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Knowledge, Attitude, and Practices on HIV Preventive Measures Among Students of Lira University, Lira City: A cross-sectional study.

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Abstract.

Background:
Despite decades of global health campaigns, HIV/AIDS remains a major public health issue, particularly among adolescents and young adults. This study aimed to assess the knowledge, attitudes, and practices (KAP) regarding HIV transmission and prevention among Lira University students.

Methodology:
A descriptive cross-sectional study was conducted among 183 university students using a structured self-administered questionnaire. Data were analyzed using SPSS version 20, and results were presented in tables and figures.

Results:
The majority of participants were aged 18–21 years (55%), 53% were male. In terms of knowledge, 70% had received formal education on HIV/AIDS, with 49% recognizing unprotected sex as a transmission mode, and only 30% were aware of PrEP. For attitudes, while 89% acknowledged HIV/AIDS as a serious issue, 69% expressed negative attitudes toward regular HIV testing, and 57% were unwilling to interact with HIV-positive individuals. Regarding practices, 62% had never been tested for HIV, only 20% reported consistent condom use, and 67% had never used or encouraged others to use PrEP.

Conclusion:
Despite moderate knowledge, significant gaps in attitudes and preventive practices were noted, and misconceptions and stigma remain barriers to effective HIV prevention.

Recommendations:
Comprehensive sexual health education should be integrated into all university programs. Stigma-reduction campaigns and accessible, youth-friendly HIV services are also essential to promote behavior change and reduce new infections among students.

Keywords: *HIV prevention (KAP), Lira University, Lira City.*
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Background of the Study
Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are among the most complex health problems of the 21st century. HIV/AIDS remains a historic public health issue globally, particularly in low- and middle-income countries like Uganda, where access to HIV/AIDS education and Voluntary Counseling and Testing (VCT) is low (Ezelote et al., 2024). Approximately one-third of the 34 million people infected with HIV worldwide are between 10 and 24 years old. Teenagers, particularly girls, are disproportionately affected. In sub-Saharan Africa, a significant number of teenagers are seropositive for HIV (UNAIDS, 2013). Every day, more than 7,000 people are newly infected with HIV, including 1,000 children.

Sub-Saharan Africa is the most affected region, with the highest rates of HIV/AIDS transmission (School of Medicine and Health Management, Huazhong University of Science and Technology &Christine, 2014). In the entire East African region, HIV prevalence remains a significant public health concern, with considerable variation across

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countries. According to recent data, the overall HIV prevalence in East Africa is approximately 4.7% among adults aged 15–49 years. Women are disproportionately affected, with prevalence rates nearly double that of men in many East African countries. Among youth aged 15–24, the prevalence averages around 1.8%, with higher rates among young women (approximately 2.6%) compared to young men (1.0%) (UNAIDS, 2023). This high prevalence underscores the urgent need for strengthened prevention, education, and treatment programs tailored to the socio-cultural and economic realities of the region.

Youth account for approximately half of the new HIV infections globally, making adolescence and young adulthood critical periods for promoting healthy attitudes and behaviors to prevent HIV. Limited knowledge and engagement in risky behaviors, including unsafe sexual and injection practices, heighten their vulnerability. Increased HIV knowledge has been shown to enhance safe sexual behaviors, promote HIV testing, and improve treatment uptake (Shokoohi et al., 2016). High-risk behaviors, such as concurrent sexual partnerships and intergenerational relationships, exacerbate HIV risks (Faimau et al., 2016). Young people aged 15 to 25 are especially vulnerable due to a lack of health information, indulgence in risky behaviors, and inadequate access to reproductive health services (WHO & UNAIDS, 2014). Socio-economic challenges, including poverty and limited healthcare access, further increase HIV risk, especially among women.

In Uganda, high HIV prevalence among female adolescents is attributed to gender inequality, economic dependency, and limited negotiation power in cross-generational relationships. Peer pressure, exposure to pornographic materials, and multiple sexual partners are additional contributing factors (Rukundo et al., 2016). There is limited published information on the knowledge, attitudes, and practices regarding HIV/AIDS prevention among university students in Uganda. This study aimed to assess the knowledge, attitudes, and practices towards HIV preventive measures among students at Lira University.

Methodology.

Study Design.

The study utilized a descriptive cross-sectional study design to assess the knowledge, attitudes, and practices of students towards HIV transmission and prevention at Lira University in Lira City. This design allowed data collection of both outcome and independent variables to occur at a single point in time, providing a snapshot of the situation.

Study Setting.

