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Perceptions of healthcare workers on men's sexual and reproductive health services utilization in Kwazulu-Natal

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Abstract

Healthcare workers have crafted and implemented several health policies and programs to attract men, but men still struggle to access SRH services. This study explored healthcare workers' perceptions and views about the determinants of men's sexual and reproductive health service utilization. This qualitative study employed a purposive sampling technique to select healthcare workers in urology clinics and those managing men diagnosed with SRH conditions outside urology clinics. Data were analyzed thematically. HCWs highlighted men's lack of awareness due to inadequate community education and health campaigns, staff shortage, the unavailability of medicines and medical supplies, health system incapacity, personal factors, and cultural norms and beliefs as hindrances in using SRH services. Health policymakers and relevant stakeholders need to pay attention to the SRH needs of men. The ongoing awareness campaigns about the importance of SRH service utilization, including additional male nurses, can encourage men to engage more with such services. *(Afr J Reprod Health 2024; 28 [4]: 50-59).*

Keywords: Healthcare workers, men, sexual and reproductive health, perceptions, views

Résumé

Les agents de santé ont élaboré et mis en œuvre plusieurs politiques et programmes de santé pour attirer les hommes, mais ceux-ci ont encore du mal à accéder aux services de SSR. Cette étude a exploré les perceptions et les points de vue des agents de santé sur les déterminants de l'utilisation des services de santé sexuelle et reproductive par les hommes. Cette étude qualitative a utilisé une technique d'échantillonnage raisonné pour sélectionner les agents de santé des cliniques d'urologie et ceux qui s'occupent des hommes diagnostiqués avec des problèmes de SSR en dehors des cliniques d'urologie. Les données ont été analysées thématiquement. Les agents de santé ont souligné le manque de sensibilisation des hommes en raison de campagnes d'éducation et de santé communautaires inadéquates, du manque de personnel, de l'indisponibilité des médicaments et des fournitures médicales, de l'incapacité du système de santé, des facteurs personnels et des normes et croyances culturelles comme obstacles à l'utilisation des services de SSR. Les décideurs politiques de la santé et les parties prenantes concernées doivent prêter attention aux besoins des hommes en matière de SSR. Les campagnes de sensibilisation en cours sur l'importance de l'utilisation des services de SSR, y compris l'embauche d'infirmiers supplémentaires, peuvent encourager les hommes à s'impliquer davantage dans ces services. *(Afr J Reprod Health 2024; 28 [4]: 50-59).*

Mots-clés: Agents de santé, hommes, santé sexuelle et reproductive, perceptions, opinions

Introduction

Healthcare workers (HCWs) constitute the major workforce within the SRH care services and the first contact with patients[1]. Although HCWs are critical in providing a conducive environment for men to engage them in sexual health services effectively[2], their untoward behaviors tend to hinder men from utilizing sexual and reproductive services[3-5]. Nevertheless, health service providers have crafted and implemented several health policies and programs to attract men, but men still struggle to access SRH services due to several factors[1]. Men account for half of the reproductive-age population but are often reluctant to seek SRH services at health facilities[2]. The underutilization of SRH by men has been reported by previous studies[6-10]. Literature shows that men hesitantly use SRH services, possibly risking high morbidity and mortality from several preventable illnesses[7,11,12].

Globally, there is a paucity of research conducted to understand health healthcare workers' perspectives on factors influencing men's utilization of SRH services. Although studies

investigating healthcare perceptions and views on SRH utilization have been conducted in L&MICs, especially in Africa, most studies focus on adolescents, women, and the youth[13, 14]. In most studies, healthcare workers highlighted the limited knowledge of healthcare service users about SRH services as the main barrier to using SRH services[13,15]. Furthermore, healthcare workers reported that men were less likely to seek services in health facilities where they felt judged and experienced negative when men presented with SRH conditions such as STIs[15].

Service delivery-related barriers such as the unavailability of essential equipment and supplies required to provide adequate and appropriate services, lack of privacy and confidentiality secondary to inadequate physical space, long waiting times, and lack of follow-up deter patients from utilizing SRH services[3-13]. Insufficient training and knowledge to promote and educate men about SRH services were also highlighted as barriers to accessing SRH services. In addition, the lack of financial resources for transportation was also deemed a barrier[15].

