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Online Support Platforms and Psychological Well-being of Urban Indian Parents Raising Children with Learning Disabilities

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Abstract

Indian parents of children with Learning Disabilities (LD) face significant emotional challenges. Though online support platforms help to ease the pressure on parents, their impact on their psychological well-being remains understudied. This study examines the relationship between engagement with digital support platforms and mental health outcomes among 100 digitally connected urban Indian parents having children with LD in Bengaluru. A quantitative cross-sectional survey employed an adapted Social Media Use Integration Scale (SMUIS; Cronbach's alpha = 0.82), alongside the Psychological Well-Being (PWB) scale and the Parental Stress Scale (PSS). Participants were selected via convenience sampling from parents of children aged 6 -15 years with LD. Data were analysed using descriptive statistics, correlation, and multiple linear regression in the Statistical Package for Social Sciences (SPSS). Results indicated that no significant association was found between engagement with online support platforms and psychological well-being (r = -0.038, p = 0.704) or stress (r = -0.128, p = 0.206). Barriers included limited digital literacy (28%), linguistic diversity (15%), and scepticism (22%), while facilitators included culturally relevant content (40%) and peer support (35%). Pilot testing suggested moderate engagement with non-social media platforms (item 9, M = 3.8). Due to the cross-sectional design, these findings reflect patterns observed at a single time point, and no causal inferences can be drawn. The results highlight the need for culturally tailored, mobile-friendly solutions. The null findings underscore the unique urban challenges, necessitating longitudinal research to address these gaps in linguistic diversity and improve scale sensitivity.

Major Findings: There was no significant association between online support engagement and psychological well-being or stress of the parents, and barriers included limited digital literacy (28% of respondents), linguistic diversity (15%), and scepticism toward online resources (22%).

Keywords: Learning Disabilities, Online Support Platforms, Parental Stress, Psychological Well-Being, Urban India

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1. Introduction

Parenting a child with LD entails unique challenges that can significantly impact the emotional well-being of carers. Learning disabilities are recurring difficulties in acquiring and applying skills in reading, writing, mathematical computation, or logical thinking, which often require ongoing educational adjustments and emotional support[1]. When compared to carers of neurotypical children, carers of children with learning disabilities frequently report higher rates of emotional strain, including increased anxiety, depressive symptoms, and feelings of social alienation[2]. These demands derive from the continuing obligations of arranging specialist educational programs, dealing with behavioural issues, and navigating complex medical and school systems, all of which can disturb the family environment and worsen parental psychological anguish[3].

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In today's world, digital networks of support have become indispensable tools for carers managing these challenges. Such networks include virtual discussion boards, social networking communities, remote counselling services, and specialist informational portals that provide peer support, professional viewpoints, and practical tools[4]. These online resources are becoming more accessible to more families in metropolitan areas across India as digital connectivity grows[5]. Nevertheless, in Low- and Middle-Income Countries (LMIC) such as India, the implementation of digital mental health solutions is hampered by limited internet access and cultural prejudices towards technology[6]. Despite this increase in accessibility, there has been a striking lack of study on the impact of these digital platforms on the mental health of urban Indian parents of children with LD. Most of the currently available literature is from Western settings, where digital infrastructure, social norms, and health care systems differ significantly from those in India[7]. There is a lack of evidence on the precise sorts of online help obtained by urban Indian parents, their engagement patterns, and the direct consequences on psychological outcomes such as stress, anxiety, and life satisfaction. Barriers such as language diversity, digital literacy, and cynicism about online resources are yet to be investigated[8]. The Indian urban setting, which is marked by disability stigma, extended family structures, and inconsistent access to the internet, necessitates a specific study to understand how parents interact with digital platforms and their influence on their mental health[9].

According to the stress-buffering hypothesis of social support, perceived availability of support can attenuate the negative impact of stressors on psychological well-being by providing emotional, informational, or instrumental resources that help individuals cope more effectively[10]. In the context of caregivers, online support platforms are theorised to offer similar buffering effects through peer connection, information sharing, and emotional validation, potentially reducing parental stress and enhancing psychological outcomes[11].

