms, and the long-term effects of insufficiently addressed stressors. The findings revealed the various COVID-19-related psychological stressors faced by young adults and the methods they used to cope. These stressors included fear and anxiety, restrictions, significant life changes, and daily hardships. The coping mechanisms included suppression, physical activity, positive beliefs, support systems, and entertainment. Additionally, effective coping was facilitated by positive outcomes such as strengthened family bonds, adaptability during crises, and new opportunities. The study's findings have implications for policymaking aimed at mitigating pandemic-related stressors and ensuring the psychological well-being of young adults in future pandemics.

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Appendix 1: Ethical clearance certificate



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

15 August 2023

Dear Ms Muhluhi Pamela Sithole

NHREC Registration # :
Rec-240816-052
CREC Reference # :
64231143_CRECHS_2023

Decision:
**Ethics Approval from 15 August 2023
to 15 August 2024**

Researcher(s): Name: Ms. M. P. Sithole
Contact details: 64231143@mylife.unisa.ac.za
Supervisor(s): Name: Dr G. Ismail
Contact details: ismailg@unisa.ac.za
Co-Supervisor(s): Name: Dr N. Taliep
Contact details: taliem@unisa.ac.za

Title: Young Adults Experiences of Covid-19 Related Psychological Stressors and Coping Mechanisms During the Pandemic in Johannesburg

Degree Purpose: Masters

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for one year.

The *medium risk application* was reviewed by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.



University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date (**15 August 2024**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **64231143_CREC_CHS_2023** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature:



Prof. KB Khan
CHS Research Ethics Committee Chairperson
Email: khankb@unisa.ac.za
Tel: (012) 429 8210

Signature: PP



Prof ZZ Nkosi
Exécutive Dean: CHS
E-mail: nkosizz@unisa.ac.za
Tel: 012 429 6758



University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392, UNISA, 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

Appendix 2: Participant information sheet in English.

Research title:

Young Adults Experiences of Covid-19 Related Psychological Stressors and Coping Mechanisms During the Pandemic in Johannesburg

Researcher:

Muhulushi Pamela Sithole

2023/02/24

Title: Young Adults Experiences of Covid-19 Related Psychological Stressors and Coping Mechanisms During the Pandemic in Johannesburg

Dear Prospective Participant

My name is Muhulushi Pamela Sithole and I am doing research under the supervision of Dr Ghouwa Ismail and Dr Naiema Taliep, senior researchers in the Institute for Social and Health Sciences towards MA in psychology at the University of South Africa. We are inviting individuals to participate in a study entitled Young Adults Experiences of Covid-19 Related Psychological Stressors and Coping Mechanisms During the Pandemic in Johannesburg.

WHAT IS THE PURPOSE OF THE STUDY?

I am conducting this research to investigate the psychological stressors that young adults between the ages 18 to 35 years experienced during the COVID-19 pandemic, the coping mechanisms that they have used and the long-term effects of those stressors if not managed correctly.

WHY AM I BEING INVITED TO PARTICIPATE?

Participants are invited to participate because they live in the Gauteng province which has been the epicenter of the COVID-19 pandemic for a number of times throughout the duration of the pandemic. More specifically participants in this study are selected because of the area they live in, i.e., Orange Farm community. There will be a maximum of 12 participants in total or until saturation is reached,

consisting of male and female participants, all participants will be selected using a snowball sampling technique.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

This study involves semi-structured interviews that will be audio recorded and transcribed. At the beginning of the interview, participants will be asked some demographic questions to gain more information about their background. Participants will then answer a set of interview questions in the semi-structured interview guide. The duration of the interview will last for about 1 hour depending on participants' talkability. The interviews will take place in the participants' homes or a place of their choice where they feel comfortable. The safety of the researcher and participant will take priority.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and participants are under no obligation to consent to participation. Participants will not have to face any form of penalty should participants decide to withdraw from participating in the research study. If participants do decide to take part, participants will be given this information sheet to keep and be asked to sign a written consent form. Participants are free to withdraw at any time and without giving a reason.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

Participating in this study will assist in identifying the psychological risks associated with experiencing a pandemic. We will have a better understanding of psychological experiences during the pandemic, which will help us to develop plans for how to deal better in future pandemics.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

Participating in this study will require approximately 1 hour of your time, as it is a qualitative study. This study may cause an inconvenience as it is time consuming and may take an hour of participants' time. Whilst participants will not be put in a position where they will experience any physical harm, they may have to talk about grief, loss, trauma, and other sensitive issues regarding the pandemic. This may trigger emotions of grief, sadness, and trauma.



A debriefing session will be held after the interview and should the participant require any further support, they will be referred to the registered counsellor assigned to this study for counselling and debriefing.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

The participant's name will not be recorded anywhere and no one, apart from the researcher will know about their involvement in this research. Participants or a pseudonym and participants will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings. Their anonymous data collected from the study may be published in a research report, journal, and conference proceedings. So, participants name will not be used in any of these. But rather a pseudonym or number will be used to protect their identification.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of participants' answers (i.e., consent forms and transcriptions) will be stored by the researcher for a period of five years in a locked cupboard/filing cabinet for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. After 5 years the hard copies will be shredded, the electronic copies will be permanently deleted from the computer.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

Participating in this study will not result in monetary compensation and an appointment will be made prior to ensure that the study does not inconvenience or hinder participants work or business. However, if participants should incur any transport cost due to participating in the research study, they will be compensated.

HAS THE STUDY RECEIVED ETHICS APPROVAL

This study will receive written approval from the Research Ethics Review Committee of the University of South Africa. A copy of the ethics certificate can be obtained from the researcher once obtained if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

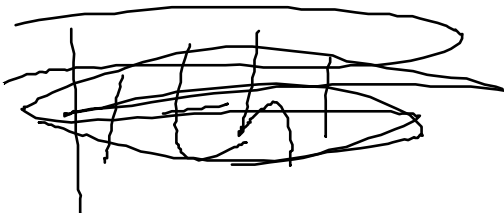
If participants would like to be informed of the final research findings, please contact Muhulushi Pamela Sithole on 0781920054 / 0124293111 or email: 64231143@mylife.unisa.ac.za/ ismaig@unisa.ac.za/ talien@unisa.ac.za. The findings are accessible for 5 years.

