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AN EXPLORATORY STUDY TO ASSESS THE DIETARY HABITS AND CORRELATE WITH B.M.I. AMONG TEENAGERS OF SELECTED SCHOOLS

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ABSTRACT

Associations between body mass index (BMI) and dietary habits is frequently used in the assessment of nutritional status. A low BMI, or underweight status, is often associated with an unhealthy diet with an increased risk of mortality. Conversely, a high BMI, indicative of overweight or obesity, is associated with an increased risk of many chronic health conditions. Nutritional intake has a special direct effect on children's health and has long-term effects on general health status through formation of life-long eating behaviours in teenagers. So it was essential to conduct research study to find association between dietary habits and BMI. 1. To assess the dietary habits among teenagers of selected school Jalandhar, Punjab. 2. To find out the relationship of dietary habits with selected socio-demographic variables i.e. age, gender, father's occupation, mother's occupation, income, dietary patterns, habitat and height. 3. To determine the association between dietary habits and Body Mass Index among teenagers of selected school, Jalandhar, Punjab. **Methods:** A descriptive exploratory design and analysis and interpretation of data done by using descriptive statistics. **Subjects:** The study was carried out at selected schools of Jalandhar, Punjab. Sample of 170 (Girls and boys) teenagers, using convenient sampling technique. **Tool of the Study:** Self-Structured questionnaire containing questions related healthy and unhealthy eating habits. **Results:** Revealed that there is no significant correlation between dietary habits and BMI of teenagers. **Conclusion:** It was concluded that the teenagers take more of unhealthy diet than the healthy diet which leads to underweight and obesity and less number of teenager's takes healthy diet.

KEYWORDS

Body Mass Index, Teenagers and Dietary habits.

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INTRODUCTION

Nutritional intake is a pivotal element contributing to human health and well-being is of great importance and its role in childhood and adolescence is more prominent and of greater concern. Nutritional intake has a special direct effect on children's health due to their physical and mental growth as well as cognitive

development. Furthermore, it has long-term effects on general health status through formation of life-long eating behaviors in children. Health is a basic and active meaning in all people's habitual lives. It is influenced by habits, circumstances, attitudes, believes as well as social and physical environment. Health is a combination within the brain, body, and spirit, which is deemed distinctive to each individual. In addition, dietary quality would be exacerbated when children grow up by not only lower consumption of fruits, vegetables, and milk, but also higher consumption of soft drinks. Survey done by French et al also revealed that eating away from home is becoming more common and fast food restaurants use is growing more rapidly. Fast food like, Pizza, noodles, burgers are rapidly replacing our traditional menu not only in restaurants and eating points but in households too. A number of factors contributing to this may be the increased number of working mothers, increased dual income households, nuclear small families, high socioeconomic status, and availability of fast food outlets and increased propaganda of food service chains. Growing percentage of working mothers affects the selection of food[1]. Now days, our youth is attracted more towards fast food because of their easy availability. The graph of fast food consumption is at peak which affects their health to great extent. The consumption of fast food has increased rapidly among adolescents from all socioeconomic and racial/ ethnic groups in local communities, public school and hospitals. This increase in fast food consumption parallels the escalating obesity epidemic. Obesity is defined as a generalized and excessive accumulation of fat in subcutaneous tissue. It is equally common among adolescents especially in high socio economic group because of dietary habits i.e. due to consumption of food rich in starch and fat. Percentage of overweight adolescents increased to 16% in 2002 compared to the 2% in 1976. Chtamani Chauhan found a significant relationship in the physical growth (height and weight) and eating pattern[2]. Body mass index (BMI) is an important anthropometric index of weight and height, used as screening tool to detect possible weight problems for adolescents. BMI is calculated by dividing weight by height squared and expressed as

$$BMI = \frac{\text{Weight (kg)}}{\text{Height (m)}^2}$$

As the future strength of nation depends upon the adolescents. So it is very important to know how well they are being cared and reared. Till date, no research study was conducted in Punjab to find association between eating pattern and BMI. Interest among researchers was aroused to conduct such study. Hence this study was conducted to find the association between eating pattern and BMI.

