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VIOLENT ATTACKS ON NURSES AS BARRIERS TO ACHIEVING UNIVERSAL HEALTH COVERAGE IN SOUTH AFRICA

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Abstract: Crime in South Africa delays progress towards universal health coverage. Universal health coverage means citizens have access to quality essential healthcare services without suffering financial hardships. The media reports about increasing violent attacks on nurses where valuable medical equipment and infrastructure at healthcare facilities are destroyed and stolen resulting in some nurses withdrawing their labour, others refusing to work after-hours leaving some facilities with inadequate staff, medicines, supplies and equipment. Violent attacks on nurses phenomenon is a complex public health issue which requires multidisciplinary solutions. This qualitative study explores and describes the impact of violent attacks on nurses through a public health and criminology lens to suggest multidisciplinary and comprehensive solutions. Data was obtained from South African online news articles, mainly Google News and Juta MedicalBrief, using key word searches such as 'attack on nurses' and 'healthcare workers violence'. Retrieved news articles referred to other articles resulting in a chain-referral sampling. A thematic analysis guided by the three elements of universal health coverage was conducted, the three themes being population coverage, range of health services provided, and out-of-pocket expenditure emerged. Two criminological theories are applied to provide the possible explanation of the victimisation of nurses; these theories are the Routine Activity Theory and the Self-Control Theory. Results show that some essential services become unavailable, some facilities stop operating during the evenings and over weekends, which forces patients to spend money to access services far from where they reside and, in the process, suffer financial hardships. Crime is reported to be high in South Africa and affects everyone. The media increasingly reports about violent attacks on nurses. These attacks retards progress towards achievement of universal health coverage as it affects availability of nurses, negatively leading to unavailability of services at affected facilities. Patients are then forced to travel long distances to access healthcare services elsewhere. The media raises public awareness on this challenge, and this should spur a joint action to develop comprehensive solutions. Based on the Routine Activity Theory, the authors argue that nurses are victimised in public healthcare facilities because of the convergence of three elements which are the motivated offender, a suitable target, and a lack of capable guardian. The capable guardian could be the security personnel or other workers to intervene during the criminal victimisation. Applying the Self-Control Theory to explain victimisation of nurses, the authors put forth that perpetrators who victimise nurses are low in self-control and are in pursuit of immediate, easy and short-term pleasure. As such, they insult, physical manhandle nurses or steal from them, without considering that they may be punished for their actions.

Keyword: crime, healthcare worker safety, nurses, public health infrastructure, universal health coverage, violent attacks

Introduction

South Africa is progressing towards achievement of Sustainable Development Goal 3 (SDG 3) but violent attacks on nurses delay progress towards the achievement of universal health coverage (Basu

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2023). The intention of SDG 3 is to ensure health and wellbeing for every person through all the stages of life, with the provision of universal health coverage (UHC) and strengthening of the health sector as some of its targets (Howden-Chapman et al. 2017). UHC means every person has access to quality essential healthcare services without suffering financial hardships. The provision of UHC guarantees the availability of a full range of quality healthcare services, access to healthcare services when and wherever they are needed, and protection from financial hardship resulting from accessing healthcare services (Universal Health Coverage 2023).

A recent study by Njaka et al., (2020) on African countries revealed a high rate of violence against healthcare workers, ranging from 9% to 100%. According to the same study, South Africa had the highest proportion of health-related workplace violence, affecting 54% to 100% of survey respondents. Studies by Majola (2017) and Bele (2021) found that nurses have been subjected to and even threatened with physical violence at their workplaces. The physical violence included being pushed or shoved, kicked, hit with an object, having a knife or gun pulled at them and having personal property intentionally damaged. Further, they also experienced sexual victimisation including inappropriate touching and being threatened with sexual assault (Majola 2017; Bele 2021). In addition, some nurses pointed out that victimisation took place inside the hospital wards (Majola, 2017). Security officers are not posted in the hospital wards, even Closed-Circuit Televisions (CCTVs) are not available to monitor the safety of people.