Should participants require any further information or want to contact the researcher (Ms Sithole) about any aspect of this study, please contact 0781920054 or email: 64231143@mylife.unisa.ac.za.

Should participants have concerns about the way in which the research has been conducted, participants may contact the supervisors of Ms Sithole, Dr Ghouwa Ismail at ismaig@unisa.ac.za or Dr Naiema Taliep at talien@unisa.ac.za.

Thank you for taking time to read this information sheet and for participating in this study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Muhulushi Pamela Sithole', enclosed within a hand-drawn oval border.

Muhulushi Pamela Sithole

Unisa MA Psychology Student

Appendix 3: Participant information sheet in Sesotho.

Sehloho say patlisiso:

Diphihlelo tsa Bacha ba baholo tsa COVID-19 tse amanang le kгатello ea kelello le mekgwa e laola nakong eo sebakeng sa Johannesburg

Mofuputsi:

Muhulushi Pamela Sithole

2023/02/24

SEHLOHO: Diphihlelo tsa Bacha ba baholo tsa COVID-19 tse amanang le kгатello ea kelello le mekgwa e laola nakong eo sebakeng sa Johannesburg

BAO E KA BANG KAROLO

Lebitso laka ke Muhulushi Pamela Sithole Ke etsa lipatlisiso le Dr Ismail Ghouwa le Dr Taliep Naima, Bahlahlobisisi ba boemo ba bafuputsi ba phahameng Lefapheng la Saense ea Botho ho MA ya Psychology MA how University of South Africa. Re u mema hore u kenye letsoho thutong yah sehloho Diphihlelo tsa Bacha ba baholo tsa COVID-19 tse amanang le kгатello ea kelello le mekgwa e laola nakong eo sebakeng sa Johannesburg.

MORERO OA LIPATLISISO KE ENG?

Ke etsa dipatlisiso tsena ho fumana khatello ea kelello eo batho ba baholo ba dilemo di pakeng tsa filemo tee 18 ho isa ho tse 35 nakong ea seoa sa COVID 19, Mokwa oa ho laola seo ooh baby o sebelisitseng ditlamorao tsa nako e telele tsa khatello ea maikutlo haeba di sa kgone ho tsamaiswa ka nepo.

KE HOBANENG HA KE MEMELWA PATLISISONG E?

U memeloa ho nka karolo hobane u dula profinseng ea Gauteng e bileng setsi sa sewa sa COVID-19 ka makgetlo a 'maloa nakong ea sewa sena. Batho ba dilemo di 18 ho isa ho tse 35 ba ne ba e-na le palo e phahameng ka ho fetisisa ea tahlehelo ea mosebetsi, ho hloka mosebetsi, tekanyo ea ho theoaha sekolong le ho ba le palo e phahameng ea liphetoho tsa bophelo. Ka hoo, ho bohlokoa ho batlisisa boiketlo ba kelello ba sehlopha sena setjhabeng sena, Ha ba ntse ba sa angwe feela ke Sewa se bakang bokuldi empa ba ile ba boela ba angwa ke dintlha tse ngata tse tlileng le Seow jwalo ka ho itshehla thajana sechabeng, ho itshehla thajana, phetoho tsamaisong ea thuto, tahlehelo ea mosebetsi, ho senyeha ha moruo, ho hloka tšepo le ho tšoenyeha ka bokamoso

Batho ba kgethilweng ka ho sebedisa snowball sampling, barupeluo ba tla bua ka ba bang bao e ka bang karolo ea bona . Sampole e entsoe ka barupeluo ba 12 ba dulang Orange Farm Boroa ho La Johannesburg Gauteng. Tlhabisoleseling ea hau e tla bolokoa e le lekunutu, 'me boitsebiso ba hau bo ke ke ba senolwa. dintlha tsa hau tsa botho di ke ke tsa arolelanwa le sechaba. U tla fuwa tlhabisoleseding e mabapi le thuto ea dipatlisiso ebe u fuwa khetho ea ho nka karolo thutong kapa tjhe, u tla dumelloa ho tlohela thuto ka nako efe kapa efe ea tshebetso ea thuto

KE ENG E ETSANG HORE KE BE LE SEABO THUTONG ENA?

Patlisiso e tla ba le puisano e sa hlahlobiseng, e tla ba e ngotsweng, e be e ngotsweng . Qalong ea puisano, barupeluo ba tla botsoa dipotso tsa kenyetsetso ho fumana leseli le eketsehileng mabapi le semelo sa hau. U tlameha ho araba lenane la dupotso tsa dipuisano dipuisanong tse hlophisitsoeng ka nako e le 'ngoe. Nako ea puisano ke bonyane ba metsotso e 45 le boholo ba hora e le 'ngoe . Pokello ea data e tla etsahala sebakeng se loketseng le nako ea Hao.

NA NKA IKGULA THUTONG ENA ESITA LE KA MORA HORE KE DUMELLANE LE HO NKA KAROLO?

Ho nka karolo thupelong ena ke boithaopo mme ha o na tlamo ea ho dumela ho nka karolo. U ke ke wa tlameha ho tobana le mofuta ofe kapa ofe oa kotlo haeba u etsa qeto ea ho hula ho nka karolo thutong ea dipatlisiso. Haeba u etsa qeto ea ho nka karolo, u tla fuoa lakane ena ea

tlhaiso-leseling ho boloka le ho kopuo a ho saena foromo ea tumello e ngotsoeng. U lokolohile ho hula nako efe kapa efe le ntle le ho fana ka lebaka

MOLEMO WA HO NKA KAROLO THUTONG ENA KE EFE?

