Original Article

Psychological violence against women practiced by intimate partners: a cross-sectional study in a rural area of Rio Grande do Sul, Brazil, 2017*

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Andrea Silveira Lourenço Aguiar de Oliveira[1] – orcid.org/0000-0001-6980-4427
Laísa Rodrigues Moreira[2] – orcid.org/0000-0001-8393-3743
Rodrigo Dalke Meucci[1] – orcid.org/0000-0002-9455-4260
Simone dos Santos Paludo[1] – orcid.org/0000-0002-3281-5824

[1]Universidade Federal do Rio Grande, Programa de Pós-Graduação em Saúde Pública, Rio Grande, RS, Brazil
[2]Universidade Federal de Pelotas, Programa de Pós-Graduação em Epidemiologia, Pelotas, RS, Brazil

Abstract

Objective: To estimate prevalence and factors associated with intimate partner psychological violence against women in a rural area in the state of Rio Grande do Sul, in 2017. **Methods:** This was a cross-sectional population-based study with women aged 18-49 years old and who had had an intimate partner in their lifetime. Questions from the World Health Organization Violence Against Women Study were administered. Poisson regression was used to estimate prevalence ratios (PR) and 95% confidence intervals (95%CI). **Results:** 971 women participated. Prevalence of lifetime psychological violence was 17.2% (95%CI 14.9;19.7). Those diagnosed with depression (PR=2.23 – 95%CI 1.70;2.91) and who had consumed alcohol in the last week were more likely to refer lifetime psychological violence (PR=1.53 – 95%CI 1.07;2.17). Single women were more likely to experience psychological violence than married women (PR=1.86 – 95%CI 1.32;2.63). **Conclusion:** Psychological violence against woman in rural areas was related to mental health and alcohol use.

Keywords: Violence Against Women; Intimate Partner Violence; Epidemiology; Rural Population; Cross-Sectional Studies.

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Correspondence:
Andrea Silveira Lourenço Aguiar de Oliveira – Rua General Telles, 922, Pelotas, RS, Brazil. CEP: 96010-310
E-mail: andrea.psicofurg@hotmail.com

Introduction

Violence against women, in addition to violating rights, increases the demand for health care, characterizing a major challenge to Brazilian public health.[1] One in seven women in Latin America and the Caribbean are estimated to have experienced physical and/or sexual violence perpetrated by an intimate partner.[2] This data becomes of even greater concern when lifetime exposure to psychological violence or emotional abuse is found to exist.[3]

This study sought to describe a panorama of psychological violence in a rural area, a context still little explored, as well as among subgroups in which it occurs more, thus contributing to highlighting possible paths in the fight for the guarantee of women's rights, giving visibility to the theme and the need to break the silence when faced with situations of violation of human rights.

Psychological violence is characterized by any action or omission that causes or seeks to cause harm to a person's self-esteem, identity or development.[4] It is considered to be one of the most frequent forms of aggression in the domestic environment, despite being underreported and more difficult for the victim to identify, since often women do not realize they are suffering aggression.[5] There is wide variation in the global literature on the prevalence of intimate partner psychological violence against women, including those who live in rural areas[6,7] The main factors associated with the occurrence of this form of violence are being married,[8] low level of schooling,[9,10] low family income,[11,12] being over 30 years old[13-15] and diagnosis of depression.[16]

A pioneer population-based study conducted in Brazil, in the city of São Paulo and in 15 municipalities located in the *Zona da Mata* region of Pernambuco, between 2000 and 2001, identified that the prevalence of psychological violence occurring at least once during lifetime was 41.8% [95% confidence interval (95%CI) 38.7;45.1] in São Paulo and 48.9% (95%CI 45.9;51.7) in the *Zona da Mata* region of Pernambuco (without separating the overlap existing between physical, psychological or sexual violence).[17] The same study found that prevalence of reporting having suffered psychological violence alone during lifetime was 17.5% for women living in São Paulo and 17.3% for those living in *Zona da Mata* region of Pernambuco.[17]

Life in rural areas is marked by being distant from support networks and services[18], and even from networks of affection, favoring the silencing and invisibility of violence. Therefore, this study sought to describe a panorama of psychological violence in a rural area, a context still little explored, as well as among subgroups in which it occurs more, thus contributing to highlighting possible paths in the fight for the guarantee of women's rights, giving visibility to the theme and the need to break the silence when faced with situations of violation of human rights.