NEED OF THE STUDY

Evolution into teenage is commonly a period of unhealthy lifestyle where teenagers are supposed to lifelong health behaviour habits. Eating habits are main concern amongst school students particularly due to transition from home atmosphere where parents decide what to be done, to school environment where they or their peers select the diet. Eating habits are considered determinants of health status and has been related to death from non-communicable illness. In this circumstance, school students signify an attractive type of consumer because on the one hand, they affected by the food utilization choices of their families, while on the other hand, they are starting to make self-determining food selections. Teenagers are showing unhealthy eating habits leading to gain of weight, and make their self-regulating food choices, sometimes on the cost of food and accessibility of fast food. Insufficient and unbalanced diet among the teenagers is observed to reduce the attention span and perceptions, causing a drop in their performance together with learning difficulties and behavioral disorders. Additionally, obesity is the chief public health concerns that significantly expanding tread worldwide. Unhealthy dietary habits are associated with an increased risk of developing a variety of chronic diseases such as coronary heart diseases, colorectal cancer, hypertension, hyperlipidemia, and diabetes Mellitus, gall bladder diseases, most of which are associated with psychological problems. The most common psychological problems among teenagers are stress, anxiety, shame, guilt,

withdrawal, body dissatisfaction, suicidal ideation and attempts and poor psychological adjustments. For the above mentioned reasons we felt the need to explore the dietary habits of teenagers and its relation to Body Mass Index.

Problem Statement

An Exploratory Study to Assess the Dietary Habits and correlate with B.M.I. among Teenagers of selected schools.

Objectives

1. To assess the dietary habits among teenagers of selected school, Jalandhar, Punjab.
2. To find out the relationship of dietary habits with selected socio-demographic variables that is age, gender, father's occupation, mother's occupation, income, dietary pattern, habitat, and height.
3. To determine the association between dietary habits and Body Mass Index among teenagers of selected school, Jalandhar, Punjab.

Hypothesis

H1

There will be significant association between Dietary Habits and Body Mass Index (BMI) among teenagers.

H2

There will be significant relation between Body Mass Index and socio-demographic variables among teenagers (gender, age, occupation of parents, height, family income, dietary habits, and habitat).

Operational Definition

Assess

It refers to estimate the value of BMI among teenagers in selected schools.

Dietary Habits

It refers to the type of food teenagers are consuming. Example; Homemade food, packed, junk food.

Body Mass Index

It is a measure of body fat that is the ratio of the weight of the body in kilograms to square of height in meters.

Teenagers

It refers to the school going children with age group of 13-19 years including girls and boys in selected school.

RESEARCH METHODOLOGY

Research Approach

A quantitative approach of data collection were used involving self-structured questionnaire to assess the knowledge of dietary habits and correlate with BMI among teenagers (13-19 years) of selected schools of Jalandhar, Punjab.

Research Design

An exploratory descriptive research design was used to assess the dietary habits and correlate with BMI among teenagers 13-19 years of selected schools of Jalandhar, Punjab.

Research Area Setting

Settings are specific places where data collection takes place. It can be overall community or an institution that are convenient for the researcher.

Research setting:

Pilot Study

Kendriya Vidyalaya No.3, Jalandhar, Punjab.

Main Study

N.D Victor Senior Secondary School, Jalandhar, Punjab.

Victor Model Senior Secondary School, Jalandhar, Punjab.

Government Senior Secondary School, Jalandhar, Punjab.

These all schools are one of the pioneer schools in Punjab. They have well equipped classrooms, playground and well equipped labs such as biology lab, chemistry lab, physics lab, etc.

Pilot Study

A pilot study was carried out on randomly selected 10% of teenagers who were not incorporated in actual study. The purpose of the pilot study was to test the applicability of the tools and assess the time needed to complete the tools.

In order to test the feasibility, relevance and practicability of the study, pilot study was conducted among 10 teenagers (13-19 years) of Kendriya Vidalaya No.3; Data was analyzed to find out the sustainability of statistics. It revealed that the study was feasible.

Sample

Sample is a part or subset of population selected to participate in research study.

Teenagers (13-19 years) of selected schools, Jalandhar, Punjab

Sample Size

Total sample for main study were 170 teenagers (13-19 years) of selected school of Jalandhar, Punjab.

Sampling Technique

Convenient sampling technique was used to collect the sample by using inclusion and exclusion criteria.

Tools of the Study

It involves the description of different tools and methods of data collection that suit the particular approach of research as well as nature and phenomenon under study.