Ho nka karolo thutong ena ho tla thusa ho kgetholla likotsi tsa keello tse amanang le ho ba le lefu la seoa. U tla ba le kutlwisiso e eketsehileng ea dipihlelo tsa keello tseo u bileng le tsona nakong ea seoa. Haeba u na le mathata afe kapa afe a keello, U tla fetisetsoa tleliniking ea lehae moo ho nang le setsi sa keletso se ka fanang ka litshebeletso tsa mahala tsa boelets, ditokisetso tsa pele di tla etsoa kapa ditokisetso di tla etsoa le moelets ea tshoanelehang wa UNISA. Haeba bankang karolo ba lefelle ditshenyehelo leha e le dife ka lebaka la ho nka karolo thutong ea dipatlisiso, ba tla lefiwa.

NA KE DIPHELLO DIFE TSE MPE HO NNA HAIBA KE NKA KAROLO MORERONG OA DIPATLISISO?

Ho nka karolo thupelong ena ho tla hloka nako e telele ea metsotso e 45-60, kaha ke thuto ea boleng. Thuto ena e ka baka tshitiso kaha e nka nako ea hao e kabang hora. U kanna wa tlameha ho bua ka mesarelo, tahlehelo, bohloko le ditaba tse ding tse thata mabapi le lefu la seoa. Sena se ka nna sa baka mesarelo, masoabi le bohloko. Leha ho le jwalo, u ke ke wa bewa boemong boo u tla ba le kotsi leha e le efe ya mmele.

NA TLHAISO-LESEDING EO KE E FETISETSANG HO MOFUPUTSI LE BOITSEBAHATSO BA KA E TLA BOLOKOA E LE LEKUNUTU?

U na le tokelo ea ho tsitlella hore lebitso la hau le ke ke la rekota kae kapa kae le hore ha ho motho, ntle le mofuputsi le litho tse fumanweng tsa sehlopha sa dipatlisiso, O tla tseba ka ho kenya letsoho ha hau lipatlisisong tsena kapa lebitso la hau le ke ke la tlalehoa kae kapa kae, mme ha ho motho ea tla kgona ho u hokahanya le dikarabo tseo u fanang ka tsona. Dikarabo tsa hau di tla fuwa nomoro ea kgoutu, kapa lebitso la maiketsetso mme u tla fetisetsoa ka tsela ena ka data, dingodilweng dife kapa dife, kapa mekgwa e meng ea ho tlaleha dipatlisiso tse kang dinyewe tsa kopano

Dikarabo tsa hau di ka hlahlojwa ke batho ba ikarabellang ho etsa bonnete ba hore dipatlisiso di etsoa hantle, ho kenyeletsoa mongodi, coder ea kantle, le ditho tsa Komiti ya Tlhahlobo ea Boitshwaro ba Patlisiso. Ho seng joalo, ditlaleho tse khethollang u tla fumaneha feela ho batho ba sebetsang thutong, ntle le haeba u fana ka tumello ea batho ba bang ho bona direkoto

Dintlha tsa hau tse sa tsejweng tse bokelletsweng phuputsona di ka phatlalatsa tlalehong ea dipatlisiso, koranta le dinyewe tsa kopano. Tlaleho ena e ka romelloa bakeng sa phatlalatsa, lebitso la hau le ke ke la sebediswa ho sireletsa boitsebhatso ba hau, ho e na le hoo lebitso la bohata le tla sebediswa.

BAFUPUTSI BA TLA SIRELE TSA TSHIRELETSO EA DATA JWANG?

Dikopi tse thata tsa dikarabo tsa hau di tla bolokwa ke mofuputsi ka nako ea dilemo tse hlano ka kwhaboteng / ho faela khabinete bakeng sa dipatlisiso tsa nakong e tlang kapa merero ea thuto; Tlhahisoleseding ea elektronike e tla bolokoa ka phasewete e sirelelitsoeng. Tshebeliso ea nako e tlang ea data e bolokiloeng e tla ba tlasa tlhahlobo ya Ethics e eketsehileng ea dipatlisiso le tumello haeba ho hloka-hala. Kamora dilemo tse 5, dikopi tse thata do tla tabolwa le ho chesoa, dikopi tsa elektroniki di tla hlakolwa ka ho sa feleng khomphuteng.

NA KE TLA AMOHELA TEFO KAPA KHOTHATSO EFE KAPA EFE EA HO NKA KAROLO THUTONG ENA?

. Ho nka karolo phuputsona ena ho ke ke ha fella ka puseletso ea tjehele kaha ho khethwa ho tla etsoa pele ho netefatsa hore thuto ha e site mosebetsi kapa kgwebo ea hau. Leha ho le jwalo, o tla fuwa diphutheloana tsa dimpho bakeng sa ho nka karolo dipatlisisong.

NA THUTO E AMOHETSE TUMELLO EA BOITSHWARO?

Phuputso ena e amohetse tumello e ngotsoeng ho Komiti ea Tlhahlobo ea Boitshwaro ea Patlisiso ea Univesithi ea Afrika Boroa. Kopi ea lengolo la tumello e ka fumanoa ho mofuputsi haeba u lakatsa.

KE TLA TSEBA JWANG KA DIPHETHO / DIPHETHO TSA DIPATLISISO?

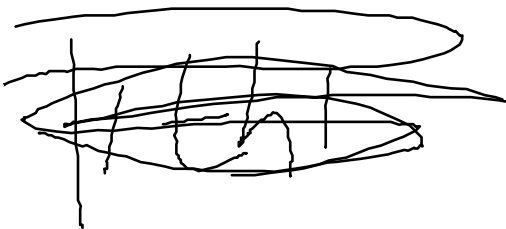
Haebaou batla ho tsebiswa ka diphetho tsa dipatlisiso tsa ho qetela, ka kopo ikopanye le Muhulushi Pamela Sithole on 0781920054 / 0124293111 kapa email: 64231143@mylife.unisa.ac.za/ ismaig@unisa.ac.za/ talien@unisa.ac.za. Diphetho di tla fumaneha bakeng sa dilemo tse 5 .

