International Journal of Evaluation and Research in Education (IJERE)
Vol. 15, No. 1, February 2026, pp. 638~648
ISSN: 2252-8822, DOI: 10.11591/ijere.v15i1.35562

Deliberate self-harm by gender among adolescents: a comparative analysis study among junior high school students

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Article Info

Article history:

Received Apr 23, 2025
Revised Oct 22, 2025
Accepted Nov 16, 2025

Keywords:

Adolescents
Counseling
Gender
Mental health
Self-harm

ABSTRACT

Self-harm is an increasingly common phenomenon among adolescents. This can include cutting the skin, hitting oneself, or harming the body in other ways, which is generally done in response to emotional distress or inability to manage stress. This study aims to identify self-harm behavior among adolescents and analyze the differences in self-harm between male and female adolescents. The sample in this study consisted of 600 junior high school students in Palembang City selected using simple random sampling (SRS) techniques. The instrument used is the self-harm inventory (SHI) questionnaire developed by the researcher and has a reliability of 0.93 (very good). Data analysis used descriptive statistics and independent sample t-tests. The results showed that adolescents' self-harm behavior was in the very low category (mean=42.11, SD=12.70), and there was no significant difference in the self-harm of adolescent boys and adolescent girls (Sig. equal variance=0.711). Nevertheless, counseling teachers in schools must take preventive actions to prevent self-harm behavior in adolescents.

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1. INTRODUCTION

Adolescence is a period of individual developmental transition from child to adult. This period is often called a time of storm and stress because it is full of conflict, self-discovery, and psychological challenges [1]. In general, adolescents range in age from 13-18 years old. Where they experience various changes in their lives, both physical, psychological, and social, these changes require adolescents to overcome various conflicts and problems that arise as part of maturation [2]. Therefore, good psychological health is an important factor to support them in facing these challenges. However, not a few adolescents have difficulty dealing with problems in their lives. So, as a form of emotional release, some of them are unable to manage the stress and pressure that arises, in some cases leading to self-harm.

Deliberate self-harm is the act of hurting or injuring oneself as a substitute for pain due to unbearable psychological wounds with the hope that the wound can be seen and felt by making wounds on parts of the body [3], [4]. This includes cutting the skin, burning body parts, or performing other intentional acts to destroy one's tissues and cause physical harm without suicidal intent [5], [6]. Suicide is different from deliberate self-harm. Suicide is often associated with taking poison and hanging oneself [7]. Although not suicide, self-harm can be one of the causes of death for the perpetrator [8]. Deliberate self-harm as a mental health issue needs public attention. More than 720,000 people die by suicide every year [9]. Among these suicides, more people attempt suicide by first harming themselves. Globally, self-harm is the third

leading cause of death in the 15-29 age group [10]. Various studies report the prevalence of self-harm among various groups in their countries. Swannell *et al.* [11] reported that around 17% of adolescents, 13% of early adults, and 5.5% of adults. Then in Europe at 27.6%, 17.1% in Hungary to 38.7% in France [12], the culprit is adolescents aged 15-17 years [13]. They admit that they have committed self-harm, even if only once in their lifetime. This is more common among adolescent girls (11.1%) than adolescent boys (2.3%) [14].

The ratio of female to male self-harm perpetrators is 6:1 [15]. However, this ratio decreases with age. Throughout adolescence, the incidence increases sharply in girls and peaks in late adolescence at 20-35 [16]. In Asian countries, most perpetrators of self-harm are adolescent girls because they are more prone to anxiety and stress. They also use different methods of self-harm. Women engage in self-harm methods by hitting, cutting, and banging themselves. Males are more prone to using drugs [17]. In China, the prevalence rate of self-harm by female adolescents is higher than that of male adolescents. On the contrary, several other countries, such as Hong Kong, America, Australia, Japan, Russia, and Lithuania, show that self-harm is mainly committed by male adolescents [18]. It is more prevalent among adolescents in lower socioeconomic groups [19]. Unemployed parents and low-middle income can be physically and psychologically stressful for adolescents because they are different from their affluent peers [20]. Adolescents engage in self-harm behavior due to biological, social, cultural, and psychological factors [21]. Adolescent association with poor interpersonal relationships can trigger self-harm behavior. In addition, self-harm is also caused by the presence of personality disorders in individuals, anxiety, depression, and other psychological symptoms [22], psychosocial dysfunction (such as cognitive vulnerability, sexual abuse that occurred in childhood, stress arising from relationships with others) [23]. Self-harm perpetrators often repeat their actions. Repetition is more prone to occur in individuals who have a history of previous self-harm, personality disorders, and alcohol or drug abuse [24]. Adolescents who repeatedly self-harm will experience poor mental health problems in early adulthood.

