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PREVALENCE AND PREDICTORS OF DRUG ABUSE AMONG UNIVERSITY STUDENTS IN DELTA STATE, NIGERIA.

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ABSTRACT

Background

Drug abuse among undergraduates has increased and is now considered a major public health problem in Nigeria. This study assesses the prevalence and predictors of drug abuse amongst university students in Delta State, Nigeria.

Methods

This cross-sectional study was conducted between February and June 2023 among 1134 university students in Delta State, using multistage sampling. Data were collected using a self-administered structured questionnaire to assess the prevalence and predictors of drug abuse. All undergraduate students from three accredited universities were included in the study. Data analysis was done using the IBM SPSS Statistics (version 26). Ethical approval was obtained from the Health Research Ethics Committee of Delta State University Teaching Hospital, Oghara.

Results

The mean age of participants was 20.9 ± 2.89 years, and the prevalence of drug abuse was 27.4%. The significant factors associated with drug abuse were religion ($p=0.001$), faculty of study ($P = 0.007$), parental status ($P= 0.001$), and marital status ($P<0.001$). However, having only the mother alive (AOR= 2.62; 95%CI: 1.25-5.48), both parents alive (AOR=2.64; 95%CI:1.39-4.97), and being in the faculty of basic medical sciences (AOR=6.96; 95%CI:1.14 - 42.54) were the only significant predictors of drug abuse.

Conclusion

This study revealed a relatively high prevalence of drug abuse among respondents, and the major reasons for drug abuse were stress, curiosity, and peer pressure. It is therefore recommended that targeted interventions to reduce negative parental influences, peer pressure and stress among students should be regularly implemented in universities to reduce the prevalence of drug abuse.

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INTRODUCTION

Any substance capable of altering biological function or modifying perceptions, cognition, mood, behaviour, and general body functions through its chemical actions is a drug.¹⁻³ Drug abuse is the use of illegal drugs or the use of drugs for purposes other than those for which they are meant to be used, or the use of drugs in excessive amounts.⁴ It also entails the use of prescription drugs for non-medical purposes or for medical purposes, but devoid of a doctor's prescription and guidance.⁵

Drug abuse, which is the excessive and persistent self-administration of a drug without regard to the medically or culturally accepted patterns, is a growing public health concern with grave consequences on health and well-being for young persons, especially university students.⁶⁻⁹ Drug abuse is a cause of many social vices such as theft, burglary, sex work, and shoplifting.⁷ Evidence has shown that one in seven persons (aged 15–65) in Nigeria has used a drug in the past year, and one in five individuals who have used drugs in the past year may be suffering from a drug-related disorder, such as depression and attempted suicide.⁷ Evidence has also shown a rising drug use in Nigeria, with about 4.3 million Nigerians aged between 15 and 65 engaging in drug use.¹⁰ It was also projected that Nigeria will have to grapple with approximately 20 million drug users by 2030, further deepening the public health and public security challenges.¹⁰ The prevalence of drug abuse in Nigeria has been reported to range from 20-40% among students and youths, and it was also reported that drug abuse was common among undergraduates, secondary school students, youths, commercial bus drivers, farmers, and sex workers.¹¹ The burden of drug abuse in Nigeria is still high despite the existing drug laws, policies, and strategies for prevention.¹¹ It has become a tremendous public health concern in Nigeria, where hard drugs are being used by students in higher institutions; thus, it constitutes a threat to academic institutions, parents, government, and society at large.¹² The use of drugs can lead to serious consequences such as addiction, mental health problems, legal issues, and academic problems.^{13,14}