Haeba u hloka tlhaiso-leseling e eketsheileng kapa u batla ho ikopanya le mofuputsi mabapi le karolo efe kapa efe ea thuto ena, ka kopo ikopanye le rona ho 0781920054 or email: 64231143@mylife.unisa.ac.za.

Haeba u na le matshwenyeho mabapi le tsela eo dipatlisiso di entsweng ka yona, u ka ikopanya le rona ismaig@unisa.ac.za or talien@unisa.ac.za. Ho feta moo, ikopanya le mohokahanyi ya dipatlisiso Prof MA Antwi, email: antwima@unisa.ac.za.

Kea leboha ka ho ipha nako ea ho bala sengoloa sena le ho nka karolo thupelong ena.

KA Boikokobetso

A handwritten signature in black ink, appearing to read 'Muhulushi Pamela Sithole'. The signature is written in a cursive style with some vertical lines crossing through the letters.

Muhulushi Pamela Sithole

Appendix 4: Ishidi Lotwazi Lwabahlanganyeli Nge-Isizulu

Isihloko socwaningo:

Okuhlangenwe nakho kwabantu abasha be-Covid-19 Okuhlobene nokucindezeleka kwengqondo kanye nezindlela zokubhekana nazo ngesikhathi sobhubhane eGoli.

Umcwaningi:

Muhulushi Pamela Sithole

2023/02/24

ISIHLOKO Okuhlangenwe nakho kwabantu abasha be-Covid-19 okuhlobene nokucindezeleka kwengqondo kanye nezindlela zokubhekana nazo ngesikhathi sobhubhane eGoli

UMHLANGANYELI OTHANDEKAYO OZOBA KHONA

Igama lami ngingu Muhulushi Pamela Sithole and Ngenza ucwaningo no Dr Ismail Ghouwa no Dr Taliip Naima, isikhundla somphathi abacwaningi abaphezulu eMnyangweni Wezesayensi Yabantu maqondana ne MA ye psychology e University of South Africa. Sikumema ukuba ubambe iqhaza ocwaningweni isihloko Okuhlangenwe nakho kwabantu abadala abasha be-Covid-19 Okuhlobene Ukucindezeleka Kwengqondo kanye nezindlela zokubhekana nazo ngesikhathi sobhubhane eGoli

IYINI INHLOSO YOCWANINGO?

Ngenza lolu cwaningo ukuthola izingcindezi zengqondo ukuthi abantu abasha abadala abaneminyaka ephakathi kwengu-18 kuya kwengu-35 ngesikhathi sobhubhane lwe-COVID 19, izindlela zokubhekana nazo ezisebenzisile kanye nemiphumela yesikhathi eside yalezo zinto ezicindezelayo uma zingaphathwa kahle.

KUNGANI NGIMENYWA UKUBA NGIHLANGANYELE

Uyamenywa ukuba ubambe iqhaza ngoba uhlala esifundazweni saseGauteng okube yindawo okuqhamuke kuyo ubhubhane lwe-COVID-19 izikhathi eziningi ngesikhathi sobhubhane. Abantu kusukela eminyakeni engu-18 kuya ku-35 babenesibalo esiphezulu sokulahlekelwa yimisebenzi, ukungaqashwa, izinga lokuyeka isikole futhi bathola inani eliphezulu lezinguquko zokuphila. Ngakho-ke, kubalulekile ukuphenya inhlalakahle yengqondo yaleli gembu kulesi sibalo sabantu, njengoba bengathinteki kuphela yi-Pandemic ebangela ukugula kodwa futhi bathinteka ngezinto eziningi ezafika ne-Pandemic njengokuhlukanisa umphakathi, ukuhlukaniswa, ushintsho ohlelweni lwezemfundo, ukulahlekelwa umsebenzi, ukuphazamiseka komnotho, usizi, ukuphelelwa yithemba nokukhathazeka ngekusasa.

Abahlanganyeli bakhethwa ngokusebenzisa isampula ye-snowball, abahlanganyeli bazodlulisela abanye abahlanganyeli abangaba khona. Isampula yakhiwa ngabahlanganyeli ezingu-12 abahlala e-Orange Farm South yaseGoli eGauteng. Imininingwane yakho siqu izogcinwa iyimfihlo, futhi ubunikazi bakho ngeke buvezwe. Ulwazi lwakho lomuntu siqu ngeke lwabiwe nomphakathi. Uzonikezwa ulwazi mayelana nocwaningo locwaningo bese unikezwa ukukhetha ukubamba iqhaza ocwaningweni noma cha, uzovunyelwa ukuyeka ucwaningo nganoma yisiphi isikhathi enqubweni yocwaningo

YINI IMVELO YOKUBAMBA KWAMI IQHAZA KULOLU CWANINGO?

Lolu cwaningo lubandakanya izingxoxo ezihlelekile ezizoqoshwa umsindo futhi zibhalwe. Ekuqaleni kwengxoxo ababambiqhaza bazonikezwa iphepha lemibuzo labantu ukuze bathole ulwazi oluthe xaxa ngemvelaphi yakho. Khona-ke kumele uphendule isethi yemibuzo yokuxoxa engxoxweni ehlelekile. Isikhathi se-interview okungenani i-45min kanye nehora eliphezulu le-1. Ukuqoqwa kwedatha kuzokwenzeka endaweni elula nesikhathi somhlanganyeli.

NGINGAKWAZI UKUHOXA KULOLU CWANINGO NGISHO NANGEMVA KOKUVUMA UKUBAMBA IQHAZA?



