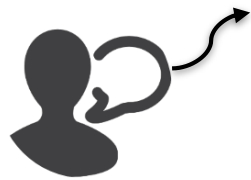


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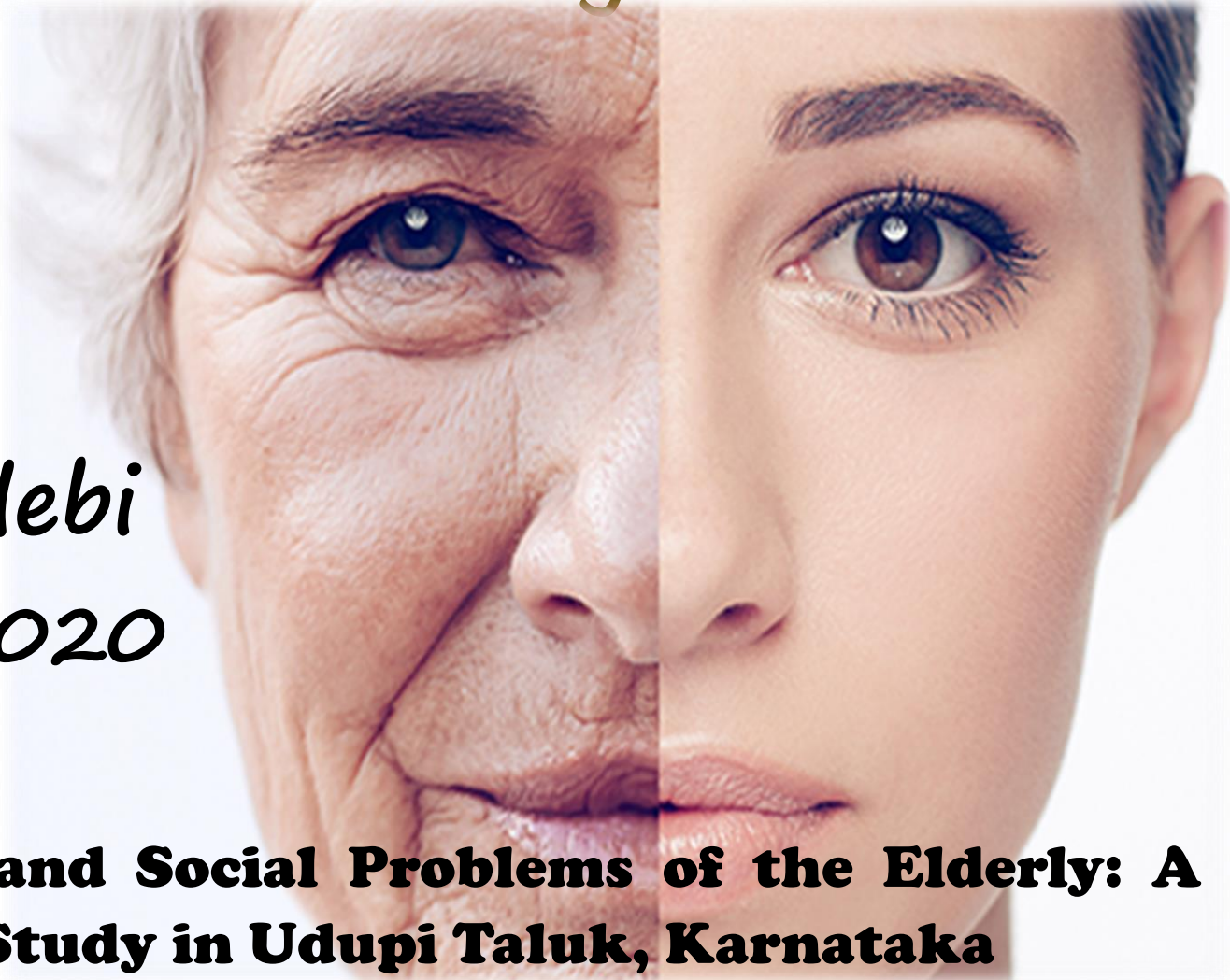


