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# THE SELF-EFFICACY AND PERCEIVED SOCIAL SUPPORT AMONG HIV - POSITIVE ADOLESCENTS: A CORRELATIONAL STUDY

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**Abstract:**

Human immunodeficiency virus weakens a person's immune system by destroying the important cells that fight disease and infection. Untreated HIV affects and kills CD4 cells, which are a type of immune cell called T cell. Over a period of time, as HIV kills more CD4 cells, body is more likely to get various types of conditions and cancers. The purpose of this study was to assess the significant differences and relationship between General Self-efficacy and Perceived Social Support among HIV-Positive Adolescents across gender. The data was collected from HIV-Positive adolescents using purposive sampling method. A sample of 84 Adolescents (39 males & 45 females) aged from 13 to 24 years were selected from 3 HIV home-care Centres with Permission. The data was collected using the instruments such as General Self-Efficacy Scale (GSS) and Multidimensional Scale of Perceived Social Support (MSPSS). Further, the collected data was analysed using Mann-Whitney U-test and Spearman's coefficient correlation test. The findings of the study revealed that there is no significant difference in General Self-Efficacy and there is no significant difference in Perceived Social Support among male & female HIV Positive adolescents. It was also observed that there is a significant positive relationship between General Self-efficacy and Perceived Social Support among HIV positive adolescents.

**Key Words:** HIV-Positivity, Adolescents, General Self-Efficacy, Perceived Social Support, Gender

## Introduction:

HIV stands for human immunodeficiency virus which weakens a person's immune system by destroying important cells that fight disease and infection. Untreated HIV affects and kills CD4 cells, which are a type of immune cell called T cell. Over time, as HIV kills more CD4 cells, the body is more likely to get various types of conditions and cancers. There is currently no effective cure for HIV. But with proper medical care, HIV can be controlled. Some groups of people in the United States are more likely to get HIV than others because of many factors, including their sex partners and risk behaviors. Because HIV inserts itself into the DNA of cells, it's a lifelong condition and currently there's no drug that eliminates HIV from the body, although many scientists are working to find one. Without treatment, a person with HIV is likely to develop a serious condition called the Acquired Immunodeficiency Syndrome, known as AIDS. At that point, the immune system is too weak to successfully respond against other diseases, infections, and conditions. Untreated, life expectancy with end stage AIDS is about 3 years. With antiretroviral therapy, HIV can be well-managed, and life expectancy can be nearly the same as someone who has not contracted HIV.

The virus isn't transferred in air or water, or through casual contact. HIV is caused by a virus. It can spread through sexual contact, illicit injection drug use or sharing needles, contact with infected blood, or from mother to child during pregnancy, childbirth or breastfeeding. HIV is transmitted through bodily fluids that include, blood, semen, vaginal and rectal fluids and breast milk.

The world has pledged to end AIDS by 2030. While we have seen remarkable progress in the past decade among children aged 0-9 years, adolescents have been left behind in HIV prevention efforts. A staggering 360,000 adolescents are projected to die of AIDS-related diseases between 2018 and 2030 without additional investment in HIV prevention, testing and treatment programs. On World AIDS Day 2018, UNICEF released global and regional snapshots of the world today and a new analysis of the situation for children and adolescents projected to 2030.

Individuals who are dependent on other people for care and support, and individuals without self-autonomy, are among the most vulnerable persons around the world. Orphans and Vulnerable Children (OVC) in Low- and Middle-Income Countries comprise a subset of these, with the added burden of having lost one or both parents to HIV and being infected or affected by HIV (USG PEPFAR definition). If OVC cannot live with their biological parents, they often live with extended family members, in families that experience greater physical/economic/psychosocial hardships than others, on the street, or in group homes.

Incidences of interpersonal violence (IPV) are on the rise. IPV victims are usually those without power; children are likely victims. Without the means to fight back, including the emotional or cognitive maturity to understand their rights, they too often fall into a cycle of abuse. OVC is dependent on others. They need the structure of a caring and enabling environment, and if they have HIV, enrolment in treatment, and access to antiretroviral therapy and viral load testing. Peer support groups for HIV-positive individuals have been demonstrated to increase coping mechanisms and increase adherence. Support groups, where population movement has been restructured, are no longer feasible. OVC may suffer the most because of the doubly fragile lives being a single or double-orphan, and infected or affected by HIV. When the lives of a population are severely disrupted and threatened, the most vulnerable suffer the worst.