Ukubamba iqhaza kulolu cwaningo ngokuzithandela futhi awukho ngaphansi kwesibopho sokuvuma iqhaza. Ngeke kudingeke ubhekane nanoma yiluphi uhlobo lwesigwebo uma unquma ukuhoxa ekuhlanganyeleni ocwaningweni locwaningo. Uma ngabe unquma ukubamba iqhaza, uzonikezwa leli shidi lolwazi ukuze ugcine futhi ucelwe ukuba usayine ifomu lokuvuma elibhaliwe. Ukhululekile ukuhoxisa nganoma yisiphi isikhathi futhi ngaphandle kokunikeza isizathu

YIZIPHI IZINZUZO EZINGABA KHONA ZOKUTHATHA IQHAZA KULOLU CWANINGO?

Ukubamba iqhaza kulolu cwaningo kuzosiza ekukhombeni izingozi zengqondo ezihambisana nokuthola i-Pandemic. Uzoba nokuqonda okungcono kokuhlangenwe nakho kwengqondo owawunakho ngesikhathi sobhubhane. Uma njengamanje uhlangebezana nanoma yibuphi ubunzima bengqondo, uzodluliselwa emtholampilo wendawo lapho kunesikhungo sokweluleka, amalungiselelo azokwenziwa ngaphambili noma uzodluliselwa umeluleki ofanelekayo we-UNISA. Ipho bezokwazi ukuthola usizo. Uma ababambiqhaza bethola noma yiziphi izindleko ngenxa yokubamba iqhaza ocwaningweni locwaningo, bazobuyekezwa

INGABE IMIPHUMELA YABO EMIBI KIMI UMA NGIBAMBA IQHAZA KUPHROJEKTHI YOCWANINGO

Ukubamba iqhaza kulolu cwaningo kuzodinga isikhathi eside se-45-60 min, njengoba kuwucwaningo lwekhwalithi. Lolu cwaningo lungadala ukuphazamiseka njengoba ludla isikhathi futhi lungathatha ihora lesikhathi sakho. Kungadingeka ukhulume ngosizi, ukulahlekelwa, ukuhlukumezeka nezinye izindaba ezibucayi mayelana nobhubhane. Lokhu kungavusa imizwelo yosizi, usizi nokuhlukumezeka. Kodwa-ke ngeke ubekwe endaweni lapho uzothola khona noma yikuphi ukulimala emzimbeni.

INGABE ULWAZI ENGIIDLULISELA KUMCWANINGI KANYE NOBUNIKAZI BAMI LUZOGCINWA LUYIMFIHLO?

Unelungelo lokugcizelela ukuthi igama lakho ngeke libe yirekhodi noma kuphi nokuthi akekho, ngaphandle komcwaningi kanye namalungu ahlonziwe eqembu locwaningo, ozokwazi

ngokuzibandakanya kwakho kulolu cwaningo NOMA igama lakho ngeke libhalwe ndawo, futhi akekho ozokwazi ukukuxhumanisa nezimpendulo ozinikayo. Izimpendulo zakho zizonikezwa inombolo yekhodi, noma igama elingaziwa futhi uzobhekisiswa ngale ndlela kwidatha, noma yiziphi izincwadi, noma ezinye izindlela zokubika ucwaningo ezifana ne-conference.

Izimpendulo zakho zingabuyezwa ngabantu ababhekene nokuqinisekisa ukuthi ucwaningo lwenziwa kahle, kufaka phakathi i-transcriber, i-coder yangaphandle, kanye namalungu eKomidi Lokubuyezwa Ukuziphatha Kocwaningo. Ngaphandle kwalokho, amarekhodi akuhlonzayo azotholakala kuphela kubantu abasebenza kulolu cwaningo, ngaphandle uma unikeza imvume yokuthi abanye abantu babone amarekhodi.

Izimpendulo zakho zingabuyezwa ngabantu ababhekene nokuqinisekisa ukuthi ucwaningo lwenziwa kahle, kufaka phakathi i-transcriber, i-coder yangaphandle, kanye namalungu eKomidi Lokubuyezwa Ukuziphatha Kocwaningo. Ngaphandle kwalokho, amarekhodi akuhlonzayo azotholakala kuphela kubantu abasebenza kulolu cwaningo, ngaphandle uma unikeza imvume yokuthi abanye abantu babone amarekhodi

UMCWANINGI (ABACWANINGI) BAZOKUVIKELA KANJANI UKUPHEPHA KWEDATHA?

Amakhophi anzima ezimpendulo zakho azogcinwa ngumcwaningi isikhathi esiyiminyaka emihlanu ekhabetheni elikhiyiwe / ikhabhinethi yokufaka ucwaningo lwesikhathi esizayo noma izinhloso zemfundo; ulwazi lwe-elektronikhi luzogcinwa kwikhompyutha evikelwe iphasiwedi. Ukusetshenziswa kwesikhathi esizayo kwedatha egciniwe kuzoba ngaphansi kokubuyezwa okwengeziwe kwe-Research Ethics kanye nokuvunywa uma kusebenza. Ngemuva kweminyaka engu-5 amakhophi aqinile azochotshozwa futhi ashiswe, amakhophi e-elektronikhi azosuswa unomphela kukhompyutha

NGIZOTHOLA INKOKHELO NOMA YIZIPHI IZIKHUTHAZO ZOKUBAMBA IQHAZA KULOLU CWANINGO?

Ukubamba iqhaza kulolu cwaningo ngeke kuholele ekunxephezweni kwemali njengoba kuzokwenziwa ukuqokwa ngaphambi kokuqinisekisa ukuthi ucwaningo aluphazamisi imisebenzi noma ibhizinisi lakho. Kodwa-ke, uzonikezwa amaphakethe wezipho ngokubamba iqhaza ocwaningweni.

UCWANINGO LUTHOLE IMVUME YOKUZIPHATHA

Lolu cwaningo luthole imvume ebhaliwe evela kwiKomidi Lokubuyekeza Ukuziphatha Kocwaningo leNyuvesi yaseNingizimu Afrika. Ikhophi yencwadi yokuvunywa ingatholakala kumcwaningi uma ufisa kanjalo.

NGIZOKWAZISWA KANJANI NGOKUTHOLA / IMIPHUMELA YOCWANINGO?