The study was carried out at Lira University. The university is located 12 kilometers west of Lira municipality on a plateau with an excellent and inviting panoramic view of the vast expanse of land, and 326 kilometers from Kampala, in Lira City, West Division, northern Uganda. The university is located in Ayere village, Barapwo parish, in Lira Sub-County. The institution is currently serving a population of about 2,000 students who are enrolled in the Faculty of Health Sciences or the Faculty of Management Sciences. The programs offered include: Bachelor of Public Administration, Bachelor of Science in Midwifery, Bachelor of Science in Public Health, Bachelor of Accounting and Finance, Bachelor of Computer Science, Bachelor of Business Administration, Bachelor of Community Psychology and Psychotherapy, Bachelor of Education, Master's in Public Health, Master's in Midwifery, Executive Master's in Business Administration, and Law Development Center for graduate lawyers. The average age of students at Lira University varies across different programs and faculties, but for the study, the target age group is 18-25 years, which typically represents undergraduate and early postgraduate students. The students of Lira University were selected because they provide a comprehensive understanding of the knowledge, attitude, and practices related to HIV transmission and prevention.

Study Population.

The study population consisted of students aged 18-25 years studying at Lira University who were available during the period of study. This age group is most likely to be engaged in behaviors related to HIV transmission and prevention, making it ideal for assessing knowledge, attitudes, and practices related to HIV. Additionally, students within this age range are generally in the same stage of life, which helps ensure homogeneity within the sample for the study.

Inclusion and Exclusion Criteria.

Inclusion Criteria:

All students aged 18-25 years currently enrolled at Lira University who were available during the study period consented to participate.

Exclusion Criteria.

Students with known medical conditions that affect sexual health or those currently undergoing treatment for HIV or other STIs were excluded from the study.

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Sample Size Determination.

The target population consisted of all students aged 18-25 years at Lira University. The sample size was determined using Kish Leslie's formula (Kish, 1965) for single proportions:

$n=(Z\alpha/2)^2 \cdot p \cdot q/d^2$

Where:

- Z = Standard Z score corresponding to a 95% confidence interval = 1.96
- p = Proportion of students aged 18-25 years [13.8% (Fadipe, Olajubu, Akinseye, 2018)].
- q = Proportion of students outside the age range 18-25 years
- d = Tolerable error

n= (1.96)2· (0.138·0.862)/ (0.05)2
n=182.79
n=183

Thus, the sample size was approximately 183 participants. The study was conducted among 183 students.

Sampling Technique

The study used **stratified random sampling** as the primary sampling method. Stratified sampling divides the population into distinct subgroups or strata, and then a random sample is drawn from each subgroup. This ensures representation from each subgroup, leading to more accurate and generalizable results.

Sampling Procedure

Stratified random sampling was employed to ensure that all subgroups within the target population are represented in the sample. The population was divided into different strata based on year of study. A random sample was then selected from each stratum to ensure that the sample accurately represents the diversity of the student body within Lira University. This method enhanced the generalizability of the study findings across various student groups at the university.

Study Variables.

Dependent variable

These are outcomes that are influenced by independent factors. In this study, the focus was on HIV prevention measures at Lira University.

Independent variable

These are variables that bring changes to the dependent variable. It was categorized into students' knowledge and attitudes.

Research Instruments.

Self-administered questionnaires were used to collect data from the respondents.

Data Collection Tool.

The study used self-administered structured questionnaires, which were provided to each respondent to fill out. The questionnaire was structured into four sections: a) Demographic Information (e.g., age, gender, faculty, year of study). This helped to collect basic background data to ensure the sample represents the study population: b) Knowledge of HIV Transmission and Prevention: This helped to assess the respondents' understanding of how HIV is transmitted and how it can be prevented. c) Attitudes Towards HIV, which contained some questions as well, helped to measure respondents' attitudes and beliefs about HIV transmission and prevention. d) Practices Related to HIV Prevention that contained some questions; this helped to gather information on the preventive behaviors of the students, such as condom use, HIV testing, and safe sexual practices. Structured questionnaires provide a standardized way to collect data, ensuring consistency across responses. They are easy to analyze quantitatively, which is essential for this study, which aimed to present findings in numerical format. The self-administered format allows respondents to answer at their own pace and in private, which is particularly important when dealing with sensitive topics like HIV.

Data Collection Method and Data Collection Procedure.

The data collection method that was used was structured surveys, which included precisely worded questions with a range of predetermined responses that the respondents could select.

Everyone was asked exactly the same questions in exactly the same way, given exactly the same choices.