Not only in European countries, in 2021, an estimated 35.5 million cases of self-harm were reported in Southeast Asia. Lubbe *et al.* [25] reported that this resulted in approximately 317,000 adolescent deaths occurring in Southeast Asia. There were 1,340,000 cases in Singapore and about 6,850,000 in Vietnam, and the highest cases occurred in Thailand and Malaysia. The leading cause of these death cases was self-harm, while interpersonal violence was the leading cause of death in the Philippines. In Indonesia, cases of self-harm are also a concern for many people, especially guidance and counseling teachers in schools. Research conducted at the University of Indonesia reported that 144 students (48.1%) intentionally harmed themselves, 88 students (29.5%) never did so, and 67 students (22.4%) did so frequently [26]. Generally, adolescents who commit self-harm are not known by many people, so teachers and parents need to be vigilant and pay attention to adolescents to avoid self-harm. Self-harm becomes a solution for adolescents because they have problems that cannot be told, do not have a good listener for adolescents, have trauma and low-income family communication patterns, punish themselves, and vent their emotions from the problems they feel [27].

This study was conducted in junior high school in Palembang City, Indonesia. The rise of self-harm among adolescents is of interest to researchers to conduct research. This study aims to describe the prevalence of adolescent self-harm behavior and describe the differences in self-harm between male and female adolescents. In this study, the researcher received approval from the research subject, parents, and teachers at the school where the researcher collected data. This research is expected to contribute to education, guidance and counselling. Teachers can provide alternatives and appropriate strategies to overcome self-harm behavior among adolescents. This research is vital because some junior high school students have been found to have cuts on their bodies and admit to self-harming as a way to deal with psychological pain. When counselling them, guidance counsellors suggest that these students engage in this behavior to relieve emotional stress that they cannot handle. Therefore, the researchers aim to gain a more comprehensive understanding of self-harm behaviors among adolescents in Palembang City. In addition to providing insights into the prevalence and forms of self-harm behaviors, this study also addresses the limited literature on adolescent mental health in Southeast Asia, particularly regarding gender-neutral self-harm patterns. This study is expected to make an essential contribution to the development of more inclusive and culturally sensitive approaches to supporting adolescent mental health.

2. METHOD

This study was conducted in Palembang, South Sumatra, Indonesia. The study sample was selected using simple random sampling (SRS), and 600 junior high school students, categorized as adolescents, were obtained. Participants consisted of 300 boys and 300 girls from three different schools. The data collection instrument used the self-harm inventory (SHI), which was developed by the researcher and has been tested for validity and reliability. The SHI was developed based on four aspects, namely self-injury, cutting the skin, burning body parts, and hitting oneself [28]. The SHI instrument refers to the international SHI scale

developed by Sansone and Sansone [29] and consists of 22 items. The developed instrument has been adapted to the subjects being measured, namely junior high school students and Indonesian culture, resulting in 27 items and several differences from the international SHI scale, such as the exclusion of alcohol consumption and drug use from the instrument. Three experts have reviewed the SHI instrument developed by the researchers. The experts thoroughly examined the item constructs and provided suggestions for improving items that were unclear, ambiguous, or inconsistent with the indicators. Expert judgment gave the instrument a rating of 4.3/5.

Before the research, the researcher tested the instrument on 100 junior high school adolescents outside the research sample. The questionnaire was distributed online with the help of counselors. The instrument was tested using the Rasch analysis model with the help of the Winstep application. SHI totaled 27 items. It was found that there were 24 fit items and three misfit items with decision-making criteria; outfit means square (MNSQ) outfit value <1.5; the accepted outfit Z-standard (ZSTD) outfit value is between -2.0 to +2.0; the accepted point measure correlation (Pt Mean Corr) value is 0.4-0.85 [30]. As long as it is within these limits, the scale item is said to be fit; outside these conditions, it is said to be a misfit. Misfit items were removed from the scale so that the instrument used for research amounted to 24 items. Items were measured using a 5-point Likert scale, ranging from 1 (never) to 5 (always). The scale showed good consistency (Cronbach's alpha=0.93). This means that this instrument can measure what it wants to measure and has a perfect consistency to be trusted and used to measure adolescent self-harm behavior.

