


Cognitive Self- Compassion (CSC) Online Intervention Program: A Pilot Study to Enhance the Self-Esteem of Adolescents Exposed to Parental Intimate Partner Violence

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Abstract

Children exposed to parental intimate partner violence (IPV) are at high risk in terms of their mental health during the COVID-19 pandemic. Therefore, online interventions are imperative in a crisis situation. Empirical studies indicate a significant relationship between self-esteem and children exposed to parental IPV. This research aimed to develop, and pilot test an online intervention program to enhance the self-esteem of Adolescents exposed to parental IPV. Conklin's developmental model was used to develop the online program and the Coopersmith Self Esteem Inventory scale, interview, and focus group discussion was used to understand the key issues. The developed Cognitive Self Compassion (CSC) Online Intervention Program that integrates the theories and techniques of social cognitive theory and self-compassion was implemented over 6 weeks at a rate of 60 min per session to the 10 participants. Results of the single-group pilot experiment showed a significant difference in the pre & post-test scores of the participants. The self-esteem of the adolescents exposed to parental IPV was significantly enhanced after undergoing the CSC Online Intervention Program.

Keywords

intimate partner violence, covid-19, self-esteem, self-compassion, Adolescents

The COVID-19 pandemic brought up severe concerns about adolescents who have been exposed to intimate partner violence (IPV) (Fogarty et al., 2021). Intimate partner violence refers to any behavior that causes psychological, physical, and sexual harm in a current or prior relationship

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(Breiding et al., 2016). Parental IPV has skyrocketed, with some countries claiming a 25–50% rise (Venis, 2020). According to WHO estimates, 13% of children (around 15.2 million) aged 2–17 years have experienced parental IPV (Hymas, 2020). A report states that the national domestic violence helpline administered by the charity shelter had a 49% higher in calls following the pandemic, and 800,000 children had parental IPV in the previous year (UK Parliament Committees, 2020). The COVID-19 pandemic has also affected the children in Kerala because of the increasing case of IPV (Anjali & Ranganadhan, 2020). During the pandemic in Kerala, 4338 adolescents were mentally and physically affected by parental IPV. These instances were reported between January and March 2020 (Atholi, 2021).

Exposure to parental IPV has a high chance of perpetuating the cycle of violence for future generations (Anitha & Venus, 2016). Adolescents who are exposed to violence may experience adverse social, behavioral, and psychological consequences (Dixon & Slep, 2017; Sagar & Hans, 2021), long-term and short-term mental health issues have also been linked to poor self-esteem among the adolescents exposed to parental IPV (Haj-Yahia et al., 2019). This can also lead to some forms of trauma (Anitha & Venus, 2016), which may affect their own lives and put them in a more dangerous situation (Haj-Yahia et al., 2019; Howel et al., 2016).

Moreover, adolescents exposed to parental IPV have a higher risk of internal and external problems (Abramson, 2020) and are more likely to suffer low self-esteem (Rosser-Limiñana et al., 2020). Several studies show a relationship between self-esteem and exposure to parental IPV (Cameranesi & Piotrowski, 2018; Sumiarti & Puspitawati, 2017). Carracedo et al. (2018) state that adolescents in families exposed to parental IPV often report self-blame and low self-esteem compared to non-exposed children (Cameranesi & Piotrowski, 2018). Low self-esteem is linked to a wide range of psychological problems, including depression, eating disorders, and poor school performance (All Answers Ltd, 2018; Moksnes et al., 2016; Nguyen et al., 2019), aggression, criminal behavior, substance abuse, teenage pregnancy, and irresponsible sexual behaviors or being a member of a deviant group (Alyssa, 2020, 2020a & Tagay, 2017; Mohamed & Mahmoud, 2018; Schimelpfening, 2020; Staf & Almqvist, 2015). Individuals with low self-esteem are thought to have fewer coping resources when faced with difficult life circumstances (Moksnes et al., 2016). Studies suggest that self-esteem has influenced their ability to cope with parental IPV. Adolescents who feel in charge of their lives and feel good self-worth may be less influenced by the adversities they face (Cameranesi & Piotrowski, 2018). Healthy and high self-esteem are considered protective factors in life, and it is essential during adolescence (Scott, 2015). In terms of self-esteem, the adolescent stage can be highly problematic (Bialecka-Pikul et al., 2019). It emphasizes the importance of intervening earlier in life when we still have the opportunity to break negative patterns and promote self-esteem.

