

Original Research Article

Utilization of Insecticide-Treated Nets among Pregnant Women and Children Under-Five Years of Selected Communities in Bayelsa and Rivers States, Nigeria

ABSTRACT

Aim: Globally, Vulnerable population to malaria infection are pregnant women and children under 5 years if effective intervention is not taken. The study will determine pregnant women and care givers of children under five years in the utilization of ITNs in Sagbama, Kolokuma / Opokuma LGAs (Bayelsa state); Ahoada- West LGA (Rivers State).

Study designed: The research was based on pre-post field health education intervention among 400 pregnant women and caregivers of children under-five years in selected communities in Bayelsa and Rivers States on use of insecticide treated nets (ITNs).

Methodology: A pre- post tested questionnaire for health education intervention was administered randomly to sample houses of 330 respondents after stakeholders meeting on use of ITNs in the communities.

Results: After post intervention most respondents 292(88.5%) strongly agreed using ITNs was the best way to prevent malaria. It was found that educated respondents were 4 times more knowledgeable than their uneducated counterparts (O.R.: 4.300, 95% C.I.: 0.838-22.064; p-value: 0.058). Low proportion of the respondents 131(39.7%) slept in the ITNs previous night. Public health awareness campaign on use of ITNs showed a statistically significant difference between both categories (t-test statistic: 31.026; p-value < 0.05). The negative reasons for not using the ITNs include harmful and due to heat.

Conclusion: The factor heat in dry season stands as barrier in use of ITNs. Sustained health education enhance practice of ITNs despite the weather, Government policies on ventilated buildings be enforced, improve on quality of the nets not to generate heat during dry season.

Keywords: Malaria, Insecticide Treated Nets, Vulnerable Population, Heat, Campaign

Comment [A1]: Not clearly stated. Pregnant women and children under five years are the most vulnerable in malaria zones so require most cost effective intervention. So the word "if effective intervention is not taken" is not valid in this case

Comment [A2]: Assessed, not "determined"

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1. INTRODUCTION

Despite progress in world malaria control, the disease remains a constant cause of sickness and death[1]. Global malaria report in 2019 approximates 405 000 mortality and 228 million morbidities as a result of malaria in 2018[2]. Sub-Saharan Africa is responsible for 95% of global morbidities [3]. Nigeria is responsible for 25% of world malaria cases [4]. Preventing malaria infection is by utilization of ITNs and indoor residual insecticide[1]. In 2018 the prevalence of malaria infection among pregnant women in West Africa Sub-region and Nigeria has about 39%[4]. The high rate of ITNs possession and good knowledge did not translate into overwhelming usage and this impact negatively on the prevention of malaria among vulnerable populations [5]. Findings from [6]. revealed 20% of respondents lack ITNs, those who own ITNs only 31% utilized it every day. Previous work revealed that ITNs are a reliable tool at decreasing child mortality, malaria parasite prevalence. Although, there have been a rise in the resistance to pyrethroids ITNs affecting the impact of ITNs on malaria transmission [7].

Malaria prevention and control in pregnant women in Africa rests on three pillars: ITNs, IPTp with sulphadoxine - pyrimethamine and effective case management of malaria illness [8]. Studies on malaria during pregnancies indicate pregnancy complications: miscarriage, maternal anemia, stillbirth, low birth weight and prematurity [9]. Study have revealed that in some countries irrespective of scaling-up of intermittent preventive treatment (IPTp) and delivery of nets, there is increase in malaria infection among pregnant women, which necessitate the need to investigate women at risks of further interventions [10]. Increase in drug resistant malaria parasites in Ghana has favored the use of ITNs as an effective strategy in the prevention of malaria [11]. A study in Uganda for children under five years revealed an increase in use of nets from 8% in 2001 to 74% in 2014, this improvement still fell short of the Millennium Development Goal (MDG) target of 80% [12].