Previous findings from a qualitative study among men who resided in men's hostels and those who attended urology clinics in hospitals around KZN indicated that men lacked awareness and were reluctant to use SRH services such as condoms, medical male circumcision, screening, and vasectomy despite being available and effective[16]. We felt it was crucial to conduct this study among HCWs in the same urology clinics that cater to men with SRH-related conditions because the health workers' perspectives have not been sourced in the current setting. The purpose was to explore healthcare workers' perceptions and views about the determinants of men's SRH service utilization. We hope the findings will improve men's engagement with SRH services. Improvements in men's health would reduce the economic burden on national economies, costs to health services, the impact of lost productivity in the workplace, and enhance the quality of life[16,17].

Methods

Design and study participants

An exploratory qualitative research design was used to investigate healthcare workers' understanding of factors influencing men's utilization of SRH services through in-depth interviews. A qualitative design was chosen because it permits interactions between the researcher and research participants and elicits detailed descriptions of the phenomenon under study. We interviewed eighteen HCWs, which included four doctors and professional nurses, two enrolled nurses, enrolled auxiliary nurses, social workers, counselors, and psychologists who were permanently employed in urology clinics. The HCWs that were included in the study had more than one year of experience working with men with SRH issues. We targeted HCWs in urology clinics because they attend to men with SRH issues. The assumption was that HCWs attending to men with SRH issues were "information-rich" respondents with extensive knowledge of the phenomenon of interest.

Study area

This study was conducted in urology clinics that exclusively cater to men and women with sexual and reproductive health issues in the province of KwaZulu-Natal (KZN), South Africa (SA). Urology clinics are located within the health facilities (hospitals) and use multiple rooms separate from other clinics, where only patients with SRH problems are consulted.

Instrument data collection

A semi-structured interview guide approach was used to focus the discussions until data saturation was achieved. Researchers developed the interview guides from previously published studies investigating healthcare workers' perceptions and views on factors influencing men's utilization of SRH services. After consent was obtained from each participant, interviews were recorded with digital tape recorders. Field notes were taken in each interview as this provided key points to probe further.

Method of data collection and analysis

Data were collected between May 2022 and November 2023. Participants were purposively selected from each urology clinic in four selected hospitals in KZN. Researchers reached participants through their respective institutional heads. We obtained written and verbal consent. We sent

written consent and participation information sheets to all selected participants via email. Participants emailed signed consent forms back to the authors. At the beginning of each interview, verbal consent and permission to record the interview were obtained. The background and the purpose of the study were explained. Participants were informed about their rights to participate or withdraw if they did not want to. The interviews took 45-60 minutes each.

The principal investigator saved audio files on a password-protected computer and transcribed word for word 24 hours after each interview. The RA transcribed data, and the PI and the supervisor double-checked transcripts. The translated data were cross-checked with the audio file to ensure proper transcription and translation. The supervisor read the translated data repeatedly to understand the concept and related meanings of the data. The data were analyzed in the following stages: (1) listening to the audio tapes before the transcription, (2) transcribing the audio tapes, (3) assigning codes to text segments, and (4) categorizing by coding and identifying themes. The principal investigator carried out coding, categorizing, and theming. The supervisor verified key themes, and common categories and themes were agreed upon. To maintain the trustworthiness of the data, we ensured dependability, transferability, conformability, and credibility. Credibility was ensured by recording and note-taking simultaneously and examining the previous research findings. Transferability was guaranteed by providing detailed descriptions of the research process. Dependability was ensured by documenting real-life experiences so that the study's findings were the result of the experiences and ideas of the participants rather than the researcher's beliefs, preferences, and assumptions. Confirmability was ensured by substantiating the report of the interviews and reviewing similar studies previously conducted to see if the participant's responses matched with what the literature says. Ethical clearance (BE 347/19) was granted by the Biomedical Research Ethics Committee (BREC) of the University of Kwa-Zulu Natal on 06 October 2020. The KZN Provincial Health granted permission to collect data.

Results

Socio-demographic characteristics of participants

A total of 18 IDIs were conducted among HCWs dealing with men who have been diagnosed with SRH services. The age of participants ranged from 22 to 55 years old. HCWs comprised four doctors and professional nurses, two enrolled nurses, an enrolled nursing auxiliary, counsellors, social workers, and psychologists. The demographic characteristics of the HCWs are presented in Table 1.