People with low self-esteem have an ambiguous or unfavorable opinion of themselves, believing they are incompetent and of little worth. According to social cognitive theory, challenging or reflecting on the negative or unhelpful aspects of one's thoughts might help one feel better and respond to situations more effectively (Lannette, 2019). They are developing a new set of more balanced, accepting thoughts by challenging these beliefs. Self-compassion helps in the practice of recognizing negative self-talk as it occurs and choosing to think about the circumstance more realistically and reflectively (Ge et al., 2019). Marshall et al. (2015) state that promoting and cultivating self-compassion in adolescents can boost their self-esteem. According to a study, practicing self-compassion can help people boost their self-esteem and become more content and less critical of themselves (Roberts, 2015). Many scholars and researchers have emphasized that self-compassion is an essential constituent for IPV victims (Allen et al., 2021; Blanden et al., 2018; Daneshvar et al., 2020). Therefore, based on the Cognitive and self-compassion theories we

developed a Cognitive Self Compassion (CSC) online intervention program to enhance the self-esteem of adolescents exposed to parental IPV.

Evidence-based online interventions are currently lacking during public health crises (Rauschenberg et al., 2021). Notably, there is very little evidence on the use of online interventions for children (Castro et al., 2017). This issue emphasizes the importance of safe and remote online interventions (Babvey et al., 2021). Recent evidence also reveals that the general public and people with psychological problems have a strong subjective demand for online mental health interventions (Barbara et al., 2020; Torrent-Sellens et al., 2016).

Online therapies are appropriate for potentially stigmatizing and upsetting events, such as parental IPV, because they are freely available, provide anonymity and thus safety, and do not require face-to-face interaction, cheaper financial costs, the ability to join the intervention at any time, and location, easier access to a broader variety of people, and a reduction in waiting time (Rigabert et al., 2018). Online therapies incorporated in a therapeutic context and include some sort of social engagement with a mental health professional have been described as having particularly high effectiveness, acceptability, feasibility, and user satisfaction (Berry et al., 2016; Rigabert et al., 2018). Moreover, adolescents' daily lives are significantly impacted by digital technologies, with many using the internet and adopting mobile devices like smartphones and tablets (Auxier et al., 2020). So online therapies can reach a large number of children who have been exposed to parental IPV (Van Gelder et al., 2020). Thus, providing adolescents exposed to IPV with proper and effective online psychosocial therapy is imperative during public health crises (Franchek-Roa et al., 2017; Pingley, 2017; Rode et al., 2019; Rosser-Limiñana et al., 2020). Therefore, the purpose of the study was to develop and test the efficacy of a CSC online intervention program to enhance the self-esteem of adolescents exposed to parental IPV. This Program is necessary to address adolescents with low self-esteem due to their exposure to parental IPV during COVID-19 pandemic.

Method

Design

This study followed Conklin's (1997) program development model, which included planning, design, implementation, and evaluation. The implementation of Conklin's program development model improves program relevance and allows for concentrated resources to be focused on the most urgent, present needs of a large number of people (Franz et al., 2015). The **first phase** of the study involves planning, which entails identifying program goals, conducting a needs assessment, setting program priorities, identifying target audiences, writing program objectives from the extensive study of the available related literature, and analyzing data from surveys, interviews, and focus group discussions involving the target populations. The **second phase** of the study involved the design and implementation of the CSC online Intervention Program through selecting and developing content, selecting or developing delivery methods and resource materials, and constructing an implementation timeline. The **third phase** of the study involved the evaluation and program validation of the efficacy of the CSC online program in targeting low self-esteem among the selected exposed adolescents.

Participants

Ten adolescents aged 11–17 years old were chosen for the pilot study from six charitable shelter homes in Kerala, India. Adolescents who had never been a part of a similar program consented to take part in this research and were randomly chosen based on the following inclusion criteria: (a)

with ages of 11–17 years old, (b) from the state of Kerala, India, (c) who are directly or indirectly exposed to parental intimate partner violence, (d) who have both parents, (e) lives in shelter homes, (f) with stable internet accessibility, and (g) low self-esteem as measured by the Coopersmith Self-esteem Inventory -School form.