Velaphi (2025) and Maromo (2025) report that in one province of South Africa, two nurses working in a public healthcare facility during a night shift were violently attacked and robbed at gunpoint after the perpetrator overpowered three security officers. Furthermore, Khumalo (2025) reports that the suspect in connection with this violent attack on the two nurses is linked to several other crimes. In another province, a man was arrested after pouring a bucket of faeces at a nurse, thereafter, bragging about the attack by posting it on a social media platform (McCain 2025). These cases indicate that the absence of capable guardian to discourage the attack, coupled with perpetrators who are low in self-control, provide an environment for violent attacks on nurses. Studies found that nurses working in psychiatric wards were more exposed to physical violence (Bele 2021; Bekelepi and Martin 2023). Exposure to violent attacks is in this case influenced by the nature of the patients nurses are treating. This violent attack is more conducive because nursing is dominated by females (Al-Qadi, 2021); pointing to the lack of male nurses who can serve as capable guardians against motivated offenders who are low in self-control.

In South Africa, the media (Seleka 2021; South African Broadcasting Corporation News 2023; Chirume 2024; Khumalo 2024) reports a rising trend in violent attacks on nurses working at public healthcare sector clinics and hospitals where valuable medical equipment and infrastructure are sometimes destroyed and or stolen. These violent attacks result in some nurses refusing to work at those healthcare facilities while others work during the day but refuse to work after-hours. As a result, some clinics and hospitals are left with inadequate staff, medicines, supplies and equipment. There is an underreporting of these violent attacks which masks the true extent of the problem (Kumari *et al.* 2020). According to Kumari et al., (2020) and Devnani (2021), nurses and other healthcare workers report less than 40% of physical assaults and barely 50% of verbal harassment they experienced. Nurses are a vital human resource for health who facilitates achievement of UHC. They are an important building block of a

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viable health system, and they function well in a safe environment (Flaubert *et al.* 2021). Violent attacks on nurses, like other forms of violence, have a possibility of resulting in injury, damage to health infrastructure, theft of personal and work property, death, demoralization, depression, loss of self-esteem, feelings of incompetence as well as post-traumatic stress disorders and even death (Eshah *et al.* 2024; Lim *et al.* 2022). In addition, Fu et al., (2021) report that the nurses may also develop anxiety and fear of future violence. It was therefore important to conduct this study to find interdisciplinary and transdisciplinary solutions which will ensure that the achievement of UHC is not hindered. The aim of this qualitative study was to explore and describe violent attacks on nurses through public health and criminology lenses in order to suggest interdisciplinary and comprehensive solutions which will ensure achievement of UHC in South Africa. Objectives included proposing targeted interventions and strategies for healthcare institutions to mitigate violent attacks on nurses.

The phenomenon of violent attacks on nurses is a complex public health issue which requires interdisciplinary and transdisciplinary solutions. Interdisciplinary and transdisciplinary approaches bring different disciplines together to develop common insight of a problem and its solutions (Macassa and McGrath 2024). In this study, the disciplines of public health and criminology are brought together to discuss the phenomenon of violent attack on nurses. Public health brings the concept of UHC which is about availability of health services, their accessibility and financial protection to citizens as they access health services. Criminology, on the other hand, brings theories on victimisation, which are the Routine Activity Theory (RAT) and the Self-Control Theory, to explore and describe violent attacks on nurses in South Africa.

Theories on victimisation

Two criminological theories are relevant to explain violent attacks on nurses which is a form of victimisation of nurses. The two theories, the RAT (Felson and Clarke 1998; Tewksbury and Mustaine 2010) and the Self-Control Theory (Hay and Meldrum 2016) are briefly described below.

The Routine Activity Theory

The RAT argues that crime occurs because of the convergence of three elements which are the motivated offender, a suitable target and a lack of capable guardian to intervene during the criminal victimisation (Felson and Clarke 1998; Tewksbury and Mustaine 2010). The presence of these three elements makes the opportunity to commit a crime possible. According to DeLiema (2018), the offender's choice of a target is motivated by easy and unguarded access. Nurses are therefore suitable targets as they do not know the characters of people they serve. Furthermore, nurses have a mandate to serve each person that requires healthcare. It is argued that some of the people that nurses serve are motivated offenders and they use the opportunity to commit crime because they see the nurses as suitable targets due to an absence of a capable guardian at times. A capable guardian could be a police officer, a security personnel, a bystander who can scare the offender, and even a video surveillance.