Data collection procedure

An approval letter was obtained at HTC Mulago, which will introduce him to the Lira University administration. Before collecting data, an introduction was made to the respondents, explaining the purpose of the study, and informed consent was obtained from each participant. The

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consent process ensured that students were aware of their voluntary participation and the confidentiality of their responses. Data was collected using questionnaires. Research assistants were employed and trained to assist in collecting data when necessary. The questionnaires were distributed to the respondents who were positioned to read and provide responses by circling appropriately to gather data. This method ensures that the interviewer can get direct information from the respondents.

Data Management Procedure.

The data was cleaned by checking for completeness, removing duplicates, and addressing any inconsistencies or missing responses. The data was stored under lock and key so that it's out of reach to other parties, not recommended to access the data. The data was coded and categorized into relevant variables for easier analysis.

Data Analysis.

The data was entered into a computer software program for statistical analysis, using programs like **SPSS (version 20.0)** and Microsoft **Excel**. The data was analyzed quantitatively, with results presented in frequencies, percentages, pie charts, bar charts, and tables for interpretation.

Ethical Considerations

The study was approved by the Institutional Research Committee before the study commenced. After approval, the researcher obtained an introductory letter from Health Tutors College-Mulago, as per protocol. This letter was presented to the relevant authorities at Lira University, including the office of the dean and deputy vice-chancellor, before data collection. During the data collection process, respondents were fully informed about the study's objectives and the measures taken to ensure their privacy and confidentiality. Informed consent was obtained from all participants, and they were informed about their right to withdraw at any time without penalty. To ensure respondent privacy, questionnaires were coded, and no personal identifiers were used during data collection, further ensuring confidentiality and anonymity.

RESULTS.

Socio-demographic characteristics of the study participants.

Table 1: showing socio-demographic characteristics of the respondents (n=183)

Variable	Frequency	Percentage (%)
Age		
18-21	100	55
22-25	83	45
Gender		
Male	97	53
Female	86	47
Year of study		
Year 1	80	44
Year 2	60	33
Year 3	33	18
Year 4	10	5
Program of study		
Health Science	113	62
Education	30	16
Business	40	22

Table 1 shows that 100 (55%) of the participants were between the ages of 18 and 21, while 83 (45%) were between the ages of 22 and 25.

In terms of gender, almost half of the 86 (47%) female participants and 97 (53%) male participants.

Only 10 (5%) were in year 4, while 80 (44%) of the participants were in year 1, 60 (33%) were in year 2, and 33 (18%) were in year 3.

The majority of participants, 113 (62%), were enrolled in health science programs, followed by education programs, 30 (16%), and business programs, 40(22%).

Knowledge of HIV transmission and prevention.

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Figure 1: Showing responses of participants about receiving any formal education on HIV/AIDS (n=183)

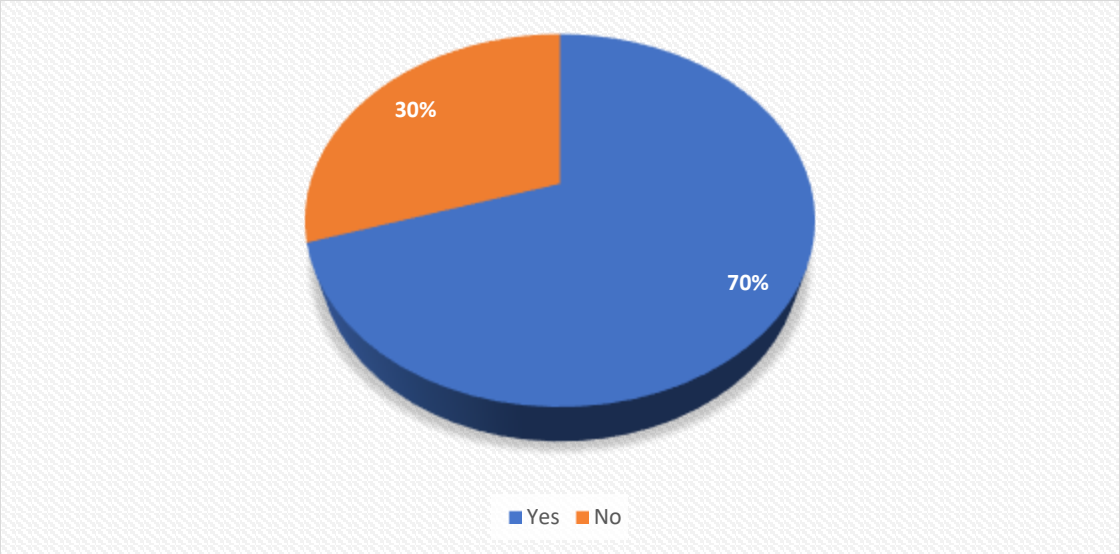

Figure 1 showed that the majority of the participants (70%) mentioned that they had received formal education on HIV/AIDS transmission and prevention.