Emergent themes and sub-themes

Factors influencing men's utilization of SRH services were solicited from HCWs' point of view. Results are presented by the four key thematic areas that emerged: 1). Delayed presentation in Health Facilities; 2). Influence of individual/personal factors; 3). Cultural and social norms; and 4). Factors related to health system shortcomings.

Theme 1: Delayed presentation in health facilities

Most HCWs highlighted men's delayed presentation to Health Facilities as the major contributory limiting factor in timely accessing appropriate SRH services. The following sub-themes emerged during data analysis.

Theme 1.1: Lack of community health education and awareness campaigns

HCWs asserted that delayed presentation to the Health Facilities was mostly due to a lack of community health education and awareness campaigns. They further alleged that men's late presentation to Health Facilities resulted in worsened conditions.

"RNG: Men delay presenting themselves in the hospital and consult when the condition worsens and becomes more complicated. It is because of the lack of health education in our communities."

Table 1: Demographic characteristics of the respondents (n = 18)

Explanatory variable	Categories of explanatory variables	n
Sex	Males	7
	Females	11
Age	26 to 44 years	12
	45 to 60 years	6
Facility location	Urban	3
	Township	1
Professional Background	Doctors	4
	Professional nurses	4
	Enrolled Nurses	2
	Nursing Auxiliary	2
	Counsellors	2
	Social Workers	2
	Psychologists	2
Job Level	Junior	6
	Senior	5
	Management	7
Years of Experience	1-9 years	3
	10-20 years	7
	20 years and more	8
Years of experience working in SRH services	1-9 years	5
	10 years and more	13
Level of Care	Tertiary	2
	Regional	2

The social workers also indicated that men stop fetching treatment as they lack awareness of alternative financial sources for transport, such as social grants.

"SWS: I also think that men are deterred from continuing with treatment by the lack of knowledge of procedures they need to follow to get grants."

Sub-theme 1.2: Self-treating/utilizing other forms of treatment.

HCWs further argued that men postponed their clinic or hospital visits while they were still self-treating with traditional medicines or buying over-the-medicines in the case of sexual inadequacies.

"RNG: Men always want to self-treat before coming to the clinic or hospital. They use traditional medicine … apply some cream on their penises" - "*RNL: Men treat themselves by buying sexual-enhancing tablets from the chemist."*

Sub-theme 1.3: Adverse effects of less or non-utilization of SRH services by men.

HCWs reported complications emanating from the non-utilization of SRH services. Complications highlighted under the theme arise from delayed presentation to Health Facilities while self-treated with non-hospital medicines, the lack of medical supplies, and conditions developing from excessive use of traditional and over-the-counter medicines. HCWs suggested that the use of other non-hospital treatments allows for the progression of men's illnesses such as penile cancer.

"DS: Delaying coming to the hospital while using non-authorized medicines can allow disease progression. Cancer may be caused by disease progression."

The lack of medical supplies, such as devices used in theatre and inserted on patients' genitals, and sexual enhancers medication resulted in relationship instability and abandonment by partners.

"ENL - Most men become anxious and report that their partners want to leave them because no sexual intercourse is occurring."

Some medical conditions, such as renal failure, were reported to develop due to excessive use of traditional medication. Young men would develop a condition called priapism after using over-the-counter sexual enhancers, which management leads to permanent sexual dysfunction.

"DN: The only condition that is caused by over-the-counter sexual enhancers is priapism." - *"DG: Men may develop renal failure after using herbal medication."*

Theme 2: The influence of individual/personal factors

In this theme, HCWs provide insight into issues influencing individuals' decisions to utilize SRH services. Under this theme, the following three sub-themes emerged.

Sub-theme 2.1: Lack of confidentiality and privacy

HCWs asserted that men would seldom be inhibited by the discomfort of informing several persons about the reasons for the visit or the appointment, starting from the security at the gate to the reception

Table 2: Themes emanating from participants' comments

THEMES	SUB-THEMES
Delayed presentation in Health Facilities	Lack of community health education and awareness campaigns.
	Self-treatment/Utilizing other forms of treatment
	Complications of deferred presentation
Influence of individual/personal factors	Lack of confidentiality and privacy
	Hesitating to use SRH services secondary to self-embarrassment.
	Financial factors
Cultural and social norms	Delayed health-seeking behaviour.
	Men's denial of the need for medical help
	Lack of social support.
Factors related to health system shortcomings.	Under-resourced Health Facilities
	Ineffective referral system
	Healthcare workers' lack of training on SRH issues
	Poor SRH utilization due to inadequate psychological interventions

administrators and nurses before reaching the doctor.