The objective of this study was to estimate prevalence and factors associated with intimate partner psychological violence against women living in a rural area.

Methods

This is a population-based cross-sectional study, developed within the Federal University of Rio Grande Master's Degree Program in Public Health joint research initiative entitled 'Health of the Rural Population of Rio Grande'. Located in the extreme south of the state of Rio Grande do Sul, Brazil, the municipality of Rio Grande has a total territorial extension of 2,709.5 km^2 and in 2017 had a population of around 209,000 inhabitants, 4% of whom lived in the rural area.[19]

In this study, we included women (of the female sex) between 18 and 49 years old, living permanently in rural areas of the municipality and who reported having had at least one intimate partner in their lifetime, regardless of sexual orientation. Institutionalized women and those who were not physically and/or mentally able to participate in the interview without assistance were excluded.

The sample size was calculated to meet the research objectives, whereby the largest sample size needed was 931 women, considering association between psychological violence and schooling. The sample size calculation was estimated by taking prevalence of psychological violence as being approximately 45%, a 95% confidence level and a margin of error of 3

percentage points. When calculating the sample size for associated factors, we considered a 95% confidence level, power of 80%, a prevalence ratio of 1.5, and 25% minimum prevalence of intimate partner psychological violence against women for the unexposed groups.

The sampling process was systematic and reached 83.1% of the households in the rural area of the municipality. To do so, a number between 1 and 5 was drawn, so that the number drawn corresponded to the household that was 'skipped'. Thus, if number 2 was drawn, every second household within a sequence of five was not sampled, but rather skipped. This procedure ensured that four out of every five households were sampled.

Data collection occurred between April and October 2017, at home. A questionnaire was administered using tablets programmed with REDCap® (Research Electronic Data Capture) software. The data collected were transferred to an internet server, reviewed by the study supervisors, and then stored at the Federal University of Rio Grande. The interviewers were selected and trained beforehand, and had constant supervision and daily monitoring in the field, to clarify possible doubts and other necessary guidance. Subsequently, quality control was carried out by randomly repeating 5% of the interviews.

In order to assess the prevalence of intimate partner psychological violence against women, this being the main outcome of the study, we used a questionnaire from the World Health Organization Violence Against Women Study (WHO-VAW Study) which had been translated and validated in Portuguese.[20] This instrument assesses psychological violence through four items/questions asking whether intimate partners: (i) *Insulted you or made you feel bad about yourself?* (ii) *Belittled or humiliated you in front of others?* (iii) *Did things to intimidate or scare you on purpose?* (iv) *Threatened to hurt you or someone you care about?*

A participant who answered affirmatively to at least one of the four questions above was considered a victim of psychological violence. As the study aimed to assess prevalence of intimate partner psychological violence against women, first of all the participants answered a filter question about whether they had had an intimate partner in their lifetime. An intimate partner was defined as a male person with whom the participant had had sexual relations at some point in her lifetime. With the intention of not making the participants feel embarrassed, we chose to ask about the occurrence of violence in all intimate relationships they had had up until the date of data collection and not necessarily a situation experienced in their current relationships.

The independent variables were collected by administering the socioeconomic variables block of the questionnaire, as follows: age (in years: 18-29; 30-39; 40-49); self-reported race/skin color (white; black; brown); schooling (in years of study: 0-4; 5-8; 9 or more); current marital status (married or has a partner; single; separated, divorced or widowed); work status at the time of the interview (yes or no); family income (amount received by all household residents in the month prior to the interview, ranked based on quintiles); self-reported lifetime depression diagnosed by a doctor or psychologist (yes or no); religious belief (yes or no); use of alcoholic beverages in the past week (yes or no); tobacco smoking (never smoked; former smoker; smoker); and number of children (none; one; two; three or more).