Information to behavioral change connected to malaria brought about high use of ITNs in several African nations [13]. The phase iv expanded program linked malaria vaccine implementation in 2019 was disrupted by a novel pneumonia condition termed coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [14]. COVID-19, the disease may have result to more than 200 million people to be infected with malaria and almost 500,000 people may die, mostly young children in each year [8]. The efficacy on the use of ITNs to prevent malaria is approximately 50% in highly endemic area of African and 63% reduction of malaria mortality among children [15]. Studies in many Africa settings indicate that malaria immunization with the RTS, S/AS01(RTS,S) vaccine efficacy wanes over time. [16]. Malaria being caused by mosquitos are transferred through feeding two times on a person exposed to it [17]. The cost effectiveness of ITNs has boost the coverage of ITNs in Nigeria to 69% in 2016 [18]. This motivated this study to scale up ITNs intervention to identify capacity, motivation and opportunities for pregnant women

and care givers of children under five years that will improve utilization over time in Sagbama, Kolokuma/Opokuma and Ahoada-West LGAs respectively.

2. MATERIAL AND METHODS

2.1 Study Design

The research was based on a pre- and post-field intervention strategy (descriptive survey) among pregnant women and care givers of children randomly selected in Sagbama, Kolokuma/Opokuma LGA (Bayelsa State) and Ahoada-West LGA (Rivers State) on use of ITNs.

2.2 Study Area

This study was conducted at three LGAs: Sagbama, Kolokuma/ Opokuma LGA (Bayelsa State) and Ahoada -West (Rivers State). The total of fifteen (15) Communities were randomly selected from the three LGAs at five communities per each LGAs. In Sagbama LGAs the following communities were selected as study area: Sagbama, Adagbabiri, Tungbo, Toru-Angiama, and Agbere. They are made up of riverine communities in Bayelsa, predominantly farmers, fisher men/women.

The study areas for Kolokum/Opokuma Local Government Area is made up of five Communities: Kaiama, Odi, Sampou, Sabagreia and Opokuma. The main occupation of the inhabitants are farmers, traders, civil servant, fisher men and women, craft men and women. They have a common boundary with Sagbama and Yenagoa LGA in Bayelsa State. The communities along the East-West Road which is a major Road Network that link Sagbama LGA, Kolokuma/ Opokuma LGA Yenagoa LGA and Ahaoda West LGA. Distribution of primary health care centers and various category of health workers are located in each community. In Ahaoda West LGA (River State), the five communities involved in the study are Akinima, Mbiama, Okaki, Okubie and Ohahi.

2.3 Scope of Study

This pre and post intervention study covers only women of reproductive age 15-49 years, pregnant women and care givers of children under five years in Sagbama, Kolokuma/ Opokuma LGAs (Bayelsa State) and Ahoada -West (Rivers State).

2.4 Study Population

The study population consist of pregnant mothers and care givers of under-five years children in Sagbama, Kolokuma/ Opokuma LGAs (Bayelsa State) and Ahoada -West (Rivers State).

2.5 Sample Techniques/Sample Size

2.5.1 Sampling Techniques

A stratified random sampling method was used to obtain the sample size of 400 respondents in the study area, while a multi stage sampling technique was considered most appropriate for the respective three LGAs selected for the study;

2.5.1.1 Stage I: identification of cluster LGAs to select Sagbama, Kolokuma/Opokuma and Ahoada -West LGAs in the study area.

2.5.1.2 Stage II: line listing of each political wards in each cluster LGA [19].

2.5.1.3 Stage III: selection of five (5) communities/settlement in each ward randomly selected to determine the utilization of ITNs

2.5.1.4 Stage IV: identification of ten (10) pregnant women and fourteen (14) care givers of under five children from randomly selected households to avoid bias.

2.6 Method and Instrument for Data Collection

A well structure questionnaire approved by research supervisors was adopted for both pre and post intervention.

The adopted questionnaire inquired about KAP on ITNs that could be translated into capacity motivation, opportunities (CMO), which follow the methods of similar studies as used in Sagbama and Shashogo District, study.[6].[20].

The pre tested questionnaire was divided into sections to addressed variables such as demographic information: age, educational level, occupation, religion, marital status; Ownership of ITNs, knowledge on awareness of malaria in pregnancy and in under five years children, knowledge on best way to prevent malaria; attitude towards the use of ITNs among respondents ; Practice(actual utilization of ITNs among those who own ITNs).

The pre- tested questionnaire for pre- intervention was administered randomly to sample houses of respondents between August, September and October 2021 and the subsequent post intervention questionnaire in November to December 2021 after utilizing systemic approach to conduct stakeholders meeting with respondents.