However, in the urban Indian context, these mechanisms may be limited or moderated by several sociocultural and structural factors. Strong reliance on extended family and informal offline support networks often serves as the primary source of emotional and practical assistance for parents of children with disabilities, potentially reducing the relative salience of digital platforms[12]. Furthermore, pervasive cultural stigma surrounding learning disabilities and mental health issues in India can lead to social isolation, self-blame, and reluctance to seek external (including digital) support, thereby weakening potential buffering effects[13]. Linguistic diversity and varying levels of digital literacy further act as structural barriers, limiting effective engagement with predominantly English-based or non-culturally tailored online resources[14]. These contextual moderators suggest that while online support holds theoretical promise, its association with improved psychological well-being among urban Indian parents may be attenuated compared to Western settings with greater digital infrastructure and lower stigma.

Developing nations, such as India, face unique challenges in integrating digital health due to economic disparities and cultural resistance[6]. This study aims to address this knowledge gap by looking into the use of digital support platforms and their relationship with mental health among digitally connected urban Indian parents of children with LD, with a particular emphasis on Bengaluru, a metropolitan city with diverse socioeconomic backgrounds and varying levels of digital access. The study focuses on primary carers of children aged 6 to 15 years who have been formally diagnosed with LD, and investigates the role of online forums, social media groups, and tele-counselling services in improving psychological well-being, as measured by stress, anxiety, depression, and life satisfaction. By focusing on metropolitan areas, the study accounted for the variety of digital interactions and cultural factors that influence support-seeking behaviour. Using a cross-sectional approach, this study examines current patterns of digital support usage and their relationship to parental mental health at a specific moment in time. The findings of this study aim to help policymakers, mental health care providers, educators, and application developers design culturally appropriate and readily available digital tools that benefit urban Indian parents, thereby enhancing their emotional resilience and, by extension, the developmental outcomes of their children with LD. The study's targeted approach emphasises the pressing need for context-specific research to support the development of personalised digital initiatives that meet the particular challenges and facilitators of India's urban setting.

1.2 Research Objectives

- To evaluate the digital support platform utilisation among urban caregivers of children with learning disabilities.

- To measure the psychological well-being of these parents.
- To examine the relationship between online support system engagement and psychological well-being.
- To identify challenges and facilitators in accessing online support.

1.3 Hypotheses

- H_1: Higher engagement in online support systems is associated with better psychological well-being in parents of children with learning disabilities.
- H_0: There is no association between online support system engagement and psychological well-being in parents of children with learning disabilities.

2. Materials and Methods

2.1 Study Design

This study employed a quantitative cross-sectional survey design to examine the relationship between online support system use and psychological well-being among urban parents of children with LD.

2.2 Participants

The study utilised a convenience sample of 100 caregivers of children aged 6-15 years diagnosed with LD. Participants were urban residents with internet connectivity and sufficient technological skills for online participation.

2.3 Data Collection

Following ethical approval, a pilot test with 15 urban Indian parents of children with LD (67% female, aged 33-45 years, from Bengaluru) was conducted to confirm the adapted SMUIS scale's reliability (Cronbach's alpha = 0.82) and cultural appropriateness. Minor rephrasing of items 3 and 8 was made based on feedback to enhance clarity for emotional connection and satisfaction with online support.

Written informed consent was obtained from all the participants before completing a sociodemographic data sheet.