Data were collected from six centers where maltreated children are sheltered started after securing permission from the center managers. These centers are registered under the control of charitable organizations. As such, we were able to coordinate with these centers for prospective participants through the assistance of government agencies for further security and assessment, children welfare volunteers, social workers, and mental health practitioners. We were able to select a total sample of 200 participants from the six centers ($C_1 = 30$, $C_2 = 25$, $C_3 = 40$, $C_4 = 35$, $C_5 = 40$, $C_6 = 30$). From this research pool, with the assistance of a social worker and using the purposive sampling technique the 10 adolescents who scored low on the CSEI-MT were selected for the pilot study

Ethical Considerations

This pilot experimental study was carried out considering the ethical issues, and permission was obtained from the Ethical Review Committee. Informed consent was obtained from the children and guardians to participate in this study and also informed the participants that they had the right to withdraw from the program at any time without condition. Before implementing the intervention program, I ensured that participants are in a safe environment and informed about the safe use of technologies. This includes the need for adequate security measures to protect sensitive information held electronically and that it is highly inadvisable to place confidential data on publicly accessible sites such as Facebook and other social media platforms. I have ensured that participants are comfortable with the chosen platform (Zoom) for delivery and that the delivery method functions well. I discussed with the participants at the beginning of the first session what they will do if the technology breaks down during the session. I have also arranged for support from a social worker or assistance if the need arises during or following online therapy. To conduct a satisfactory therapy session online, I have ensured a high-quality audio and visual connection and a stable and fast internet connection.

Measures

Demographic Information Form. The DIF is a demographic questionnaire used to obtain the socio-demographic characteristics of the participants. Information such as age, gender, income, and educational status are included in the datasheet. Additionally, screening questions were included: (1) if they have been exposed to IPV, (2) how they have been exposed to IPV, and (3) if have they ever seen or heard of violence or watched parents hurting each other. The demographic questionnaire relates to the study's inclusion criteria: it helps to know whether the participants were directly or indirectly exposed to parental IPV and to ensure the participants are adolescents

Coopersmith Self-Esteem Inventory -School form. The Coopersmith 58-item standard scale was used to assess self-esteem. Coopersmith self-esteem inventory is one of the best available tools to measure self-esteem and it is widely used in the current research field. The scale helps to measure attitudes toward the self in a variety of areas such as family, peers, school, and general social activities. Examples of the items are: "I find it very hard to talk in front of a group." This questionnaire has been used in many studies, and Coopersmith and others (2011) have reported the test-retest

reliabilities ranging from .88 (over 5 weeks) to .70 (over 3 years). In general, 50 elements are classified into four self-esteem scales: general self-esteem, social self-esteem (peers), family self-esteem, and educational self-esteem (school). It also provides a total score in addition to these four subscales. In addition, eight pathometer items must be answered with a yes or no response. The total score can range from zero to 100 points. The higher the test score, the higher the self-esteem. Therefore, participants with scores greater than 41 have high self-esteem, while those with scores less than 22 have low self-esteem (Edgar et al., 1974). As the Coopersmith Self-esteem Inventory School form (CSEI) was not available in the Indian language, particularly Malayalam, the present study translated the items into Malayalam and subjected them to parallel form reliability procedures to develop the Coopersmith Self-esteem Inventory School Form – Malayalam Translation (CSEI-MT).

Cognitive Self-Compassion (CSC) Online Intervention Program

The program was designed as follows: First, the theoretical concepts and therapeutic techniques of the Cognitive and self-compassion therapies skillfully into the modules of the program were integrated; Second, the extracted themes from the discussions and interactions with the children who have low self-esteem and specify them to the needs of the children exposed to parental IPV were collected; Third, the specific themes in a modular form were categorized and arranged, and Fourth, a detailed CSC-OIP manual and guidelines which consisted of objectives, outline and particular activities of the entire program were composed. Each session of the program includes activities intended to enhance the self-esteem of adolescents exposed to parental IPV, which interferes with their psychological, social, cognitive, and personality functioning.