Instruments distributed online to students may have biases, such as a lack of supervision during the completion of the instruments, which means researchers cannot be sure that the instruments are appropriately completed. However, before filling out the instruments, students were given instructions on how to complete them correctly according to their conditions, ensuring that the research results truly reflect the real conditions and can be followed up on afterwards. This study uses quantitative research with a comparative descriptive design. Data analysis used descriptive statistics and independent sample t-test. The researcher intends to describe the prevalence of adolescent self-harm in junior high school and see the comparison between male and female adolescents. The details can be seen in Figure 1.

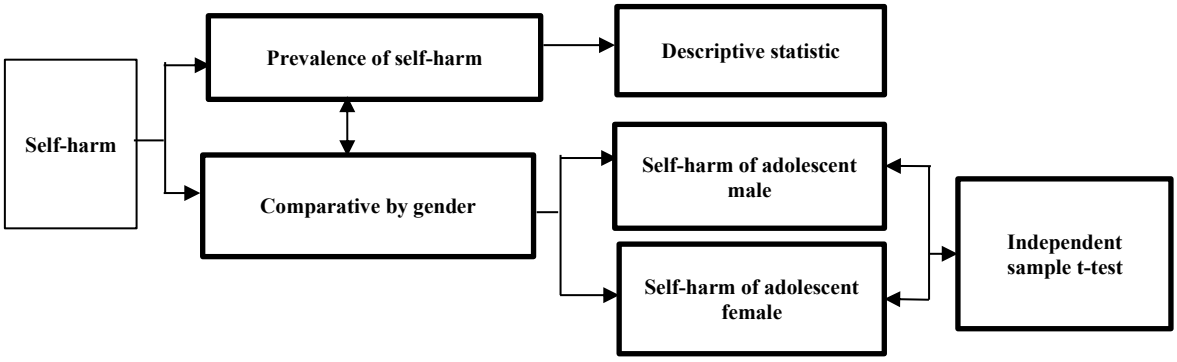

Figure 1. Research design

3. RESULTS AND DISCUSSION

3.1. Description of adolescent self-harm

Based on descriptive statistical analysis, the average self-harm behavior among adolescents falls into the very low category. This finding indicates that adolescents' tendency to engage in self-harm is minimal. As shown in Table 1, the mean score of 42,11 with a standard deviation of 12,70 places the respondents in the very low category of deliberate self-harm. The score distribution indicates that most adolescents fall within the lower range of the measurement scale. The percentage further reflects that a large proportion of the sample is concentrated in the lowest category. To examine how adolescents are distributed across self-harm categories, the prevalence of deliberate self-harm is presented in Table 2.

Table. 1. Results of descriptive data analysis of adolescent deliberate self-harm

Mean (n=600)	SD	%	Category
42.11	12.70	32	Very low

Table. 2. The prevalence of adolescent deliberate self-harm

Category	Interval		f	%
	Score	%		
Very high	>110	>85	1	0
High	89-109	69-84	2	0
Medium	68-88	53-68	18	3
Low	47-67	36-52	161	27
Very low	<46	<35	418	70

Based on the Table 2, some adolescents are at moderate prevalence, meaning that they engage in self-harm but not at an alarming level, so they still require professional prevention. This action is measured through four aspects: self-injury, skin cutting, body burning, and self-hitting. Each element has its own indicators that provide a detailed picture of the types of self-harm behaviors among adolescents. A summary of the measurement results for each aspect is shown in the Table 3.

Table 3. Adolescent self-harm based on the aspects measured

Aspects measured	Mean (n=600)	SD	%	Overall category	Interval		f	%	Category
					Score	%			
Self-injury	25.31	7.49	33.76	Very low	≥64	≥85	1	0.2	Very high
					52-63	69–84	3	0.5	High
					40–51	53-68	26	4.3	Medium
					28-39	37–52	174	29	Low
					≤27	≤36	396	66	Very low
Cutting the skin	4.35	1.86	29.00	Very low	<14	>88	3	1	Very high
					12-13	74-87	4	1	High
					10-11	61-73	8	1	Medium
					8-9	48-60	15	3	Low
					<7	<47	570	95	Very low
Burning body parts	5.22	2.04	26.1	Very low	≥18	≥90	1	0.2	Very high
					15–17	71–85	4	0.7	High
					12–14	56-70	3	0.5	Medium
					9–11	51–55	4	0.7	Low
					≤8	≤50	588	98	Very low
Hitting themself	7.22	3.14	36.14	Very low	≥18	≥90	5	0.83	Very high
					15–17	71–85	14	2.33	High
					12–14	56-70	45	7.5	Medium
					9–11	51–55	24	4	Low
					≤8	≤50	512	85.3	Very low

