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REVIEW

Why are we losing our men in South Africa? A narrative review of the factors contributing to high suicide rates

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Abstract

Suicide is a major public health crisis in South Africa, with men accounting for nearly 80% of the cases, significantly impacting male life expectancy. Socioeconomic hardships, mental health stigma, and inadequate support services contribute to this crisis. This study aimed to review and examine the factors driving high suicide rates among South African men and their effects on life expectancy. A narrative review methodology was adopted in this study. A systematic search of Google Scholar, PubMed, PsycINFO, Scopus, and ScienceDirect was conducted, covering studies from 2015 to 2024. Inclusion criteria focused on research addressing suicide rates, risk factors, mental health challenges, and life expectancy trends among South African men. Findings indicate that traditional masculinity norms discourage emotional expression and seeking help. Financial distress, unemployment, and substance abuse further increase psychological distress. Systemic barriers, including inadequate mental health policies and stigma, prevent early intervention and access to care. Addressing male suicide requires urgent multi-sectoral interventions, including mental health awareness campaigns, improved access to gender-sensitive services, and policies challenging harmful masculine norms. Strengthening economic support systems and community-based mental health initiatives can also reduce suicide rates and improve life expectancy among South African men.

Keywords

Male suicide; South Africa; Mental health; Masculinity norms; Life expectancy; Psychological distress

1. Introduction

Suicide is a global public health crisis, with men disproportionately affected across various regions [1]. The World Health Organization (WHO) reports that more than 700,000 people die by suicide annually, with men accounting for approximately 75% of these deaths [1]. In high-income countries, male suicide rates are nearly three times higher than those of females, a trend often linked to societal pressures, traditional masculinity norms, and barriers to seeking help [2]. Conversely, in low- and middle-income countries, where mental health resources are scarce, the gap between male and female suicide rates remains significant, but is further compounded by socioeconomic challenges and inadequate healthcare systems [3]. Similarly, in sub-Saharan Africa, suicide among men remains a growing concern, though data on the issue is often underreported due to stigma and poor surveillance systems [4]. Countries such as Nigeria, Kenya, and Zimbabwe have seen rising suicide rates, particularly among young and middle-aged men [5, 6]. Moreover, cultural expectations of men as providers, along with economic hardships, contribute to psychological distress, which is often left unaddressed [7–9]. Unlike in high-income countries, where mental health interventions are more structured, sub-Saharan African nations face significant gaps in mental health services, further exacerbating the crisis [10]. This region, therefore, presents a unique challenge in addressing male suicide due to a combination of cultural, economic, and health-related barriers. South Africa mirrors many of these global and regional trends, but also presents distinct, locally specific contributing factors. According to the South African literature, the country has one of the highest male suicide rates in Africa, with men accounting for nearly 80% of the suicide cases [11]. Similarly, a study conducted by Bantjes & Kagee revealed that official rates of completed suicide in South Africa were estimated to be 13.25:100,000, with suicide accounting for approximately 9.8% of unnatural deaths and 80% of completed suicides occurring among men [12]. Moreover, a national survey of 4351 South Africa adults suggested that the lifetime prevalence of suicide ideation, plans, and attempts among men was 8%, 3.3%, and 1.8%, respectively [13].

Emerging evidence suggests that younger generations in South Africa are beginning to challenge traditional notions of masculinity and the stigma surrounding mental health [12].

Unlike older men who often view emotional vulnerability as a weakness, many younger men, particularly those in urban areas or with digital access, are becoming more open to discussing mental health and seeking support [13, 14]. Social media platforms, online mental health campaigns, and peer-driven dialogues have played a significant role in normalizing conversations about depression, anxiety, and suicide among the youth [15, 16]. Additionally, the availability of digital mental health services has provided more discreet and accessible pathways to care, reducing the fear of judgment [17]. While barriers such as stigma and limited services still exist, especially in rural or disadvantaged communities, this generational shift represents a promising opportunity for targeted suicide prevention efforts tailored to the values and communication styles of South African youth.

