Prevalence and Types of Gender-Based Violence among Secondary School Students During Covid-19 Pandemic in Anambra State, South-East Nigeria

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Abstract

Background: Gender-based violence (GBV) increases during every type of emergency whether economic crises, conflicts or disease outbreak like in the case of Coronavirus Disease of 2019 (COVID-19) pandemic. This study aimed to determine the prevalence and types of GBV among secondary school students during the COVID-19 pandemic in Anambra State, South East, Nigeria.

Methods: The study was a cross-sectional study, conducted among 403 secondary school student who were recruited consecutively after consent and assent were gotten. Self-administered semi-structured questionnaire was used to collect the data. Data was analysed using STATA version 16.0. The level of significance for test of association was set at $p\text{-value} < 0.05$

Results: The prevalence of GBV was 63.28%, emotional/verbal abuse were the most prevalent type while sexual abuse was the least type (85.5% vs 8.2%). The highest perpetrator of the emotional/verbal abuse were their fellow students (64.8%). The relationship between GBV and impact of abuse was statistically significant for academic performance, alcohol and tobacco intake ($p\text{-values}$: 0.040, 0.010, 0.029 respectively)

Conclusion: The prevalence of GBV is high among students during the COVID-19 pandemic, with the emotional/verbal type being the most prevalent type. GBV has an impact on their academic performance and social lives. We therefore recommend that stakeholders should have target programs to address the diverse effects of GBV on students especially with the pandemic.

Background

The adolescent is a time of transition in young people's life and it is associated with emotional disorders and high-risk behaviours. Gender inequalities and differences in economic and social life in adolescent influence their health and development. (1)

Gender-based violence (GBV) is the most pervasive yet least visible human rights violation in the world. (2) It undermines the health, dignity, security and autonomy of its victims, yet it remains shrouded in a culture of silence. (3) GBV is violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately. (4) This implies that violence is directed against boys or girls as a direct consequence of their biological sex or due to their gender identity. (5)

Pre-existing toxic social norms, economic and social stress caused by the pandemic, coupled with restriction of movement, have led to an exponential increase in GBV.(6) In areas where social norms lead to greater disparities between girls and boys in enrolment and retention in school, temporary disruption as a result of a crisis such as COVID-19 can lead to permanent removal from school. Families who are unable to pay school fees due to loss of income during the crisis, the loss of educational infrastructure

are prominent concerns. This will have long-term negative impacts on girls, access to opportunities and resources to improve their lives, educational, economic and health outcomes.(7)

GBV can take various forms such as physical (results in injuries, distress and health problems), sexual, psychological (controlling, coercion, blackmail) and economic abuse. Other forms are battery, forced/early marriage. Female genital mutilation, online violence, rape, sexual harassments, intimidation at school/work, forced prostitution etc.(1),(4)

The problem of gender-based violence reaches every corner of the world. (3) The numbers of women and girls affected by this problem are staggering. According to World Health Organization (WHO), as at 2013, one in every three women has been beaten, coerced into sex or abused in some other way – most often by someone she knows(8) and one in five women is sexually abused as a child. (9) The identified risk factors of GBV among college students in developed countries include alcohol consumption, history of witnessing parental violence, drug abuse(10) while in developing countries, the identified risk factors are childhood rural residences, alcohol consumption, psychostimulant consumption, witnessing domestic violence as a child, cigarette smoking, religious affiliation, marital status, campus residences, ethnicity, indigene-ship. (11),(12),(13)

Young victims of GBV are known to suffer a decline in their academic performances, they often drop out of school and this undermines the adolescents' capacity to positively deal with their sexuality, reduce unintended pregnancy and sexually transmitted diseases. (11) Therefore, school-related GBV is a serious obstacle to learning causing not only physical harm but also severe psychological and adverse educational consequences, posing a serious threat to the achievement of the Millennium Development Goals (MDGs) especially those related to education and gender equality. (13)

The prevalence is largely unknown and even reported cases portrays an iceberg appearance (14–16) because fears of reprisal and the willingness by families of the children involved to reach an agreement on settlement with the perpetrators deepen a culture of silence (17) which promotes under-reporting (18) and enables the problem to continue festering.