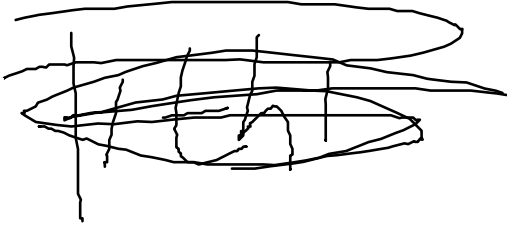
Uma ungathanda ukwaziswa ngokutholakala kocwaningo lokugcina, sicela uxhumane ku Muhulushi Pamela Sithole 0781920054 / 0124293111 or email: [64231143@mylife.unisa.ac.za/](mailto:64231143@mylife.unisa.ac.za) [ismaig@unisa.ac.za/](mailto:ismaig@unisa.ac.za) talien@unisa.ac.za. Okutholakele kufinyeleleka iminyaka engu-5 .

Uma udinga noma yiluphi olunye ulwazi noma ufuna ukuxhumana nomcwaningi mayelana nanoma yisiphi isici salolu cwaningo, sicela uxhumane 0781920054 noma email: 64231143@mylife.unisa.ac.za.

Uma kufanele ube nokukhathazeka ngendlela ucwaningo olwenziwe ngayo, ungaxhumana ismaig@unisa.ac.za or talien@unisa.ac.za. Alternatively, contact the research ethics chairperson Prof MA Antwi, email: antwima@unisa.ac.za.

Siyabonga ngokuzinika isikhathi sokufunda leli shidi lolwazi nangokubamba iqhaza kulolu cwaningo

Ngobuqotho,



Muhulushi Pamela Sithole

Unisa MA Psychology Student

Appendix 5: Participant Informed Consent Form in English

I, (Participant name) confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the interview process.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (please print)

Participant Signature..... Date.....

Researcher's Name & Surname.....(please print)

Researcher's signature..... Date.....



Appendix 6: Ifomu Lokuvuma Ukubamba Iqhaza Ocwaningweni Lwe ISiZulu

Mina, (igama lomhlanganyeli) qinisekisa ukuthi umuntu ocela invume yami ukuba athathe iqhaza kulolu cwaningo ungitshela ngemvelo, inqubo, izinzuzo ezingaba khona kanye nokuphazamiseka okulindelwe kokubamba iqhaza.

Ngifunde (noma ngangichazele) futhi ngaqonda ucwaningo njengoba kuchaziwe ephepheni lolwazi.

Ngithole ithuba elanele lokubuza imibuzo futhi ngikulungele ukubamba iqhaza kulolu cwaningo.

Ngiyaqonda ukuthi ukubamba kwami iqhaza ngokuzithandela nokuthi ngikhululekile ukuhoxisa nganoma yisiphi isikhathi ngaphandle kwesigwebo (uma kusebenza).

Ngiyazi ukuthi okutholakele kulolu cwaningo kuzocutshungulwa kube umbiko wokucwaninga, izincwadi zamaphephabhuku kanye / noma izinqubo zenkomfa, kodwa ukuthi iqhaza lami lizogcinwa liyimfihlo ngaphandle kokuthi kuchazwe ngenye indlela.

Ngiyavuma ukuqoshwa kwenqubo yokuxoxa.

Ngithole ikhophi esayiniwe yesivumelwano semvume enolwazi.

Igama labahlanganyeli, Isibongo (sicela uphrinte)

Isignesha Yomhlanganyeli usuku.....

Igama lomcwaningi, Isibongo (sicela uphrinte)

Isignesha yomcwaningi usuku

Appendix 7: Foromo Ya Tumello Ya Ho Nka Karolo Thupelong Ka Sesotho

Nna (Lebitso la bankakarolo) le netefatsa hore motho ea kopang tumello ea ka ea ho nka karolo phuputsong ena o mpoelletse ka mofuta, tshebetso, melemo e ka bang teng le tshitiso e lebelletsoeng ea ho nka karolo.

Ke badile (kapa ke ne ke badile) mme ke utlwisisitse thuto jwalo ka ha ho hlalositsoe ka hara lebokose la tlhaiso-leseding.

Ke bile le monyetla o lekaneng oa ho botsa dipotso mme ke ikemiselitse ho nka karolo thupelong.

Kea utloisisa hore ho nka karolo ha ka ke boithatelo le hore ke lokolohile ho hula nako efe kapa efe ntle le kotlo (haeba ho hlokahala).

Kea tseba hore liphetho tsa thuto ena di tla sebetsoa tlalehong ea dipatlisiso, lingoliloeng tsa koranta le / kapa dinyewe tsa kopano, empa ho nka karolo ha ka ho tla bolokoa e le lekunutu ntle le ha ho boletswe ka tsela e ngwe.

Ke dumellana le ho rekota ha tshebetso ea puwisano.

Ke fumane kopi e saenneng ea tumellano ea tumello e nang le tsebo.

Lebitso le sefane (Ka kopo tobetsa)

Ho saena ha bankakarolo letsatsi.....

Lebitso la mofuputsi le sefane (ka kopo ttobetsa)

Saena ea Mofuputsi letsatsi.....



Appendix 8: Data Collection Tool

SEMI-STRUCTURED INTERVIEW GUIDE

1. Tell me about your thoughts when you first heard that the pandemic had reached South Africa.

- ✓ How did that make you feel?
- ✓ What thoughts came to your mind?
- ✓ How did those thoughts change?

2. Describe how your daily routine changed during the pandemic especially after the lockdown

restrictions were implemented?

- a. How did it affect getting supplies?
- b. How did it affect your daily routine of going to work, school &?

3. Discuss the changes in your stress levels during the pandemic and what was the cause of those changes in stress levels if any?

- a. Why was it stressful?

4. Think of a stressful situation you faced, tell me what it was in as much detail as possible.

- a. Is there anything in particular that caused you stress during the pandemic?