Twelve (12) research assistants were trained on the content understanding of the questionnaire and procedure for data administration.

Ethical approval was requested from the ethical committee from the Department of Public Health, Novena University, Ogume, Delta State and from respondents and the authorities of Sagbama LGA, Kolokuma/ Opokuma LGA and Ahoada-West LGA respectively.

2.7 Method for Data Analysis

Statistical data were analyzed using the Statistical Package for Social Sciences (SPSS for window versions 20.0 SPSS.

Descriptive statistic was performed and presented in tables, figures, frequency and percentages.

Statistical test to test difference in pre and post parameters was the t test statistic. It assessed the individual scores for knowledge and attitude.

All p- values reported were two tailed and statistical significances will be defined as $P= .05$.

3. RESULTS AND DISCUSSION

3.1 RESULTS

In this study, a total of 330 respondents were involved. 119 (36.1%) were from Ahoada LGA, 117 (35.5%) were from Sagbama LGA and 94 (28.5%) were from Kolokuma/Opokuma LGA. The highest proportion of the respondents were aged between 26 and 35 years 153 (46.4%) and were traders 142 (43.0%). The majority of the respondents had also received secondary school education 200 (60.6%), were Christians 307 (93.0%) and were married 270 (81.8%). These details are shown in Table 1.

Table 1: Demographic/socio-economic details of respondents

Variable	Variable Categories	Frequency (330)	Percentage (%)
LGA	Ahoada	119	36.1
	Sagbama	117	35.5
	Kolokuma/Opokuma	94	28.5
Age (years)	16-25	59	17.9
	26-35	153	46.4
	36-45	94	28.5
	45 and above	24	7.3
Educational attainment	Primary	26	7.9
	Secondary	200	60.6
	Tertiary	82	24.8
	Informal	22	6.7
Occupation	Civil servant	69	20.9
	Trader	142	43.0
	Farmer	65	19.7
	Others	54	16.4
Religion	Christianity	307	93.0
	Islam	9	2.7
	Traditional	8	2.4
	Others	6	1.8

Marital status	Married	270	81.8
	Separated	17	5.2
	Single	33	10.0
	Widow(er)	10	3.0

Baseline ownership of Insecticide-Treated-Nets (ITNs) enquiry of the ownership of ITNs among the respondents showed that majority of the respondents 272 (82.4%) owned these nets. This is shown in Table 2. Post-intervention ownership of ITNs enquiry of the ownership of ITNs among the respondents after the intervention showed that majority of the respondents 304 (92.1%) owned these nets. This is shown in Table 2

Table 2: Ownership of Insecticide Treated Nets

Variable	Options	Baseline		Post intervention	
		Frequency (330)	Percentage (%)	Frequency (330)	Percentage (%)
Ownership of ITNs	Yes	272	82.4	304	92.1
	No	58	17.6	26	7.9

Table 3. showed that at baseline, majority of them 237 (71.8%) had moderate knowledge that using ITNs was the best way to prevent malaria in pregnancy and under-five children. In post intervention from Table 3. showed that majority of them 227 (68.8%) had moderate knowledge that using ITNs was the best way to prevent malaria in pregnancy and under-five children.

Table 3: Baseline knowledge of the best way to prevent malaria in pregnancy and under-five children among the respondents

Variables	Knowledge options	Baseline		Post intervention	
		Frequency (330)	Percentage (%)	Frequency (330)	Percentage (%)
Over knowledge of preventive measure	Good	18	5.5	90	27.3
	Moderate	237	71.8	227	68.8
	Poor	75	22.7	13	3.9
Taking of drugs	Strongly Agree	61	18.5	12	3.6