Drug abuse among university students has been associated with poor academic performance, impaired judgment, increased risk of accidents and injuries, and increased risk of mental health problems such as anxiety and depression.^{9,13,14,15,16,17} It has also been stated that the problem of drug abuse is not new, but what is new is the gravitation of young people towards a diverse and emerging range of addictive substances.¹⁸ Several reasons have been identified for the rise in the cases of drug use and abuse in Nigeria, including curiosity, to increase physical performance, to relax/sleep, for pleasure, peer pressure, easy access, unemployment, and frustration, amongst others.¹⁰ The abuse of drugs has reached an unprecedented level amongst Nigerian youths, and it has a potentially deplorable effect on higher institutions with a high concentration of youths and young adults. Thus, assessing and understanding the frequency of drug use and factors influencing drug abuse among young people will help provide empirical data needed to institute appropriate preventive measures necessary to guarantee a safer and brighter future for the growing population of young people in Nigerian Universities. This study, therefore, aimed to assess the prevalence and predictors of drug abuse among university students in Delta State, Nigeria. It also sought to uncover the major reasons for drug use among university students in Delta State, Nigeria.

Study design and Study area.

This study adopted a cross-sectional study design and was conducted at universities in Delta State between February and June 2023. Delta State has a total land area of 16,842 square kilometers, lying between longitudes 5°0 ' and 6°4'E and latitudes 5°0 ' and 6°3'N, with the capital city in Asaba and three geopolitical zones: Delta Central, Delta South, and Delta North.¹⁹ Delta State is known for its growing efforts in establishing various citadels of learning, ranging from Universities, Polytechnics, Colleges of Education, etc. The universities in Delta State include Federal universities, State-owned universities and Private-owned universities.

Table 1a: Socio-demographic Characteristics of Respondents

Variable	Frequency (n = 1134)	Percentage
Age group (in years)		
15 – 20	514	45.3
21 – 25	574	50.7
26 – 30	35	3.1
> 30	11	0.9
Mean	20.92 ± 2.89	
Sex		
Male	743	65.5
Female	391	34.5
Religion		
Christianity	1087	95.9
Muslim	38	3.4
Traditional	9	0.8
Ethnicity		
Urhobo	410	36.2
Ukwuani	104	9.2
Isoko	104	9.2
Itsekiri	37	3.3
Yoruba	50	4.4
Igbo	250	22.0
Ijaw	60	5.3
Hausa	8	0.7
Edo	63	5.6
Tiv	2	0.2
Others*	46	4.1
Marital status		
Single	1079	95.1
Married	27	2.4
Divorced/Separated/Widow	19	1.7
Co-habiting	9	0.8
Parental status		
Orphan	33	2.9
Only mother alive	125	11.0
Only father alive	44	3.9
Both parents alive	885	78.1
Parents separated	47	4.1

*Others include Efik, Ibibio,

Study population and Sample size

The study population comprises all undergraduate students from three selected and accredited universities in Delta State: the Federal University of Petroleum Resources, Delta State University, and Western Delta University. All undergraduate students from the three selected universities accredited by the National University Commission were included in the study. Postgraduate students and those absent from school at the time of the study were excluded. The sample size was

determined using the Cochran formula: $N = Z^2 p(1-p)/d^2$.²⁰ Assuming a 95% confidence level, a standard deviation of 1.96, a prevalence of drug abuse of 50% (from a previous study),¹¹ and a 5% margin of error, the calculated sample size was 384. With a 10% non-response rate, the minimum sample size increased to 423. To account for the cluster effect, the calculated sample size was increased by a factor of 1.5 (design effect),²¹ which increased the minimum calculated sample size to 635. However, the sample size was increased to 1134 to improve the study's statistical power.