"RNL: Men get discouraged from keeping their subsequent appointments due to explaining their conditions to several persons."

HCWs also highlighted the men's complaints about the lack of privacy emanating from the limited space in urology units since the conversations could be overheard in the next room during consultations.

"RNN: Here, we have a problem with space, so we cannot maintain one hundred percent privacy and confidentiality."

Sub-theme 2.2: Hesitating to use SRH services secondary to self-embarrassment.

HCWs alleged that men feel embarrassed to be seen or show their private parts to female and young HCWs and prefer male nurses, especially during examinations. Further, men were ashamed of discussing their conditions in front of female nurses.

"RNG: Men get embarrassed to undress or discuss their sexual health conditions in front of female nurses."

Sub-theme 2.3: Financial factors

HCWs from all sites narrated the lack of money for transport as one of the major reasons men would miss their appointments. Moreover, men were reported to struggle to pay for their medical prescriptions and devices as the hospitals lacked vital medical supplies.

"ENAS: Some men reported missing appointments due to a lack of money for transport."

HCWs further indicated that men risk their lives by not coming to the hospital for their appointments, despite having SRH conditions, fearing losing their jobs and consequently being unable to provide for their families.

"SWS: - Men sacrifice their health to provide for their families. They would rather spend the money on their families than come to the hospital."

Theme 3: Cultural and social norms

This theme emerged to explain the experience of HCWs on how cultural norms, standards, and beliefs impeded men's access to SRH service utilization, and three sub-themes emerged.

Sub-theme 3.1: Delayed health-seeking behaviour

Under this sub-theme, HCWs elaborated on how men delayed seeking medical help from Health Facilities while consulting traditional and spiritual healers since they believed to be bewitched.

"DN - A man may visit the witch doctors or traditional healers, thinking he has been bewitched."

Men who needed to be done penectomy (total removal of the penis) were reported to delay going for the procedure, claiming that they needed to consult their elders and ancestors before they went for the procedure.

"SWS – Men who are diagnosed with cancer of the penis and require penectomy often request to go home to do rituals (consult their elders and ancestors) and consult traditional healers and come back with worsened conditions."

Sub-theme 3.2: Men's denial of the need for medical help

Men were reported denying the need for help, stating that a man must be strong. Sometimes, men would sit at home, hoping the sickness would disappear.

"DN: Denial of the existing situation, fear, and embarrassment of being found out, especially with stigmatized diseases, deter men from seeking help."

The psychologists associated men's underutilization of SRH services with fear of facing reality. They further alleged that men would block their feelings of distress and were often reluctant to report their psychological issues.

"PS: Men fear facing the reality that they don't even know its extent. Men almost create the "psychological blockage" where everything appears okay."

Men's denial of needing help was also associated with their inability to report, talk, or enquire about their conditions and, hence, not use SRH services.

"DN: It's because men do not want to talk about issues that are affecting their genitalia and, therefore, are less likely to consult HCWs."

Sub-theme 3.3: Lack of social support

The lack of psychosocial support was linked to the cultural norm that men did not discuss their sexual matters with women and was also highlighted as a deterrent to the use of SRH services by men.

"SWS: Sometimes, the lack of social support is related to the cultural norm that men do not share sexual problems with women since they believe women will degrade them once they discover that."

Theme 4: Factors related to health system shortcomings

HCWs discussed issues that inhibited men from utilizing SRH services secondary to the failures of the health system. Emerging sub-themes are discussed below.

Sub-theme 4.1: Under-resourced health facilities

HCWs reported the lack of medical supplies, such as medication for sexual dysfunction and equipment used in theatre for SRH-related conditions, as hindering access to SRH services. Unaffordability among other men compels them to buy the medication and equipment from their pocket.

"ENS: Sometimes, we lack devices that are normally inserted into the patient's genitals or testosterone for sexual dysfunction … In such cases, patients must purchase from their pockets."

Due to the staff shortage, patients were discouraged from coming to the hospital as they would hold long queues while waiting to be seen by the doctors. Sometimes, men would be deterred by waiting a long time to be operated on due to a shortage of doctors or medical supplies. Furthermore, HCWs also cited the shortage of staff as a reason for not embarking on outreach campaigns where they educate men about SRH conditions.