Of the estimated 38.0 million people living with HIV worldwide in 2020, 2.78 million were children aged 0-19. Each day in 2020, approximately 850 children became infected with HIV and approximately 330 children died from AIDS related causes, mostly because of inadequate access to HIV prevention, care and treatment services. As of 2020, roughly 15.4 million children under the age of 18 had lost one or both parents to AIDS-related causes. Millions more have been affected by the epidemic, through a heightened risk of poverty, homelessness, school dropout, discrimination and loss of opportunities, as well as COVID-19. These hardships include prolonged illness and death. Of the estimated 680,000 [480,000-1 million] people who died of AIDS-related illnesses in 2020, 120,000 [82,000-180,000] (or approximately 18 per cent) of them were children under 20 years of age.

An estimated 120,000 (82,000-180,000) children and adolescents died from AIDS-related causes in 2020. About 72 per cent of these preventable deaths occurred among children under 10 years old. The number of annual AIDS-related deaths among children has declined by 74 per cent since its peak in 2003, while the number of annual AIDS-related deaths among those aged 10-19 has only decreased by 10 per cent since 2003. In most other regions of the world, HIV disproportionately affects persons who inject drugs, men who have sex with men and sex workers. The epidemic is evolving, however, and transmission patterns are changing throughout the world. In Eastern Europe and Central Asia, HIV epidemics that were once distinguished largely by transmission among persons who inject drugs are now increasingly characterized by significant sexual transmission.

In parts of Asia, HIV is transmitted more and more among heterosexual couples. In Asia as a whole, HIV epidemics have long been concentrated in persons who inject drugs, sex workers and their clients, and men who have sex with men. Now, HIV infections are steadily spreading into lower-risk populations through transmission to the sexual partners of those most at risk.

The previous studies show a large proportion of adolescents in all countries irrespective of income status experience suicidal thinking and anxiety although there is a high variation between countries. In every country, those adolescents with lower levels of peer and parental support and higher levels of parental control and also low Self-efficacy were more likely to report experiencing suicidal ideation anxiety and poor social support. Adolescent suicidal ideation and anxiety prevention strategies should address family and peer relationships which are socio-culturally specific and sensitive and with participants from different stages and duration of illness, the perceived social support of individuals had been significantly associated with psychological well-being. These findings signify the need for the health care providers to address mental, social support needs and optimise HIV related health outcome and to increase the Self-efficacy.

**Self-Efficacy:**

Self-efficacy is the other Psychological Indicators associated with the HIV Positive adolescents. Other researchers have found that majority HIV-Positive adolescents have poor social support and lower self-esteem differed by age, occupation, duration of illness, gender and marital status & poor quality of life of differed only by age, occupation, duration of illness and marital status. Additionally it was found that self-esteem and social support are positively correlated with quality of life. Mainly Discrimination, Stigma in society and Disclosure anxiety are the reasons found for the Low self-efficacy.

**Perceived Social Support:**

The perceived social support is described as the extent to which an individual perceives that his/her needs for support, care, information and feedback are fulfilled by friends and by family and an individual's social competence probably plays a role in the maintenance of his/her support network. As the HIV positive individuals come across different kinds of discrimination within family and in society too, as a result the perceived social support differs from individual to another from the family, friends and society. Previous studies have shown that majority have poor social support and lower self-esteem differed by age, occupation, duration of illness, gender and marital status (Mohammad. A.W, 2020).

**Importance of Self-Efficacy and Perceived Social Support on HIV-Positive Adolescents:**

Perceived social support may improve psychological health through its effect on self-worth, sense of security and belonging, which are components of higher self-esteem. Social support provides a reassurance of self-worth, as it gives the perception that one is valued and accepted by others. Self-efficacy contributes as motivational source, helps to be consistent and put in a more efforts to cope with the demands related to

transitional changes. While, beliefs of in-competency related to interpersonal relationships lead to shyness, loneliness, poor self-esteem, and fears in social interaction. As HIV positive adolescent's Perceived social support is poor and self-efficacy is low, there should be a constant efforts made to increase their perceived social support and self-efficacy along with intervention planning has to be made. This can happen when HIV positive individuals are accepted in the society and are not treated as special groups in spite of the health issues they undergo and are not left behind where they feel loneliness and shyness which suppress their confidence and their own value.