Moreover, the country's high levels of unemployment, violence, substance abuse, and mental health stigma further exacerbate the risk [18, 19]. While factors such as masculinity norms and help-seeking resistance are shared globally, the prevalence of violent crime, the legacy of apartheid, and deeply entrenched socioeconomic inequalities add uniquely South African dimensions to male suicide risk. Unlike in many Western countries where mental health awareness campaigns have gained traction, South Africa struggles with limited access to mental health care, particularly for men who are often discouraged from seeking psychological support due to deeply ingrained notions of masculinity [20]. Men experience significantly higher suicide rates than women due to multiple interrelated factors. One of the primary reasons is that men are less likely to seek help for mental health issues, largely due to societal norms that discourage emotional vulnerability [21]. Additionally, men often use more lethal means, such as firearms or hanging, leading to higher fatality rates compared with women, who are more likely to attempt suicide using less violent methods [22, 23].

Furthermore, economic instability, relationship breakdowns, and substance abuse play a critical role in male suicide, as these stressors are often internalized, rather than openly addressed [24]. Unlike women, who generally have stronger social support networks, men frequently lack adequate emotional outlets, increasing their susceptibility to suicide [25]. This narrative review aims to examine the factors contributing to high male suicide rates in South Africa, with a particular focus on economic, social, and psychological determinants. Despite the growing concern surrounding male suicide, research remains limited, particularly regarding effective intervention strategies tailored for South African men. Moreover, while studies have explored suicide risk factors broadly, few have specifically addressed the intersection of masculinity, help-seeking behavior, and mental health accessibility in the South African context. By contrasting globally recognized risk factors with those more prevalent or unique in the South African landscape, this review seeks to bridge these gaps and provide insights that could inform targeted prevention strategies aimed at reducing suicide rates and improving male life expectancy in South Africa. Therefore, this study aimed to review and examine the factors driving the high suicide rates among South African men and their effects on life expectancy.

2. Methodology

This study adopted five stages of narrative review methodology as suggested by Green, Johnson & Adams [26]. A narrative literature review is an approach used to synthesize existing knowledge on a specific topic by summarizing and critically analyzing relevant literature [27]. Unlike systematic reviews, which follow a strict methodological framework for selecting and appraising studies, narrative reviews offer a broader and more flexible approach that allows for an in-depth discussion of themes and patterns across studies. This method is particularly useful for exploring complex and multi-dimensional topics, such as male suicide, where different social, economic, and psychological factors interact.

It is very important to note that the primary studies reviewed in this narrative generally report obtaining ethical approval from relevant institutional review boards or ethics committees, ensuring adherence to established ethical standards for research involving human participants. Given the sensitive nature of suicide and mental health research, many studies emphasized the importance of confidentiality, informed consent, and safeguarding participants' psychological well-being. Special attention was often paid to minimizing distress among participants when discussing traumatic experiences or suicidal ideation.

2.1 Defining the research scope and questions

The first stage involves formulating clear research questions and defining the scope of the review. For this study, the primary research questions include:

□ What are the key factors contributing to high male suicide rates in South Africa?

□ How do economic, social, and psychological determinants influence male suicide risk?

□ What barriers exist in accessing mental health support for men in South Africa?

□ How do masculinity norms impact help-seeking behavior among South African men?

By defining these questions, the review ensured a focused and structured exploration of the topic, avoiding unnecessary deviations while allowing for a comprehensive synthesis of the literature [26].

2.2 Literature search and selection of studies

The literature search and selection process for this narrative review followed a systematic and comprehensive approach to ensure the inclusion of relevant, high-quality studies. A structured search was conducted across Google Scholar, PubMed, PsycINFO, Scopus, and ScienceDirect, using specific keywords such as "male suicide rates", "masculinity" and "mental health", "help-seeking behavior", "suicide risk factors in South Africa", and "gender differences in suicide prevalence". Boolean operators (AND, OR) were applied to refine the search, ensuring that studies focusing on South Africa and global trends were retrieved. The selection criteria included peer-reviewed journal articles, systematic reviews, qualitative and quantitative studies, and government or health organization reports published in the English language between 2015 and 2024 to maintain relevance. The selection period of 2015 to 2024 was chosen to ensure that the review included current and relevant literature reflecting recent trends, socioeconomic changes, and evolving mental health policies, especially within the South African context. Suicide risk factors and mental health dynamics can shift over time due to changes in cultural attitudes, economic conditions, and healthcare access. Therefore, studies published more than 10 years prior were considered potentially outdated and less likely to capture these recent developments. By focusing on the last decade, this review aims to synthesize the most up-to-date evidence to better inform effective, contextually appropriate interventions and prevention strategies. A full search strategy is shown in the **Supplementary material**. Additionally, the selection process for the included studies is shown in Fig. 1.