5. Describe the mood changes you experienced.

6. What activities did you engage in to improve your mood?

7. Think back to the time of the pandemic how did you keep yourself informed about the developments of the pandemic and how did that affect you?

- a. What are the different activities did you engage in to keep yourself motivated?
- b. Who formed part of your support structure?

8. Can you describe your use of media during the pandemic?

a. What kind of influence did it have on you and why?

9. Describe how your interactions with family, friends and strangers was during the pandemic.

a. How did that affect you?

10. What are the coping mechanisms for young adults?

11. Think about how you managed to cope with stress, and what did you do to cope with the stress.

12. Is there anything else you would like to share with me?

Tataiso ea Puisano e sa hlophisitsoeng

Lipotso tsa tsibiso

- O dilemo di kae
- Mosebetsi oa hau ke ofe?
- Mosebetsi oa hau ke eng?

1. Mpolelle ka maikutlo a hau ha u qala ho utloa hore seoa sena se fihlile Afrika Boroa?

- a. Seo se ile sa etsa hore u ikutloe jwang?
- b. Ke menahano efe e tlileng kelellong ea hau?
- c. Mehopolo ee e ile ea fetoha joang?

2. Hlalosa hore na tlwaelo ea hau ea letsatsi le letsatsi e fetohile jwang nakong ea seoa haholo kamora ho notlela dithibelo tse ke keng tsa kengwa tshebetsong?

- a. E ile ea ama thepa jwang?
- b. E ile ea ama tlwaelo ea hau ea letsatsi le letsatsi ea ho ea mosebetsing, sekolong &?

3. Buisana ka diphetoho tsa khatello ya maikutlo nakong ya seoa le hore na ke eng sesosa sa

diphetoho tseo maamong a khatello ea maikutlo haeba ho le jwalo?

- a. Ke hobane'ng ha e ne e le khatello ea maikutlo?

4. Nahana ka boemo bo sithabetsang boo u tobaneng le bona, mpolelle hore na ke eng e qaqileng ka hohle kamoo ho ka khonehang?

- a. Na ho na le ho hong ho u entseng hore u imeloe kelellong nakong ea seoa?

5. Hlalosa diphetoho tseo u nang le tsona?

6. Ke mesebetsi efe eo o e entseng ho ntlafatsa maikutlo a hau?

7. Nahana, kgutlela nakong ea seoa hore na o ipoloke u tseba jwang ka tswelo-pele ea seoa le hore na seo se u ama joang?

- a. Ke mesebetsi efe e fapaneng eo o e entseng hore u dule o le mafolofolo?
- b. Ke mang ea bopileng seabelo sa ho ofa tshchetso?

8. Na u ka hlalosa ts'ebeliso ea hau ea media nakong ea seoa?

- a. Ke mofuta ofe oa tshusumetso eo o e entseng ho wena, hona hobaneng?

9. Hlalosa hore na ditshebelisano tsa hau le ba lelapa, metsoalle le batho bao u sa ba tsebeng di ne di le jwang nakong ea seoa?

- a. Seo se o ama jwang?

10. Ke disebelisoa dife tse sebetsang bakeng sa Ho ikamahanya le maemo?

11. Nahana kamoo u ileng wa kgona ho sebetsana le kगतello ya maikutlo, o entseng ho sebetsana le kगतello ya maikutlo.

Umhlahlandlela Wengxoxo Ongahlelekile

Imibuzo yokuqala

- Uneminyaka emingaki?
- Uyini umsebenzi wakho?
- Uyini umsebenzi wakho?

1. Ngitshele ngemicabango yakho lapho uqala ukuzwa ukuthi lolu bhubhane lufinyelele eNingizimu Afrika.

- a. Lokho kwakwenza wazizwa njani?
- b. Yimiphi imicabango eyafika engqondweni yakho?
- c. Leyo micabango yashintsha kanjani?

2. Qchaza ukuthi isimiso sakho sansuku zonke sashintsha kanjani ngesikhathi sobhubhane

ikakhulukazi ngemuva kokusetshenziswa kwemigoqo yokukhiya?

- a. Kwathinta kanjani ukuthola izimpahla?
- b. Kwathinta kanjani isimiso sakho sansuku zonke sokuya emsebenzini, esikoleni?

3. Xoxa ngezinguquko emazingeni akho okucindezeleka ngesikhathi sobhubhane nokuthi yini

eyabangela lezo zinguquko emazingeni okucindezeleka uma zikhona?

- a. Kungani kwakucindezeleka?

4. Cabanga ngesimo esicindezelayo obhekene naso, ngitshele ukuthi yini eyayinemininingwane eminingi ngangokunokwenzeka?

- a. Kukhona yini ikakhulukazi okukubangele ukucindezeleka ngesikhathi sobhubhane?

5. Chaza izinguquko zesimo ohlangabezane nazo?

6. Yimiphi imisebenzi ozibandakanya kuyo ukuthuthukisa isimo sakho?

7. Cabanga emuva ngesikhathi sobhubhane wagcina kanjani wazi ngentuthuko yobhubhane

nokuthi lokho kwakuthinta kanjani?

- a. Yimiphi imisebenzi ehlukenene ozibandakanya kuyo ukuze uzigcine ugqugquzelekile?
- b. Ubani owakha ingxenye yesakhiwo sakho sokusekela?

8. Ungachaza ukusebenzisa kwakho imidiya ngesikhathi sobhubhane?

- a. Hlobo luni lwethonya enalo kuwe nokuthi kungani?

9. Chaza ukuthi ukusebenzisana kwakho nomndeni, abangane kanye nabantu ongabazi kwakunjani ngesikhathi sobhubhane?

- a. Lokho kwakuthinta njani?