Description of tools

Section 1

Demographic data sheet

Information is included about the nine socio-demographic characteristics of the studied subjects like class, age, gender, type of family, mother's occupation, father's occupation, family income per month, dietary pattern, and habitat.

Section 2

Eating habits questionnaire

It is a self -structured questionnaire regarding dietary habits with four options representing how often participants i.e. .teenagers (13-19 years) practiced eating habits with four options: Often, Sometimes, Rarely, Never.

The total numbers of questions were 3.

Inclusion Criteria

For pilot study

All teenagers of age group 13-19 years studying in Kendriya Vidyalaya No.3, Jalandhar Punjab.

For main study

N.D Victor Senior Secondary School, Victor Model Senior Secondary School, Government Senior Secondary School, Jalandhar, Punjab.

Exclusion criteria

Teenagers who were absent at the time of data collection.

Teenagers who were not willing to participate in the study.

Content Validity

Content validity of second tool is determined by expert's opinion. Experts from five specialties of nursing i.e. Community Health Nursing, Medical Surgical Nursing, Child Health Nursing, Obstetrical Nursing and Midwifery and Mental Health Nursing have been given the tool for validation.

Tool Reliability

The second tool tested for its reliability using Karl Pearson's coefficient test and proved to be reliable (0.88), where r value is more than 0.7, thus the study is reliable.

Data Analysis and Interpretation

Analysis and interpretation of the research study was done in accordance with the objectives laid down for the study. Descriptive statistics and correlation coefficients were used to answer the research questions. Descriptive statistics (frequency, percentage, arithmetic mean and standard deviation) were used to describe the subject characteristics, including socio-demographic data and eating habits among them. This chapter deals with the analysis, interpretation and discussion of data obtained from sample of 170 teenage teenagers of Victor Model Sr. Secondary school, N.D. Victor School, Government Senior Secondary School, Jalandhar (Punjab). Results of the study shown in terms of tables and findings.

Organization of Data for Analysis

The analysis of data was organized according to objectives and presented under following sections:

Section 1

Frequency and Percentage distribution of socio-demographic variables of the sample.

Section 2

Findings related to correlation of dietary habits with BMI.

Section 3

Findings related to association between demographic variables, dietary habits and BMI.

SECTION 1

FREQUENCY AND PERCENTAGE DISTRIBUTION OF SOCIO- DEMOGRAPHIC VARIABLES

INFERENCE

The Table No.1 depicts that out of 170 maximum 34.7% of teenagers were in the age of 17-18 years, 32.35% were in 15-16years, 31.17% were in 13-14 years only 1.76% were of 19 years of age, As per

gender 57.05% were boys and rests of the 42.94% were girls. About 39.41% were in range of 160-170 cm of height, 34.70% in 150-160 cm, 16.47% are below 150 cm and only 9.41% were having height above 170cm.

Almost 58.23% teenagers belong to nuclear family, 24.11% are from joint family, 16.47% were having single parent family and 1.17% belongs to extended family.

According to the occupation of fathers maximum 60.58% work in private sector, 20.48% have their own business, 14.11% work in government sector and 4.70% were unemployed.

Mothers maximum 84% were housewives followed by 14.70% private, 4.11% were business women and 1.76% were working in government sector.

As per monthly family income (in rupees) 86.47% maximum lies in between less than 50,000, 8.23% of income lies between 50,000-70,000, 3.25% earns above 1 lakh and 1.76% were earning between 70,000-1 lakh.

According to dietary pattern 51.76% teenagers were non-vegetarian and 48.23% are of the teenagers take vegetarian diet.

As per the area, 61.62% of teenager's lives in urban area followed by 37.64% were from rural area.

SECTION 2

FINDINGS RELATED TO CORRELATION OF DIETARY HABITS WITH BMI

INFERENCE

Chi -square test was used to determine the association and the value of $\chi^2 = 2.198922$ is more than table value of Chi-square (χ^2) p at <0.05 level of significance, hence the obtained value is not significant. This variable is independent variable and there is no association between dietary habit and B.M.I.

The table depicts that, out of 170 subjects

79 teenagers were Underweight (BMI <18.5 kg/m^2) out of which 1 teenager takes healthy diet, 25 unhealthy and 53 teenager's takes moderately healthy diet.