A review of the literature reveals that this is a global phenomenon (14,19–21)with certain developed countries like the United States of America, United Kingdom and Canada having rates ranging from 3.7% to 16.3%. A study in Zimbabwe revealed that more than 80% of pupils who drop out from secondary schools do so as a result of one form of abuse or the other. (17) Another study conducted in Ethiopia observed that 59.9% of the study participant reported ever experiencing GBV in their lifetime. In the study, 16.8% experienced physical abuse only, 43.0% experienced sexual abuse only while 40.2% experienced both physical and sexual abuse. (11) Similarly, another study also carried out in Ethiopia, revealed the lifetime prevalence of GBV to be 63.2% with sexual abuse reported to be 37.2% and physical abuse had a prevalence rate of 56.3%. (22) Although there is a paucity of data on the Nigerian situation of GBV, (18) the occurrence of its various forms in various parts of the country is well documented. In a study conducted in Kano, Northern Nigeria among university students observed that the overall prevalence of GBV was 58.8%, specifically, 22.8%, 22.2% and 50.8% of the participants experienced physical, sexual and

emotional abuse respectively. (13) Another study done among secondary school students in Kwara State found that at least one form of GBV was experienced by 89.1% of public and 84.8% of private school students. The study also observed that psychological violence was the commonest type of GBV experienced (public 72.5% vs private 69.2%) while sexual violence was the least (public 41.4% vs private 37.4%). (23) Cases of physical abuse ranged from 20.3% to 87.5%, while emotionally abused cases were between 68.0% and 92.2% in a study conducted in Niger State. (24) Studies among secondary school adolescents in Ibadan and Enugu recorded a 29% (25) and 10.2% (18) overall prevalence rate of sexual abuse respectively.

It is generally agreed that children/young adults are the future generation, leaders of tomorrow and flag bearers of any nation and to adequately conduct these duties, the rights of the child must be protected. (26) Thus, it is worthwhile to study GBV in light of its far-reaching effects on the health of its victims and the nation at large. Researchers argue that GBV has dire implications for the Nigerian educational system as it presents a major drawback to the child's educational development (20,27) and thus, hinders societal growth and development.

This study aims to determine the magnitude of the prevalence of GBV among secondary school students during COVID-19 Pandemic in Anambra State which will help to address the current gaps in knowledge about the phenomenon. It will also establish its baseline types of distribution thus assisting policymakers in planning programs that address/mitigate the associated observed negative effects. It will also assist physicians to have a high index of suspicion when handling children with these problems.

Methods

STUDY SETTING: This was a descriptive cross-sectional study that involved secondary school students aged 10 to 19 years who attended a health program for students in Nnewi, Anambra State, Nigeria. The students (both junior and senior students) were representatives of schools from Nnewi North, Nnewi South, Ekwusigo and Ihiala Local Government Area (LGA) of Anambra state, South-East, Nigeria.

Study Population: This comprised of secondary school students aged 10 - 19 years.

Inclusion Criteria: Secondary school students aged 10 – 19 years whose parents and principals permitted to participate in the study and who gave assent and consent to participate in the study.

Exclusion criteria: Students who did not receive permission from their principals, receive consent from their parents or guardians, and did not give assent to participate in the study.

Sample Size Determination and Sampling technique: A total population study was done. Every student who attended the health program was given equal opportunity to participate in the study. A total of 450 students was recruited consecutively from various schools in 4 different Local Government Areas (LGA) for the health program. The schools sampled were those who permitted their students to attend the

health program. The study was carried out in December 2020 at the reopening of schools after the lockdown period in Nigeria.

Data collection tool: Data was collected using self-administered, semi-structured questionnaire with information on the socio-demographic data, pattern of abuse, perpetrators, and outcome.

Data Analysis: Data was analysed using STATA Version 16.0. Frequencies and percentages were used to display the descriptive variables. The relationship between GBV and some variables was analysed using Chi-square (Fishers’ exact where applicable). The level of significance for test of association was set at p-value < 0.05

Results

Out of 450 recruited students, 403 completely filled the questionnaire giving a response rate of approximately 90%.