- Sociodemographic details: Collected from parents (age, gender), child specifics (age, gender, diagnosis timeline and details), and technological proficiency.
- Social Media Use Integration Scale (SMUIS)[15]- The original SMUIS measures the integration of social media into users' social lives, emotional connection, and daily routines through a 10-item Likert-scale instrument (5-point), divided into two subscales: Social Integration and Emotional Connection (SIEC) and Integration into Social Routines (ISR). For this study, the Scale was adapted to better suit the Indian context and the broader concept of online support platforms for LD-related needs. Adaptation involved minor rephrasing of items 3 and 8 based on pilot testing feedback from 15 urban Indian parents to enhance cultural relevance: Item 3 ('I feel emotionally connected to other parents through online support platforms') and Item 8 ('I feel satisfied with the emotional support I receive from online support platforms for parenting challenges'). No formal expert review or back-translation was used; changes were minor and focused on improving comprehension. The adapted version demonstrated acceptable reliability (Cronbach's alpha = 0.82 in pilot testing). However, the scale primarily captures social media integration and may not fully represent other forms of digital support (e.g., telecounselling or institutional platforms), leading to potential construct mismatch.
- Psychological Well-Being Scale (PWB)[16]: A 20-item scale developed within the Indian cultural context, assessing self-acceptance, mastery/competence, positive relations, and engagement/growth, adapted from[17]. Items were rated on a 6-point Likert scale (1 = strongly disagree to 6 = strongly agree), with higher scores indicating greater well-being. Reliable (Cronbach's alpha > 0.80) for Indian populations.
- Parental Stress Scale (PSS)[18]: An 18-item tool gauging parenting-related pressures on a 1-5 scale, covering demands and positives. Demonstrates solid reliability (α = 0.75-0.85) in diverse samples, including Indian ones.

2.4 Statistical Analysis

Data were examined using SPSS (version 29), which included descriptive statistics, including frequencies, percentages, means, and standard deviations. Inferential statistics, including Pearson correlation coefficient-based correlation analysis, group comparisons, and multiple linear regression, were also computed.

3. Results and Discussion

This study explored the relationship between online support platform use and psychological well-being in 100 digitally connected urban Indian parents of children aged 6-15 years with LD in Bengaluru. Descriptive statistics, correlation analysis, and multiple linear regression were conducted using SPSS (Version 29).

3.1 Demographic Characteristics

The sample consisted of 62% female and 38% male parents (Table 1), with ages distributed as follows: 37% aged ≤35 years, 28% aged 36-45 years, and 35% aged ≥45 years. Education levels included 23% with high school education, 56% with undergraduate degrees, and 21% with postgraduate degrees. Income levels were 69% middle-income and 31% low-income. Children's ages were distributed as follows: 35% (6-8 years), 32% (9-11 years), and 33% (12-15 years), with 60% male and 40% female. Time since LD diagnosis varied, with 14% at 0 months, 14% at 1 month, 24% at 3 months, 25% at 6 months, 17% at 12 months, and 5% at 24 months.

Table 1. Demographic characteristics

Variable	Category	Count (n)	Percentage (%)
Parent Age	≤35	37	37%
	36-45	28	28%
	≥45	35	35%
Gender	Male	38	38%
	Female	62	62%
Education Level	High School	23	23%
	Undergraduate	56	56%
	Postgraduate	21	21%
Income Level	Middle	69	69%
	Low	31	31%
Time Since Diagnosis	0	14	14%
	1	14	14%
	3	25	24%
	6	25	25%
	12	17	17%
	24	5	5%
Child Gender	Male	60	60%
	Female	40	40%
Child Age	6-8	35	35%
	9-11	32	32%
	12-15	33	33%

3.2 Descriptive Statistics

The SMUIS yielded a mean total score of 34.0 (SD = 3.89), with subscale means of 3.33 (SIEC) and 3.49 (ISR) (Table 2). The PWB scale showed a mean total score of 60.8 (SD = 7.11), with subscale means of 11.9 (Self-Acceptance), 18.4 (Mastery/Competence), 15.6 (Positive relations), and 14.9 (engagement/growth). The PSS had a mean total score of 52.8 (SD = 5.90) (Table 3).

3.3 Correlation Analysis

The correlation matrix (Table 4) revealed no significant relationship between SMUIS total scores and PWB total scores ($r = -0.038$, $p = 0.704$) or PSS total scores ($r = -0.128$, $p = 0.206$). Similarly, no significant correlation between PWB and PSS ($r = -0.000$, $p = 0.998$).