The Self-Control Theory

The Self-Control Theory argues that people who commit crimes are low in self-control and are in pursuit of immediate, easy and short-term pleasure, without considering the long-term consequences of their criminal actions. If people had more self-control, they would choose not to commit crimes (Stewart *et al.,* 2004; Hay and Meldrum 2016; Gottfredson 2017). This theory further argues that every person can see immediate pleasure and benefits that could be gained through committing crime, however, those with low self-control do not consider the consequences of their criminal actions. Therefore, an individual's level of self-control serves as a prediction of an individual's involvement in criminal behaviour. Moreover, Gottfredson (2017) argues that a person's level of self-control is influenced by the behaviour of family members or other caregivers that are present in a person's early life. Once a delinquent behaviour is displayed in early life, the likelihood is transition to crime later in life.

Materials and Methods

We conducted a secondary qualitative analysis (Sharp and Munly 2022) of publicly available online data obtained from South African online news sources, specifically *Google News* and *Juta MedicalBrief.* Cooper and Coetzee (2020) define publicly available data as data that is easy and free to access from sources such as the Internet. *Google News* is a news aggregator that collects content from newspapers and displays them as news headlines and stories (Calzada and Gil 2020). *Juta MedicalBrief* is a weekly medical news digest, that provides a concise summary of the latest medical news with links to access the original news source (Juta MedicalBrief n.d). We searched for online news reporting on violence against nurses working in public sector healthcare facilities in South Africa. Our study focused on nurses working in the public sector clinics and hospitals as, unlike private sector healthcare facilities, public sector healthcare facilities have limited resources to employ high level security officers (Mmadi and Sithole 2019; Young 2016). An online news (Maromo 2024) reported: *"The worrying factor is that these acts are only happening in public health institutions, which clearly indicates that the problem is within our community members, and further with the security system that is currently used."*

 We examined online news sources as there is currently no comprehensive database of violent incidents against healthcare workers in South Africa. Our search was limited to a 10-year period between 2014 and 2024. We used keyword search (Corrin *et al.* 2022) in which we used words and phrases such as "violence against healthcare workers", "attack on nurses", "nurse", "nursing", "killed", "attacked", "slain", "murdered", "violence against", "beaten", "assaulted", "shot", "gunned down", "raped", "hijacked", "robbed", "stabbed", and "South Africa".

We discussed and agreed on the inclusion and exclusion criteria (Patino and Ferreira 2018) and then selected online news sources based on the following criteria:

South African-based English online news reports

The violent attack involves nurses as victims

The violent attack involves nurses employed in the public health sector

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The violent attack occurred in the 10-year period of between 2014 and 2024

Online news reports were excluded if they possessed the following characteristics:

The online news report is a generalized account of violence against all healthcare workers