2.3 Inclusion and exclusion criteria

This narrative review employed the Population, Phenomenon of Interest, and Context (PPC) criteria to guide the literature search and study selection process. Using PPC criteria helps ensure that the included studies are directly relevant to the target population, focusing on men aged 15 to 65 years, who are most at risk of suicide. The phenomenon of interest encompasses male suicide rates, masculinity norms, mental health, and help-seeking behavior. The context is centered on South Africa and comparable low- and middle-income countries. Studies were excluded if they focused exclusively on females or individuals below 15 years of age, as the review specifically targeted men within the 15–65-year age group. Research that did not address issues related to suicide, mental health, masculinity norms, or help-seeking behaviors was also excluded. In addition, studies conducted in high-income countries without contextual relevance to South Africa or other low- and middle-income settings were omitted. Non-English

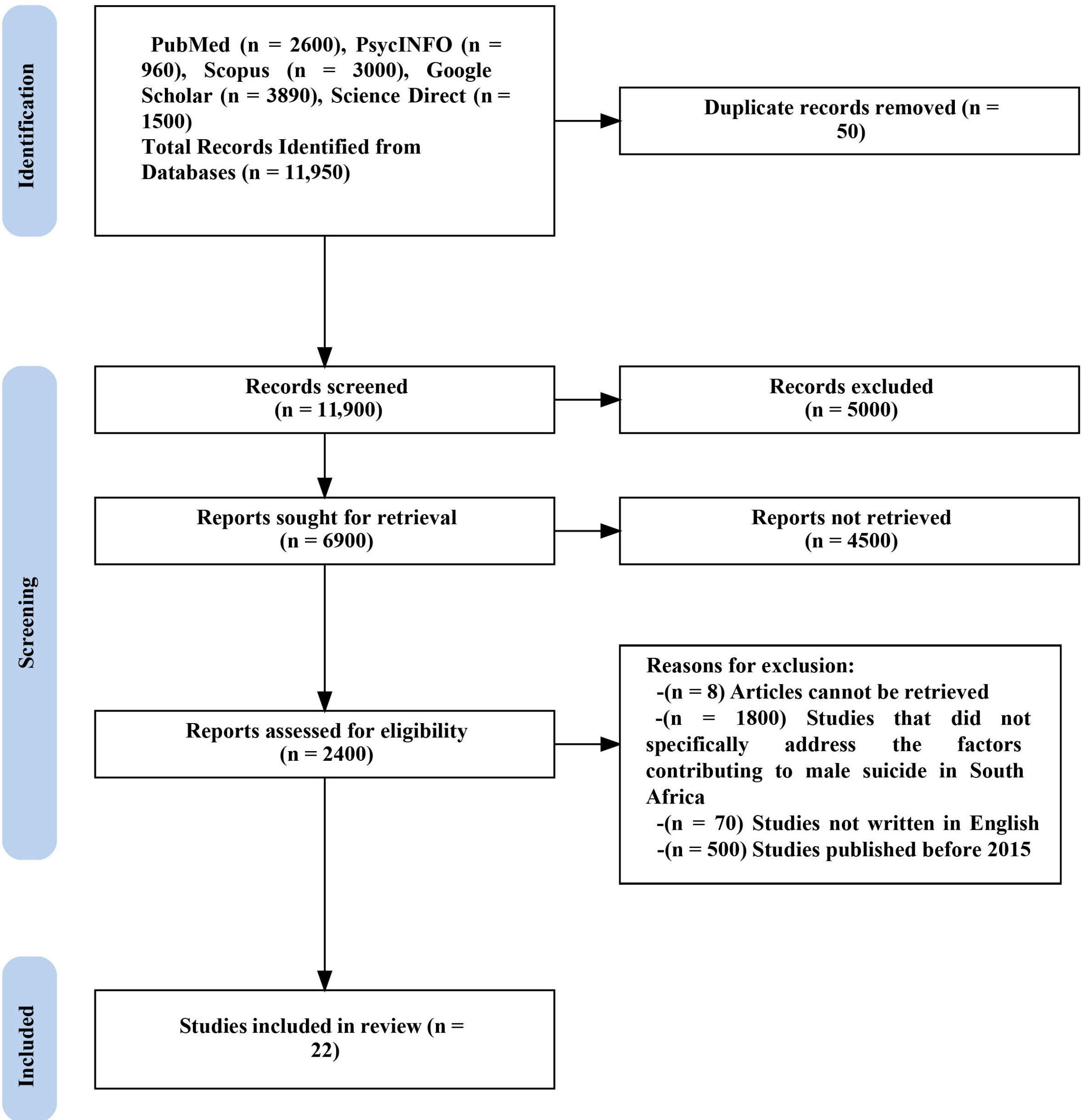

FIGURE 1. A flow diagram representing the selection of included studies.

publications, editorials, commentaries, opinion papers, and conference abstracts without accessible full texts were excluded to ensure the inclusion of credible and peer-reviewed evidence. Duplicate studies and those lacking empirical data or methodological clarity were also removed from the review. Furthermore, studies published prior to 2015 were also excluded from the current study.

This structured approach enhances the specificity and relevance of the evidence, supporting a focused synthesis of factors influencing high male suicide rates in the region.

3. Data extraction and analysis

For this narrative review, a spreadsheet was created to systematically organize and manage the extracted data. We utilized the Rayyan software (https://www.rayyan.ai/, Rayyan Systems Inc., Cambridge, MA, USA) to assist in screening and selecting relevant studies, ensuring efficiency and accuracy in the process. Additionally, Microsoft Word was used for detailed note-taking and categorization of key themes. The extracted data were analyzed using thematic analysis, which allowed for the identification of recurring patterns and themes related to male suicide risk factors, masculinity, mental health barriers, and socioeconomic determinants [28]. This approach ensured a structured synthesis of the findings, highlighting the most critical insights relevant to male suicide rates in South Africa.