Professor:

Dr Motalebi

November 2020

Topic :Health and Social Problems of the Elderly: A Cross-Sectional Study in Udupi Taluk, Karnataka



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Topic

Original Article

Health and Social Problems of the Elderly: A Cross-Sectional Study in Udupi Taluk, Karnataka

Lena A, Ashok K, Padma M¹, Kamath V, Kamath A

Department of Community Medicine, Kasturba Medical College, Manipal, ¹Kasturba Medical College, Mangalore, India

عنوان : مشکلات بهداشتی و اجتماعی سالمندان

ی یک مطالعه مقطعی در اودوپی تالوک ، کارناتا کا

بررسی نقاط قوت و نقاط ضعف :

- منعکس کننده محتوی و متغیرها
- جامع، گویاست
- جذابیت نسبی دارد – استفاده خاص تر از مشکلات اجتماعی جذابیت را بیشتر می کرد
- در ذهن قابلیت ماندگاری دارد
- از به کار بردن کلمات اضافه در عنوان پرهیز شده است

کمی سازی میزان رعایت شاخص ها

امتیاز	ویژگی های مورد ارزیابی	عنصر
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6	۲. عنوان حاوی کلیدواژه هاست و امکان بازیابی آن وجود دارد	
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41/42	جمع امتیازات حاصل از نقد	

Authors



Original Article

Health and Social Problems of the Elderly: A Cross-Sectional Study in Udupi Taluk, Karnataka

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کمی سازی میزان رعایت شاخص ها

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6	۱. نام نویسندگان بعد از عنوان موضوع ذکر شده است	ارائه نویسندگان
۱	۲. مشخصات نویسندگان بعد از نام آنها آورده شده است	
۶	۳. مرتبه های علمی و نویسنده مسئول، مشخص شده است	
۶	۴. آدرس و مشخصات نویسنده مسئول برای پاسخگویی ذکر شده است	
۱۹/24	جمع امتیازات حاصل از نقد	

ممکن است مشخصات نویسندگان و نویسنده مسئول در پانویس آورده شود و بر طبق قوانین نگارش مقاله فصلنامه مزبور، اشکالی نداشته باشد

نقاط قوت:

✓ نام نویسندگان بعد از عنوان آمده است.

✓ آدرس و مشخصات نویسنده مسئول جهت پاسخگویی ذکر شده است اما در انتهای مقاله ذکر شده است.

نقاط ضعف:

- مرتبه علمی هریک از نویسندگان قید نشده است
- مشخصات نویسندگان در پاورقی و بعد از کلید واژه ها ذکر شده است.

ABSTRACT

ABSTRACT

Background: Change in socio-economic status and various health problems adversely affect an individual's way of life during old age. **Objectives:** To study the health and social problems of the elderly and their attitude towards life. **Materials and Methods:** Descriptive study carried out in the Field practice area of the Department of Community Medicine in South India. A total of 213 elderly patients (60 years old and above) who attended the outreach clinics were interviewed using a pre-tested schedule. Findings were described in terms of proportions and percentages to study the socio-economic status of the samples and its correlation to social problems. **Results:** Around 73% of the patients belonged to the age group of 60-69 years old. Nearly half of the respondents were illiterate. Around 48% felt they were not happy in life. A majority of them had health problems such as hypertension followed by arthritis, diabetes, asthma, cataract, and anemia. About 68% of the patients said that the attitude of people towards the elderly was that of neglect. **Conclusions:** The results of the study showed that there is a need for geriatric counseling centers that can take care of their physical and psychological needs. The stringent rules for eligibility to social security schemes should be made more flexible to cover a larger population.

Keywords: Attitude, elderly, morbidity, social and health problems

نقد چکی‌ده

نقاط قوت:

- چکیده تصویرروشنی از محتوای مقاله را ترسیم می‌کند.
- هدف و اهمیت کلی تحقیق مشخص شده است.
- روش گردآوری داده‌ها مشخص شده است.
- چکیده بصورت خلاصه است و خواننده را ترغیب به خواندن مقاله می‌کند.
- فرمول و علایم ویژه نوشته نشده است.
- پژوهشگر قضاوت شخصی نکرده است.
- طول چکیده از لحاظ تعداد کلمات به کاربرده شده مناسب می‌باشد.