80 teenagers were having Normal weight (BMI 18.5-24.9 kg/m^2) out of which 2 teenagers takes healthy diet, 22 unhealthy and 56 teenager's takes moderately healthy diet.

8 teenagers were overweight (BMI 24.9-29.9 kg/m^2) out of which 0 teenagers takes healthy diet, 4 unhealthy and 4 teenagers takes moderately healthy diet.3 teenagers were Obese (BMI >30 kg/m^2) out of which 0 teenager takes healthy diet, 1 unhealthy and 2 teenagers takes moderately healthy diet.

SECTION 3

FINDINGS RELATED TO ASSOCIATION BETWEEN DIETARY HABITS, DEMOGRAPHIC VARIABLES AND BMI

Table No.3 Indicates that there is significant statistical correlation between eating habits and body mass index (BMI) among the teenagers in this study.

According to the Age group of samples x^2 value (32.759) is less than the table value of chi square (x^2) p at< 0.05 level of significance, hence the obtained value is significant. And there is association between age and body mass index.

According to the height of the samples x^2 value (23.197) is less than the table value of chi square (x^2) p at <0.05 level of significance, hence the obtained value is significant. And there is association between height and body mass index.

According to the Gender of the samples x^2 value (4.636) is more than the table value of chi square (x^2) p at <0.05 level of significance, hence the obtained value is not significant. This variable is independent variable and there is no association between gender and body mass index.

According to the Type of family of the samples x^2 value (22.398) is less than the table value of chi square (x^2) p at <0.05 level of significance, hence the obtained value is significant. And there is association between age and body mass index.

According to the Family income per month of the samples x^2 value (20.143) is less than the table value of chi square (x^2) p at <0.05 level of significance, hence the obtained value is significant. And there is association between the family income per month and body mass index.

According to the Parents occupation (father) of the samples x^2 value (28.381) is less than the table value of chi square (x^2) p at <0.05 level of significance,

hence the obtained value is significant. And there is association between Fathers occupation and body mass index.

According to the Parents occupation (mother) of the samples x^2 value (6.0201) is more than the table value of chi square (x^2) p at <0.05 level of significance, hence the obtained value is not significant. This variable is independent variable and there is no association between mother's occupation and body mass index.

According to the Dietary pattern of the samples x^2 value (30.046) is less than the table value of chi square (x^2) p at <0.05 level of significance, hence the obtained value is significant. And there is association between Dietary pattern and body mass index.

According to the Habitat of the samples x^2 value (4.189) is more than the table value of chi square (x^2) p at <0.05 level of significance, hence the obtained value is not significant. This variable is independent variable and there is no association between habitat and body mass index.

DISCUSSION

Major Findings

Analysis of data on the basis of 1st objective of the study i.e. to assess the dietary habits among teenagers of selected school indicated that majority of the students 115 (67.65%) consume moderately healthy diet, 52 students (30.58%) consume unhealthy diet and only 3 students (1.76%) consume healthy diet.

Analysis of data on the basis of 2nd objective of the study i.e., to find out the relationship of dietary habits with selected socio-demographic variables that is age, gender, father's occupation, mother's occupation, income, dietary pattern, habitat, and height.

There were 170 students that took part in the survey having girls (42.94%) and boys (57.05%). Majority of the students belong to the age group 17-18 years (34.70%), and mostly were from nuclear family (58.23%). Most of their fathers work in private sector (60.58%). It has been observed that most of the mothers were housewives (79.41%), 86.47% of students family earns less than Rs 50,000. 48.23% and 51.76% of students were vegetarian and non vegetarian respectively and 61.62% were from urban area.

Analysis of data on the basis of 3rd objective of the study i.e., to determine the association between dietary habits and Body Mass Index among teenagers of selected school indicated that 47.06% and 46.47% were normal weight and underweight students respectively. 4.70% were overweight and 1.76% was obese. It was found that there is correlation between BMI and dietary habits ($\chi^2 =$ 2.198922 is more than table value of Chi-square (χ^2) p at <0.05 level of significance, hence the obtained value is not significant).

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS MAJOR FINDINGS

The analysis of the data revealed the following findings

That out of 170 maximum 34.7% of students were in the age of 17-18 years, 32.35% were in 15-16years, 31.17% were in 13-14 years only 1.76% were of 19 years of age.