The online news report duplicates another report on the same case

We used a chain-referral or a snowball sampling technique (Niewenhuis, 2016; Strydom 2011; Penrod *et al.*, 2003), where an identified online news article directed us to additional relevant or comparable articles. An example of online news reports referring readers to other similar or related articles is shown in Figure 1.
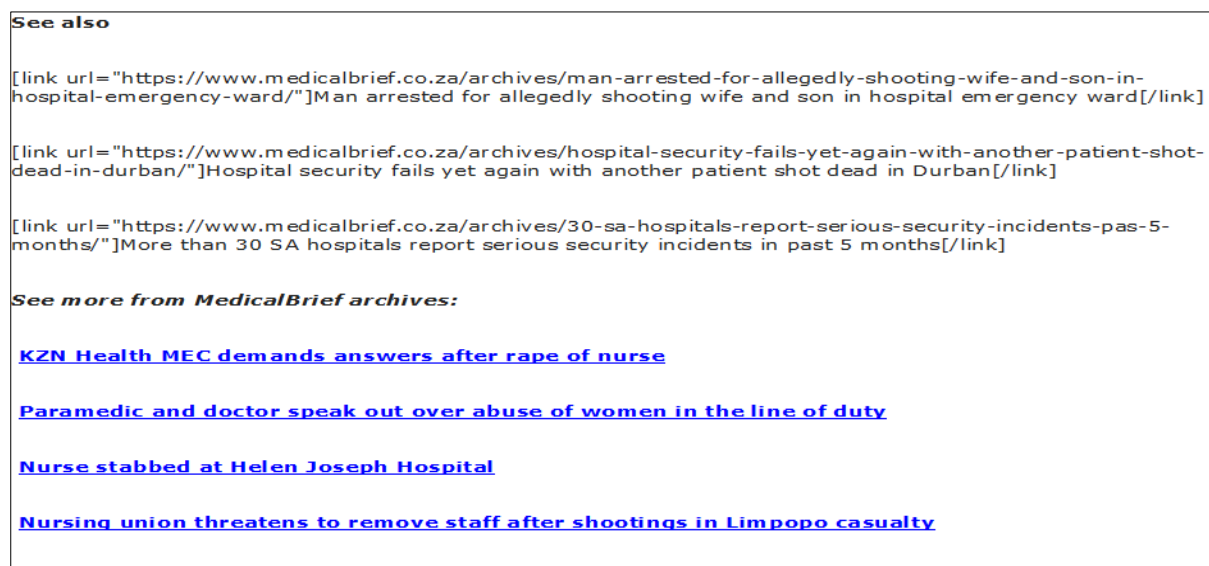

Figure 1: Examples using 'see also' and 'see more from' to refer readers to similar articles

Data analysis

We used Framework analysis which, Goldsmith (2021) indicates, is appropriate for research with clear research questions and objectives. These questions and objectives guide the development of themes, but Framework analysis also allows some themes to emerge from the data, thereby enabling what Bingham (2023) calls deductive and inductive coding. In this study, deductive coding was guided by the three elements of UHC which are availability of a full range of quality health services, access to health services when and wherever needed, and protection from financial hardship resulting from accessing health services. A triangulation analysis was done by the three researchers concurrently (Noble and Heale 2019), whereby an equal number of online news reports was allocated to each researcher for indexing; comparison and discussion were undertaken afterwards. Each researcher read the allocated online news reports repeatedly then coded the content to the framework's themes, using Microsoft Word and Microsoft Excel. Descriptive summaries of data segments from each article were compiled and allocated to each theme in a chart format using Microsoft Excel. The chart provided a concise, visual presentation of the data, thus facilitating analysis and abstraction. An additional theme

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emerged from the data through inductive coding. Furthermore, two victimisation theories, the RAT and the Self-Control Theory, were applied to discuss the victimisation of nurses.

Ethical consideration

Ethical clearance (SMUREC/H/47/2025:IR) was obtained from Sefako Makgatho Health Sciences University Research Ethics Committee. Although the study used data which is publicly available, names of nurses and healthcare facilities where they work are not mentioned (Cooper & Coetzee, 2020). Where we used direct quotes from the online news, we replaced names with XXX to protect personal information and maintain anonymity as suggested by Stam and Diaz (2023).

Trustworthiness and researcher reflexivity

Our study ensured trustworthiness and rigour by using measures to ensure credibility, transferability, dependability, and confirmability (Krefting, 1991; Adler, 2022). Transparency is important to demonstrate trustworthiness of a qualitative study (Adler 2022), as such, we describe the processes followed in detail. We employed the framework analysis method which entails systematic steps that ensure transparency (Goldsmith, 2021). As required by Domain 1 of Consolidated criteria for reporting qualitative research, we describe characteristics of the three researchers (Tong *et al.*, 2007). We ensured investigator triangulation by having three researchers with experience in qualitative research working together to search for online news articles and to analyse them. Two researchers had experience with qualitative public health research while the third researcher was an experienced qualitative researcher in criminology and criminal justice. Each researcher did self-reflection throughout the study to identify and mitigate personal biases. The study's context was thoroughly described and the research team had regular debriefing sessions. The process and data for each step of the framework method were documented.