To define and identify the themes in the included studies, a systematic process of coding and categorization was employed. Initially, two independent reviewers carefully read and re-read the included articles to familiarize themselves with the data and extract relevant text segments. These text segments were coded inductively based on recurring ideas, concepts, and findings. The codes were then grouped into broader categories, from which overarching themes emerged through iterative discussion and refinement. In cases where the reviewers did not agree on the coding or thematic categorization, discrepancies were discussed until a consensus was reached. When consensus could not be achieved, a third reviewer was consulted to ensure objectivity and reliability in the final thematic structure.

While this approach provided a structured synthesis and emphasized critical insights, it is important to acknowledge the limitations inherent in the included studies. Many studies showed variability in methodological rigor, with some relying on limited sample sizes or cross-sectional data, restricting the ability to draw causal inferences. Several studies also demonstrated potential biases, including underreporting of suicide due to social stigma and inconsistent classification methods across regions. Furthermore, the predominance of urban-centric research limits generalizability to rural and marginalized populations, where contextual factors may differ significantly. These methodological weaknesses and biases in the primary studies inevitably influenced the robustness of the thematic synthesis and showcased the need for cautious interpretation of findings.

4. Synthesis and results

This review included twenty-two studies that met the study criteria. The geographical distribution shows that most studies were conducted in the Western Cape, Limpopo, and Gauteng respectively. Kwazulu-Natal, Mpumalanga, and the Eastern Cape were the least likely provinces to conduct research regarding the topic of interest. Six themes emerged from this review.

4.1 Traditional masculinity norms and emotional suppression

Traditional masculinity norms, which often promote emotional suppression and discourage vulnerability, are a significant factor in male mental health struggles. Several studies [29–32] found that these norms lead men to feel ashamed of expressing emotions or seeking help, which ultimately increases their risk of suicide. Specifically, men who adhere to traditional masculine norms are less likely to open up about their mental health challenges, which exacerbates feelings of isolation and hopelessness. However, a study by Sikweyiya *et al.* [33], found a shift in younger generations, where men were more willing to engage in discussions about emotions and mental health. This suggests that changing societal attitudes may gradually reduce the emotional suppression historically associated with masculinity, though significant barriers remain for older generations.