Table 1b: Socio-demographic Characteristics of Respondents cont'd

Variable	Frequency (n = 1134)	Percentage
Faculty		
Agriculture	27	2.4
Art	113	10.0
Basic medical sciences	27	2.4
Clinical sciences	17	1.5
Education	117	10.3
Engineering	314	27.7
Law	48	4.2
Management sciences	52	4.6
Sciences	381	33.6
Pharmacy	13	1.1
Social sciences	25	2.2
Institution		
DELSU	525	46.3
FUPRE	427	37.7
WDU	182	16.0
Nature of residence before higher institution		
Rural	242	21.3
Urban	710	62.6
Semi-rural	182	16.0
Hall of Residence		
On campus	352	31.0
Off campus	682	60.1
Family house	100	8.8

DELSU – Delta state university; FUPRE – Federal University of Petroleum Resources; WDU – Western Delta University

Sampling Technique

A multi-staged cluster sampling technique was utilized for this study. In the first stage, the accredited universities in Delta state by the National University Commission (NUC) were stratified into federal, state and private; and one university in each stratum was selected at random (by balloting) from the list of all the accredited universities by NUC in each stratum. Federal University of Petroleum Resources, Delta State University, and Western Delta University were thus selected from the federal, state, and private universities, respectively, by simple random sampling from the lists of universities in each stratum. In the second stage, one faculty member was selected from the list at each selected

university. In the third stage, two departments were selected from each of the selected faculties and all the classes (levels of study) in each of the selected departments were regarded as clusters. In the fourth stage, one representative class (cluster) was selected from the list of classes using simple random sampling (balloting), and the sample size was proportionally allocated based on the number of students at the university. All consenting students who were physically present in the class were interviewed. When the number of students in the class was fewer than the allocated sample size, another class/level was selected by ballot, and all members of the class were interviewed consecutively until the sample size was achieved. This process was repeated consecutively until the calculated sample size was achieved.

Table 2: Reasons for Drug Abuse

Variable	Frequency (n = 311)	Percentage
To reduce stress	114	36.7
Curiosity	113	36.3
Peer pressure	111	35.7
To stay awake	100	32.2
Desire to sleep/relax	99	31.8
It feels good	92	29.6
Access to more funds	63	20.3
Need for acceptance	59	19.0
Poor parental guidance	58	18.6
To feel grown up	50	16.1
access to more funds	39	12.5

Methods of data collection

Data were collected with a pretested self-administered structured questionnaire, which was adapted from the DSM-5 classification criteria for Drug Abuse.²² The questionnaire consists of three sections, namely: Socio-demographic characteristics, frequency of drug use, and reasons (causes) for drug abuse. The questionnaire was validated by experts who reviewed the questions to ensure face and content and was pretested at a non-participating university to assess its reliability. A test-retest approach was used, and Cronbach's alpha was 0.8, indicating high reliability.

Data Analysis

Data was entered and analyzed using the IBM SPSS Statistics (version 26). Descriptive statistics were done, and data were presented in frequencies, percentages, charts, mean, and standard deviation. Inferential statistics were conducted using the chi-square test to assess associations between categorical variables, and logistic regression was used to identify independent predictors of drug abuse. The level of significance was set at $p < 0.05$. The prevalence of drug abuse was determined from the questionnaire with two questions: 1) Have you ever taken any drug not prescribed by a doctor or used any drug for purposes other than they are meant to be used? 2) Have you ever used any drug classified as illegal or hard? All respondents who answered yes to these two questions were considered drug abusers. All the factors that were significant at $p < 0.05$ in the bivariate analysis (chi-square test) were included in a stepwise manner in the logistic regression.

Ethical Approval

Ethical approval was sought and obtained (HREC/PAN/2023/034/0570) from the Health Research Ethics Committee of the Delta State University Teaching Hospital, Oghara. Institutional permission was obtained from the three institutions prior to data collection. Consent was obtained from respondents before data collection. Privacy and confidentiality were fully maintained. The study was conducted in accordance with the principles of the Declaration of Helsinki.

RESULTS

This study revealed that the mean age of respondents was 20.92 ± 2.89 years; and most respondents were between 21 – 25 years (574; 50.7%) and 15-20 (514; 45.3%) years age groups, respectively. Most respondents were single (1079; 95.1%), male (743; 65.5%), Christians (1087; 95.9%), had both parents alive (885; 78.1%), and lived off campus (682; 60.1%) (Tables 1a & 1b). Of the 1134 respondents interviewed, 311 (27.4%) were drug abusers, while 823 (72.6%) were non-drug abusers (Figure 1). The major reasons for drug abuse reported in this study were stress (114;36.7%), Curiosity (113;36.3%), peer pressure (111;35.7%) and staying awake (100;32.2%). Other causes of drug abuse reported include poor parental guidance (58;18.6%), to feel grown up (50;16.1%), and access to more funds (39;12.5%) (table 2).