Results and Discussion

We identified many online news reports on violent attacks on nurses working in the public sector healthcare facilities, covering all nine provinces of South Africa from 2014 to 2023 and removed duplicates. In the end, we analysed 20 online news reports. Our intention was not to compare the provinces but to intentionally identify and analyse reports covering the whole country. Forms of violence recorded include threats, assault, rape and murder, and are summarised in Table 1. These forms of violence are similar to those listed in a literature review by Eshah *et al* (2024).

Table 1: Forms of violence

Forms of violence	
• Gunshot	• Beating
• Abducted	• Murder
• Hijack	• Rape
• Leg broken	• Strangled
	• Death threat

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• Kicking	• Punched
• Stabbed	• Head bashed on wall
• State vehicle taken	• Insulted
	• Robbed
• Hit with an iron bar	• Gun pointed

As we used both deductive and inductive coding, four themes were identified with three themes aligned to UHC; being availability of a full range of quality essential health services, access to quality essential health services when and wherever they are needed as well as protection from financial hardship resulting from accessing quality essential health services. The fourth theme on possible solutions or recommendations emerged due to the use of inductive coding. There was some overlap between themes.

Theme 1: Availability of a full range of quality essential health services

A full range of quality essential health services refers to essential health services that form a continuum starting with health promotion to prevention, treatment, rehabilitation and palliative care (Universal Health Coverage 2023). These services are provided within clinics, community health centres and hospitals that have sufficient medical supplies and equipment as well as adequate numbers of well-trained and supported nurses (Department of Health Republic of South Africa 2021). Violent attack on nurses working at public healthcare sector clinics, community health centres and hospitals in South Africa leads to nurses being physically and emotionally traumatised and sometimes medical supplies and equipment getting stolen and or broken. These attacks are a barrier to the availability of a full range of quality essential health services.

The study found that availability of quality essential health services was hindered when injured or traumatised nurses had to be absent from work to seek medical treatment or counselling: "A newly appointed XXX nurse was kidnapped, robbed and raped …. while on her way to work at XXX Clinic in XXX.[…] The victim was admitted to hospital with a broken leg and underwent an operation. XXX called on the department to ensure the nurse gets counselling after she has been discharged from hospital". The trauma they experience at work compromised their capacity to render high-quality nursing services (Eshah et al. 2024). Some of the more specialised nursing services such as paediatrics and midwifery were disrupted when a highly skilled professional such as a paediatric nurse or an advanced midwife was attacked or killed.

In some instances, the healthcare facility was completely shut for days: "We will keep the clinic closed for this week. We will make sure that all those who are concerned, especially the workers who witnessed this incident receive trauma counselling," or faced threats of 24-hour service termination: "XXX said such incidents were a serious setback for the department's efforts to open clinics for 24 hours. We have just employed an army of nurses, with most placed in primary healthcare facilities with the intention to restore the 24-hour function, but issues of crime on healthcare workers have been a big threat". The

violent attacks, according to the statement above, hampers the community's physical access to health services and force them to costly, and sometimes fatal options to access alternative facilities: "Woman gives birth outside closed XXX Clinic. The clinic stopped operating for 24-hours two years ago because of threats to nurses who worked night shifts". Furthermore, the hijacking of a government health outreach vehicle disrupted the availability of mobile health services for the community: "[…] a healthcare worker was also hijacked while coming back from an outreach programme recently. […] The perpetrators held him at gunpoint before taking his belongings, including mobile phones, before driving in with the state vehicle."

Theme 2: Access to quality essential health services when and wherever they are needed

The previous theme shows that violent attacks on nurses result in closure of healthcare facilities and suspension of 24-hour services which means that although healthcare facilities still exist, the health services they are meant to provide are not available. This means violent attacks on nurses are barriers to healthcare access (Thomas et al. 2021). The current theme takes the discussion further by indicating that an unavailable service is an inaccessible service. Members of the community have to travel to other healthcare facilities to access services not available at their local healthcare facilities.