Socio-demographics of the study participants

More than half (56.82%) of the study participants were aged between 13-15 years. The mean age was 14±1.649 years. A higher proportion (60.79%) of the study participants were females, 71.96% were senior secondary school students, 81.39% were living with their parents, 25.56% lived with other adults apart from their parents, a higher proportion has both father and mother as businessmen and women (65.26%, 59.80% respectively). (Table 1)

Table 1: Socio-demographics of the study participants

SOCIO-DEMOGRAPHICS	FREQUENCY	PERCENTAGE
Age group		
10-12 years	50	12.41
13-15 years	229	56.82
16-18 years	121	30.02
19-21 years	3	0.74
Mean $\pm$ SD	14.6 $\pm$ 1.649	
Gender		
Female	245	60.79
Male	158	39.21
Class level		
Junior secondary	113	28.04
Senior secondary	290	71.96
Are you living with your father and mother?		
No	75	18.61
Yes	328	81.39
Highest level of education of father		
No Formal Education	19	4.71
Primary School	62	15.38
Secondary School	164	40.69
University	158	39.21
Highest level of education of mother		
No Formal Education	19	4.71
Primary School	27	6.70
Secondary School	163	40.45
University	194	48.14
Occupation of father		
Business	263	65.26
Civil servant	52	12.90

Clergy	8	1.98
Driver	8	1.98
Engineer	16	3.97
Health worker	3	0.74
Not working	10	2.48
Skilled worker	43	10.67
Occupation of mother		
Business	241	59.80
Civil servant	93	23.08
Health worker	9	2.23
Not working	15	3.72
Skilled worker	45	11.17
Do you live with any other adult apart from your parents/guardian?		
No	300	74.44
Yes	103	25.56
Number of siblings		
0 to 4	258	64.02
5 to 9	140	34.74
10 to 14	3	0.74
20 to 24	2	0.50
Mean $\pm$ SD	4 $\pm$ 2.105	
Total	403	100

Prevalence of Gender-based violence among the study participants

The prevalence of gender-based violence is 63.28% . (Table 2)

Table 2: Prevalence of Gender-based violence among the study participants.

Variable(N=403)	Prevalence (%)	
	No	Yes
Have you ever felt abused in the past?	148 (36.72)	255 (63.28)

Prevalence of the specific types of GBV among the study participants.

Emotional and verbal abuse was the most prevalent type of GBV while sexual abuse was the least prevalent type (85.5% vs 8.2%). (Table 3)

Table 3: Prevalence of the specific types of GBV among the study participants.

VARIABLE (<i>n</i> =255)	PREVALENCE (%)
Physical abuses	209 (82.0)
Emotional and verbal abuses	218 (85.5)
Physical neglect	100 (39.2)
Sexual abuses	21 (8.2)

The overall prevalence of the perpetrators of all the forms of GBV to the study participants.

Step-father (78.8%) was the highest perpetrator followed by fellow students (64.8%). Also step-father (78.8%) was the highest perpetrator of physical abuse, fellow student (64.8%) was the highest perpetrator of emotional/verbal abuse, mother (9.4%) was the highest perpetrator of physical neglect while teacher (2.4%) was the highest perpetrator of sexual abuse. (Table 4)

Table 4: The overall prevalence of the perpetrators of all the forms of GBV to the study participants.

Perpetrators of abuse	Forms of abuses (%)				Total
	Physical abuses	Emotional and verbal abuses	Physical neglect	Sexual abuses	
Father	39 (15.3)	21 (8.2)	18 (7.1)	Nil	78 (30.6)
Mother	56 (22.0)	27 (10.6)	24 (9.4)	1 (0.4)	108 (42.0)
Siblings	38 (14.9)	28 (11.0)	17 (6.7)	Nil	83 (32.6)
Teacher	46 (18.0)	15 (5.9)	7 (2.7)	6 (2.4)	74 (29.0)
Fellow student	52 (20.4)	95 (37.3)	13 (5.1)	5 (2.0)	165 (64.8)
Step father	201 (78.8)	Nil	Nil	Nil	201 (78.8)
Step mother	10 (3.9)	2 (0.8)	2 (0.8)	Nil	14 (5.5)
Guardian	13 (5.1)	21 (8.2)	9 (3.5)	2 (0.8)	45 (17.6)
Relatives	8 (3.1)	12 (4.7)	9 (3.5)	1 (0.4)	30 (11.7)
Non -relatives	Nil	12 (4.7)	5 (2.0)	4 (1.6)	21 (8.3)
Others	Nil	Nil	Nil	Nil	Nil

The patterns physical violence among the study participants

More than half of the study participants (54.9%) experienced beaten with an object as a pattern of physical violence, this was closely followed by hit/punched (54.1%). (Table 5)

Table 5: The patterns physical violence among the study participants

PATTERN OF PHYSICAL VIOLENCE (<i>n</i> =255)	PREVALENCE (%)
Hit/ Punched	138 (54.1)
Kicked	82 (32.2)
Beaten with an object	140 (54.9)
Shaken hard	51 (20.0)
Cut / stabbed on purpose	26 (10.2)