After performing the descriptive analyses, the prevalence rates of intimate partner psychological violence against women and their respective 95%CIs were calculated. Poisson regression with robust variance adjustment was used in the crude and adjusted analyses to estimate prevalence ratios (PR) and their respective 95%CIs.

A four-level hierarchical model (Figure 1) was used in the adjusted analysis to control for possible confounding factors. In this model, the variables that were on an equal or higher hierarchical level were considered to be possible confounders in the relationship with the outcome of the study, namely: the 'age', 'race/skin color' and 'schooling' variables on the first level of analysis; the 'marital status', 'family income', 'work' and 'number of children' on the second level; self-reported diagnosis of 'depression' and 'religious belief' on the third level; and behavioral variables such as 'use of alcohol' and 'tobacco smoking' on the fourth level. The backward variable selection method was used, and the variables corresponding to each hierarchical level were included on them jointly. All associations that had a p-value <0.20 in the Wald test for heterogeneity or in the linear trend test were kept in the analysis, and variables with a p-value <0.05 were considered to be statistically significant. All analyses were performed using Stata/IC® version 14.

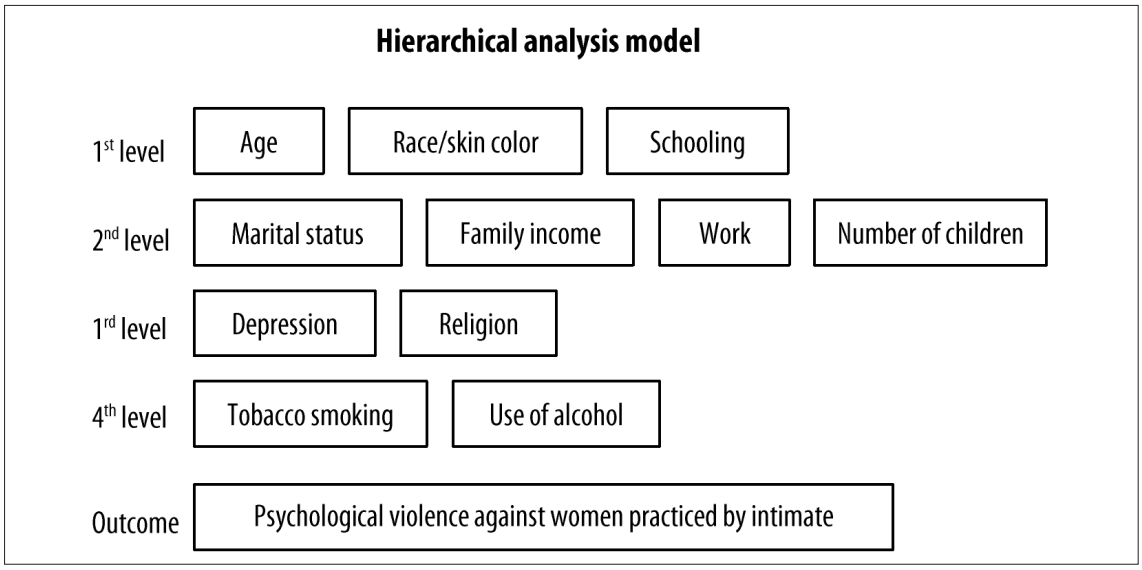

Figure 1 – Hierarchical analysis model for studying psychological violence practiced against women by intimate partners living in the rural area of Rio Grande, Rio Grande do Sul, Brazil, 2017

The study project was approved by the Federal University of Rio Grande Health Research Ethics Committee, as per Opinion No. 51/2017, issued on April 27th 2017: File No. 23116.009484/2016-26. Data confidentiality and voluntary participation in the research were guaranteed, whereby it was possible to withdraw from the study at any time without needing to provide justification. All participants signed a Free and Informed Consent form before the questionnaires were administered. At the end of the study, they received a folder with addresses and telephone numbers of public health, social work and safety services for women.