**Rationale for the Study:**

There are only few research studies focusing on this special population especially on adolescents. Among those researches conducted to find the Self-efficacy and social support levels there is only one Indian study done on the similar population at Jammu and Kashmir which leads to more keenness for further studies as a result. Considering that the HIV-affected and HIV-positive Adolescents demonstrated higher levels of depression, anxiety, conduct problems, suicidal ideation, poor social support and functional impairment compares with HIV-unaffected children during pre-pandemic situations, This work is an correlational study that aims to measure and compare the General self-efficacy and Perceived social support among HIV-positive adolescents that contribute to the related literature and produce relevant findings that can be used by mental health professionals in their interventions.

**Literature Review:**

Dorothy et.al, (2021) conducted a study on Social support as a correlate of depression among people living with HIV and AIDS in Nigeria. This study reveals that PLHIV had satisfactory social support, especially from family not residing in the same household and emotional social support from friends. Analyses recognized the knowledge gaps in the community regarding the social support received by PLHIV and their depression symptoms.

Mohammad. A.W, (2020) conducted a study on Social Support, Self esteem & quality of life among people living with HIV/Aids in Jammu & Kashmir India. As a result of this study it was found that majority have poor social support and lower self-esteem differed by age, occupation, duration of illness, gender and marital status & poor quality of life of differed only by age, occupation, duration of illness and marital status. Additionally it was found that the self-esteem and social support are positively correlated with quality of life. As a conclusion it can be denoted as this study shows that majority of HIV/AIDS patients are living with lower social support, self-esteem and poor quality of life and the variables differ with marital status, age, gender, occupation & duration of illness and there was positive relationship between the variables.

Rosa N. M & Manjula M.Y conducted a study on Self-esteem and Self-efficacy among HIV-Positive adolescents which is an intervention study. As a result of this study it was found that there was a significant improvement in the level of self-esteem and self-efficacy he post-intervention in the experimental group, and no such improvements were observed in control group on both the variables.

Mohammad. A.W, (2020) conducted a study on Social Support, Self-esteem & quality of life among people living with HIV/Aids in Jammu & Kashmir India. As a result of this study it was found that majority have poor social support and lower self-esteem differed by age, occupation, duration of illness, gender and marital status & poor quality of life of differed only by age, occupation, duration of illness and marital status. Additionally it was found that self-esteem and social support are positively correlated with quality of life. To conclude with this study it shows that majority of HIV/AIDS patients are living with lower social support, self-esteem and poor quality of life and the variables differ with marital status, age, gender, occupation & duration of illness and there was positive relationship between the variables.

Muralitharan R, Devi N. A, & Sharmila, R. (2018) conducted a study on perceived social support and psychological well-being among people living with HIV and AIDS, as a result it was found that in total of 60 subjects Males and Females ratio was in equal number. Study reveals no significant relationship between socio-demographic profile and perceived social support. Psychological well-being has a significant relationship with occupation and treatment status of an individual and it was also found there was statistically significant relationship between perceived social support and psychological well-being of an individual. These findings signify that there is a need for the health care providers to address mental, social support needs and optimise HIV related health outcome.

Li Liu, Ran Pang, Wei Sun, Ming Wu, Peng Qu, Chunming Lu and Lie Wang (2013) conducted a study on functional social support, psychological capital, and depressive and anxiety symptoms among people living with HIV/AIDS employed full-time and this cross-sectional study was performed in Liaoning, China. This study revealed that out of 320 participants 66.3% had depressive symptoms and 45.6% had anxiety symptoms. There was a significant negative association of Functional Social Support and psychological capital with depressive and anxiety symptoms. Psychological capital and optimism significantly mediated the association between Functional Social Support and depressive symptoms. Psychological capital and self-efficacy significantly mediated the Functional Social Support-anxiety symptoms association. As a result Functional Social Support and Psychological Capital could help reduce depressive and anxiety symptoms

among PLWHA employed full-time. Psychological Capital fully mediated the associations of Functional Social Support with depressive and anxiety symptoms. In addition to this, enhancing Functional Social Support and Psychological Capital development would be included in the intervention strategies for depressive and anxiety symptoms targeted at PLWHA employed full-time.