The patterns of emotional/verbal violence among the study participants

Majority (80.8%) of the study participants experienced insulted/criticized as a pattern of emotional/verbal violence. (Table 6)

Table 6: The patterns of emotional/verbal violence among the study participants

PATTERN OF EMOTIONAL/VERBAL VIOLENCE (<i>n</i>=255)	PREVALENCE (%)
Insulted / criticized	206 (80.8)
Told you were unloved	40 (15.7)
Told 'I wish you were not born / were dead'	38 (14.9)
Threatened to be hurt/ killed	40 (15.7)
Threatened to be abandoned	25 (9.8)

The patterns of physical neglect among the study participants

A higher proportion (19.2%) of the study participants felt not important as a pattern of physical neglect experienced, this was followed by feeling of lack of support/help when needed. (Table 7)

Table 7: The patterns of physical neglect among the study participants

PATTERN OF PHYSICAL NEGLECT (<i>n</i>=255)	PREVALENCE (%)
Had to wear dirty/torn clothes	22 (8.6)
Been abandoned hungry / thirsty	29 (11.4)
Not taken care of when sick	18 (7.1)
Felt you were not important	49 (19.2)
Felt there is no one looking after you	28 (11.0)
Felt no one is supporting you/helping when needed	47 (18.4)
Been stopped from going to school/denied of school supplies	19 (7.5)

Prevalence of sexual abuses among the study participants

A higher proportion (3.47%) of the study participant experienced made to have intercourse as a pattern of sexual abuse, followed by made to pose naked (2.73%). (Table 8)

Table 8: Prevalence of sexual abuses among the study participants

PATTERN OF SEXUAL ABUSE (<i>n</i>=255)	PREVALENCE (%)
Exposed your private parts	10 (2.48)
Made you pose naked	11 (2.73)
Touched your private parts	8 (1.99)
Made you touched each other's private parts	8 (1.99)
Made you have intercourse	14 (3.47)

Relationship between the socio-demographics and the abuse status of the study participants.

There is a statistical difference between the occupation of the mother and abuse. ($\chi^2 = 10.21$, $p\text{-value} = 0.037$) (Table 9)

Table 9: Relationship between the socio-demographics and the abuse status of the study participants.

SOCIO-DEMOGRAPHICS	EVER BEEN ABUSED		χ^2 value	p-value
	Not abused	Abused		
Age group				
10-12 years	14 (9.52)	28 (11.29)	2.35	0.502
13-15 years	89 (60.54)	140 (56.45)		
16-18 years	44 (29.93)	77 (31.05)		
19-21 years	Nil	3 (1.21)		
Gender				
Female	96 (64.86)	149 (58.43)	1.62	0.202
Male	52 (35.14)	106 (41.57)		
Class level				
Junior secondary	34 (22.97)	76 (30.16)	2.41	0.120
Senior secondary	114 (77.03)	176 (69.84)		
Are you living with your father and mother?				
No	25 (16.89)	50 (19.61)	0.46	0.596
Yes	123 (83.11)	205 (80.39)		
Highest level of education of father				
No Formal Education	7 (4.73)	12 (4.71)	2.97	0.397
Primary School	21 (14.19)	41 (16.08)		
Secondary School	54 (36.49)	110 (43.14)		
University	66 (44.59)	92 (36.08)		
Highest level of education of mother				
No Formal Education	4 (2.72)	14 (5.49)		

Primary School	11 (7.48)	16 (6.27)	6.01	0.111
Secondary School	51 (34.69)	112 (43.92)		
University	81 (55.10)	113 (44.31)		
Occupation of father				
Business	92 (62.59)	171 (67.32)		
Civil servant	23 (15.65)	29 (11.42)		
Clergy	4 (2.72)	4 (1.57)		
Driver	2 (1.36)	6 (2.36)	9.79	0.201
Engineer	10 (6.80)	6 (2.36)		
Health worker	Nil	3 (1.18)		
Not working	3 (2.04)	5 (1.97)		
Skilled worker	13 (8.84)	30 (11.81)		
Occupation of mother				
Business	74 (50.00)	167 (65.49)		
Civil servant	40 (27.03)	53 (20.78)		
Health worker	5 (3.38)	4 (1.57)	10.21	0.037*
Not working	7 (4.73)	8 (3.14)		
Skilled worker	22 (14.86)	23 (9.02)		
Do you live with any other adult apart from your parents/guardian?				
No	116 (78.38)	184 (72.16)	1.91	0.167
Yes	32 (21.62)	71 (27.84)		
Number of siblings				
0 to 4	99 (66.89)	159 (62.35)		