نقاط ضعف:

- روش نمونه گیری مشخص نیست.

- روش تحقیق و تجزیه و تحلیل نتایج مشخص نمی باشد.

- ابزارها و مدل های به کار برده شده در مطالعه به طور واضح بیان نشده است.

کمی سازی میزان رعایت شاخص ها

امتیاز	ویژگی های مورد ارزیابی	عنصر
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۲	۳. روش تحقیق و گردآوری داده ها و تجزیه و تحلیل نتایج بیان شده است	
۶	۴. چکیده به صورت کوتاه و خلاصه و جامع به ارائه مطالب پرداخته است	
۶	۵. جامعه و نمونه و روش نمونه گیری بیان شده است	
۴	۶. چکیده خواننده را برای مطالعه متن مقاله ترغیب میکند	
6	۷. فرمول و علائم ویژه، بیان نشده است	
6	۸. رفرنس ذکر نشده باشد.	
۶	۹. پژوهشگر به قضاوت شخصی در مورد نتایج تحقیق نپرداخته است.	
۴۸/۵۴	جمع امتیازات حاصل از نقد	

KEYWORDS



ABSTRACT

Background: Change in socio-economic status and various health problems adversely affect an individual's way of life during old age. **Objectives:** To study the health and social problems of the elderly and their attitude towards life. **Materials and Methods:** Descriptive study carried out in the Field practice area of the Department of Community Medicine in South India. A total of 13 elderly patients (60 years old and above) who attended the outreach clinics were interviewed using a pre-tested schedule. Findings were described in terms of proportions and percentages to study the socio-economic status of the samples and its correlation to

Keywords: Attitude, elderly, morbidity, social and health problems

take care of their physical and psychological needs. The stringent rules for eligibility to social security schemes should be made more flexible to cover a larger population.

Keywords: Attitude, elderly, morbidity, social and health problems

کمی سازی میزان رعایت شاخص ها

امتیاز	ویژگی های مورد ارزیابی	عنصر
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6	۲. تعداد استاندارد کلید واژه ها رعایت شده است	
6	۳. کلید واژگان بر اساس بیشترین و نزدیک ترین رابطه معنایی با محتوای مقاله انتخاب شده اند	
6	۴. از تکرار کلید واژگان، پرهیز شده است	
24/24	جمع امتیازات حاصل از نقد	

نقاط قوت:

- ارتباط موضوعی و معنایی با محتوای مقاله دارد
- از تکرار کلیدواژه ها پرهیز شده است

نقاط ضعف:

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Definition of problem

Introduction

There is no United Nations standard numerical criterion, but the UN agreed cutoff is 60+ years when referring to the elderly population.⁽¹⁾ In India, the elderly account for 7% of the total population, of which two-thirds live in villages and nearly half of them in poor conditions.⁽²⁾ Urbanisation, nuclearisation of family, migration, and dual career⁽³⁾ families are making care of the elderly more and more of a personal and social problem in India.

With the decline in fertility and mortality rates accompanied by an improvement in child survival and increased life expectancy, a significant feature of demographic change is the progressive increase in the number of elderly persons. Increasing life span and poor health care add to the degree of disability among the elderly and compound the problems of care giving. In India, the life expectancy has steadily gone up from 32 years at the time of independence to over 63 in 2001. The elderly experience changes in different aspects of their lives.