Among those who have ever abused drugs, 82 (26.3%) had spent much time using drugs, and most of them used drugs 2-3 times a week (37;45.1%) or once a week (29;35.4%).

Table 3: Frequency and Consequences of Drug Use (n = 311)

Variable	Frequency	Percentage
Chronic drug use	82	26.3
Frequency of drug use (n = 82)		
Once a week	29	35.4
2 – 3 times a week	37	45.1
Once a month	16	19.5
Physical or psychological problems related to the drug use	37	11.9
Given up activity for the drug use	39	12.5
Strong desire to use the drugs	54	17.4
Issues in creating and maintaining healthy and positive relationships due to the drug use	60	19.3
Impaired ability to adapt to a particular social role according to the norms associated with that role because of the drug use	57	18.3
Neglect of a major role because of the drug use	66	21.2
Legal problem because of the drug use	40	12.9
Withdrawal symptoms associated with attempt to stop drug use	52	16.7
Developed the capacity to endure continued subjection to a drug without side effects	69	22.2
Usage of larger amounts of the drug for longer time	69	22.2
Tried repeatedly to quit or control your drug use	55	17.7

Furthermore, 69 (22.2%) had used larger amounts of the drug for a longer time and had developed the capacity to endure continued subjection to a drug without apparent side effects (69; 22.2%), respectively. Similarly, 66 (21.2%) had neglected a major role because of drug use, 60 (19.3%) have had issues creating and maintaining healthy and positive relationships due to drug use, 55 (17.7%) had been trying repeatedly to quit or control drug use, 54 (17.4%) had a strong desire to use the drugs, 52 (16.7%) had tried to stop drug use and noticed withdrawal symptoms, and 40 (12.9%) had legal problems because of drug use (table 3). This study revealed that a lower proportion of Christians (26.5%) were drug abusers compared to Muslims (44.7%) and African traditional religion (66.7%) respectively; and the association between religion ($X^2 = 13.157$; $P = 0.001$) and drug abuse was statistically significant. Similarly, a higher proportion of respondents who were divorced/separated (68.4%) were drug abusers compared to those who were single (26.4%) or married (33.3%); and the association between marital status ($X^2 = 18.383$; $P < 0.001$) and drug abuse was also statistically significant. Furthermore, respondents who were aged 26-30 years (42.9%) abused drugs more than those aged

21-25 years (29.1%) and 15-20 years (25.4%) respectively. However, the association between age ($X^2 = 7.180$; $P = 0.066$) and drug abuse was not statistically significant. Other significant factors associated with drug abuse were parental status ($X^2 = 19.898$; $P = 0.001$) and faculty of study ($X^2 = 24.083$; $P = 0.007$). However, on logistic regression, only parental status and faculty of study were found to be the predictors of drug abuse. The regression analysis revealed that having only the mother alive (AOR = 2.62; 95%CI: 1.25-5.48), both parents were alive (AOR = 2.64; 95%CI: 1.39-4.97), and being in the faculty of basic medical sciences (AOR = 6.96; 95%CI: 1.14-42.54) were the only significant predictors of drug abuse (tables 4a & b).