The online news reports on violent attacks on nurses working in the public sector healthcare facilities revealed several pathways that could impact access to health services when and wherever needed. The murder of nurses, who are already in short supply, reduces the overall system capacity to deliver health services to patients, potentially creating delays in care, a form of timely access, and diminished accessibility to essential health services. Vento et al (2020) put forth that the shortage of nurses is a common occurrence in public healthcare facilities in South Africa and worldwide. The study identified that, following an incident, the withdrawal of 24-hour services or night duty and the closure of a certain facility for a week affected the physical and timely access and availability of a whole range of essential products and services, including medication: "The XXX Department of Health advised members of the public, who need access to the hospital's services, to visit nearby health facilities as the hospital will remain inaccessible". Also, a nurse trade union's threat to withdraw nursing members from duty or organize a protest would have taken nurses off duty, contributing to service inaccessibility. "The Department of Health is reminded that the workers have a right to work in a safe environment as stipulated in the Occupational Health and Safety Act (OHSA). Failure to assure this right by the employer, workers will be forced to withdraw their labour as a means of protection from these criminals". The incapacity of traumatized nurses to effectively perform their duties contributed to making essential health service inaccessible to users.

Theme 3: Protection from financial hardship resulting from accessing health services

Especially in rural locations with limited options, the temporary closures of clinics, hijacking of a mobile services vehicle, and the death or incapacitation of a nurse can lead to a lack of access to healthcare services, requiring patients to pay for transportation to the nearest healthcare centre or hospital. This is a failure to protect citizens from financial hardships resulting from accessing health services: "I am relieved XXX Clinic is back on its feet. It has been three weeks of high cost and tiredness

for us, having to travel to XXX clinic in XXX (about 20 km away) or XXX Clinic in XXX (about 22 Km away)". At a hospital where a nurse was shot dead, management closed the hospital and advised members of the community to seek healthcare at other facilities: "The XXX Department of Health advised members of the public, who need access to the hospital's services, to visit nearby health facilities as the hospital will remain inaccessible".

Theme 4: Possible solutions or recommendations

The online news articles indicated different responses and suggestions from concerned structures or individuals following an incident. Possible solutions and recommendations included that security services at public healthcare facilities be in-sourced as private security companies are ineffective. An authority commented after an incident: "The facility has live monitors in the security control room; security staff need[ed] to man and monitor them". Other stakeholders urged for a "reassessment of the operational hours of 24 hours clinics" and the installation of cameras and panic buttons in 24-hour facilities. According to Vento et al (2020), alarms and CCTVs are desirable in higher risk departments, for instance psychiatric wards and where a nurse has to work in isolation. Security officers must patrol and not merely be positioned in one place. The South African Police Service [SAPS] must also do random patrols around the premises: "The SAPS should continuously make routine patrols at hospitals and primary healthcare facilities that offer 24-hour services". The National Health Department's spokesperson said communities must play an active role in keeping healthcare workers safe. A nursing organisation appealed to community members to refrain from attacking healthcare workers: "Communities should be made aware that these acts will result in them not receiving healthcare services."

The application of the two criminological theories (RAT and Self-Control Theory) to explain the victimisation of nurses reveal the following: The RAT argues crime occurs when there is convergence of a motivated offender, suitable targets and a lack of capable guardian to intervene during the criminal victimization. Nurses are suitable targets as they do not have the option to choose the people whom they will serve but have a mandate to serve everyone needing healthcare. Additionally, some of the reviewed online news articles point out that nurses were victimised due to ineffective security measures which is a lack of capable guardian. The Self-Control Theory argues that criminals are low in self-control and are in pursuit of immediate, easy and short-term pleasure, without considering that they will be prosecuted if caught. In this regard, it is argued that some criminals violently attacked nurses to steal valuable items from them. Some are angry at the nurses, as such they lost their temper and violently attacked the nurses to make themselves feel better. For instance, a man who was angry for not receiving a speedy service threw a bucket of faeces towards a nurse (McCain 2025). Applying the RAT into the prevention of crime, Felson and Clarke (1998) argue that the violent attack on nurses will be prevented by reducing opportunities, increasing the risk and efforts of committing crime, as well as reducing the rewards of committing crime. These will be possible by ensuring that a nurse is not left completely alone with patients during routine check-ups and assessments. The other nurses will serve as capable guardians, whose presence would discourage a motivated offender from attacking a nurse. A capable guardian need not only be a security officer according to Felson and Clarke (1998). In addition, the criminal justice system should not be soft on perpetrators who commit violent crime. Perpetrators should be given their just deserts, meaning that punishment should fit the crime.