from a chemist	Agree	117	35.5	9	2.7
	Undecided	17	5.2	2	0.6
	Disagree	101	3.6	247	74.8
	Strongly disagree	34	10.3	60	18.2
To attend clinic for treatment	Strongly agree	168	50.9	17	5.2
	Agree	117	35.5	34	10.3
	Undecided	10	3.0	0	0.0
	Disagree	26	7.9	221	67.0
	Strongly disagree	9	2.7	58	17.6
To always sleep in ITNs (ITNS)	Strongly agree	208	63.0	292	88.5
	Agree	85	25.8	19	5.8
	Undecided	8	2.4	0	0.0
	Disagree	21	6.4	18	5.5
	Strongly disagree	8	2.4	1	0.3
To use mosquito coils	Strongly agree	58	17.6	14	4.2
	Agree	108	32.7	124	37.6
	Undecided	18	5.5	0	0.0
	Disagree	95	28.8	145	43.9
	Strongly disagree	51	15.5	47	14.2
To use spray/repellants	Strongly agree	65	19.7	21	6.4
	Agree	118	35.8	263	79.7
	Undecided	23	7.0	0	0.0
	Disagree	86	26.1	36	10.9
	Strongly disagree	38	11.5	10	3.0
To clean the environment	Strongly agree	168	50.9	16	4.8
	Agree	100	30.3	257	77.9
	Undecided	13	3.9	0	0.0
	Disagree	30	9.1	46	13.9
	Strongly disagree	19	5.8	11	3.3

Table 4. showed that from the baseline, the largest proportion of them 157 (47.6%) had good attitude towards the use of ITNs. In post intervention, it showed an increase that most of them 321 (97.3%) had good attitude towards the use of ITNs. This is shown in Table 4.

Table 4: attitude of the respondents towards the use of ITNs

Variables	Attitude options	Baseline		Post intervention	
		Frequency (330)	Percentage (%)	Frequency (330)	Percentage (%)
Overall attitude	Good	157	47.6	321	97.3
	Moderate	120	36.4	5	1.5
	Poor	53	16.1	4	1.2
I personally do not like using ITNs	Strongly agree	66	20.0	3	0.9
	Agree	62	18.8	6	1.8
	Undecided	11	3.3	1	0.3
	Disagree	115	34.8	254	77.0
	Strongly disagree	76	23.0	66	20.0
Using those nets is very uncomfortable	Strongly agree	43	13.0	4	1.2
	Agree	70	21.2	2	0.6
	Undecided	10	3.0	0	0.0
	Disagree	125	37.9	210	63.6
	Strongly disagree	82	24.8	114	34.5
I will not encourage anyone to use those nets	Strongly agree	26	7.9	3	0.9
	Agree	38	11.5	1	0.3
	Undecided	17	5.2	1	0.3
	Disagree	137	41.5	167	50.6
	Strongly disagree	112	33.9	158	47.9
Use of ITNs can be harmful to the lungs, thus I don't use them	Strongly agree	34	10.3	3	0.9
	Agree	36	10.9	2	0.6
	Undecided	18	5.5	0	0.0
	Disagree	133	40.3	148	44.8

	Strongly disagree	109	33.0	177	53.6
I am always against the use of ITNs	Strongly agree	29	8.8	3	0.9
	Agree	48	14.5	4	1.2
	Undecided	15	4.5	0	0.0
	Disagree	121	36.7	151	45.8
	Strongly disagree	117	35.5	172	52.1

Assessment of the practice of ITNs in baseline among the respondents showed that majority of them 224 (67.9%) had used the ITNs the previous night as shown in Table 5. Also, 172 (52.1%) hung and tucked-in the net when they were about to sleep which was the correct method of use. These details are shown in Table 5. In post-intervention usage of ITNs among the respondent showed that majority of them 199 (60.3%) had used the ITNs two nights ago, a minority number 131 (39.7%) slept in the ITNs the previous night as seen in Table 5. Enquiry about how they used the nets showed that majority were of the opinion that they hung and tucked-in the net when they were about to sleep 284 (86.1%) which was the correct method of use. These details are shown in Table 5.

Table 5. Practice of ITN use among the respondents at baseline

Variables	Knowledge options	Baseline		Post intervention	
		Frequency (330)	Percentage (%)	Frequency (330)	Percentage (%)
When last used ITNs	Previous night	224	67.9	131	39.7
	Two days ago	86	26.1	199	60.3
	Three days ago	4	1.2		
	Cannot remember	239	72.4	326	98.8
	Yes No	91	27.6	4	1.2
Method of use	Hung and tucked-in the net when about to sleep	172	52.1	284	86.1
	Slept under hanged net without dropping	326	98.8		
	Sleep Yes	66	20.0	175	53.0
	No	264	80.0	155	47.0

of ITNs	halfway No and later drop the hanged ITN				
Frequency of net washing	Based on manufacturer's instructions	89	27.0	9	2.7
	Once in a year	102	30.9	13	3.9
	Twice a year	134	40.6	308	93.3
	Monthly	5	1.	0	0.0
Present condition of the ITNs	Torn	172	52.1	32	9.7
	Not torn	158	47.9	298	90.3
Outcome of ITNs use	Reduction in malaria treatment	37	11.2	325	98.5
	No reduction of malaria treatment	293	88.8	5	1.5