Cognitive Self-Compassion (CSC) Modules and its Objectives

The **first module** is meant for introduction, rapport building, mutual support, and a pleasant environment. Introduced the online platform (ZOOM) first and explained how to use the platform to create a pleasant environment such as camera, microphone, gestures, and breakout rooms. Then asked the participants to introduce themselves and write their names and place them in the chat box. Then assign each five participants in the four breakout rooms to introduce themselves. The facilitator enters each breakout room and introduces each participant to one other. This activity aims to make them comfortable with each other. Then introduced CSC online program and set the Ground rules.

The **second module** includes two sessions with a self-journey. Self-Exploration, Self-awareness, Self-Acceptance, and the final destination is Self-Love. Self-discovery can help the participants get to know themselves a little better. The first session intended to explore the participant's current selves, creating goals, desires, and dreams in their mind and to help the participants to learn their abilities and achieve the fullest potential in this life. Journal writing and mental imagery are used to achieve this goal. The second session intended to accept the self and start self-love to find out the participant's self-worth. Psychoeducation of self-acceptance and self-love are given to the participants and they are started with Self Compassion Mantra: "May I be kind to myself."

The **third module** includes two sessions: reframing negative thoughts and coping with social pressure and body image. Negative thoughts make the participants feel bad about themselves and lower their self-esteem. The media, individuals around us, and popular culture all have an impact on our body image. Seeing these images over and over leads to a negative body image and the belief that our bodies aren't good enough. The first session intended to understand the negative thoughts

and thought distortions and help the participants to master the negative thoughts. Relaxation exercises, journal writing, psycho-education, and worksheets are given to the participants to reframe their negative thoughts. The second session intended to know the social pressure so they can be self-focused persons. Video presentations, discussions in the breakout room, and psychoeducation are given to participants to compete with themselves instead of others.

The **fourth module** is intended to reduce the limit of self-criticism and offset its adverse effects and enable the participants to reach their full potential and live a more contented and fulfilled life. We criticize our thoughts, feelings, and behavior before others can beat us to it. This is a sign of low self-esteem. A Compassionate Mind brings a transformation from self-criticism to self-compassion. Self-compassion gives us stable self-worth (Marsh, 2012). Mindfulness exercise, compassion exercise, psychoeducation, worksheet, and self-compassion affirmation for example “I accept the best and worst aspects of who I am” are given to the participants to stop beating themselves and leave the insecurity behind.

The **fifth module** is intended to deal with negative emotions. Negative emotions can reduce the quality of a person’s life in different ways. The constant self-criticism can make the participants feel bad, sap their energy and lower their self-esteem. Therefore, the participants should be enabled to deal with their emotions. According to cognitive theory, people’s perception of self-efficacy in emotional regulation and their views about the controllability of emotions have an impact on whether or not they initiate emotional regulation (Tamir & Mauss, 2011). Self-compassion enhances self-esteem and increases the ability to control negative emotions (Ge et al., 2019). Psychoeducation on dealing with emotions, worksheets, and emotional acceptance exercises are given to the participants to learn the power of compassionate thinking and empower positive emotions.

The **sixth module** is intended to be assertive, which means being confident enough to express our feelings, opinions, and needs effectively and healthily while still valuing others. It is important because it has a direct impact on how we communicate and connect with people, as well as helps to boost self-esteem by making us feel more appreciated and heard. Without a balanced and healthy level of self-care, it is impossible to know what one deserves or to ask others for what is desired or required. People with low self-esteem would always accept less because they are unaware that they deserve more. Self-compassion and confidence are the keys to being more assertive (Branstiter, 2019), and self-compassion functions as the heart of self-care (Grise-Owens, 2019). Powerpoint presentations about compassionate assertiveness, assertive style video presentation, psychoeducation about self-care, and loving-kindness meditation are given to the participants to help the participants to practice assertive self-care and communicate their needs.

The **seventh module** is intended to communicate with compassion. Compassionate communication enhances self-esteem. It implies feeling linked to people in one’s life experience rather than feeling isolated and alienated as a result of one’s suffering. Compassionate communication aims to strengthen bonds and create relationships where individuals help one another out of the genuine concern and care rather than guilt or shame. A study reports that engaging in self-compassion may be beneficial to one’s relationship (López et al., 2018), and also compassionate communication helps people remain empathetic with each other (Dickinson, 2019). Video presentation, compassionate communication PPT, exercise for shifting toward compassion, and feeling peace meditation are given to the participants to build strong, supportive, and respectful relationships with self and others.