DISCUSSION

This study revealed that the mean age of respondents was 20.9 ± 2.89 years; most respondents were between 21 and 25 years and between 15 and 20 years, respectively. It is comparable to previous studies done among undergraduates in some tertiary institutions in the southwest of Nigeria, where 46.5% of respondents were in the 15-19 years and 20-24 years age groups, respectively.^{11,23}

Table 4a: Predators of Drug Abuse

Variable	Prevalence of drug abuse Freq (%)		X ²	p-value	Df	Binary Logistic Analysis AOR (95% C.I.)
	Yes	No				
Age group (in years)			7.180	0.066	3	---
15 – 20	126 (24.5)	388 (75.5)				
21 – 25	167 (29.1)	407 (70.9)				
26 – 30	15 (42.9)	20 (57.1)				
> 30	3 (27.3)	8 (72.7)				
Sex			0.061		1	----
Male	202 (27.2)	541 (72.8)		0.804		
Female	109 (27.9)	282 (72.1)				
Religion			13.157		2	
Christianity	288 (26.5)	799 (73.5)		0.001		2.516 (0.539-11.756)
Muslim	17 (44.7)	21 (55.3)				1.611 (0.304-8.529)
African Traditional	6 (66.7)	3 (33.3)				
Ethnicity			13.0910	0.219	10	---
Urhobo	103 (25.1)	307 (74.9)				
Ukwuani	37 (35.6)	67 (64.4)				
Isoko	29 (27.9)	75 (72.1)				
Itsekiri	12 (32.4)	25 (67.6)				
Yoruba	16 (32.0)	34 (68.0)				
Igbo	58 (23.2)	192 (76.8)				
Ijaw	22 (36.7)	38 (63.3)				
Hausa	4 (50.0)	4 (50.0)				
Edo	16 (25.4)	47 (74.6)				
Tiv	1 (50.0)	1 (50.0)				
Others	13 (28.3)	33 (71.7)				
Marital status			18.383		3	
Single	285 (26.4)	794 (73.6)		<0.001		1.670 (0.388-7.196)
Married	9 (33.3)	18 (66.7)				1.421 (0.272-7.431)
Divorced/Separated/Widow	13 (68.4)	6 (31.6)				0.511 (0.062-4.211)
Co-habiting	4 (44.4)	5 (55.6)				0.213 (0.026-1.7530)
Widow						

The observation that more than one-quarter of respondents in this study had ever abused a drug is comparable to a previous study among university students in Northern Ireland, Wales, and England, where the prevalence of occasional and regular drug use was 25% and 5% respectively.²⁴ Though the reported lifetime prevalence of 27.4% observed in this study is lower than 45.7% and 71.9% reported in previous studies in southwest Nigeria.^{11,23} This observable difference in prevalence might be due to the fact that alcohol and cigarettes, which are both legally and socially acceptable substances, were included in the previous studies, but were excluded in this study. In Nigeria, alcohol and cigarettes are legal and socially acceptable; thus, they were excluded from

this study to strictly assess the prevalence of illicit drugs among undergraduates in Delta State, Nigeria. Hence, these substances, known as “gateway drugs,” lead to other illicit drugs like heroin and cocaine, and have increased the overall prevalence of substance abuse in previous studies. A similar study among medical students in Nigeria revealed a lifetime prevalence of 65%.²⁵ This finding implies that more than a quarter of undergraduates in this study are at high risk of drug addiction and developing psychosocial disorders due to exposure to illicit drugs. The major reasons for drug abuse reported in this study were stress, curiosity, peer pressure, and staying awake, among others.