5 to 9	Nil	3 (1.18)	3.38	0.336
10 to 14	Nil	2 (0.78)		
20 to 24	49 (33.11)	91 (35.69)		

**; statistically significant, $p\text{-value} \leq 0.05$*

Relationship between abuse status and the consequences of abuses among the study participants

The relationship between GBV and the impacts of abuse (last class position, academic performance, alcohol intake, tobacco intake) were statistically significant. (p-values: 0.046, 0.040, 0.010, 0.029 respectively). (Table 10)

Table 10: Relationship between abuse status and the consequences of abuses among the study participants.

VARIABLE	EVER BEEN ABUSED		χ^2 value	p-value
	Not abused	Abused		
What was last Class position?				
1 st -10 th	105 (84.00)	170 (75.89)		
11 th -20 th	15 (12.00)	43 (19.20)		
21 st -30 th	3 (2.40)	11 (4.91)	8.01	0.046*
31 st -40 th	Nil	Nil		
≥41 st	2 (1.60)	Nil		
How has your school performance been?				
Average	37 (25.00)	94 (37.15)		
Poor	6 (4.05)	7 (2.77)	6.42	0.040*
Very good	105 (70.95)	152 (60.08)		
Do you take alcohol?				
No	142 (95.95)	224 (88.19)	6.90	0.010*
Yes	6 (4.05)	30 (11.81)		
Do you take tobacco?				
No	148 (100.0)	246 (96.85)	4.76	0.029*
Yes	Nil	8 (3.15)		

*; statistically significant, $p\text{-value} \leq 0.05$

Discussion

This study focused on the prevalence, types and impact of gender-based violence among secondary school students. The overall prevalence of GBV observed in this study was 63.28%. This finding is comparable with similar studies conducted within Africa, for instance a study carried out in Ethiopia found lifetime overall prevalence of GBV to be 63.8%(22), also another cross-sectional study conducted among high school students residing in rural areas of Hadiya zone in Ethiopia reported 62.2%. (28) Similarly another study carried out among female college students reported a prevalence rate of 59.9%.(11) Within Nigeria, a study conducted in Northern Nigeria observed the prevalence of GBV to be 58.8%.(13) Emotional/verbal violence was the most prevalent (85.5%) type of GBV, while sexual violence (8.2%) was the least prevalent type. Emotional/verbal violence is not overtly obvious and may be hidden from other people. Also, the true prevalence of the sexual form of violence may have been higher as some

students may likely have denied the experience due to the fear of stigmatization.(23) Iliyasu et al, (13) Fawole et al(23) and Letta et al(28) in their various studies reported similar findings.

From this study, step-father (78.8%) was the highest perpetrator of physical violence, fellow student (64.8%) was the highest perpetrator of emotional/verbal violence, mother (9.4%) was the highest perpetrator of physical neglect while teacher (2.4%) was the highest perpetrator of sexual violence in the present study. These findings may be attributed to the demographic of the study participants. Mothers being the highest perpetrators of physical neglect may be attributed to women in recent times has become breadwinners of the family, having little or no time for their children. Letta et al in their study found that children living with their step parents were more likely to be abused than those living with their parents.(28) This is the fact that step father or mother may not give proper care to the children and daily conflicts may be common. Also, the student may not obey for step parents who lead to conflict and physical injury.(28) Study conducted in Northern Nigeria, found that more than three fourths of victims of emotional/verbal violence were abused by male students.(13) Another study conducted in Southwest Nigeria also observed classmates to be perpetrators of emotional violence.(29) Various studies have also implicated teachers as culprits of sexual violence among students.(30),(31),(32)

More than half of the study participants (54.9%) in this study, experienced beaten with an object as a pattern of physical violence, this was closely followed by hit/punched (54.1%). This observation is in keeping with a study carried out in Ethiopia, where most of the participant reported beating with stick as the commonest mechanism of performing the physical violence.(28) However, this finding is at variant with various studies. (11), (13),(23),(33) This variations in findings may be attributed to the reported perpetrator of the patterns of the physical violence. For example Iliyasu et al in their study reported being pushed or shoved as the most prevalent pattern of physical violence and male students were the perpetrators.(13) Another study conducted among secondary school students in Nigeria, found slap as the commonest pattern of physical violence with friends being the commonest perpetrator.