The physiological decline in ageing refers to the

physical changes an individual experiences because of the decline in the normal functioning of the body resulting in poor mobility, vision, hearing, inability to eat and digest food properly, a decline in memory, the inability to control certain physiological functions, and various chronic conditions. Change in socio-economic status adversely affects the individual's way of life after retirement. The economic loss is due to a change from salary to pension or unemployment leading to economic dependency on children or relatives. A feeling of low self-worth may be felt due to the loss of earning power and social recognition. This state of mind is harmful. With the prospect of this situation worsening in the coming decades, ways and means of managing the stress effectively needs to be examined.⁽⁴⁾

This study was thus conducted with the following objectives:

1. To study the background and socio-economic status of the elderly
2. To study the social and health problems faced by the elderly and their attitude towards life

کمی سازی میزان رعایت شاخص ها

امتیاز	ویژگی های مورد ارزیابی	عنصر
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6	۲. اهمیت و ضرورت انجام تحقیق بیان شده است	
3	۳. اهداف آن از نظر کاربردی و بنیادی بیان شده است	
۰	۴. سوابق پژوهشی استفاده شده با موضوع در ارتباط مستقیم است	
5	۵. اهمیت مسئله در حدی هست که نیاز به ارائه مقاله مستقل باشد	
5	۶. در بیان مسئله روانی و صراحت لازم لحاظ شده است	
5	۷. حدود و ابعاد و جوانب مسئله به روشنی بیان شده است	
3۴/42	جمع امتیازات حاصل از نقد	

بررسی اهداف

This study was thus conducted with the following objectives:

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کمی سازی میزان رعایت شاخص ها

امتیاز ۶-۰	ویژگی های مورد ارزیابی	عنصر
4	۱. هدف مقاله به روشنی توصیف و تبیین شده است	اهداف
4	۲. هدف مقاله متناسب با بیان مسئله تدوین شده است	
6	۳. خواننده بدون دشواری می تواند هدف مقاله را در متن اصلی بیابد	
6	۴. در پایان مقاله نویسنده به اهدافی که در مقدمه آمده، رسیده است	
20/24	جمع امتیازات حاصل از نقد	

Materials and Methods

This study was carried out over a period of 1 year from January to December 2003. The study subjects included elderly men and women aged 60 years and above^(1,5,6) who belonged to the rural field practice area of the Department of Community Medicine, a Medical College located in South India.

The field practice area has six rural maternity and child welfare centers covering 50,000 people. Clinics for the general population and women and children are regularly held in these centers by the department.

The subjects for this study were the elderly patients attending these clinics regularly for various health problems. The questionnaire was developed by reviewing related Indian studies. This questionnaire was then pilot tested on ten elderly individuals and the necessary changes were made.

جمع آوری داده ها: از طریق

مصاحبه و پرسشنامه

جامعه : ۲۱۳ نفر از مردان

و زنان بالای ۶۰ سال

A total of 213 subjects were interviewed using this pre-tested questionnaire by a trained health educator who was one of the investigators in this study. The interview was carried out in the local language. The purpose of the study was explained to them and oral informed consent was obtained. Care was also taken to ensure privacy and confidentiality of the interview as part of the study. In order to avoid the interference and influence of other family members and neighbors, each respondent was called and interviewed privately where he/she could feel comfortable. The data collected was tabulated and analysed using the statistical package SPSS, Version 11.5 for Windows™. Findings were described using proportions and percentages.

کمی سازی میزان رعایت شاخص ها

امتیاز ۶-۰	ویژگی های مورد ارزیابی	عنصر
۴	۱. آیا روش تحقیق به روشنی تبیین و توصیف شده است؟	روش شناسی و و روش های تجزیه و تحلیل اطلاعات و مفاهیم
2	۲. آیا دلایل انتخاب روش مورد استفاده ذکر شده است؟	
2	۳. آیا تناسب کارایی روش مورد استفاده با اهداف پژوهش ذکر شده است؟	
0	۴. آیا دلایل عدم انتخاب سایر روشهای مشابه ذکر شده است؟	
۲	۵. آیا ابزار گردآوری داده ها و روش تحلیل آنها به روشنی معرفی شده اند؟	
1	۶. آیا مزایا و معایب ابزار بکارگرفته شده به دقت تشریح شده است؟	
1	۷. آیا نمونه هایی از کاربرد این ابزار در سایر پژوهش ها ذکر شده است؟	
۳	۸. آیا متغیر های مورد استفاده در تحقیق تعریف شده اند؟	
15/48	جمع امتیازات حاصل از نقد	