10. Yiziphi izindlela zokubhekana nazo ozisebenzisayo?

11. Cabanga ngendlela okwazile ngayo ukubhekana nokucindezeleka, wenzani ukuze ubhekane nokucindezeleka.

Appendix 12: Code Groups and Code Groundedness

| Code | Grounded | Code Groups |
|-------------|-----------------|--------------------|
|-------------|-----------------|--------------------|

| Code | Grounded | Code Groups |
|---------------------------------------------------------|-----------------|-----------------------------------------------------------|
| ● Acceptance and acknowledging the presence of COVID-19 | 11 | Secondary Perception of COVID-19 |
| ● Adapting | 4 | Coping Mechanisms |
| ● Acquiring a new skill | 3 | Coping Mechanisms |
| ● Arrival of a child and raising a child. | 3 | Coping Mechanisms |
| ● Becoming Anti-social. | 4 | Long Term Effects of Stress |
| ● Behavioural changes due to the pandemic. | 2 | Coping Mechanisms |
| ● Changes in a short period | 1 | Stressors experienced due to the presence of the pandemic |
| ● Concentrating on studies to cope. | 1 | Coping Mechanisms |
| ● Confusion | 5 | Initial Perception of Denial and Confusion |
| ● Conspiracy theory | 3 | Sources of Information & Types of Information |
| ● Cooking | 1 | Coping Mechanisms |
| ● COVID Discrimination. | 1 | Stressors experienced due to the presence of the pandemic |
| ● COVID-19 Denialism | 12 | Initial Perception of Denial and Confusion |
| ● Crying to cope | 1 | Coping Mechanisms |
| ● Curfew | 4 | Stressors experienced due to the presence of the pandemic |
| ● Denial coping | 5 | Coping Mechanisms |
| ● Developing health complications | 1 | Stressors experienced due to the presence of the pandemic |
| ● Difficulty accessing the health care system | 11 | Stressors experienced due to the presence of the pandemic |
| ● Difficulty sleeping | 2 | Long Term Effects of Stress |
| ● Difficulty with interactions | 1 | Stressors experienced due to the presence of the pandemic |
| ● Disturbance in schooling | 15 | Stressors experienced due to the presence of the pandemic |
| ● Eating to Cope | 3 | Coping Mechanisms |
| ● Engaging in physical activities | 11 | Coping Mechanisms |
| ● Entertainment (Movies & Music) | 6 | Coping Mechanisms |
| ● Experience of infection | 6 | Stressors experienced due to the presence of the pandemic |
| ● False information | 3 | Sources of Information & Types of Information |
| ● Family bonds growing due to the pandemic | 8 | Positive outcomes from the pandemic |

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| ● Fear & worry of contracting COVID-19 | 21 | Stressors experienced due to the presence of the pandemic |
| ● Fear of Death | 7 | Stressors experienced due to the presence of the pandemic |
| ○ Fear of facing COVID reality | 8 | |
| ● Fear of losing loved ones. | 3 | Stressors experienced due to the presence of the pandemic |
| ● Feeling Anxiety | 11 | Secondary Perception of COVID-19 Psychological Effect |
| ● Feeling neglected by the Government | 4 | Stressors experienced due to the presence of the pandemic |
| ○ Feeling safe at home | 1 | Introverts experiences During the Pandemic |
| ● Feelings of depression | 6 | Long Term Effects of Stress Psychological Effect |
| ● Feelings of isolation. | 15 | Stressors experienced due to the presence of the pandemic |
| ● Financial challenges | 19 | Stressors experienced due to the presence of the pandemic |
| ● Following the rules to cope | 5 | Coping Mechanisms |
| ● Grief | 7 | Long Term Effects of Stress Psychological Effect |
| ● Guilt | 1 | Stressors experienced due to the presence of the pandemic |
| ● Hope from the pandemic being global | 0 | |
| ● Inability to receive service delivery due to COVID | 1 | Stressors experienced due to the presence of the pandemic |
| ○ Information | 15 | Sources of Information & Types of Information |
| ○ Introverts preferred being indoors. | 6 | Introverts experiences During the Pandemic |
| ● Isolation in small space | 1 | Stressors experienced due to the presence of the pandemic |
| ● lessons learnt from the pandemic | 1 | Positive outcomes from the pandemic |
| ● Loss of employment | 5 | Stressors experienced due to the presence of the pandemic |
| ● Loss of employment and ability to make money | 22 | Stressors experienced due to the presence of the pandemic |

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| ● Loss of hope | 1 | Stressors experienced due to the presence of the pandemic |
| ● Maintaining a sense of normality | 5 | Coping Mechanisms |
| ● Media to cope | 3 | Coping Mechanisms |
| ● Mood change experiences due to the pandemic | 11 | Psychological Effect |
| ● Motivation from having responsibilities | 3 | Coping Mechanisms |
| ● Opportunities brought by the Pandemic | 6 | Positive outcomes from the pandemic |
| ● Reading Books to cope | 1 | Coping Mechanisms |
| ● Restriction of movement | 18 | Stressors experienced due to the presence of the pandemic |
| ● Safety of family bringing comfort | 1 | Coping Mechanisms |
| ● Self-motivation | 9 | Coping Mechanisms |
| ○ So I, to me it was that, 'ah! These people are maybe trying too... there | 1 | Initial Perception of Denial and Confusion |
| ● Struggling to adjust to new normal | 3 | Stressors experienced due to the presence of the pandemic |
| ● Support from family | 6 | Support Systems |
| ● Support from friends | 6 | Support Systems |
| ● Support from neighbours | 3 | Support Systems |
| ● Surveillance | 10 | Stressors experienced due to the presence of the pandemic |
| ● Trouble getting supplies due queues and finances | 14 | Stressors experienced due to the presence of the pandemic |
| ● Using Faith & Spirituality to cope | 1 | Coping Mechanisms |
| ● Using substances to deal with the pandemic. | 3 | Coping Mechanisms |
| ● Using substances to deal with the pandemic. (2) | 3 | Long Term Effects of Stress Coping Mechanisms |
| ● Using work to cope | 5 | Coping Mechanisms |
| ● Worry for family health | 11 | Stressors experienced due to the presence of the pandemic |