Table 6. showed that their education had a borderline statistically significant association with their attitude towards ITN use. It was found that educated respondents were 4 times more knowledgeable than their uneducated counterparts (O.R.: 4.300, 95% C.I.: 0.838-22.064; p-value: 0.058).

Table 6: Association between attitude towards ITN use and socio-economic factors post-intervention

Factors	Factors Categories	Attitude towards ITN use			X ² (p-value)	OR (95% CI)
		Good	Poor	Total		

Knowledge of causes of malaria	Pre-Intervention	330	21.39	1.999	31.026	< 0.05	6.997 – 7.942
	Post-Intervention	330	13.92	3.890			
Knowledge of effect of malaria in pregnancy	Pre-Intervention	330	17.62	2.365	10.940	< 0.05	2.099 – 3.017
	Post-Intervention	330	15.06	3.528			
Knowledge of effect of malaria in children	Pre-Intervention	330	18.23	1.998	8.397	< 0.05	1.207 – 1.944
	Post-Intervention	330	16.65	2.762			
Knowledge of prevention of malaria	Pre-Intervention	330	20.38	3.168	14.460	< 0.05	3.352 – 4.405
	Post-Intervention	330	16.50	3.703			
Attitude towards use of ITNs	Pre-Intervention	330	21.78	2.775	12.027	< 0.05	3.205 – 4.456
	Post-Intervention	330	17.95	5.076			

95% C.I.: 95% confidence interval

3.2 DISCUSSION

Socio-demographic details revealed highest proportion of the respondents in this studies were aged between 26-35 years unlike other studies in Cameroon were most of the respondents aged were 14- 24 years; similarly, majority (81.8%) of this studies are married similar to majority (84.4%) of pregnant women who participated in the use of ITNs in Cameroon were married; also, majority (93.0%) of the respondents in this present studies were Christian's similar to other studies in Cameroon were majority (87.3%) of the respondents were Muslims; furthermore majority (60.6%) of the respondents had also received secondary education similar to studies in Cameroon on use of ITNs reported highest percentage (69.8%) of respondents are with secondary level education [21]. The findings of this studies were carried out after pre and post intervention on use of ITNs among pregnant women and caregivers of children under five years as respondents from August to December, 2021 which was between raining season and dry season, contrary to other studies where it was done from April to July 2018 which was dry season [21].

The study showed that the respondents 330(100%) are mainly pregnant women and caregivers of children under-five years. This is contrary to studies carried out in Rivers State where majority of the respondents (57.2%) were males [22]. Baseline intervention showed that majority of the respondents 272 (82.4%) owned these nets. Comparing to post intervention, ownerships of ITNs increase to 304 (92.1%). This finding is in agreement with a similar study in southern Nigeria [23].[24]. A large proportion 157 (47.6%) had good attitude towards the use of ITNs at baseline while in post

intervention result it showed an increase 321 (97.3%) who had good attitude on use of ITNs. This result therefore agreed with a similar study in Ethiopia [25].

It was observed that in baseline, majority of them 224 (67.9%) had used the ITNs the previous night; majority 172(52.1%) hung and tucked-in the net when they were about to sleep, which was the correct method of use. Behavioral change after post intervention, indicate low proportion of respondents 131(39.7%) slept in the ITNs the previous night. The low usage of ITNs in the dry season, was observed to be contributed by the variation of the temperature in the study areas. This findings is similar to seasonal variation of climatic temperature in raining and dry seasons of Rivers State between February to December [26]. This findings of high ownership of ITNs and low utilization is similar to studies in Ho municipality, Ghana [11]. Current study revealed baseline attitude of respondents that 43(13.0%) strongly agree and 70(21.2%) agreed that using ITNs is very uncomfortable during dry season period, heat therefore was identified as a main barrier which negatively influence poor attitude on the use of ITNs, similar to studies in Isingiro district [5].