کمی سازی میزان رعایت شاخص ها

امتیاز	ویژگی های مورد ارزیابی	عنصر
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۴	۲. دلایل انتخاب جامعه پژوهش و ارتباط آن با هدف مقاله ذکر شده است	
۱	۳. شیوه نمونه گیری و دلایل انتخاب این شیوه به روشنی تشریح شده است	
۱	۴. چگونگی تعمیم بخشی نتایج حاصل از نمونه به جامعه تبیین شده است	
1۰/24	جمع امتیازات حاصل از نقد	

Results

Socio-demographic characteristics

Table 1 shows that a major fraction of the population was in the age group of 60-69 years old, while a small fraction (2.8%) were 80 years old or older. Males and females formed an almost equal proportion of the study sample. A majority (89%) of the respondents were Hindus. This reflects the true picture of the population based on religion at the local and national level. A joint family system was seen to be the most common (56.8%) among the population interviewed followed by the nuclear family. Only 12.1% of the elderly men were widowed while 67.7% of the women were widows. The unmarried group of 2.3% was comprised of only men. Literacy was found to be low in the study population.

Health problems of the elderly

Table 2 shows that all the respondents had health problems, the most common being hypertension,

۱. ویژگی های اجتماعی-جمعیتی

۲. مشکلات سلامتی سالمند

۳. نگرش به سالمندی

Table 1: Demographic distribution of the respondents

	Males	Females	Total (n=213)
Age (years)			
60 - 69	57 (61.9)	97 (80.1)	154 (72.3)
70 - 79	31 (33.7)	22 (18.2)	53 (24.8)
>80	4 (4.3)	2 (1.7)	6 (2.8)
Marital status			
Married	70 (76.1)	31 (25.6)	101 (47.4)
Single	5 (5.4)	0 (0)	5 (2.3)
Separated	6 (6.5)	8 (6.6)	14 (6.6)
Widow/Widower	11 (12.1)	82 (67.7)	93 (79.8)
Education			
Illiterate	21 (22.8)	75 (62)	96 (45.1)
Just literate	1 (1.1)	1 (0.8)	2 (0.9)
Primary	40 (43.5)	38 (31.4)	78 (36.6)
Secondary	14 (15.2)	5 (4.1)	19 (8.9)
High school	13 (14.1)	2 (1.7)	15 (7.0)
Intermediate	2 (2.2)	0 (0)	2 (0.9)
Graduate	1 (1.1)	0 (0)	1 (0.5)

Figures in parentheses are in percentages

Table 2: Morbidity pattern of the respondents

Diseases	Males	Females	Total
Hypertension	53 (57.6)	73 (60.3)	126 (59.1)
Diabetes	11 (11.9)	11 (9.0)	22 (10.3)
Osteoarthritis	19 (20.6)	69 (57.0)	88 (41.3)
Bronchial asthma	13 (14.1)	10 (8.2)	23 (10.7)
Others	17 (18.4)	19 (15.7)	36 (16.9)

Figures in parentheses are in percentages

Attitudes towards old age

Table 3 shows that almost 98% of the respondents felt that old age had affected their day-to-day life. Among these, 86.4% felt that age had partially affected their daily activities. Half of the people interviewed felt neglected by their family members, while 47% felt unhappy in life and 36.2% felt they were a burden to the family. An unfavorable attitude was observed to be more among females than males.