"ENS: Patients here would normally complain about waiting and getting canceled multiple times for theatre."

Sub-theme 4.2: Ineffective referral system

HCWs indicated that delayed or poor referral systems hinder appropriate management of men's SRH conditions.

"DS: When a man has an SRH problem and visits PHC or GP, and they keep on treating him although he is not getting better."

Psychologist also vent their frustration by stating that men are referred late to them. They do not get enough time to understand men's psychological limitations.

"PS: The unfortunate thing is that psychologists always get involved when it's almost two weeks before the procedure is done.

Sub-theme 4.3: Healthcare workers' lack of training on SRH issues

HCWs affirmed that their lack of in-service training on SRH issues leads to HCWs' poor knowledge regarding the management of men diagnosed with SRH conditions, especially those with mental health issues.

"DG: When we did train with district hospitals, we picked up the lack of knowledge among HCWs."

Sub-theme 4.4: Poor SRH utilization due to inadequate psychological interventions

HCWs discuss how the limited psychological interventions and the provision of coping strategies hinder men's access to SRH services.

"ENS: We (HCWs) have not been empowered with SRH knowledge. We really need to be trained as staff" - "PS: The mental health aspect of men is completely undermined. Doctors do not present patients to us the first time when the patient has a problem.".

Discussion

This study explored the healthcare workers' perceptions and views regarding the factors influencing men's utilization of sexual and reproductive health. The researchers felt it vital to heighten the HCWs' understanding of men's SRH service utilization. The participants in the study highlighted men's delayed presentation to Health Facilities as a significant reason for the underutilization of SRH services. They further associate the late presentation to hospitals or clinics with a lack of community education and awareness campaigns. A study conducted in Kenya, Tanzania, Uganda, and Zambia also identified the lack of awareness and knowledge as the key deterrent to SRH service utilization[13]. Therefore, men must be motivated to utilize SRH services through health talks, as the limited information may contribute to men's inability to make informed decisions about the use of SRH services. HCWs further assert that men postpone their clinic or hospital visits while self-treating with medicines obtained from traditional and spiritual healers and over-the-counter medicines. Consequently, men risk developing severe conditions and complications as they defer their clinic or hospital visits while self-treating.

HCWs consistently highlight undesirable effects endured by men when they delay in presenting themselves in Health Facilities. HCWs argue that the lack of medical supplies leads to the use of ineffective traditional medicines that would worsen men's condition, leading to the development of cancer. Furthermore, most relationships are ruined and become characterized by Gender-Based Violence (GBV) secondary to men's frustrations as they are unable to get help due to a lack of medical supplies. HCWs also maintain that the excessive use of traditional medicines causes renal failure. As affirmed in a Sub-Saharan systemic review study, South Africa had the highest prevalence (12.9%) of renal failure consequent to traditional medicine toxicity compared to the East and West African countries[18]. The complications due to underutilization of SRH services require the government to intensify community education to encourage men to come forth with their sicknesses and use SRH services.

The lack of confidentiality is affirmed to contribute to men's unwillingness to utilize SRH services, as they feel embarrassed to explain their conditions to several persons before they can reach the end service provider, for example, a doctor. Echoed in other studies, men judged the need to reveal a reason for the visit to the reception staff and security personnel as the inversion of their privacy and confidentiality, thus inhibiting them from seeking health care[17, 19]. Men are often concerned about female HCWs' breaches of privacy and confidentiality and, hence, are reluctant to share sensitive matters with females[6,20,21]. In this study, findings indicate men's discomfort when they must undress and show their private parts in front of female nurses. Men's masculine tendencies of feeling embarrassed to expose their private in front of female nurses, especially young female nurses, have been echoed in several studies[22-24]. Consequently, men would ask to be attended by male nurses, especially when giving history about their conditions and during examinations. Unfortunately, most healthcare workers are females, and it becomes impossible to have a male healthcare worker all the time. In this study, most healthcare workers (61.5%) were females, although most patients seen in urology clinics were males. This indicates the imbalance in the male-to-female ratio. The government needs to employ more male nurses and open male-only clinics.