As per gender 57.05% were male and rests of the 42.94% were females.

About 39.41% were in range of 160-170 cm of height, 34.70% in 150-160 cm, 16.47% are below 150 cm and only 9.41% were having height above 170cm.

Almost 58.23% students belong to nuclear family, 24.11% are from joint family, 16.47% were having single parent family and 1.17% belongs to extended family.

According to the occupation of fathers maximum 60.58% work in private sector, 20.48% have their own business, 14.11% work in government sector and 4.70% were unemployed.

Mothers maximum 84% were housewives followed by 14.70% private, 4.11% were business women and 1.76% were working in government sector.

As per monthly family income (in rupees) 86.47% maximum lies in between less than 50,000, 8.23% of income lies between 50,000-70,000, 3.25% earns above 1 lakh and 1.76% were earning between 70,000-1 lakh.

According to dietary pattern 51.76% students were non-vegetarian and 48.23% are of the students take vegetarian diet.

As per the area, 61.62% of student's lives in urban area followed by 37.64% were from rural area.

79 teenagers were Underweight (BMI <18.5 kg/m^2) out of which 1 teenager takes healthy diet, 25 unhealthy and 53 teenager's takes moderately healthy diet.

80 teenagers were having Normal weight (BMI 18.5-24.9 kg/m^2) out of which 2 teenagers takes healthy diet, 22 unhealthy and 56 teenager's takes moderately healthy diet.

8 teenagers were overweight (BMI 24.9-29.9 kg/m^2) out of which 0 teenagers takes healthy diet, 4 unhealthy and 4 teenagers takes moderately healthy diet.

3 teenagers were Obese (BMI >30 kg/m^2) out of which 0 teenager takes healthy diet, 1 unhealthy and 2 teenagers takes moderately healthy diet and none of the teenagers in the entire sample takes poor diet

According to the Age group of samples x^2 value (32.759) is less than the table value of chi square (x^2) p at 0.05 level of significance, hence the obtained value is significant. And there is association between age and body mass index.

According to the height of the samples x^2 value (23.197) is less than the table value of chi square (x^2) p at 0.05 level of significance, hence the obtained value is significant. And there is association between height and body mass index.

According to the Gender of the samples x^2 value (4.636) is more than the table value of chi square (x^2) p at 0.05 level of significance, hence the obtained value is not significant. This variable is independent variable and there is no association between gender and body mass index.

According to the Type of family of the samples x^2 value (22.398) is less than the table value of chi square (x^2) p at 0.05 level of significance, hence the obtained value is significant. And there is association between age and body mass index. According to the Family income per month of the samples x^2 value (20.143) is less than the table value of chi square (x^2) p at 0.05 level of significance, hence the obtained value is significant. And there is association between the family income per month and body mass index.

According to the Parents occupation (father) of the samples x^2 value (28.381) is less than the table value of chi square (x^2) p at 0.05 level of significance, hence the obtained value is significant. And there is association between Fathers occupation and body mass index.

Table No.1: Showing frequency and percentage distribution of socio-demographic variables, N = 170

S.No	SOCIODEMOGRAPHIC VARIBLES		FREQUENCY	PERCENTAGE
1	AGE	13-14 years	53	31.17%
		15-16 years	55	32.35%
		17-18 years	59	34.70%
		19 years	3	1.76%
2	HEIGHT	Below 150 cm	28	16.47%
		150-160 cm	59	34.70%
		160 - 170 cm	67	39.41%
		170 above	16	9.41%
3	GENDER	Girl	73	42.94%
		Boy	97	57.05%
4	TYPE OF FAMILY	Nuclear Family	99	58.23%
		Single Parent Family	28	16.47%
		Joint Family	41	24.11%
		Extended Family	2	1.17%
5	FAMILY INCOME PER MONTH	Less than 50,000	147	86.47%
		50,000 - 70,000	14	8.23%
		70,000 - 1 Lakh	3	1.76%
		Above 1 Lakh	6	3.52%
6	FATHER'S OCCUPATION	Private Sector	103	60.58%
		Government Sector	24	14.11%
		Own business	35	20.58%
		Unemployed	8	4.70%
7	MOTHER'S OCCUPATION	Private Sector	25	14.70%
		Government Sector	3	1.76%
		Own business	7	4.11%
		Housewife	135	79.41%
8	DIEATARY PATTERN	Vegetarian	82	48.23%
		Non vegetarian	88	51.76%
9	HABITAT	Urban	106	62.35%
		Rural	64	37.64%