3.4 Regression Analysis

Multiple linear regression models assessed the impact of SMUIS total scores on PWB and PSS, controlling for parent age, gender, education, income, child age, child gender, and time since diagnosis. For PWB, the model explained 13.6% of the variance ($R^2 = 0.136$, $N = 100$). SMUIS total scores were not a significant predictor ($\beta = -0.173$, $p = 0.401$). No control variables reached statistical significance, though low income ($\beta = 3.336$, $p = 0.064$) and high school education ($\beta = -3.686$, $p = 0.072$) approached significance (Table 5).

For PSS, the model explained 15.3% of the variance ($R^2 = 0.153$, $N = 100$). SMUIS total scores were not significant ($\beta = -0.210$, $p = 0.215$). No control variables were significant predictors; high school education ($\beta = -2.516$, $p = 0.135$) and time since diagnosis (1 month vs. 0 months, $\beta = 2.962$, $p = 0.216$) were the closest to significance (Table 6).

Table 2. Descriptive statistics for social media use integration scale (n=100)

	SMUIS TOTAL	SIEC	ISR
Mean	34.0	3.33	3.49
Standard Deviation	3.89	0.516	0.469
Minimum	24	2.17	2.50
Maximum	43	4.67	4.50

Table 3. Descriptive statistics for psychological well-being and stress measures (n=100)

	PWB TOTAL	Self-Acceptance	Mastery/ Competence	Positive Relations	Engagement/ Growth	PSS TOTAL
Mean	60.8	11.9	18.4	15.6	14.9	52.8
Standard Deviation	7.11	2.80	3.96	3.54	3.47	5.90
Minimum	45	5.00	6.00	7.00	7.00	40
Maximum	82	18.0	27.0	22.0	23.0	66

Table 4. Correlation analysis between social media use integration scale and psychological outcomes (n = 100)

		SMUIS TOTAL	PWB TOTAL	PSS TOTAL
PWB TOTAL	Pearson's r	-0.038	—	
	p-value	0.704	—	
PSS TOTAL	Pearson's r	-0.128	-0.000	—
	p-value	0.206	0.998	—
Note. * p < .05, ** p < .01, *** p < .001				

3.5 Challenges and Facilitators

Open-ended responses regarding barriers and facilitators were summarised descriptively by calculating the percentage of respondents mentioning each theme; no formal thematic analysis was conducted due to the supplementary nature of the qualitative data. The descriptive summary from open-ended responses highlighted barriers to online support engagement, including limited digital literacy (28% of respondents), linguistic diversity (15%), and scepticism toward online resources (22%). Facilitators included culturally relevant content (40%), peer support (35%), and accessibility of mobile-based platforms (30%).

4. Discussion

This study explored the relationship between online support platform use and psychological well-being among urban Indian parents of children with LD in Bengaluru. In contrast to the hypothesis (H_1), no significant link was found