A critical assessment of this survey revealed that majority of the respondents (60.6%) are of secondary educational background and are part of (82.4%) ownership of ITNs. This is similar to studies in Southern Nigeria; contrary to other studies where tertiary education was the highest[23].[27]. In the post intervention findings indicate that majority 304 (92.1%) of the respondents with secondary education has an increase of ownership of ITNs. The increase in ownership of ITNs is considered to be significant as a result of effective public health awareness campaign on free distribution of ITNs during the study period by Bayelsa State Government under maternal and child health week to all pregnant women and caregivers of children under-five years at various LGAs likewise in Rivers State maternal and child health care programs in various health centers were rendered to pregnant women and children under-five years by health care providers. On the other hand, on use of ITNs the previous night after post intervention it shows that 131(39.7%) slept under ITNs. This is short of the 80% National and Global Target on ownership and use of ITNs which is stated in similar study in Nigeria [28]. Also, the short fall in use of ITNs despite educational background is similar to studies in tertiary hospital in Bayelsa State on ITNs [29]. In this study, it was found that their education had a borderline statistically significant association with their attitude towards ITN use. It was found that educated respondents were 4 times more knowledgeable than their uneducated counterparts (O.R.: 4.300, 95% C.I.: 0.838-22.064; $P=$.058). This is similar to studies in Enugu State [30]. The role of education and access to tools for malaria prevention played a key factor in the attitude on use of ITNs, this is in agreement with similar studies in Ondo, Lagos and Ekiti States [31].[32].

Assessment of the difference in the means of the pre-intervention and post-intervention knowledge scores of the respondents regarding: the cause of malaria in pregnancy and in under-5-year-old children showed a statistically

significant difference between both categories (t-test statistic: 31.026; $P=0.05$); effect of malaria in pregnancy and in under-5-year-old children showed statistically significant differences between both categories (t-test statistic: 10.940, $P=0.05$; t-test statistic: 8.397 $P=0.05$ respectively). This is in agreement to similar study in sub-Saharan Africa on ownership of ITNs which varied from as low as 3% to greater than 80% [33][31]. The impact of the public awareness campaign shows 67.9% on use of ITNs in the previous night during the baseline, in post intervention there was a drastic fall on those who use the ITNs the previous night 39.7%. Some of the negative reasons attributed for not using the ITNs include harmful, against the use, and uncomfortable. This is in agreement to studies in Nigeria [34] [22].

Other findings shows that 94.5% had good knowledge on causes of malaria which is significant to utilization of ITNs with T- test statistics 31.026; P-value < 0.05 this is similar to a pre and post intervention findings in Lagos State, Nigeria [35]. Similarly, low percentage of utilization of ITNs in the post-intervention despite influence of knowledge on ITNs through education, this agree with reasons given for non- utilization of ITNs in similar studies were respondents (10.6% vs. 18.9%) indicate it is hotter to sleep under LLIN [35]. It was found in this study that their marital status was a statistically significant factor associated with use of ITNs (O.R.:0.424;95%C.I.:0.237-0.760; $P=0.033$).

4. CONCLUSION

The low usage of ITNs in the dry season is contributed by the variation of night temperature in the study areas. To help improve on the attitude on use of ITNs in all weather, Community Health Practitioners and other public health practitioners should pay regular home visits to health educate pregnant mothers and care givers on the need to use ITNs. Improvement in education and socio-economic status of the population in the long run to better pregnancy outcome and health stability of under-five years children. Construction of more standard ventilated buildings to promote use of ITNs, regular supply of electricity in the rural areas; creation of job opportunities to raise the standard of living, more health awareness campaign on use of ITNs in primary schools, secondary schools and tertiary level be inculcated into school curriculum, this will raise the level of awareness on use of ITNs for who to become pregnant in the near future among the female students.

CONSENT

Ethical principle guiding the use of human participation in research was adopted. The consent of respondents to the part of the study was derived through the use of health talk in local language and Pidgin English during stakeholder meeting and immunization program.

ETHICAL APPROVAL

Ethical approval was requested from the ethical committee from the Department of Public Health, Novena University, Ogume, Delta State and from the authorities of Sagbama LGA, Kolokuma/ Opokuma LGA and Ahoada- West LGA respectively. The study followed the ethical principles guiding the use of human participation in research.

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