Results

In the 2,669 households with permanent residents in the rural area of the municipality of Rio Grande, we identified 1,391 women of childbearing age, from 15 to 49 years old, and 1,199 were sampled. Of these, 103 women were not found after the third attempt (losses) and 17 did not want to take part in the study (refusals), 83 did not meet the age inclusion criterion, 20 had had no intimate partner in their lifetime, and 5 had missing information regarding the outcome variable, resulting in 971 valid observations. Among these, 167 (17.2% – 95%CI 14.9;19.7) reported having experienced at least one occurrence of intimate partner psychological violence in their lifetime.

Table 1 describes the characteristics of the sample studied. More than half of the women had five years schooling or more, 85.9% (821/956) were White, 84.7% (822/971) were married or living with a partner, 37.7% (366/971) were working, 26.8% (260/970) reported having received diagnosis of depression by a psychologist or physician during their lifetime, 67.2% (652/971) had religious beliefs, 68.4% (665/971) had never smoked and 90.2% (876/971) reported not having used alcoholic beverages in the last week.

Different manifestations of psychological violence were identified. Approximately 12.0% (95%CI 10.1;14.3) reported insults, 10.5% (95%CI 8.7;12.6) humiliation or belittlement, 10.1% (95%CI 8.3;12.2) intimidation, and 9.5% (95%CI 7.8;11.5) threats (Table 2). One hundred fifty of 167 women who reported the occurrence of intimate partner psychological violence in their lifetime reported that the abusive relationship they mentioned had lasted for one year or more.

In Table 3 it can be seen that in the adjusted analysis, single women (PR=1.86 – 95%CI 1.32;2.63) and separated, divorced and widowed women (PR=1.96 – 95%CI 1.23;3.13) were significantly more likely to be victims of intimate partner psychological violence compared to those who were married or living with a partner. The likelihood of intimate partner psychological violence was also found to be higher for women who had self-reported depression diagnosed

Table 1 – Absolute and relative frequency of characteristics of women aged 18 to 49 (N=971), living in the rural area of Rio Grande, Rio Grande do Sul, Brazil, 2017

Characteristics	n	%
Age (years)		
18-29	332	34.2
30-39	328	33.8
40-49	311	32.0
Race/skin color		
White	821	85.9
Black	66	6.9
Brown	69	7.2
Schooling (years of study)		
0-4	212	21.9
5-8	341	35.1
≥9	420	43.0
Marital status		
Married or has partner	822	84.7
Single	103	10.6
Separated, divorced or widowed	46	4.7
Family income (quintile)		
Q1 (poorest)	181	19.9
Q2	184	20.2
Q3	201	22.2
Q4	171	18.8
Q5 (wealthiest)	172	18.9
Number of children		
None	15	1.8
1	313	37.6
2	295	35.5
3 or more	209	25.1
Works		
No	605	62.3
Yes	366	37.7
Religious belief		
No	318	32.8
Yes	652	67.2
Depression		
No	710	73.2
Yes	260	26.8

To be continue

Continuation

Table 1 – Absolute and relative frequency of characteristics of women aged 18 to 49 (N=971), living in the rural area of Rio Grande, Rio Grande do Sul, Brazil, 2017

Characteristics	n	%
Use of alcohol		
No	876	90.2
Yes	95	9.8
Tobacco smoking		
Never smoked	665	68.4
Former smoker	154	15.9
Smoker	152	15.7

Table 2 – Description of different forms of intimate partner psychological violence against women, among women aged 18-49 (n=971), living in the rural area of Rio Grande, Rio Grande do Sul, Brazil, 2017

Variável	N	%	(95% IC[a])
Insulted you or made you feel bad about yourself			
No	854	88.0	(85.7;89.9)
Yes	117	12.0	(10.1;14.3)
Humiliated or belittled you in front of others			
No	869	89.5	(87.4;91.3)
Yes	102	10.5	(8.7;12.6)
Did things to intimidate or scare you on purpose			
No	873	89.9	(87.8;91.7)
Yes	98	10.1	(8.3;12.2)
Threatened to hurt you or someone you care about			
No	877	90.5	(88.5;92.2)
Yes	92	9.5	(7.8;11.5)

a) 95%CI: 95% confidence interval.

by a psychologist or physician over their lifetime (PR=2.23 – 95%CI 1.70;2.91), and for those who had used alcoholic beverages in the past week (PR=1.53 – 95%CI 1.07;2.17).