Table 4b: Predators of Drug Abuse

Variable	Prevalence of drug abuse Freq (%)		X ²	p-value	Df	Binary Logistic Analysis AOR (95% C.I.)
	Yes	No				
Parental status			19.898	0.001	4	0.988 (0.841-1.161)
Orphan	14 (42.4)	19 (57.6)				1.391 (0.546-3.543)
Only mother alive*	34 (27.2)	91 (72.8)				2.621 (1.254-5.481)
Only father alive	15 (34.1)	29 (65.9)				1.860 (0.755-4.584)
Both parents alive*	224 (25.3)	661 (74.7)				2.636 (1.399-4.969)
Parents separated	24 (51.1)	23 (48.9)				
Faculty			24.083	0.007	10	
Agriculture	9 (33.3)	18 (66.7)				0.968 (0.288-3.251)
Art	49 (43.4)	64 (56.6)				0.561 (0.213-1.473)
Basic medical sciences*	2 (7.4)	25 (92.6)				6.958 (1.138-42.540)
Clinical sciences	6 (35.5)	11 (64.7)				1.109 (0.268-5.587)
Education	35 (29.9)	82 (70.1)				0.986 (0.369-2.625)
Engineering	79 (25.2)	235 (74.8)				1.137 (0.451-2.869)
Law	12 (25.0)	36 (75.0)				1.157 (0.371-3.216)
Management sciences	14 (26.9)	38 (73.1)				1.110 (0.443-2.782)
Sciences	96 (25.2)	285 (74.8)				2.336 (0.400-13.625)
Pharmacy	2 (15.4)	11 (84.6)				
Social sciences	7 (28.0)	18 (72.0)				
Institution			1.473	0.479	2	----
DELSU	153 (29.1)	372 (70.9)				
FUPRE	110 (25.8)	317 (74.2)				
WDU	48 (26.4)	134 (73.6)				
Nature of residence before higher institution			3.436	0.179	2	
Rural	62 (25.6)	180 (74.4)				
Urban	189 (26.6)	521 (73.4)				
Semi-rural	60 (33.0)	122 (67.09)				
Hall of Residence						
On campus	105 (29.8)	247 (70.2)				
Off campus	182 (26.7)	500 (73.3)				
Family house	24 (24.0)	76 (76.0)				

***Significant predictors of drug abuse.**

These findings are consistent with the findings of similar studies in southwest Nigeria, which reported curiosity, peer pressure, school stress, to numb emotional problems, and to get away from worries as the major reasons for drug abuse.^{11,23,26}

The findings of this study are also in keeping with a study done in Kogi State, north central Nigeria, where some of the reasons for drug abuse were to build self-confidence and to reduce fear and stress.²⁷ This study is also comparable to a previous study in northern Nigeria, where the leading causes of drug abuse were peer pressure, parental negligence, and the accessibility of drugs and substances.²⁸ Several studies have reported diverse reasons for drug abuse, ranging from curiosity, peer

pressure, to enhance performance, boost self-confidence, cope with unpleasant emotions, and frustration, to for boldness, to get high, to forget about problems, to help with depression or nervousness, and not to feel left out.^{11,23,24,26-28} This study has corroborated some of these findings from previous studies. Regarding the frequency and consequences of drug use, this study revealed that more than one-quarter of respondents who had ever abused drugs are chronic drug users. Most chronic drug users use drugs 2-3 times per week or at least once a week. This observation is in keeping with a previous study where most respondents reported using drugs daily, weekly, or occasionally.²³