Table 2: Knowledge on mode of HIV transmission n=183.

Variable	Frequency	Percentage (%)
Modes of HIV transmission and the most effective method of HIV prevention		
Unprotected sexual intercourse	90	49
Sharing needles or syringes	50	27
Blood transfusion	30	16
Hugging or casual contact	10	6
Mosquito bites	3	2
HIV preventive measures		
Consistent condom use	90	49
Abstinence	70	38
Use of antiretroviral drugs (PrEP)	20	11
Traditional medicine	3	2
Total	183	100

According to Table 2, nearly half of the participants, 90 (49%), reported that unprotected sex is one way that HIV is spread. Fifty (27%) reported sharing needles and syringes, 30 (16%) said that blood transfusions can spread the virus, 10 (6%) said that handshakes or casual contacts can, and 3 (2%) said that mosquito bites can spread the virus.

The majority, 90 (49%) of research participants, indicated regular condom use when asked about their understanding

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of preventative measures. Seventy (38%) said it can be prevented by abstinence, seventy-eight (38%) said it can be prevented by using antiretroviral medications, and three (2%) said it can be prevented by using traditional medicine.

Figure 2: showing responses if a person can look healthy and still be HIV positive, n=183

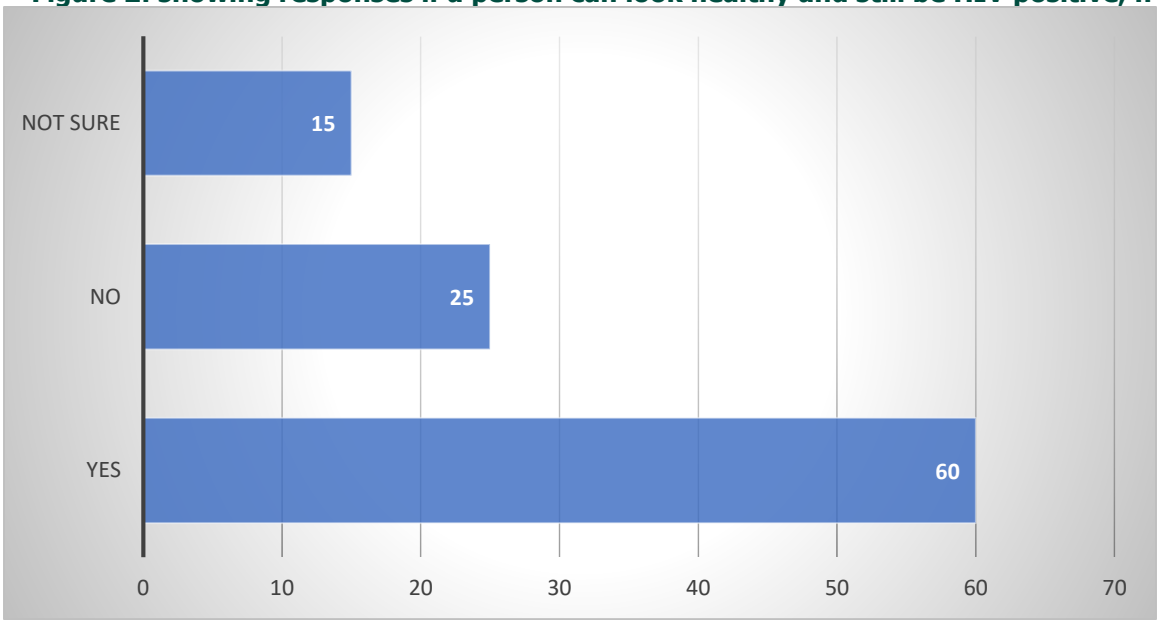

Figure 2 indicates that the majority of the participants 60% mentioned that one can still look healthy despite being HIV positive.