The **eighth module** includes two sessions: just be yourself and nurture your inner child. Self-kindness refers to acting in kind and understanding ways toward ourselves (Pogosyan, 2018). Self-kindness can also be called self-compassion, being our own best friend. So, the participants should be encouraged to accept them as they are, and at the same time, they have to nurture their inner child.

Re-parenting is an effective way to heal the emotional wounds of our childhood. Essentially, we become the parent we needed when we were a child. And, by giving ourselves what we didn't receive as a child, we free ourselves from the past. And this is important for boosting self-esteem and healing past emotional wounds. Self-compassion allows us to embrace our inner child as a creative, resourceful, and whole being by letting go of unworthiness and judgmental thoughts (Hanh, 2017). Just be yourself questionnaire, psychoeducation, and PPT presentation on being kind to yourself are given in the first session to help the participants just be as they are. In the second session, the facilitator explains the importance of getting in touch with the inner child and gives an inner child meditation, Music and an acting game is done for participants to free from their inner wounds and to behave as a free child. Then the facilitator explains with a video presentation what is self-worth and how to develop it. This presentation aims to affirm to the participants that they are good person they deserve to be treated with respect.

Expert Evaluation

The CSC Online Intervention Program was then assessed by a panel of 10 mental health professionals. The experts followed the standard evaluation guidelines, which are a modified version of the USAID instrument. The experts unanimously gave the curriculum an 'A' rating after thorough evaluations, suggesting that the CSC online program is sound, relevant, and practicable. The CSC online program performed consistently and reliably in an inter-rater reliability test of expert evaluations. The coefficient of inter-rater reliability was found to be **.82**. The expert's approval ensured that the program is trustworthy and that it has a high likelihood of being effective in bringing about positive results.

For a test of feasibility, A group of 10 children who had low self-esteem participated in the pilot study. A one-group pre-test and post-test design were used for this pilot study. The Wilcoxon signed-rank test was used to analyze the pre-test-post-test score due to the small size of the research participants. Pre-test and post-test are administered with the help of the Coopersmith self-esteem inventory to measure the efficacy of the CSC online intervention program.

Results

Table 1 presents the result of the pilot study. There is a significant difference between the pre-test and post-test scores in self-esteem ($Z = -2.814$) and its domains, General self ($Z = -2.831$), Social self-peers ($Z = -2.831$), Home parents (-2.831), School Academic ($Z = -2.821$). After the intervention program shows a significant change in self-esteem compared to the pre-test.

Therefore, the results reveal that the 6-week intervention program caused a statistically significant change in the level of self-esteem, indicating that CSC online intervention program had a positive effect on the participants to enhance self-esteem. The pilot study results were consistent with the expert validation attesting that CSC online intervention is efficacious in improving children's self-esteem exposed to parental IPV.

Participants' feedback reveals the positive effect of the CSC online intervention as a whole. The intervention, they claim, has shed new light on their subjective world of awareness and behaviors. It assisted the participants in rethinking their beliefs more positively and compassionately. One participant stated, "Yes, this program influenced me a lot. I had a lot of negative concepts about myself, but I learned how to deal with these beliefs". Another participant remarked, "This intervention program taught me to love myself and accept the realities of life."

Table 1. Wilcoxon Signed-Rank Test Results Before and After the Treatment.

Scale	Pre-test	Post-test	Z	p value
	Mean (SD)	Mean (SD)		
Self-esteem	17.0 (1.56)	32.7 (2.28)	-2.814**	.005
General self	10.5 (1.84)	12.6 (1.71)	-2.831**	.005
Social self-peers	3.3 (.948)	5.4 (.843)	-2.831**	.005
Home parents	1.7 (.483)	7.8 (.918)	-2.831**	.005
School academic	1.5 (.527)	6.9 (.994)	-2.821**	.005

Notes. $N = 10$, $p = 0.05$ level of significance; **-based on positive ranks.

Discussion

The CSC Online Intervention Program was built on the principles of reflective cognitive restructuring through self-compassion to improve the self-esteem of children who had been subjected to parental IPV. The results of the experiments statistically validated and verified the impact and efficacy of using CSC as an intervention program for 6 weeks. The results of the pilot study show that the ideas of social cognitive theory and self-compassion theory are effective and that the program's objectives were attained. A study validation with 10 adolescents validated the program's feasibility and efficacy in a larger group.