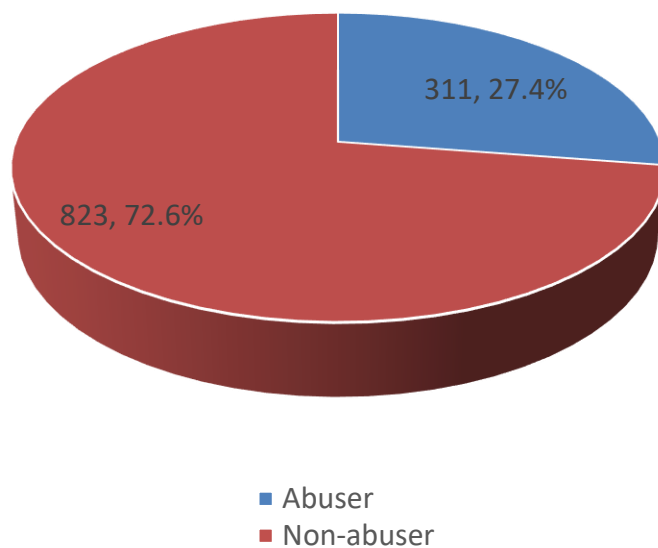


Figure 1: Prevalence of Drug Abuse

This study also found that about a quarter of respondents who are regular drug users had developed tolerance and neglected major roles due to drug use. Less than a quarter of abusers also reported having issues in creating and maintaining healthy and positive relationships due to drug use. These findings imply that a substantial number of respondents already have serious drug problems requiring rehabilitation. This is also evident with about 17% of regular drug abusers in this study having a strong desire to use drugs (Craving), and about 19% reported that they have had legal problems because of drug use. These findings agree with previous studies²³ and highlight the need to establish drug counselling and rehabilitation services for undergraduates in the study population. This study found that religion and marital status had a statistically significant association with drug abuse. This observation is in keeping with previous studies that reported a significant association between marital status, participation in religious activities and drug abuse.^{25,29} Other significant factors associated with drug abuse in this study were parental status and faculty of study. However, on logistic regression, only parental status and faculty of study were found to be significant predictors of drug abuse. This study observed that students who had only their mothers alive or both

parents alive had a higher likelihood of drug abuse compared to orphans or those who had only their fathers alive, or both separated. This is likely due to the quality of parental care and the mothers' involvement. Evidence has shown that children of parents who abuse drugs are more likely to abuse drugs and those whose parents are positively involved in their lives are less likely to abuse drugs.^{30,31} Furthermore, research has shown that mothers' occupation and education are predictors of drug abuse.²³ A previous study among undergraduates in southwest Nigeria revealed that students whose mothers were full-time housewives and/or retired had a lower prevalence of drug abuse.²³ Similarly, students whose mothers had a lower level of education had a higher likelihood of drug abuse.²³ These findings corroborate the fact that parental status is a predictor of drug abuse. Thus, the quality of maternal upbringing, care and supervision determines the likelihood of drug abuse in their children. The observation that being in the faculty of basic medical sciences was a significant predictor of drug abuse could be that the faculty houses departments like pharmacology, physiology, and other basic medical sciences, which expose the students to drugs and therapeutics, thereby increasing their knowledge and accessibility to drugs.

Thus, these students might be involved in excessive self-medication and use of unprescribed medication due to their knowledge about drugs and their functions.

LIMITATIONS AND STRENGTHS

The study focused solely on Delta State and may limit generalization to other university students in Nigeria. There was initial hesitation from students in providing information regarding drug abuse because of fear of stigmatization and expulsion from school due to drugs. However, the students were adequately counselled and reassured that the information would be kept strictly confidential and used solely for research purposes. Respondents' confidentiality and privacy were protected by ensuring anonymity of responses. The major strength of this study is its large sample size, which increased statistical power and the validity of the findings. Another strength of this study is the regression analysis that was done to identify the significant predictors of drug abuse.

CONCLUSION

This study has revealed a relatively high prevalence of drug abuse among respondents. The major reasons for drug abuse in this study include stress, curiosity and peer pressure. Most chronic drug abusers were found to use drugs 2-3times per week regularly and had neglected major roles because of drug use. The significant predictors of drug abuse in this study were parental status and faculty. It is

therefore recommended that targeted interventions to reduce negative parental influences, peer pressure and stress among students should be regularly implemented in universities to reduce the prevalence of drug abuse.

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CONFLICT OF INTEREST

There was no conflict of interest.

FUNDING

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AVAILABILITY OF RESEARCH DATA

The authors are available to provide the data upon request via the corresponding author.

AUTHORS' CONTRIBUTION

All authors (**EPU, EIM, ANS and OMT**) conceptualized and designed the study. **EPU, ANS and OMT** were involved in data collection/acquisition; **EPU, EIM, and NSA analyzed** the data. All authors (**EPU, EIM, ANS and OMT**) were involved in writing and revising the manuscript for intellectual content. All authors read and approved the final manuscript and agreed to be accountable for all aspects of the work.

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