Table No.2: Correlation of dietary habits with Body Mass Index (BMI) N= 170

S.No	DIETARY HABITS↓ BMI →	UNDER-WEIGHT (<18.5kg/m^2)	NORMAL WEIGHT (18.5-24.9kg/m^2)	OVER WEIGHT (25 – 29.9 kg/m^2)	OBESE (> 30 kg/m^2)	TOTAL	df	χ^2	p (<0.05)
1	HEALTHY DIET	1	2	0	0	3	6	2.198922	0.9
2	MODERATELY HEALTHY DIET	53	56	4	2	115			
3	UNHEALTHY DIET	25	22	4	1	52			
4	TOTAL	79	80	8	3	170			

Table No.3: Showing the significant values of demographic variables (n =170)

S.No	DEMOGRAPHIC VARIABLES		UNDER WEIGHT (<18.5 Kg/m^2)	NORMAL WEIGHT (18.5-24.9 Kg/m^2)	OVER WEIGHT (24.9-29.9 Kg/m^2)	OBESE (>30 Kg/m^2)	f	x^2	P (<0.05)
1	AGE	13-14 years	34	17	2	0	53	32.75	<0.0001*
		15-16 years	32	19	4	0	55		
		17-18 years	12	42	2	3	59		
		19 years or above	1	2	0	0	3		
2	HEIGHT	Below 150 cm	16	10	2	0	28	23.19	<0.0057*
		150-160 cm	31	22	3	3	59		
		160 - 170 cm	25	39	3	0	67		
		170 above	7	9	0	0	16		
3	GENDER	Girl	39	30	4	0	73	4.686	>0.1962**
		Boy	40	50	4	3	97		
4	TYPE OF FAMILY	Nuclear Family	48	41	6	4	99	22.39	<0.0077*
		Single Parent Family	8	20	0	0	28		
		Joint Family	22	15	2	2	41		
		Extended Family	1	1	0	0	2		
5	FAMILY INCOME PER MONTH	Less than 50,000	73	65	6	3	147	20.14	<0.0170*
		50,000 - 70,000	4	9	1	0	14		
		70,000 - 1 Lakh	1	2	0	0	3		
		Above 1 Lakh	1	4	1	0	6		
6	PARENT'S OCCUPATION (Father)	Private Sector	48	49	4	2	103	28.38	<0.0008*
		Government Sector	8	13	2	1	24		
		Own business	17	17	1	0	35		
		Unemployed	6	1	1	0	8		
7	PARENT'S OCCUPATION (Mother)	Private Sector	13	10	1	1	25	6.020	>0.7378**
		Government Sector	1	2	0	0	3		
		Own business	5	1	1	0	7		
		Housewife	61	66	6	2	135		
8	DIETARY PATTERN	Vegetarian	43	34	3	2	82	30.04	<0.0004*
		Non vegetarian	36	46	5	1	88		
9	HABITAT	Urban	44	53	7	2	106	4.189	>0.2417**
		Rural	35	27	1	1	64		

CONCLUSION

In the nutshell, it was concluded that the teenagers take more of unhealthy diet than the healthy diet which leads to underweight or being obese. Less number of teenagers take healthy diet.

IMPLICATIONS OF THE STUDY

The study findings have certain important implications for nurses i.e. nursing education, practice administration and research as nurse act as care givers, educator, researcher, supporter and administrator.

RECOMMENDATIONS

By keeping in the view the study findings following recommendations were made:

1. A similar study can be replicated on a large scale using other designs.
2. Same study can be conducted in different settings and population.
3. The similar study can be done regarding knowledge and practice of dietary habits.
4. A comparative study can be done to assess dietary habits in different age groups.
5. An exploratory study can be conducted to detect predisposing factors due to dietary habits causing obesity.
6. A quasi experimental study can be done to assess BMI and dietary habits using control and experimental group.

SUMMARY

This Study suggested way and means that could be adopted in the future to maintain healthy diet and lifestyle by adapting healthy dietary habits and thus prevent the incidence of malnutrition as well as obesity. It also dealt with conclusion, implications and recommendations.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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