Discussion

Around one in five women participating in this study reported experiencing at least one episode of intimate partner psychological violence in their lifetime. Single, separated, divorced, or widowed women were more likely to have experienced intimate partner psychological violence in their lifetime, compared to those who were married or living with a partner. Participants who reported diagnosis of depression and those who had used alcoholic beverages in the past week were more likely to have been victims of intimate partner psychological violence, compared to those who did not report diagnosis of depression or use of alcohol. These findings contribute to evidence that women from rural areas and from different subgroups identified within them, suffer this type of violence, pointing to the need for public policies and health services, among others, that offer the necessary support in face of the issue.

Prevalence of intimate partner psychological violence against women was lower than that found in women from the *Zona da Mata* region of Pernambuco, although it is similar to the report of psychological violence alone, at least once during lifetime, identified

Table 3 – Crude and adjusted analysis (based on a hierarchical model[a]) of association between intimate partner psychological violence against women and socioeconomic, behavioral and health variables among women aged 18 to 49 (N=971), living in the rural area of Rio Grande, Rio Grande do Sul, Brazil, 2017

Characteristics	IPPVAW[b] %	Crude analysis		Adjusted analysis	
		PR[c] (95%CI[d])	p-value	PR[c] (95%CI[d])	p-value
Age (years)			0.504[e]		0.691[e]
18-29	18.1	1.00		1.00	
30-39	17.4	0.96 (0.69;1.34)		0.97 (0.70;1.34)	
40-49	16.1	0.89 (0.63;1.25)		0.93 (0.64;1.34)	
Race/skin color			0.165		0.165
White	17.4	1.00		1.00	
Black	10.6	0.61 (0.30;1.25)		0.61 (0.30;1.25)	
Brown	23.2	1.33 (0.84;2.10)		1.33 (0.84;2.10)	
Schooling (years of study)			0.341[e]		0.358[e]
0-4	14.2	1.00		1.00	
5-8	18.5	1.31 (0.88;1.95)		1.32 (0.88;1.97)	
≥9	17.7	1.25 (0.85;1.85)		1.25 (0.84;1.85)	
Marital status			<0.001		<0.001
Married or has partner	15.1	1.00		1.00	
Single	28.2	1.87 (1.32;2.65)		1.86 (1.32;2.63)	
Separated, divorced or widowed	30.4	2.02 (1.27;3.22)		1.96 (1.23;3.13)	
Family income (quintile)			0.188[e]		0.603[e]
Q1 (poorest)	22.7	1.34 (0.88;2.06)		1.10 (0.68;1.76)	
Q2	15.2	0.90 (0.56;1.45)		0.90 (0.53;1.54)	
Q3	16.9	1.00 (0.64;1.58)		0.96 (0.58;1.59)	
Q4	14.6	0.87 (0.53;1.42)		0.85 (0.50;1.46)	
Q5 (wealthiest)	16.9	1.00		1.00	
Number of children			0.910[e]		0.558[e]
None	13.3	0.70 (0.19;2.61)		0.57 (0.14;2.31)	
1	18.5	0.97 (0.67;1.39)		0.90 (0.62;1.31)	
2	14.6	0.76 (0.51;1.13)		0.77 (0.52;1.14)	
3 or more	19.1	1.00		1.00	
Works			0.606		0.892
No	17.7	1.00		1.00	
Yes	16.4	0.93 (0.69;1.24)		0.98 (0.70;1.36)	
Religious belief			0.393		0.303
No	15.7	1.00		1.00	
Yes	17.9	1.14 (0.84;1.55)		1.17 (0.87;1.57)	
Depression			<0.001		<0.001
No	13.0	1.00		1.00	
Yes	28.9	2.23 (1.70;2.92)		2.23 (1.70;2.91)	