Figure 3: showing responses on whether they think HIV/AIDS is curable n=183

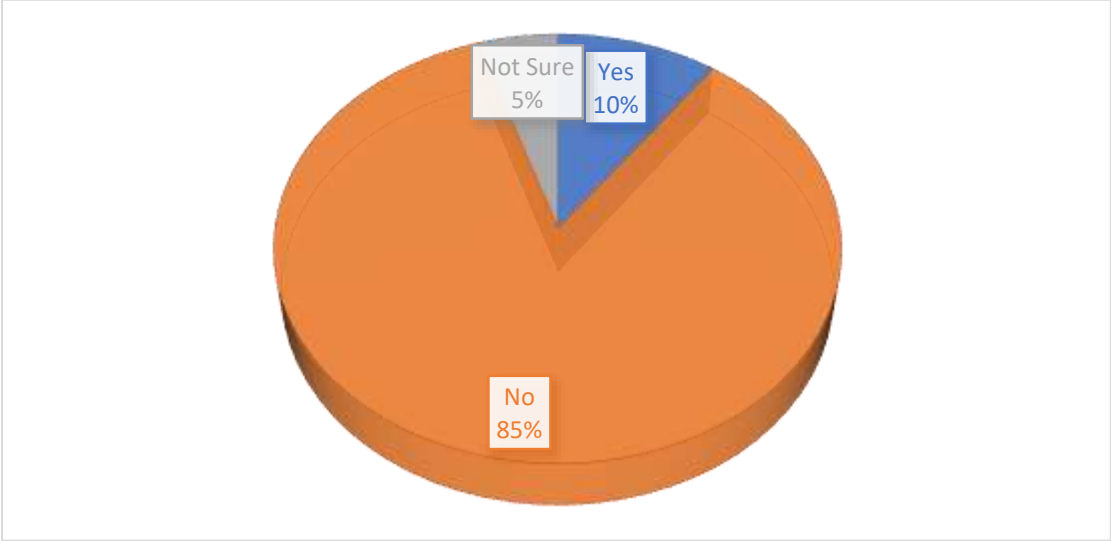

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Figure 3 shows that the majority, 85% of the 183 participants, mentioned that they know that HIV is not curable.

Attitudes towards HIV Transmission and Prevention.

Table 3: Attitudes towards HIV Transmission and Prevention n=183.

Variables	Frequency	Percentages (%)
HIV/AIDS is a serious health issue among adolescents		
Strongly agree	100	55
Agree	63	34
Disagree	15	8
Strongly disagree	5	3
People living with HIV/AIDS should disclose their status to others.		
Strongly agree	10	5
Agree	23	13
Disagree	115	63
Strongly disagree	35	19
Regular HIV testing is necessary.		
Strongly agree	30	17
Agree	25	14
Disagree	85	46
Strongly disagree	43	23
Encourage your partner to get tested for HIV before having unprotected sex.		
Strongly Agree	80	44
Agree	20	11
Disagree	60	33
Strongly disagree	23	12
Willing to attend an HIV prevention workshop or seminar		
Strongly agree	90	49
Agree	50	27
Disagree	30	16
Strongly disagree	13	8

Table 3 showed that the majority of the participants, 100(55%), strongly agreed with the statement that **HIV/AIDS is a serious health issue among adolescents, while only 5(3%) strongly disagreed with the statement. Most of the participants, 85 (46%), disagreed with the statement that regular HIV testing is necessary, while 25 (14%) agreed with the statement, and 30(17%) strongly agreed with the statement.**

Most of the respondents, 80 (44%), strongly agreed with the statement that they would encourage their partner to get tested for HIV before having unprotected sex, while 23 (12%) strongly disagreed with the statement.

The majority, 50 (27%), agreed with the statement that they would be open to attending a workshop or seminar on HIV prevention, while 30 (16%) disagreed.

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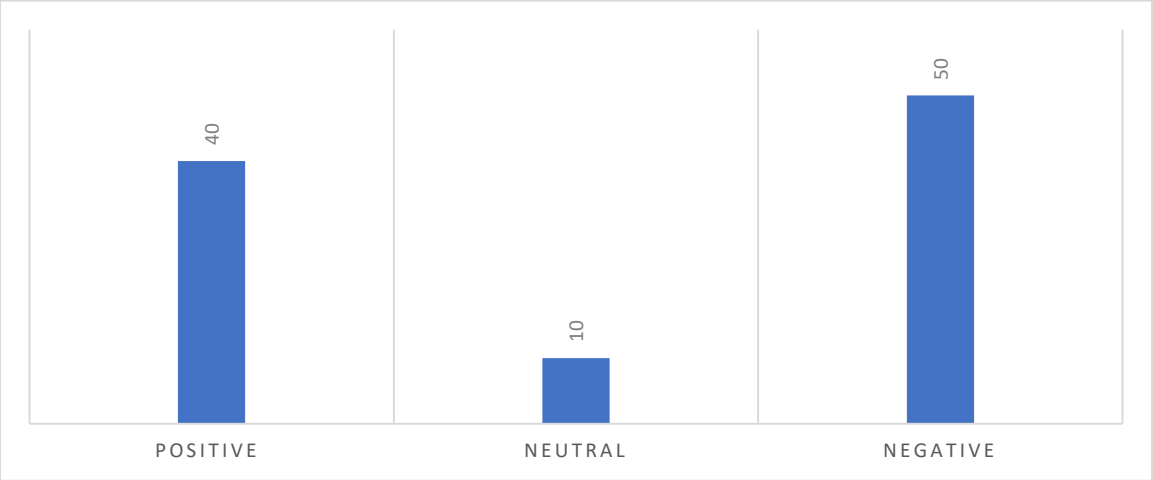
Figure 4: Showing participants' feelings on condom use as a preventive measure (n = 183).