**Methods:**

**Aim:**

The aim of this study was to assess the significant differences and relationship between General Self-efficacy and Perceived Social Support among HIV-Positive Adolescents across gender.

**Objectives:**

- To study the significant difference in General self-efficacy among male and female HIV positive adolescents.
- To study the significant difference in Perceived social support among male and female HIV positive adolescents.
- To study the significant relationship between General self-efficacy and Perceived social support among males and female HIV positive adolescents.

**Hypotheses:**

- $H_0$. There is no significant difference on General self-efficacy among male and female HIV positive adolescents
- $H_0$. There is no significant difference on Perceived social support among male and female HIV positive adolescents
- $H_0$. There is no significant relationship between General self-efficacy and Perceived social support among male and female HIV positive adolescents

**Variables:**

- Independent variables: Gender of HIV positive adolescents (male & female)
- Dependent variable: General self-efficacy (GSE), Perceived social support (PSS)

**Sample:**

A Purposive sampling technique was adopted to draw the sample which is a type of non-probability sampling that involves the sample being drawn from that part of the population that is close to hand. This study included 84 HIV-Positive Adolescents (39 males & 45 females) aged from 13 to 24 years who are living in HIV –care homes in Tamil Nadu & Mangalore hailing from different Socio-economic statuses.

**Operational Definitions:**

General self-efficacy: General self-efficacy is the belief in one's competence to cope with a broad range of stressful or challenging demands. It is important to understand how HIV positive adolescents choose to pursue themselves, how they go about accomplishing the goals and reflect upon themselves. Perceived social support: The perceived social support is described as the extent to which an individual perceives that his/her needs for support, care, information and feedback are fulfilled by friends and by family and an individual's social competence probably plays a role in the maintenance of his/her support network. It reveals the level of support from family, friends and society provided to the HIV positive adolescents in-order to achieve something or fulfilment of their necessary needs.

**Tools Used:**

**General Self-Efficacy Scale (GSE):**

The General Self-Efficacy Scale (GSE) developed by Matthias Jerusalem and Ralf Schwarzer (1979) is a self-report measure of self-efficacy consists of 10 items with a likert scale ranging from 1 to 4. The total score is calculated by finding the sum of all items. The total score ranges between 10 and 40, with the higher score indicating more self-efficacy. The scale is designed for the general adult population, including adolescents. Reliability: Internal reliability for GSE = Cronbach's alphas between .76 and .90. Validity: The General Self-Efficacy Scale is correlated to emotion, optimism, and work satisfaction. Negative coefficients were found for depression, stress, health complaints, burnout, and anxiety.

**Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet, Dahlem, Zimet & Farley 1988):**

Multidimensional Scale of Perceived Social Support will be used to measure social support. It is a 12-item scale with three subscales of Family (Fam), Friends (Fri) and Significant Others (SO) with equal number of items. The response format is 7 point Likert scale ranging from 1 strongly disagree to 7 strongly agree with maximum score of 84. The reliability value of α is 0.8953 (with a Cronbach's alpha of 0.18 to 0.98) and with moderate construct validity. The scale is found to be both reliable and valid.

**Research Design:**

A correlational research design was adopted in this study which is also known as psychometric approach is one n which the experimenter collects two or more sets of data from the same group of subjects so that the relationship between the 2 subsequent sets of data can be determined.

**Procedure:**

The permission with the mention of purpose and an objective of the research was obtained from the Directors of the HIV special Home-care centres at Tamil Nadu & Mangalore. Basic demographic details such as name, age, gender and education were collected from the samples drawn from purposive sampling method who are HIV Positive adolescents aged between 14 to 23 years. The informed consent was obtained and was followed by, assessment of the questionnaires one by one for the sample of 84 who fall under inclusion criteria with the mentioned of confidentiality and privacy of the information for the participants. Further statistical analysis was carried out accordingly.