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Continuation

Table 3 – Crude and adjusted analysis (based on a hierarchical model[a]) of association between intimate partner psychological violence against women and socioeconomic, behavioral and health variables among women aged 18 to 49 (N=971), living in the rural area of Rio Grande, Rio Grande do Sul, Brazil, 2017

Characteristics	IPPVAW[b] %	Crude analysis		Adjusted analysis	
		PR[c] (95%CI[d])	p-value	PR[c] (95%CI[d])	p-value
Use of alcohol			0.023		0.018
No	16.3	1.00		1.00	
Yes	25.3	1.55 (1.06;2.26)		1.53 (1.07;2.17)	
Tobacco smoking			0.298		0.599
Never smoked	15.9	1.00		1.00	
Former smoker	19.5	1.22 (0.85;1.76)		1.12 (0.79;1.59)	
Smoker	20.4	1.28 (0.89;1.83)		1.18 (0.83;1.66)	

a) Four-level hierarchical model: Level 1 – age range, race/skin color and schooling; Level 2 – family income, work, marital status and number of children; Level 3 – self-reported diagnosed depression and religious belief; Level 4 – use of alcohol and tobacco smoking. Poisson regression with robust variance, with the variables that were kept in the final model (p-value<0.200); b) IPPVAW: intimate partner psychological violence against women; c) PR: prevalence ratio; d) 95%CI: 95% confidence interval; e) Wald test for linear trend.

in the same study.[17] Psychological violence has been highlighted in the records of specialized care services for women. A study conducted in Paraíba in 2015 found that 80% of reported cases involved psychological violence.[21] Although violence is identified in various locations, rural areas tend to have higher rates of violence against women than urban areas.[20] Some authors attribute this fact to gender relations being more unequal in rural areas than in urban areas, since the support service infrastructure for women living in more isolated places is generally poorer and they are less engaged in movements related to gender issues.[17,22,23] These data corroborate the ecological model that addresses multiple factors associated with occurrence of violence.[24] Women's socioeconomic and behavioral characteristics may not by themselves explain psychological violence with precision, since the socio-environmental context of the victims, the characteristics of their partners and cultural issues may also influence the occurrence of aggression.[2,5]

According to our findings, women who reported having been diagnosed with depression at some time in their lives were 123% more likely to have experienced psychological violence. A review study suggests that depressive symptoms are associated with perpetration of psychological violence and, in some cases, are predictors of it.[25] However, as this study has a cross-sectional design, caution is recommended when extrapolating this result, since the data were collected simultaneously. Therefore, it is not possible to meet the temporality criterion needed to confirm, with precision, what was expected: diagnosis of depression or having experienced a situation of domestic violence; and what is cause or effect in such a relationship.

Use of alcoholic beverages was also a statistically significant associated factor, thus corroborating the findings of other studies.[13,26] The social role and self-esteem of women who experience psychological violence is harmed,[5] and use of alcohol can be a strategy for coping with this situation.[27] Harmful alcohol use is a public health problem linked to violence. There is evidence of association between alcohol use and situations of victimization, although the relationships between them are not clear. In this study, we only investigated alcohol use by women. Recent research suggests alcohol intake by the aggressor should also be assessed,[27] and that other factors should be measured, such as antisocial behavior and use of other psychoactive substances.[24]