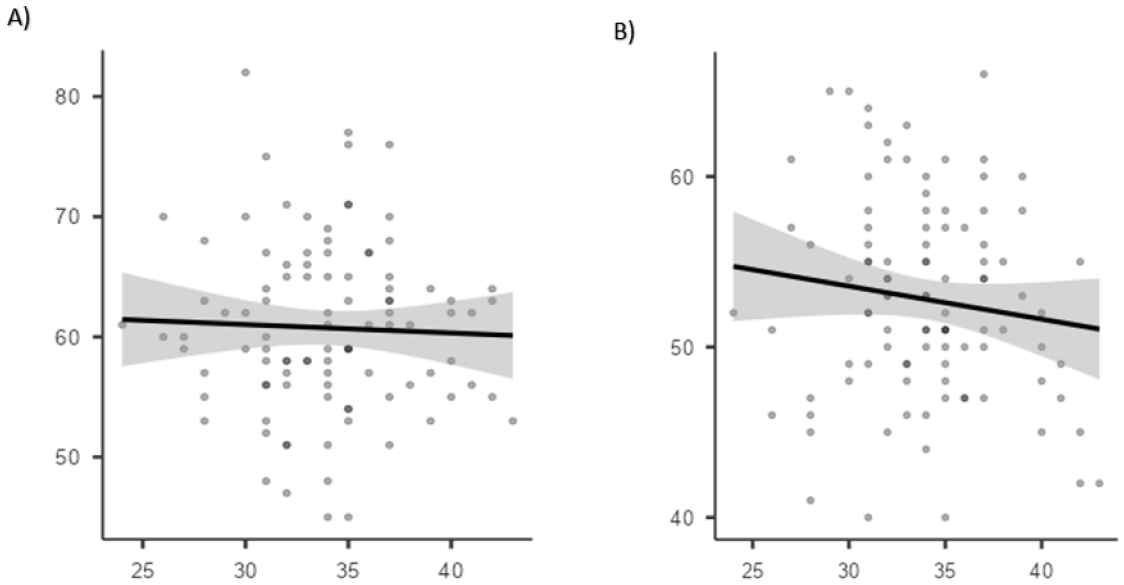


Figure 1. Scatterplots illustrating the correlations between SMUIS scores and **(A)** PWB and **(B)** PSS among urban Indian parents of children with learning disabilities. The correlations between engagement with online support platforms (SMUIS total score) and **(A)** Psychological well-being scale (PWB) total scores (r = -0.038, p = 0.704) and **(B)** Parental stress scale (PSS) total scores (r = -0.128, p = 0.206) in a sample of 100 digitally connected urban Indian parents of children aged 6-15 years with learning disabilities in Bengaluru.

Table 5. Multiple linear regression analysis of SMUIS on PWB and the controlling variables (n = 100)

Model Coefficients - PWB TOTAL					
Predictor	**Estimate**	**SE**	**T**	**p**	**Standard Estimate**
Intercept[a]	66.9314	7.552	8.86300	<.001	
SMUIS TOTAL	-0.1730	0.205	-0.84501	0.401	-0.09469
Parent age:					
Middle Aged – Younger	-0.0119	1.989	-0.00599	0.995	-0.00168
Older Age – Younger	2.0850	1.824	1.14280	0.256	0.29336
Parent Gender:					
Male – Female	1.9834	1.564	1.26822	0.208	0.27907
Child Age:					
Middle Childhood – Early Childhood	-2.7593	1.987	-1.38881	0.169	-0.38824
Adolescence – Early childhood	-1.8734	1.934	-0.96847	0.336	-0.26359
Child Gender:					
Male – Female	-2.4092	1.594	-1.51107	0.135	-0.33898
Education level of the parent:					
High School – Undergraduate	-3.6864	2.026	-1.81967	0.072	-0.51868
Postgraduate – Undergraduate	-1.0069	1.988	-0.50641	0.614	-0.14168
Income Level:					
Low – Middle	3.3360	1.779	1.87550	0.064	0.46938
Diagnosis:					
1 – 0	0.7009	2.888	0.24273	0.809	0.09862
3 – 0	2.0146	2.556	0.78832	0.433	0.28346
6 – 0	0.7376	2.585	0.28532	0.776	0.10378
12 – 0	1.5333	2.748	0.55793	0.578	0.21574
24 – 0	2.7143	3.813	0.71187	0.479	0.38191
[a] Represents reference level					

between the SMUIS scores and PWB (r = -0.038, p = 0.704) or parental stress (PSS, r = -0.128, p = 0.206), confirming the null hypothesis (H_0). The correlations were very weak (r < 0.13), indicating negligible practical association between online support engagement and psychological outcomes. These findings contrast with worldwide research that suggests that digital support reduces carer stress and promotes mental health[11,19,20]. The null results highlight the importance of context-specific research, suggesting that general assumptions about the efficacy of digital assistance may not hold in countries with significant cultural and infrastructural barriers. Nevertheless, a small number of studies found that, compared with the control group, the caregiver's post-intervention performance did not statistically improve[21,22].