**Statistical Analysis:**

The collected data was scored and interpreted using the norms which was further analysed statistically using SPSS IBM (version 20). Data was tested for the normalcy to check if the data is normally distributed or not using Shapiro-Wilk's test. Accordingly Mann Whitney U-test was adopted to obtain the significant difference between the male and female HIV-positive adolescents on General self-efficacy and perceived social support. Further Spearman's coefficient correlation was adopted to obtain the significant relationship between General self-efficacy and perceived social support.

**Ethical Considerations:**

Ethical clearance and permission for the research study was obtained from 3 centres at Tamil Nadu & Mangalore with the mention of purpose, objectives, benefits and procedures for the ethical committee of the Centres. Informed consent was obtained from the Directors of all the three centres which included: (a) the purpose of the research, (b) Their right to withdraw from the research once participation has begun; (c) Confidentiality and privacy of the individuals and the data collected; (d) whom to contact for questions about research and research participant's rights. (e) Use of the collected data.

Also HIV positivity of samples was checked with the permission and there was a high level of sensitivity and caution maintained to not harm the samples in any ways at any point throughout the research study. Personal, cultural or religious sentiments weren't harm in any ways. The study was carried out by taking the gender into consideration.

The ethical committee will be provided with complete information regarding the nature, results and conclusions of this study. Required clarifications will be provided by the researcher.

**Results and Discussion:**

Table 1: Shows the results of Normalcy test on General Self-efficacy and Perceived social-support among HIV-Positive Adolescents.

| | Shapiro-Wilk | | |
|---|---|---|---|
| | Statistic | df | Sig. |
| GSE | 0.976 | 84 | .115* |
| PSS | 0.957 | 84 | 0.007 |

Normality test was used to check if the data falls under normal distribution or not. As a result of the Shapiro-Wilk's test of normality, it is found that the df value is 84 with the significant value of .115 ($p>0.05$) on General Self-efficacy which indicates the data falls under Normal Probability curve and significant value of .007 ($p<0.05$) on Perceived Social Support which indicates the data does not fall under Normal Probability curve. Therefore it is understood that Mann Whitney U-test (non-parametric test) and Spearman's coefficient correlation to be used for further analysis.

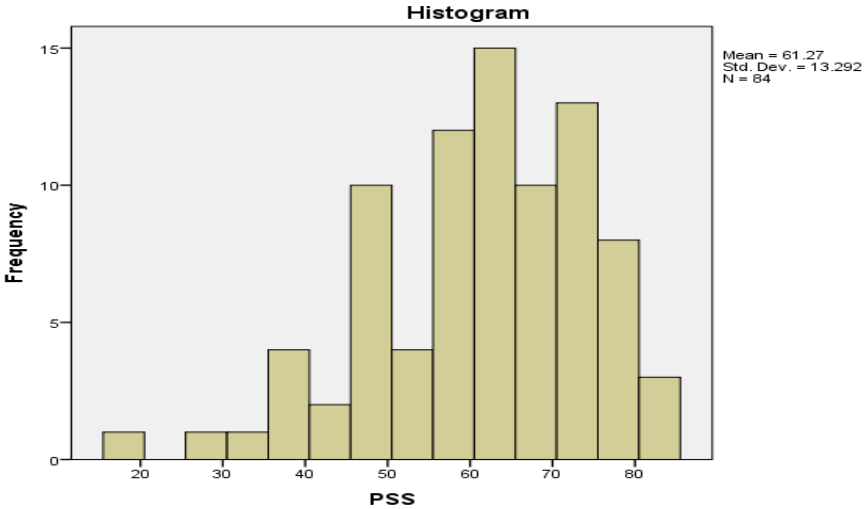


Figure 1: Graphical representation of Normalcy test on Perceived Social Support among HIV-Positive Adolescents.