Echoed in other studies, HCWs also highlight the limited spaces for consultation as contributing to the inability to maintain complete privacy and confidentiality, thus hindering men from visiting Health Facilities[6,20,21]. The government needs to extend or build more infrastructure to accommodate the increasing number of sick persons, as the lack of privacy and confidentiality discourages men from visiting Health Facilities. A further barrier is men's lack of money for transport and, consequently, missing subsequent appointments. The lack of finances to pay for medical prescriptions and devices greatly hinders access to SRH services, as the hospitals may lack medical supplies. Other studies also reaffirmed that cost implications and the cost of transportation

to health facilities restrict access to SRH services[3,14,25-28]. Furthermore, HCWs also point to men's sacrifice for their health, fearing losing a job as a deterrent to using SRH services. In a study conducted in South Africa, adherence to HIV treatment among men became difficult as they did not want to miss work, fearing losing their jobs[29].

The study findings suggest that most men seek medical help from traditional healers and spiritual healers while their conditions worsen, believing to be bewitched. Furthermore, men's reluctance to undergo vasectomy since they believe that men must reproduce until they die was reaffirmed by previous studies[30-33]. Most men further delayed the management of their sicknesses, such as penile cancer, claiming the need for the cultural ritual of consulting with ancestors and elders before they undergo penectomy (total removal of the penis).

Concomitant to the masculine conception that compels men to toughen up, men were reported to deny the need for help, claiming to be strong even when the condition is severe. The men's stoicism and denial of health concerns have been observed in other studies where men would be in denial until severe sickness develops[7,17,29]. Toughening up often inhibits men from communicating their feelings, even when their health is compromised[34,35]. Men's secretive behaviors are evident when they hide their sicknesses from anyone, including their partners, families, and friends. Therefore, men must be encouraged to report and enquire about their illness, especially when engaging with HCWs. The lack of social support from either a partner, a parent, or a friend also discourages most men from seeking medical help when experiencing SRH and other sicknesses in general[15,17,19].

The matter of under-resourced health facilities, such as the unavailability of medication for adverse effects of management, such as sexual dysfunction, and devices used in theatre for SRH-related conditions significantly hinder access to SRH services. The findings resonate with other studies, where lack of SRH service delivery, such as essential equipment and supplies (medication, contraceptives), hindered SRH services[13,14]. The unavailability of devices used in theatre and the shortage of doctors often compelled the cancellation of vital operations. This is contrary to government plans to create a well-performing health workforce that is responsive and efficient through sufficient numbers and a mix of staff members who are equally distributed and competent[36].

The inability of HCWs to counsel men, due to lack of training, when they experience psycho-social problems limits access to SRH services. As reiterated elsewhere, HCWs acknowledge their limited knowledge to support men who require psychological support and coping strategies to deal with emotional instability resulting from SRH conditions, such as penectomy and sexual dysfunction[13-15]. Although health facilities often complain about staff shortages, imparting appropriate and relevant knowledge to men could improve men's access to and utilization of SRH services.

Conclusion

Our findings allowed us to delve deeper into issues affecting men's utilization of SRH services while reaffirming previous results. It is critical to realize that the lack of awareness and medical supplies, under-resourced health facilities, socio-economic status, and cultural norms remain the main obstacles to men's access to services. Health policymakers and relevant stakeholders need to pay attention to the SRH needs of men because men's health is significantly compromised by complications resulting from preventable and treatable conditions. The ongoing awareness campaigns and community health education about the importance of SRH service utilization, including additional male nurses, can encourage men to engage more with such services.

Limitations

This study was conducted only in KZN. Therefore, the study findings can only be transferrable to the population from which the sample is drawn. The assertions by HCWs may have partial insights into the barriers experienced by those seeking SRH services. It is also possible that HCWs might not have been as reflective about their health facilities or colleagues' shortcomings as clients might have been.

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Authors' contributions

MN and TD conceptualized and designed the study. MN drafted the manuscript with input from all authors. MN collected and analyzed the data and was supervised by TD. All authors reviewed the manuscript. MN edited the manuscript, and BT approved the final manuscript for publication.

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Conflict of interest

The authors declare that the research was conducted without any commercial or financial relationships that could be construed as a potential conflict of interest.

Informed consent

Informed consent was obtained from all individual participants included in the study.

Ethical approval

The study was conducted according to the ethical standards of the institutional research committee (Biomedical Research Ethics Committee (BREC) (BE 347/19)) and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

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