(23) Concerning the commonest pattern of emotional/verbal violence experienced in this study 80.8% of the study participants experienced being insulted/criticized. This finding is in agreement with studies conducted in Sudan and Nigeria where insults were reported as the commonest pattern of emotional/verbal violence experienced.(13),(33) A higher proportion (19.2%) of the study participants felt not important as a pattern of physical neglect experienced, this was followed by feeling of lack of support/help when needed. On the contrary, a study carried out in Iran reported students' discomfort and having no welfare at home, lack of attention to students' demands, and parent's excessive expectations as the pattern of physical neglect experienced.(34) The difference could be due to the cultural differences in the participants of the two studies. Though, sexual form was the least experienced form of violence experienced by the study participants in this study, a higher proportion (3.47%) of them were made to have intercourse, followed by made to pose naked (2.73%). Other studies also reported similar findings in their various studies.(18),(28),(35)

From this study, there was a statistical difference between the occupation of the mother and abuse. ($\chi^2 = 10.21$, $p\text{-value} = 0.037$). Majority of the mothers of the study participants were business women, and this

type of occupation may give the mothers little or no time for their children, thereby predisposing them to the risk of abuse.

The relationship between academic performance, alcohol intake and tobacco use and GBV were statistically significant. This shows that GBV has an impact on the academic and social life of the abused and this may affect who they turn out to become as adults. This observation was reported in similar studies(22),(33),(36) where poor school performance, use of tobacco and alcohol were associated with GBV.

Study limitation: the study being a cross-sectional study, shows inability to make a causal inference as to the associations between GBV and consequences.

Conclusion

The prevalence of GBV is high among students during the COVID-19 pandemic, with the emotional/verbal type being the most prevalent type. GBV has an impact on their academic performance and social lives. We therefore recommend that stakeholders should have target programs to address the diverse effects of GBV on students especially with the pandemic.

Abbreviations

1. GBV: Gender-based Violence
2. COVID-19: Coronavirus Disease of 2019
3. WHO: World Health Organisation
4. MDG: Millenium Development Goals

Declarations

Ethical approval and consent to participate: The Nnamdi Azikiwe University Teaching Hospital Ethics Committee (NAUTHEC) was written for ethical approval of this study protocol. The reference number for the ethical approval is NAUTH/CS/66/VOL.14//VER.3/294/2021/078. Informed consent was obtained from the principals and parents of each participant/respondent one to two weeks prior to the study. Also, assent was obtained from each participant after thorough explanation of the objectives of the study. Each respondent was free to opt-out of the study at any time.

CONSENT FORM

We are researchers interested in the health of adolescents and young adults. We work in Nnamdi Azikiwe University Teaching Hospital, Nnewi. We want to conduct a study on gender based violence among secondary school students during COVID-19 pandemic in Anambra State

Purpose of the study: This is to assess the prevalence and types of gender based violence among secondary school students during COVID-19 pandemic in Anambra State.

Procedure: The adolescent (10-19 years) will be asked some questions in the form of a questionnaire. The entire process will last about 15 minutes.

Confidentiality: The identity of the respondent in this study will be treated as confidential. The results of the study may be published for scientific purposes, but will not give the name or include any identifiable references of each respondent.

Possible Benefits: This study will help us including your child/ward to understand the issues of gender based violence during COVID-19 pandemic in Anambra State. It will also help the policy makers to plan adequate intervention where necessary.

Possible Risks: There are no known risks in participating in this study.

Voluntary Participation: Your child/ward is free to participate in this study or not, he/she has the right to withdraw at anytime. Hence, the permission to allow your child/ward to participate in this study is being sought.

Payment: We did not receive any grant for this study and no payment will be given to participants.

Authorization: I freely permit my ward/child to participate in the above study.

Name:

Signature and Date:

Principal Investigator's Signature and Date: _____

Phone Number: 08037231932

Signature of Person obtaining Consent (and Date):_____

Completing interests: There are no competing interests

Funding: The study was self-sponsored

Contributions: IBU conceptualized, designed the study, analysed the data, CPN curated the data, literature search, analysed the data. All the authors (IBU, CPN, CCA, CPM, OCO, AVM, UMU) collected the data, interpreted the data, drafted and revised the manuscript)

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