The pilot study findings are consistent with expert validation and evaluation, demonstrating that the designed CSC online intervention effectively boosts the self-esteem of children exposed to parental IPV. Self-esteem contributes to children's ability to cope with IPV. Therefore, it is essential to increase children's self-esteem who are subjected to IPV at home. The study shows that negative thinking and negative self-talk create a conducive environment for low self-esteem (Jacobson, 2016; Keith, 2020). The research shows that self-compassion transforms the inner critique and negative thinking pattern into self-kindness (Hunt, 2021), and also it gives stable self-worth (Tzeses, 2021). The sense of self-worth that comes from being kind to oneself lasts longer than the sense of self-worth that comes from positive self-judgment (Khazan, 2016). Through the integration of cognitive self-compassion techniques, the children were able to analyze, reflect, and reframe their negative thoughts of their self-worth and treat themselves with kindness, care, and compassion. This is the unique feature of this intervention.

In the first module, The participants became more familiar with one another and developed a certain degree of trust and confidence in one another. They are given an overview of the entire program so that they could get motivated and involved in the program more effectively and fruitfully. In the second module, Participants could start an inner journey to themselves. They reflected their self to not just gain insight but also to analyze and change their thinking and behavior. They learned the importance of the relationship with the self and acknowledged the perceived weakness or incompetence and started to love themselves. In the third module, the participants identified their negative thought patterns and its impact and they started to speak to themselves in a nurturing, kind, and patient voice. Through Self-acceptance, they understood and recognized their abilities and limitations and developed self-focused life. In the fourth module, the participants were able to overcome self-critique or negative self-evaluation with self-compassion. In the fifth module, they got mindful awareness of their emotions and they accepted their emotions and learned to deal with their emotions. The sixth module of compassionate assertiveness helped them to speak up in a wise and caring manner with confidence. The seventh module helped them promote deeper

connections with loved ones, more harmonious relationships, and got a greater sense of inner peace. The eighth module helped them to find their true self and who they are when they let go of all of the stories, labels, and judgments that they have placed upon themselves and created a free child to behave with confidence.

Implications and Limitations

The CSC online intervention was created as a group activity. However, it can be done on a personal level as well. During COVID-19 pandemic, most educators quickly adapted to providing intervention virtually to prevent the mental health problems of easily vulnerable people. Effective and sustainable online intervention helps protect vulnerable adolescents during this pandemic, especially in the context of increasing exposure to violence. Therefore, the CSC online intervention program helps adolescents in many ways who are exposed to IPV wherever they are. This online program enables the children to overcome physical and practical barriers to mental health services concerning time, location, and costs. It also reduces adolescents' inhibition, especially those who would not tell their issues to anyone.

But this CSC online intervention has a few limitations too. First, this endeavor is only a pilot study. The full efficacy of the online intervention program can be ascertained by implementing it using a true experimental design. Secondly, the participants were only ten adolescents exposed to parental IPV residing at shelter homes. As a result, the findings cannot be generalized. To optimize the benefits of the CSC online intervention program, it should be evaluated on a wider group of people with a more comprehensive preparation and across cultures. Lastly, since it is an online intervention program, the absence of personal contact and face-to-face interaction is lacking, which are considered crucial to building trust and relationships, especially in mental health. Without personal contact and real-time communication, misunderstandings could occur more easily, which may reduce the program's efficaciousness.

Conclusion

Intimate partner violence can have serious long-term consequences for children who have been subjected to it, especially adolescents with low self-esteem, and can reduce the quality of a child's life in many different ways. The Covid 19 epidemic increases the severity of the problems. It points out the need and relevance of an online intervention program. The developed CSC online program helps prevent and address the self-esteem issues of adolescents exposed to parental IPV. The pilot study supports that using the CSC online intervention program can enhance the self-esteem of adolescents exposed to parental IPV.

Declaration of Conflicting Interests

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Ethics Approval

All procedures performed in the present study involved human participants were in accordance with the ethical standards of the Manila Med Ethical Review Board, Manila.

Consent to Participate

Each participant in the current study gave their informed consent before voluntary participation. In addition, participants were briefed the nature of the study assured that all data collected will be kept confidential, and that participation was purely voluntary without remunerate.

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