4.2 Barriers to mental health services and help-seeking behavior

Barriers to mental health services, such as stigma, limited access to care, and a lack of mental health education, contribute to the reluctance of men to seek help. Some studies identified stigma as a prominent factor preventing men from accessing mental health services [34–38]. In many cases, men feel that seeking help is an admission of weakness or failure, a view reinforced by societal expectations. These barriers, combined with a lack of accessible mental health resources in certain regions, create significant obstacles for men. However, studies by Abdullah *et al.* [39], and Gamieldien *et al.* [40], found that increased awareness campaigns have led to higher help-seeking behavior, particularly among younger males. This suggests that initiatives aimed at reducing stigma and providing education on mental health may improve access to care.

4.3 Economic stress and unemployment

Economic stress, particularly unemployment, is a critical factor in male suicide risk. Several studies highlighted the significant impact of financial strain on mental health [41–44]. Men who are unemployed or underemployed often experience feelings of inadequacy, low self-esteem, and helplessness, which can lead to depression and suicidal ideation. Furthermore, financial instability often exacerbates relationship challenges and increases substance abuse, compounding mental health struggles. However, a study by Meagley *et al.* [35], found that social support networks, including family and friends, could help mitigate the negative effects of economic stress, providing emotional stability and helping men cope with financial hardship. This suggests that community and familial support plays an important role in reducing the mental health impact of economic stress.

4.4 Substance abuse as a coping mechanism

Substance abuse, particularly alcohol and drug use, is frequently employed by men as a coping mechanism to deal with psychological distress and emotional pain. Some studies found a strong correlation between substance abuse and suicide risk in men [45, 46]. Alcohol and drugs may temporarily numb feelings of anxiety, depression, or hopelessness, but they also increase impulsivity and reduce inhibitions, which can lead to suicidal behavior. Moreover, substance abuse can perpetuate a cycle of mental health deterioration, as men may rely on substances instead of seeking professional help. However, the research by Channon *et al*. [47], found that substance abuse was particularly prevalent in men facing severe relationship breakdowns, indicating that relationship issues are a key trigger for using substances as a coping mechanism. This suggests that addressing relationship challenges alongside substance abuse may be crucial for suicide prevention.

4.5 The impact of relationship challenges

Relationship challenges, including breakdowns and social isolation, were identified as significant contributors to male suicide risk. Research found that men who experienced relationship difficulties or lacked strong social support systems were at a higher risk of suicidal behavior [40]. Therefore, men often internalize emotional pain related to relationship issues, particularly because of societal norms that discourage them from expressing vulnerability [48].

4.6 Social isolation

Social isolation, whether due to the loss of a partner, a breakdown in familial relationships, or the inability to form meaningful connections, was found to exacerbate feelings of loneliness and hopelessness, leading to an increased suicide risk. However, a study by Bantjes found that men with strong social support systems, including close friends and family, were better able to cope with relationship difficulties [49], suggesting that fostering supportive networks is crucial in preventing suicide among men [50].

5. Discussion

This narrative review aimed to review the factors driving high suicide rates among South African men and their effects on life expectancy. However, it is important to acknowledge that there is limited literature in South African context. Traditional masculinity norms, which often emphasize emotional suppression and discourage help-seeking behaviors, are a key contributor to mental health struggles among men [51]. Traditional masculinity norms characterized by emotional suppression, self-reliance, and reluctance to seek help were consistently identified as major contributors to male mental health struggles. These findings are echoed globally. For instance, studies in high-income countries, such as the United States, Australia, and the UK, similarly link rigid gender norms to elevated suicide risk among men [52, 53]. South African men who adhere to these norms are often less likely to seek psychological help, increasing their vulnerability to depression and suicide [41]. While younger generations in South Africa are beginning to challenge these traditional norms, as shown by Mattes, 2012 [54], such shifts are uneven and less evident in rural areas or older age groups, consistent with findings from other developing countries [55].

A more nuanced understanding of the high suicide rates among South African men requires examining how the identified factors do not act in isolation, but interact dynamically to exacerbate risk. For instance, traditional masculinity norms that discourage emotional expression and help-seeking behaviors often intersect with economic stressors like unemployment, amplifying feelings of isolation and hopelessness [29]. Men who face joblessness may experience diminished social status and self-worth, intensifying the pressure to conform to rigid masculine ideals of strength and provision [12, 13, 29]. This combination can increase vulnerability to mental health struggles while simultaneously reducing the likelihood of seeking support. Additionally, substance abuse frequently emerges as both a coping strategy and a risk factor, entangled with socioeconomic hardship and relational breakdowns [29]. The lack of accessible mental health services further compounds this, creating a cycle where men are trapped in overlapping spheres of stigma, marginalization, and unmet needs [11].