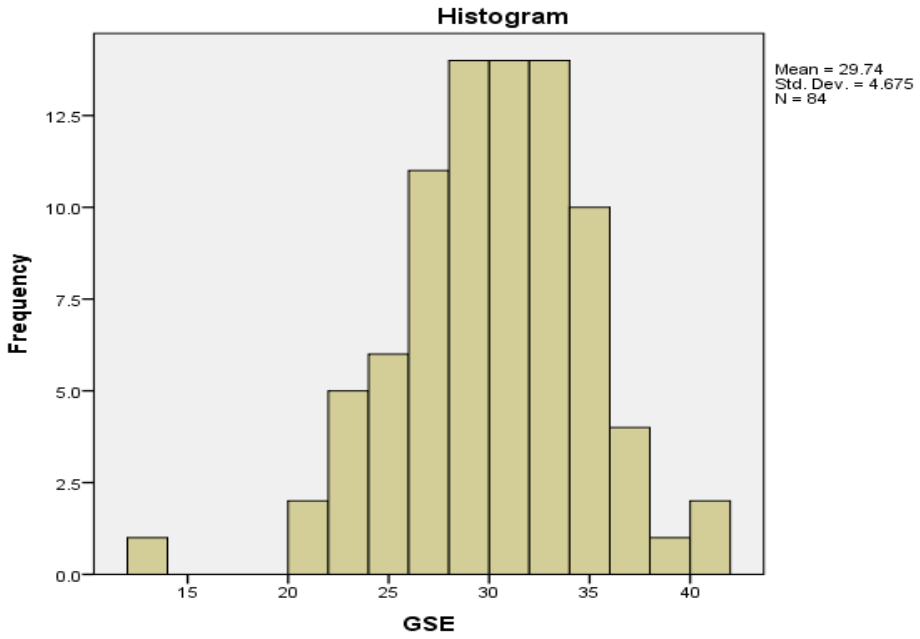


Figure 2: Graphical representation of Normalcy test on General Self-efficacy among HIV-Positive Adolescents.

Table 2: Shows the results on General Self-Efficacy among male & female HIV-Positive Adolescents.

| | Gender | N | Mean | Std. Deviation | df | Sig. value |
|---|---|---|---|---|---|---|
| GSE | Females | 45 | 30.18 | 5.654 | 82 | .160 |
| | Males | 39 | 29.23 | 3.199 | 71.254 | |

Significance level 0.05

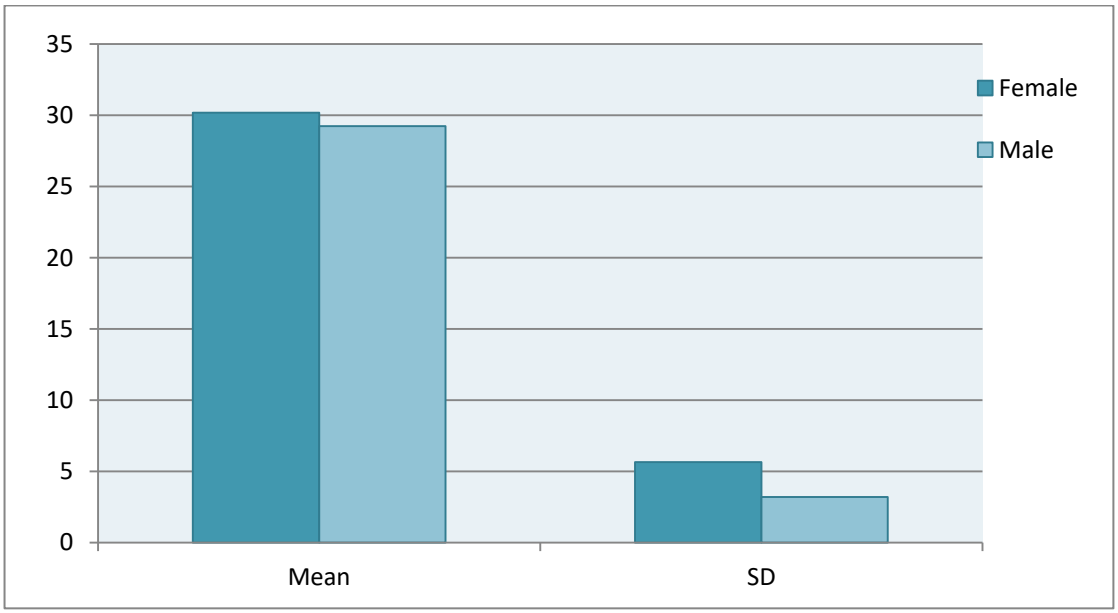


Figure 3: Graphical representation of mean & SD on GSE among male and female HIV-Positive Adolescents.