Table 3: Attitude towards old age

	Males	Females	Total (n=213)
Old age has affected day-to-day life	88 (42.3)	120 (57.7)	208 (97.7)
Partially	76 (41.3)	108 (58.7)	184 (86.4)
Completely	12 (50.0)	12 (50.0)	24 (11.4)
Feel neglected by family members			
Always	4 (40.0)	6 (60.0)	10 (4.7)
Sometimes	46 (37.7)	76 (62.3)	122 (57.3)
Feel a burden to family	34 (44.2)	43 (55.8)	77 (36.2)
Not happy in life	46 (45.0)	56 (55.0)	102 (47.9)
Feel they are not loved by family members	28 (35.9)	50 (64.1)	78 (36.6)

Figures in parentheses are in percentages

Table 4: Perceptions of elderly regarding economic and social security

Perceptions regarding security	Males (%)	Females (%)	Total (%)
Deprived of finances	47 (39.2)	73 (60.8)	120 (56.3)
Deprived of companions	4 (28.6)	10 (71.4)	14 (6.6)
Troubled with feelings of insecurity	35 (41.1)	50 (58.9)	85 (39.9)

Table 5: Reasons for feeling sad

Reasons	No. (n=213)
Poverty	102 (47.9)
Illness	88 (41.3)
Neglected	28 (13.1)
Loss of spouse	22 (10.3)
Loneliness	11 (5.2)
Others	54 (25.4)
Daughters not married	14 (6.6)
Alcoholic son/son-in-law	11 (5.2)
No issues or no male issues	4 (1.9)
Illness of the spouse/children	8 (3.8)
Children staying away	8 (3.8)
Financial loss	3 (1.4)
Death of children	3 (1.4)
Not owning a house	3 (1.4)

Figures in parentheses are in percentages

کمی سازی میزان رعایت شاخص ها

امتیاز	ویژگی های مورد ارزیابی	عنصر
۶-۰		
۵	۱. آیا نتایج و یافته های پژوهش به روشنی توصیف و تبیین شده اند؟	یافته ها و نتایج
6	۲. آیا نمودارها و جدول های ارائه شده در بخش نتایج گویا و روشن هستند؟	
۵	۳. آیا یافته های مقاله متناسب با پرسش ها و فرضیه های مقاله است؟	
6	۴. آیا یافته های مقاله هدف های اولیه مقاله را تأمین می کند؟	
4	۵. آیا پس از توصیف نتایج سهم کافی به تحلیل آنها اختصاص داده شده است؟	
2۶/30	جمع امتیازات حاصل از نقد	

Discussion

Almost more than half of the respondents who were interviewed were from joint families (56.8%), while 33% were from a nuclear family. Various studies by Padda, *et al.*,⁽⁶⁾ Singh, *et al.*,⁽⁷⁾ and Sivamurthy, *et al.*⁽⁸⁾ have brought out similar findings. The higher prevalence of joint families could be because of the rural study area and social migration of the youngsters being less when compared with cities.

It is indeed true that it is the marital status that determines one's position within the family as well as the status in society. The proportion of elderly married, widowed, or unmarried were found to be similar to the study conducted by Singh, *et al.*⁽⁷⁾ Shah⁽⁹⁾ reports that 64.3% of elderly women were widows and most of them were dependent.

In our study, approximately 18.7% were still working as unskilled workers against those who were at home (78%). Similar results were seen in a study by Elango,⁽¹¹⁾ while Singh, *et al.*⁽⁷⁾ in his study, reported that 55.8% were occupied in productive work, 28% in agriculture, 15.1% in labor, and 44.2% were dependent on others.

Half of the interviewed subjects felt neglected by their family members unlike in the study conducted by Singh, *et al.*,⁽⁷⁾ which reported that 26.1% felt neglected by family members, while Prakash, *et al.*⁽¹²⁾ reported 17.3% having feelings of neglect.

In this study, 47.9% of the respondents said that they were not happy in life as compared with 53.2% reported by Singh, *et al.*⁽⁷⁾ A total of 68.5% of the respondents said they had friends and that they participated in social

Conclusions

The results of this study showed that a major proportion of the elderly were out of the work force, partially or totally dependent on others, and suffering from health problems with a sense of neglect by their family members. There is a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the disabled elderly. Further research, especially qualitative research, is needed to explore the depth of the problems of the elderly.

The authors do accept some of the limitations of this study. A scoring system for attitude was not used because the objective of the study was not to quantify

the attitudes and grade the subjects but just to assess the load of existence of such problems among the subjects. Since the subjects included in the study were patients attending the clinics with various health problems, the study findings cannot be generalized to the community at large.