Half (50%) of the 183 participants, as shown in Figure 4, felt negatively about using condoms as a prophylactic tool against HIV transmission.

Figure 5: showing participants' willingness *to interact with a person living with HIV/AIDS (n = 183).*

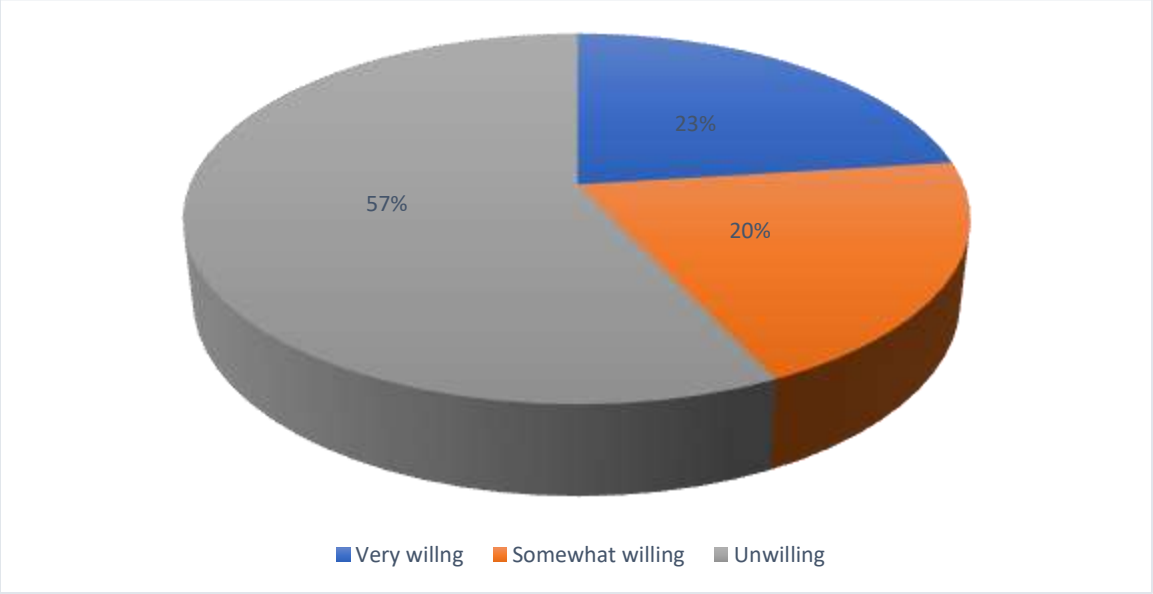


Figure 5: Revealed that the majority of the participants 57% mentioned they were unwilling to interact with people who are HIV positive.

Practices towards HIV Transmission and Prevention.

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Table 4: Showing practices towards HIV/AIDs Transmission and prevention (n=183).

Variable	Frequency	Percentage.
Encouraged someone else to get tested for HIV		
Yes	128	70
No	55	30
Consistent use of condoms during sexual intercourse.		
Never	9	5
Rarely	82	45
Sometimes	55	30
Always	37	20
Used or encouraged others to use PrEP (pre-exposure prophylaxis) as a prevention method.		
Yes	123	67
No	60	33
Source of information on HIV prevention		
Mass media	77	42
Health facility	70	38
Friends and family	36	20

According to Table 4, the majority of the participants 70% mentioned that they had never encouraged anyone else to get tested for HIV.
Most of the participants 45% reported that they rarely use condoms when having unprotected sex, while 5% mentioned that they had never used them.
The majority of the participants 67% mentioned that they had never **used or encouraged others to use PrEP (pre-exposure prophylaxis) as a prevention method.**
Most of the participants 42% mentioned that they usually get information about HIV prevention from the media, 38% reported that they got it from a health facility.