Null hypothesis stating that, there is no significant difference in General self-efficacy among male and female HIV positive adolescents was tested using Mann-Whitey U-test. As observed from the above table, the obtained significant value is .160 ($p>0.5$) indicates there is no significant difference in General self-efficacy among male and female HIV positive adolescents. Therefore, Null hypothesis ($H_0$) is accepted.

Table 3: Shows the results on Perceived Social Support among male & female HIV-Positive Adolescents.

| | Gender | N | Mean | Std. Deviation | df | Sig. value |
|---|---|---|---|---|---|---|
| PSS | Females | 45 | 62.71 | 14.220 | 82 | .138 |
| | Males | 39 | 59.62 | 12.104 | 81.978 | |

Significance level 0.05

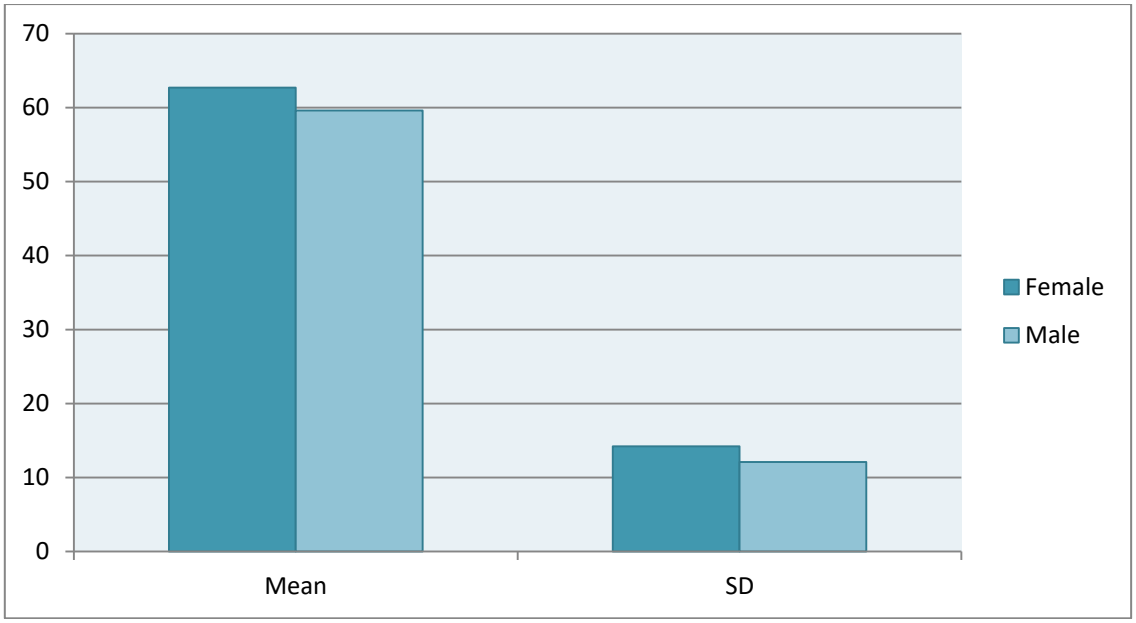


Figure 4: Graphical representation of mean & SD on Perceived Social Support among male and female HIV-Positive Adolescents.

Null hypothesis stating that, there is no significant difference in Perceived Social Support among male and female HIV positive adolescents was tested using Mann-Whitney U-test (Non-Parametric test). As observed from the above table, the obtained significant value is .138 ($p>0.5$) indicates there is no significant difference in Perceived Social Support among male and female HIV positive adolescents. Therefore, Null hypothesis ($H_0$) is accepted.

Table 4: Shows the results on significant relationship between General Self-efficacy & Perceived Social Support among HIV-Positive Adolescents.

| | N | p Value | Correlation Coefficient |
|---|---|---|---|
| GSE | 84 | 0.016 | .261** |
| PSS | 84 | | |

Significance at 0.05 level

Null hypothesis stating that, there is no significant relationship between General self-efficacy and Perceived Social Support among male and female HIV positive adolescents was tested using Spearman's Correlation Coefficient (Non-Parametric test). As observed from the above table, the obtained Correlation Coefficient value is .261 at 0.05 level indicates there is a significant positive relationship between General self-efficacy and Perceived Social Support among male and female HIV positive adolescents. Therefore, Null hypothesis ($H_0$) is rejected.