The modest SMUIS scores (M = 34.0, SD = 3.89) indicate moderate use of online platforms such as WhatsApp and Facebook groups; however, this engagement was not associated with better psychological outcomes. Pilot testing of the adapted SMUIS (n = 15, Cronbach's alpha = 0.82) confirmed reliability. However, it revealed moderate use of non-social media platforms (item 9, M = 3.8), suggesting that platforms such as telecounseling or LD forums may be underutilised or not yet exist, potentially limiting their impact[23]. This is consistent with 22% of respondents' distrust of online services, which might reflect cultural attitudes towards digital mental health care in India[24].

Logistical and cultural barriers further contextualise the null associations[14]. Language diversity (15% of respondents) and insufficient digital literacy (28%) hinder engagement, as noted in Indian digital adoption studies[25]. Scepticism (22%) may stem from cultural stigma and preference for family support[9,12]. The pilot

Table 6. Multiple linear regression analysis of SMUIS on PSS and the controlling variables (n = 100)

Model Coefficients - PSS TOTAL					
Predictor	**Estimate**	**SE**	**T**	**p**	**Standard Estimate**
Intercept[a]	60.9792	6.209	9.8208	<.001	
SMUIS TOTAL	-0.2102	0.168	-1.2487	0.215	-0.1385
Parent Age:					
Middle-Aged – Younger	-2.0163	1.636	-1.2327	0.221	-0.3416
Older Age – Younger	-2.1182	1.500	-1.4120	0.162	-0.3588
Parent Gender:					
Male – Female	-1.0668	1.286	-0.8296	0.409	-0.1807
Child Age:					
Middle Childhood – Early Childhood	0.5107	1.634	0.3126	0.755	0.0865
Adolescence – Early Childhood	1.3238	1.590	0.8323	0.408	0.2242
Child Gender:					
Male – Female	-0.4893	1.311	-0.3732	0.710	-0.0829
Education level of the parent:					
High School – Undergraduate	-2.5155	1.666	-1.5102	0.135	-0.4261
Postgraduate – Undergraduate	-0.0626	1.635	-0.0383	0.970	-0.0106
Income Level:					
Low – Middle	1.4333	1.462	0.9800	0.330	0.2428
Diagnosis:					
1 – 0	2.9616	2.374	1.2474	0.216	0.5017
3 – 0	2.4089	2.101	1.1464	0.255	0.4081
6 – 0	-1.3996	2.125	-0.6585	0.512	-0.2371
12 – 0	-1.1155	2.260	-0.4937	0.623	-0.1890
24 – 0	0.6062	3.135	0.1934	0.847	0.1027

[a] Represents reference level

rephrasing of SMUIS items 3 and 8 underscores language issues that may reduce the scale's sensitivity to informal interactions like WhatsApp peer support, common in India[15]. These factors may explain the lack of association between participation and reduced stress or well-being, in contrast to Western environments with different digital infrastructure and cultural attitudes.

A regression study revealed that control factors, such as education and financial position, had a greater, though non-significant, impact on PWB and PSS scores than SMUIS. Low-income parents had a slightly higher PWB ($\beta = 3.336$, $p = 0.064$), perhaps due to community resilience or informal support networks, as highlighted in Indian mental health studies[26,27]. The lack of significant predictors suggests that unmeasured factors, such as family dynamics or stigma surrounding LD, may have a bigger impact, prompting more study[28]. Future models should include family structure and LD severity to explain the observed lack of correlation.

The cross-sectional design limits causal inference, and the convenience sample from Bengaluru may not represent all urban Indian parents, thereby reducing generalisability[29]. The findings represent concurrent patterns rather than directional effects. The revised SMUIS, while trustworthy, may not completely capture varied online support-seeking activities, particularly on informal platforms, as evidenced by pilot testing. Future research should employ larger sample sizes to account for diverse urban contexts and employ longitudinal methodologies to investigate temporal consequences. Qualitative research might help influence the creation of culturally sensitive platforms by addressing issues such as language diversity and scepticism. These findings highlight the importance of tailored digital initiatives

that address difficulties specific to India. According to a worldwide study on carer support, mobile-friendly, multilingual platforms that provide peer-led assistance, identified by 35% and 40% of respondents as facilitators, may boost effectiveness and engagement[30]. Policymakers and developers need to focus on these initiatives in order to boost parental resilience and improve developmental outcomes for children with learning difficulties.