Table 5: Showing responses on prevalence of HIV testing n=183.

Variable and responses	Frequency	Percentages (%)
Ever been tested for HIV?		
Yes	70	38
No	113	62
Total	183	100
Frequency of testing		
Every 3 months	20	11
Every 6 months	78	43
Annually	85	46
Total	183	100

According to Table 5, the majority of participants, 113(62%), stated that they had never had an HIV test. Of those who have ever tested for HIV, 78 (43%) stated that their most recent test was within the previous six months, and 85 (46%) stated that they only tested once a year.

Discussion.

Knowledge of HIV Transmission and Prevention.

The study revealed that 70% of participants had received formal education on HIV/AIDS. This reflects a fairly good integration of HIV content in educational programs, especially considering the predominance of health science students in the sample (62%). This means that exposure to formal education likely improves students' basic understanding of HIV transmission and prevention. A similar finding was reported by Tumwesigye et al. (2020), who found that 75% of university students in Uganda had received HIV education. The integration of HIV education

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in school curricula and awareness campaigns may account for these high levels, particularly among health science students.

Most participants (49%) correctly identified unprotected sex as a key transmission mode, followed by 27% identifying needle sharing and 16% identifying blood transfusion. However, misconceptions persisted—6% believed in transmission through casual contact, and 2% through mosquito bites. This could be due to the fact that while the core transmission routes are well understood, the persistence of myths indicates gaps in comprehensive knowledge. In a Kenyan study by Njau et al. (2019), similar misconceptions were observed, particularly among non-health students. Incomplete or outdated information from non-academic sources (friends, media) could contribute to these misconceptions.

Most of the Participants cited consistent condom use (49%) and abstinence (38%) as effective prevention strategies. Only 11% mentioned PrEP (Pre-Exposure Prophylaxis), and 2% believed in traditional medicine. This means that traditional strategies are better known than biomedical prevention like PrEP. A study by Avert (2021) noted similar low awareness of PrEP among African university students, with rates below 20%. PrEP is a relatively new concept and is not widely promoted in student health programs.

Sixty percent (60%) knew that HIV-positive individuals can appear healthy. A large majority (85%) knew HIV is not curable, while 65% were unaware of medications (PrEP or PEP) that can reduce infection risk. These results mean that foundational knowledge is strong, but awareness of modern biomedical tools is limited. This is consistent with the WHO (2019) findings that many youths are unaware of PrEP/PEP availability despite a general awareness of HIV. Health promotion often emphasizes symptoms and general risks but omits education on new medical innovations.

Attitude Towards HIV Transmission and Prevention.

A majority (89%) of respondents acknowledged HIV/AIDS as a serious issue among adolescents. This demonstrates a high level of perceived threat, which is a positive indicator of potential behavior change. Similar attitudes were observed in Tanzania (Mkumbo, 2017), where 88% of students expressed concern about HIV. Public health messaging and school-based programs likely reinforce the seriousness of HIV.

Only 18% supported disclosure, while 82% opposed or were indifferent. This means that stigma and fear of discrimination are likely influencing these attitudes. In a study in Uganda, Kirunda et al. (2019) found that 75% of young adults were against mandatory disclosure due to fear of social rejection. Cultural taboos and personal privacy concerns contribute to resistance toward openness about HIV status.

Most students (69%) disagreed with regular HIV testing. This means that low prioritization of testing suggests a low perceived personal risk or fear of results. Similar findings by Kagaayi et al. (2018) showed that youth in Uganda often avoid testing due to fear and stigma. Misinformation, stigma, and limited access to youth-friendly services deter regular testing.

Half of the participants (50%) had negative feelings about condom use. This could be due to emotional or cultural discomfort that may inhibit consistent condom use. A study by Oladepo et al. (2018) reported that 48% of Nigerian students associated condom use with mistrust or moral weakness. This can be explained by peer norms, cultural beliefs, or misinformation that may fuel negative attitudes.

A majority (57%) were unwilling to interact with HIV-positive individuals. This reflects high levels of HIV-related stigma. A South African study (Peltzer et al., 2020) reported similar levels of reluctance to associate with HIV-positive peers. Fear of contagion and lack of knowledge about non-transmissibility through casual contact are likely factors.

Encouragingly, 76% of participants were willing to attend HIV prevention seminars. This means that students are receptive to learning opportunities despite their current misconceptions. This aligns with findings in Makerere University (Mbabazi et al., 2021), where over 70% of students expressed interest in awareness campaigns. This positive attitude can be leveraged to enhance future educational interventions.