**Discussion:**

It is vital and essential to understand the difficulties and emotional trauma usually adolescents undergo during this phase partly as a part of this study. Essentially as the HIV affected, People living with HIV & AIDS and HIV positive individuals are considered as special groups and undergo a lot more than what adolescents usually undergo along with HV-Positivity. These special groups of people require and are in need of an additional support from the society to accept them and a paramount emotional support necessary for them as they are the special groups. It is very important to understand the support received and the kind of support perceived by the HIV-Positive adolescents as they already have stigma due to the HIV positivity in this society. Therefore it also impacts on their level of Self-efficacy. Hence we could see that there is a significant positive relation between the Perceived social support and General self-efficacy.

Mohammad. A.W, (2020) conducted a study on Social Support, Self-esteem & quality of life among people living with HIV/Aids in Jammu & Kashmir India. As a result of this study it was found that majority have poor social support and lower self-esteem differed by age, occupation, duration of illness, gender and marital status & poor quality of life of differed only by age, occupation, duration of illness and marital status. Additionally it was found that self-esteem and social support are positively correlated with quality of life. To conclude with this study it shows that majority of HIV/AIDS patients are living with lower social support, self-esteem and poor quality of life and the variables differ with marital status, age, gender, occupation & duration of illness and there was positive relationship between the variables.

Muralitharan R, Devi N. A, & Sharmila, R. (2018) conducted a study on perceived social support and psychological well-being among people living with HIV and AIDS, as a result it was found that in total of 60 subjects Males and Females ratio was in equal number. Study reveals no significant relationship between socio-

demographic profile and perceived social support. Psychological well-being has a significant relationship with occupation and treatment status of an individual and it was also found there was statistically significant relationship between perceived social support and psychological well-being of an individual. These findings signify that there is a need for the health care providers to address mental, social support needs and optimise HIV related health outcome.

The results of this study are contradictory to most of the previous studies as mentioned. It was observed that there is no significant difference in General self-efficacy and No significant difference in Perceived social support among male & female HIV Positive adolescents. There is a significant positive relation between General Self-Efficacy and Perceived Social Support among HIV positive Adolescents. Hence it is observed that, as Perceived social support increases general self-efficacy also increases.

**Conclusion:**

The major findings of this study are:

- The study reveals that there is no significant difference in General self-efficacy among male and female HIV positive adolescents.
- The study reveals that there is no significant difference in Perceived social support among male and female HIV positive adolescents.
- The study reveals that there is significant positive relationship between General self-efficacy and Perceived social support among males and female HIV positive adolescents.

This study reveals that there is an eminence in improving the Self-efficacy and Perceived social support among HIV positive adolescents without considering the gender as there is no significant difference among male and female HIV positive adolescents in self-efficacy and perceived social support. Also it is observed that as the Perceived social support increases, self-efficacy also increases. Therefore, it can be interpreted and constant efforts can be made to increase the self-efficacy by providing the constant perceived social support emotionally and by other means from family, friends and society in their establishment of their goals and to reflect upon themselves in this society.

**Limitations:**

The study was limited to samples that were only from Individuals who are under treatment and Care. Generalization is not easily possible as samples were only from parts of Mangalore and Tamil Nadu. Duration of the positivity and clinical stage wasn't considered.

**Implications:**

Study findings can contribute in Mental Health and Social Work Fields who work With HIV Positive Individuals for their Interventions and also different HIV-positive home-care centers. Can be applied in Hospital Settings for the better understanding of Psychosocial Factors of these special populations. The findings will be contributing for the Management of the HIV-Positive Adolescents at HIV Care Centers and will contribute for the development of the Different Programs for the betterment of HIV-Positive Individuals. It also gives the theoretical Framework and to prevent the Comorbities. It can be applied among Sexual workers too who are HIV Positive.

**Future Scope:**

Related Psychosocial Variables can be explored along. HIV Positive Individuals who are not under treatment and care can be included. Neglected and Sexual trafficking individuals can be included as a part of the study. The study can be explored further through qualitative method to obtain more precise results.

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**Disclosure and Conflict of Interests:**

The author declares no conflict of interests.

**Role of the Funding Source:**

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