This study discovered no significant association between online support engagement and psychological well-being or stress levels of urban Indian parents of children with learning difficulties, failing to support the hypothesis that higher engagement would be related to better outcomes. Clinically, mental health clinicians should emphasise incorporating culturally sensitive components into telecounselling and online support groups, with a focus on reducing stigma and addressing language diversity (15% of respondents) and computer literacy hurdles (28%). Incorporating peer-led support, which 35% of respondents identified as a facilitator, aligns with findings that peer networks improve emotional resilience. To improve engagement with online resources, psychologists and counsellors should create customised treatments, such as mobile support groups in regional languages, and provide digital literacy training[31,32].

Based on the study's findings, the following suggestions are made for stakeholders, including policy makers, mental health practitioners, and application developers: To develop online support platforms with multilingual material and culturally relevant resources to combat language diversity and stigma[33]. To prioritise mobile-friendly interfaces, as 30% of respondents cited accessibility as a facilitator, highlighting India's high mobile usage[34]. To train parents on digital literacy to improve their interaction with online resources, as 28% saw this as a barrier[28]. Collaborating with specialised schools and child health clinics can create online support platforms for increased accessibility and credibility[28].

5. Limitations

The findings of this study must be viewed in light of many constraints that may limit their generality and depth. The cross-sectional methodology limits the ability to establish cause-and-effect relationships between the use of online support platforms and psychological outcomes, suggesting that longitudinal research would be advantageous for clarifying these interactions. Due to convenience sampling from a single metropolitan city (Bengaluru), the findings should not be generalised broadly to all urban Indian parents. They primarily apply to digitally literate, English-proficient caregivers with reliable internet access in a major urban setting. The findings may not represent the complete diversity of urban Indian communities due to regional differences in internet access and cultural viewpoints. Using self-reported data from tools such as the SMUIS, PWB, and PSS may add biases, particularly given societal norms in India that prohibit open admission of mental health disorders.

The contextual rephrasing of two SMUIS items may slightly limit direct comparability with prior studies using the original wording. Furthermore, despite its reliability (Cronbach's alpha = 0.82), the adapted SMUIS may not fully capture the intricacies of culturally unique online interactions, as evidenced by the moderate engagement with non-social media sites reported during the pilot phase (item 9, M = 3.8). Factors such as familial interactions and the severity of a child's LD, which were not considered in the investigation, could also have a substantial impact on psychological outcomes. Furthermore, differences in participants' digital skills and changes made to survey items during the pilot indicate potential implications on participation that warrant additional examination.

6. Conclusion

This cross-sectional study observed no significant association between online support platform engagement and psychological well-being or stress in a convenience sample of digitally connected urban parents in Bengaluru raising children with LD. Implications include developing culturally tailored, multilingual digital tools to overcome barriers like digital literacy and scepticism. Future research should employ longitudinal designs, diverse samples, and refined measures to explore causal pathways and unmeasured moderators.

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8. Ethics

The study was approved by the University Research Committee (URC) and the Institutional Ethics Committee of Amity University as part of the main author's PhD research. All procedures adhered to ethical guidelines, with participant confidentiality maintained. Written informed consent was obtained from all participants before data collection.

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Author Contributions

Conceptualisation, S.K; Methodology, S.K; data collection, S.K; data analysis, S.K; writing the discussion, S.K; conclusion, S.K; writing- editing, S.K; writing review, S.A; supervisor, S.A. The manuscript has been read and approved by all the authors, and the requirements for authorship as stated earlier in this document have been met. Each author believes that the manuscript represents honest work.

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