The finding that single, divorced, separated or widowed women were more likely to be victimized than married or cohabiting women diverges from other studies, in which prevalence of intimate partner psychological violence against women was more prevalent among married women when compared to single women.[3,28] It is possible to list some hypotheses for this result. A first hypothesis in this sense would be that psychological violence within spousal relationships

may be difficult to recognize.[5,8] It is also believed that women who are not in a spousal relationship may have more partners, thus increasing the likelihood of meeting a violent partner; and that they may be more aware, so as to be able to recognize and put an end to the violent relationship; however, these aspects need to be studied in greater depth. A study based on data from the Federal District retrieved from the Notifiable Health Conditions Information System (SINAN) for the period 2009 to 2012, identified that almost one third of women who had suffered violence were single.[29] Given that the present study investigated occurrence of intimate partner violence during lifetime, it may be possible that the differences with regard to findings of other studies demonstrate that women with a history of abusive relationships were able to end them at some point. However, this did not always happen quickly. In this study, approximately 90% of the women who were victims of psychological violence stated that this abusive relationship lasted for more than a year. This information leads us to reflect on the initial stages of relationships, when the couple is more willing to integrate and adapt the conjugal models they learned in the families in which they grew up,[30] even if those models were dysfunctional. A literature review study found that witnessing domestic violence committed by parents and family members as a child may be a risk factor for involvement in violent relationships in the future.[25]

The present study did not focus on evaluating the current situation of intimate partner psychological violence against women, but rather on its occurrence during lifetime. The reason for adopting this premise was the understanding that exposure of this magnitude can have consequences for a woman's life, not just in the short term.[24] However, the limitations of the measurement of this cannot be ruled out. It is important to consider possible recall bias and information bias, besides the possibility of the outcome being underreported due to women having difficulties in reporting situations of psychological violence they experience. Another limitation is having obtained data on use of alcohol only in the last week and not identifying abusive use.

Despite the limitations mentioned, this is a population-based study conducted as a household survey, with a low percentage of losses and refusals, investigating the rural area of a municipality with full Family Health Strategy coverage. Measuring prevalence of psychological violence using an instrument validated for the Brazilian population[22] and which is widely used in other countries,[2] besides favoring understanding of possible associated factors, enables new prevention and primary health care strategies to be planned aimed at decreasing the occurrence of events of violence, as well as mitigating their impact on the lives of those women who have experienced episodes of rights violations. As for the women being able to understand the questions contained in the WHO-VAW Study questionnaire, no limitation was identified that could have compromised the development of the research. The women interviewed understood the questions and showed no difficulties in talking about the theme. Being able to master the questionnaire as well as its practicality corroborates what was described in a study which intended to validate the instrument in the Portuguese language by applying it in urban and rural areas of the country.[20]

The conclusion is reached that psychological violence against women is present in the rural area of the municipality of Rio Grande, RS, and shows a relationship with depression and use of alcohol, besides affecting different subgroups. It is interesting to note that the prevalence rates of the different forms of psychological violence identified were lower than those found in the pioneer study to validate the instrument used,[20] and which was conducted more than a decade ago. However, it should be noted that a heterogeneous country like Brazil needs improvements in the organization of health actions and services that meet its regional peculiarities. Rural areas have specific contexts, and women living there may feel that it is a greater challenge for them to report situations of violence and seek support.[17,22,23]

Finally, the study highlights the importance of regarding violence against women as a public health problem that is also present in rural areas. As it is a multifactorial issue, as presumed by the ecological model,[24] it is important to reflect on the use of alcohol and depression in their complex - and not unidirectional - relationship with domestic violence in the rural context. Intersectoral and integrated policies and actions need to be planned, in rural regions, in order to promote gender equality, mental health and reduction of use of alcohol and other drugs, expanding the health and social work network in the rural context,

as well as decentralizing and reducing bureaucracy in accessing it.

Author contributions

Oliveira ASLA contributed to the study concept, reviewing the literature, analyzing the data and drafting the manuscript. Moreira LR contributed to analyzing the data and critically reviewing the manuscript. Meucci RD coordinated the study and contributed to critically reviewing the manuscript. Paludo SS supervised the proposal for the article, data analysis and drafting of the article, and also collaborated by critically reviewing the manuscript. All the authors have approved the final version of the manuscript and declare themselves to be responsible for all aspects thereof, including the guarantee of its accuracy and integrity.

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