In terms of gender comparison, research globally shows that while women tend to report higher rates of depression, men have significantly higher suicide completion rates often due to the use of more lethal methods and lower help-seeking behavior [1]. This pattern is pronounced in South Africa, where men account for nearly 80% of suicides, a figure even higher than the global male average of approximately 75% [1]. Compared with women, South African men are also less likely to access mental health care, partly due to stigma and partly due to under-resourced services. Barriers to accessing mental health care, such as stigma, poor mental health literacy, and limited availability of services, remain consistent both locally and globally, but are especially acute in South Africa. Studies from other low- and middle-income countries (*e.g.*, India, Brazil) report similar challenges, where cultural perceptions and underfunded health systems create major barriers to treatment [56]. Nonetheless, emerging evidence, including research by Abdullah *et al*. [39] and Gamieldien *et al*. [40], suggests that public awareness campaigns can improve attitudes toward help-seeking, especially among the youth. This mirrors successful initiatives in countries like Australia, where programs such as “RU OK?” have helped normalize mental health conversations among men [57].

Economic stress, particularly unemployment, was another critical risk factor. This is consistent with findings from countries like Greece, Ireland, Portugal, Spain, and Italy, where spikes in unemployment have been linked to increased male suicide rates [58]. In the South African context, widespread unemployment contributes to feelings of inadequacy and hopelessness, particularly among men, who are culturally expected to be providers. When compounded with relationship breakdowns and substance abuse as documented by Bantjes *et al.* [41] and Selebano (2014), these pressures heighten suicide risk [42]. However, as Meagley *et al.* [35] noted strong social support systems can offer protective effects, a finding consistent with global literature emphasizing the importance of family and community ties in suicide prevention [58]. Substance abuse was identified as both a coping mechanism and a risk amplifier. This dual role is widely documented internationally. For example, research from Canada and Finland shows that men who misuse alcohol or drugs are significantly more likely to die by suicide, especially following acute life stressors [59]. In South Africa, this pattern is intensified by easy access to alcohol in low-income communities and the lack of integrated mental health and addiction treatment services.

Although several interrelated factors were identified as contributing to high suicide rates among men in South Africa, the findings indicate that some had a more substantial influence than others. Barriers to help-seeking, such as stigma, fear of judgment, and limited access to mental health services, emerged as the most prominent factor, often preventing men from seeking timely psychological or social support. Traditional masculinity norms also played a critical role by reinforcing ideals of strength, emotional restraint, and self-reliance, which further discouraged vulnerability and open discussion of distress [34–36]. Economic stress, including unemployment and financial instability, compounded these effects by intensifying feelings of inadequacy and hopelessness [58]. While other factors such as relationship difficulties and substance use were also noted, they appeared to interact with these dominant themes, rather than exerting equal influence. Collectively, these findings suggest that the interplay between help-seeking barriers, masculine identity, and economic hardship forms the core framework driving male suicide vulnerability in South Africa.

A model that could strengthen or support this study is the Social-Ecological Model (SEM). This framework emphasizes the interplay between individual, relationship, community, and societal factors in shaping behavior [60]. By integrating this model, the study could further explore how different levels of influence from traditional masculinity norms at the societal level to personal coping mechanisms at the individual level interact to affect mental health and suicide [61]. It would also highlight the importance of multi-level interventions, such as promoting positive masculinity, increasing mental health awareness, and improving access to social support, to address the complex factors contributing to male suicide in South Africa.

5.1 What is already known on this topic

Men experience significantly higher suicide rates than women, largely due to traditional masculinity norms that discourage emotional expression and help-seeking. In South Africa, male suicide rates are alarmingly high, with contributing factors such as unemployment, substance abuse, and limited mental health resources. Economic instability and societal expectations often force men to internalize distress, rather than seek support. Many existing suicide prevention strategies fail to consider the gender-specific barriers that men face. Research indicates that men are more likely to use lethal methods in suicide attempts, leading to higher fatality rates. Despite increasing awareness, gaps remain in addressing male mental health challenges effectively.