Private security is ineffective in public healthcare facilities. As such, they should be in-sourced. Some facilities have live monitors in the security control room; however, they require monitoring by security officers. The lack of monitoring makes the installed monitors incapable guardians, as security officers are unable to detect in advance a possible threat to the security of nurses. When there are offenders who are motivated to commit crime, they will do so in the absence of a capable guardians in the form of physical security officers and CCTV. Installing cameras and panic buttons in 24-hour facilities is not enough if security officers are not patrolling and monitoring the installed security measures. Random patrols by SAPS will add more value to the presence of capable guardians to deal with motivated offenders who lack self-control and can commit crime when the opportunity is provided by inadequate security. There should be a *"reassessment of the operational hours for 24-hour clinics."* The Health Department's spokesperson said communities must play an active role in keeping healthcare workers safe. A nursing association has appealed to community members to refrain from attacking healthcare workers: *"Communities should be made aware that these acts will result in them not receiving healthcare services. The SAPS should continuously make routine patrols at hospitals and primary healthcare facilities that offer 24-hour services.*"

Recommendations and interventions

The Global Strategy on Human Resources for Health (World Health Organization 2016) emphasizes the crucial necessity of healthcare workers' safety. For this to happen, there is a need to reassess present measures for ensuring the safety of nurses and other healthcare workers in both public and private healthcare practice. Intersectoral evidence-based strategies and policies are needed to identify practical steps to address factors that predispose healthcare workers to workplace violence. A multi-stakeholder approach, involving legislative and policy adjustments, is needed to develop and implement measures to improve the safety of healthcare workers in South Africa. The South African government should demonstrate practical commitment to addressing the epidemic of violence against its healthcare workers and creating a positive practice environment that guarantees the safety and security of health personnel.

Further research is needed for driving policy change. There is need for future research that examines the effectiveness of anti-violence interventions. Moreover, exploring the psychological impact on nurses and other healthcare workers is imperative.

Strengths and limitations

This study has several strengths. It raises awareness on the nature and extent of violence targeting nurses in South Africa. The study has a national scope and tackles a pertinent and urgent practical topic, and the qualitative methodology used provides detailed insights and contextual grounding in the investigation of a complex social issue. Rigour was built into the research through researcher triangulation whereby three researchers with experience in qualitative research worked together on collecting, analysing and interpreting data. However, due to resource constraints, the study's dependence on secondary, media-based sources of data and not primary data, was a limitation.

Conclusion

Violent attacks hamper availability and accessibility of quality essential health service at the local health facilities, as such, patients are then forced to travel long distances to access healthcare which has financial implication on them. Furthermore, people can be hijacked, killed, or robbed when travelling long distance in the evening to access urgent health services elsewhere when their local healthcare facilities are closed. As reported in the news (Sekwela 2022), a pregnant woman gave birth outside the gate of a local clinic because the facility was closed at night. The closure was motivated by the violent attacks on nurses during the night. It is reported that the security officers told the woman to wait for the clinic to open in the morning. UHC will be promoted when proper security measures at healthcare facilities are in place to ensure the safety of nurses. As a result, users will avert the monetary cost of having to travel large distances to access health services elsewhere. On the other hand, safety of people will be enhanced when they are no longer travelling long distances in the evening to access health services, where they might collide with motivated offenders in the absence of capable guardians.

Declaration of Interest Statement

The authors declare that they have no conflict of interests.

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