نقد بحث

نکات قوت:

- توضیح مختصری در رابطه با عنوان در ابتدای بحث آورده شده است.
- تشابهات و تفاوت با مطالعات دیگری مطرح شده است.
- ذکر محدودیت ها
- توصیه جهت مطالعات بعدی به طور کیفی و کمی

نکات ضعف:

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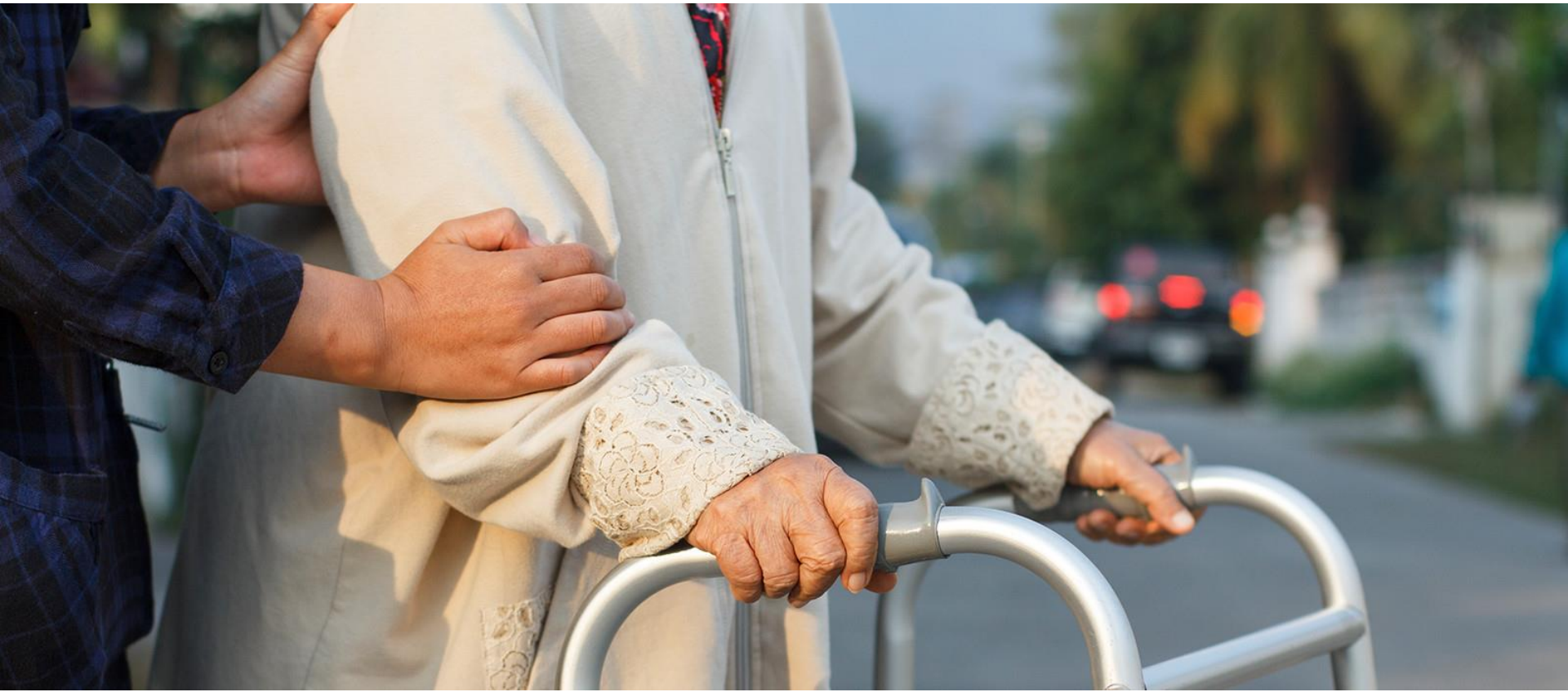
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تاریخ مقاله

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*thanks for your
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