5.2 What does this study add

This study explores the intersection of masculinity, socioeconomic stress, and mental health stigma in South African men's suicide risk. Unlike previous research, it emphasize how deeply ingrained gender norms prevent men from seeking mental health support. The study identifies gaps in existing prevention strategies and emphasizes the need for gender-sensitive interventions. It advocates for integrating mental health accessibility, economic empowerment, and social support into suicide prevention efforts. By synthesizing existing literature, this study provides insights into tailored strategies for reducing male suicide rates. Its findings contribute to policy recommendations aimed at improving men's mental health and life expectancy in South Africa.

6. Policy implications and recommendations

The findings of this study have significant policy implications for addressing the high suicide rates among men in South Africa. First, there is an urgent need for gender-sensitive mental health policies that specifically target the unique challenges men face, such as societal expectations and stigma surrounding help-seeking behavior. Policymakers should focus on improving access to mental health services, particularly for men in underserved communities, by integrating mental health care into primary healthcare settings. Additionally, policies should emphasize public awareness campaigns that challenge traditional masculinity norms and encourage emotional vulnerability, making it more acceptable for men to seek support. Economic empowerment programs can be implemented to address the financial stressors that exacerbate mental health issues, particularly among unemployed or underemployed men. Collaboration with community organizations and peer support networks could also facilitate outreach and reduce the stigma surrounding mental health care. Further research is needed to tailor interventions that consider the intersectionality of masculinity, socioeconomic status, and mental health. Finally, policymakers should work towards integrating suicide prevention into national health strategies, ensuring a coordinated response across sectors to reduce male suicide rates and improve their overall well-being.

7. Limitations

One limitation of this narrative review is the potential for publication bias, as it only included studies accessible through selected databases, potentially excluding relevant research published in non-English languages. The language restriction may have resulted in the omission of important findings from diverse linguistic and cultural contexts within South Africa or the broader region. Additionally, the review draws on studies employing varying methodologies ranging from qualitative case studies to quantitative cross-sectional surveys which introduces heterogeneity that limits the ability to synthesize findings consistently or draw robust, generalizable conclusions. The lack of longitudinal studies or large-scale population data further constrains the ability to establish causal relationships between identified factors and male suicide rates. Moreover, pervasive underreporting and misclassification of suicide cases, driven by stigma and inadequate surveillance systems, likely leads to underestimation of true suicide prevalence and may bias interpretations. This review also intentionally excluded biological or genetic factors, focusing instead on socioeconomic, cultural, and psychological determinants, which narrows the scope of understanding suicide risk. Lastly, limited data on younger age groups and marginalized populations within South Africa may reduce the generalizability of conclusions. The deliberate focus on studies published within the past ten years (2015–2024), while ensuring relevance, may have excluded foundational earlier research or long-term trends, limiting a comprehensive view of how suicide risk factors and intervention outcomes have evolved. These limitations showcase the need for future comprehensive, multilingual, methodologically rigorous, and longitudinal research to better inform suicide prevention efforts targeting South African men.

Lastly, another key limitation of this review was the variability in how risk factors were measured across the included studies. Different methodologies ranging from quantitative assessments to qualitative narratives reduced comparability and may have affected the consistency and interpretation of the identified themes.

8. Conclusions

This study emphasizes the significant factors contributing to the high male suicide rates in South Africa, particularly traditional masculinity norms, economic hardship, and mental health stigma. It revealed that societal pressures discourage men from seeking help which exacerbates their vulnerability to suicide. The research identified critical gaps in existing prevention strategies, especially the lack of gender-sensitive approaches that cater to men's unique needs. To address these gaps, future research should prioritize longitudinal and multidisciplinary studies that explore the complex interplay of sociocultural, economic, and psychological factors affecting South African men.

AVAILABILITY OF DATA AND MATERIALS

No new data were created or analyzed in this study. Data sharing is not applicable to this research.

AUTHOR CONTRIBUTIONS

WM—conceptualization; methodology; formal analysis; investigation; resources; data curation; writing–original draft preparation; project administration. WM and OS—validation; writing–review & editing; visualization. OS—supervision. Both the authors have contributed to the work.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Not applicable.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

SUPPLEMENTARY MATERIAL

Supplementary material associated with this article can be found, in the online version, at https://oss.jomh.org/files/article/2049370297885179904/attachment/Supplementary%20material.docx.

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