Practices Towards HIV Transmission and Prevention.

Only 38% had ever tested for HIV, with the majority testing annually or semi-annually. This means that testing uptake is still low, even among an educated population. The Uganda Ministry of Health (2019) reported that less than 45% of youth aged 18–24 had tested for HIV. Barriers include fear of results, stigma, and limited access to youth-friendly services.

Only 20% consistently used condoms, while 45% rarely used them. This means that risky sexual behavior is prevalent despite awareness of condom effectiveness. In a study at Kyambogo University, only 23% of students reported consistent condom use (Tumwesigye et al., 2020).

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Negative attitudes, peer influence, and myths about condoms may inhibit usage.

Only 33% reported having used or encouraged others to use PrEP. This means PrEP uptake is low due to limited awareness and accessibility. Nationally, PrEP coverage among young adults in Uganda remains below 10% (UNAIDS, 2022). PrEP services may not be integrated into youth-friendly or student health services.

Most students relied on media (42%) or health facilities (38%) for information, with 20% relying on peers. This means that media and healthcare systems are the main influencers of knowledge and behavior. Similar results were observed in Rwanda (Mugisha et al., 2020), where the media was the dominant source of HIV-related information. While media can rapidly disseminate information, it may also spread incomplete or outdated content, contributing to knowledge gaps.

Conclusion

Despite having a very good level of knowledge, there are a lot of gaps and misconceptions regarding more recent prevention strategies and non-transmission scenarios, which suggests that people do not fully grasp HIV. Seventy percent of students had received official HIV education, according to the survey, and were aware of the main ways that the virus is spread, including sharing needles and engaging in unprotected sex. Nonetheless, there are still misconceptions, with some students thinking that casual contact or mosquito bites might spread HIV.

Although students acknowledge the seriousness of HIV/AIDS, negative attitudes, stigma, and resistance to preventive behaviors remain prevalent. The majority of students recognized HIV/AIDS as a serious health concern, but many exhibited negative attitudes towards disclosure (opposed), regular testing (disagreed), and condom use (negative feelings).

The prevalence of risky behaviors and the inconsistent application of prevention techniques point to a disconnect between conduct and knowledge.

Study Limitations.

Self-reported data bias: The study relied on self-administered questionnaires, which may lead to social desirability bias or inaccurate reporting, especially on sensitive topics like sexual behavior, HIV testing, and condom use. Future studies should consider anonymous online surveys, in-depth interviews, or the use of validated behavioral scales to improve the accuracy and honesty of responses.

Geographical Limitation: The study was conducted only at Lira University, which may not be representative of all university students in Uganda. This could limit the ability to generalize the findings across the entire population of university students in Uganda.

The use of a cross-sectional design only captures information at a single point in time, limiting the ability to infer causality or track changes over time in knowledge, attitudes, or practices. Future researchers should conduct longitudinal or follow-up studies to observe how KAP evolves over time and whether interventions produce lasting behavioral change.

Recommendations.

Policy makers should mandate HIV education in higher institutions, fund awareness initiatives, and ensure national policies promote access to HIV testing, PrEP, and condoms on campus to reduce new infections and protect youth health.

Institutions should include accurate and up-to-date HIV education in all academic programs, emphasizing both traditional and biomedical prevention strategies (e.g., PrEP, PEP).

Targeted campaigns should specifically address common myths (e.g., HIV transmission through mosquito bites or hugging) using peer education and expert-led sessions.

Launch stigma-reduction programs through clubs, media, and drama groups to promote empathy, understanding, and inclusion of HIV-positive individuals.

Distribute condoms through peer educators and campus clinics, coupled with positive messaging to reshape perceptions about condom use.

Universities should partner with health facilities to provide on-campus HIV testing, counseling, and PrEP access tailored for students.

Acknowledgement.

I take this opportune time to thank God for the grace that he has granted unto me in coming up with this research report; all the glory goes back to him.

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List Of Acronyms.

ABC: Abstinence, Being faithful, and Condom use
AIDS: Acquired Immune Deficiency Syndrome
HIV: Human Immunodeficiency Virus
PEP: Post-Exposure Prophylaxis
PREP: Pre-Exposure Prophylaxis
STIs: Sexually Transmitted Infections
VCT: Voluntary Counseling and Testing

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There is no conflict of interest.

Availability of data.
Data used in this study are available upon request from the corresponding author.

The author's contribution.
FO designed the study, conducted data collection, cleaned and analyzed data, and drafted the manuscript, and SN & KCDA supervised all stages of the study from conceptualization of the topic to manuscript writing and submission.

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