Based on the data, it is understood that the picture of self-harm of junior high school adolescents, on average, is in the very low category (mean=42.11, SD=12.70, %=32). As many as 97% (low category f=161 and very low category f=418) of adolescents do not have the potential to commit self-harm, but some of them are identified as having committed self-harm (3%, f=21). This can also be seen in the four aspects measured in the aspect of self-injury; the mean (25.31), SD (7.49), and percentage (33.76%) were obtained. Some adolescents do self-harm in the very high (f=1), high (f=3), medium (f=26), low (f=174), and very low (f=396) categories. Then, in the aspect of cutting the skin, the description of adolescent self-harm behavior on average is in a low category with a mean (4.35), SD (1.86), and percentage (29.0%). It is known that in the very high category (f=3), high (f=4), medium (f=8), low (f=15), and very low (f=570). In the aspect of burning body parts, adolescent self-harm behavior was in the very low category with a mean (of 5.22), SD (2.04), and percentage (26.1%). Judging from the respondents, self-harm behavior was identified in the very high category (f=1), high (f=4), medium (f=3), low (f=4), and very low (f=588). Then, on the aspect of hitting themself, adolescents' self-harm behavior was in the very low category with a mean (7.22), SD (3.14), and percentage (36.14%). Identified in the categories of very high (f=5), high (f=14), medium (f=45), low (f=24), and very low (f=512).

Based on the data, it is understood that of the four aspects, the method of self-harm most often used by adolescents is hitting themself (36.14%). This was followed by self-injury (33.76%), cutting the skin (29%), and burning body parts (26.1%). Adolescents in the very high, high, and moderate categories are potentially at risk of self-harm because they are unable to cope with psychological pressure. This condition requires special attention and guidance from school counselors. Meanwhile, adolescents in the very low category are not potentially at risk of self-harm, but still need to receive counseling services as a preventive measure.

3.2. Differences in self-harm behavior of male and female adolescents

In addition to describing the phenomenon of self-harm among junior high school adolescents in Palembang City, this study also wants to identify differences in self-harm behavior in male and female adolescents. Researchers used independent sample t-test analysis to analyze these differences. The t-test was used to determine whether gender plays a significant role in influencing the tendency toward self-harm behavior in adolescents. The results can be seen and analyzed in Tables 4-6.

Table 4. Analysis of self-harm in terms of gender

Variable	Gender	N	Mean	Std. deviation	Std. error mean
Self-harm	Male	300	45.80	13.048	0.753
	Female	300	46.40	12.168	0.703

Table 5. T-test of differences in self-harm

Variable	Levene's test for equality of variances	F	Sig.	t	Significance		Mean difference	Std. error difference
					One-sided p	Two-sided p		
Self-harm	Equal variance assumed	0.138	0.711	-0.576	0.282	0.565	-0.593	1.03
	Equal variance not assumed			-0.576	0.282	0.565	-0.593	1.03

Table 6. Effect sizes

		Independent samples effect sizes			
Variable		Standardizer	Point estimate	95% confidence interval	
				Lower	Upper
Self-harm	Cohen's d	12.615	-0.047	-0.207	0.113

The data shows that self-harm behavior is slightly higher in women (mean 46.40) than in men (mean 45.80). Both groups exhibit similar variations, with standard deviations of approximately 12.168 and 13.048. Women have a slightly higher average score for self-harm behavior than men. This suggests that, based on the scores, a difference exists, but it is not statistically significant. Table 5 shows the statistical test results of significance 0.711>0.05, meaning that there is no significant difference in self-harm behavior between men and women. The mean difference of -0.593 shows that the average difference between the two sample groups is minimal but not significant. This is influenced by many factors, which will be discussed further. To determine the magnitude of the difference between the two groups of variables being compared, Cohen's d effect size analysis was used. Cohen's d compares the mean difference in each group with the standard deviation [31]. Cohen's d effect size shows a point estimate of -0.047, indicating that the difference in self-harm behavior between male and female students is small and not significant. The negative sign (-) indicates that the second group (female) has a higher mean [32]. For greater clarity, a comparison of the two sample groups is presented in Figure 2.

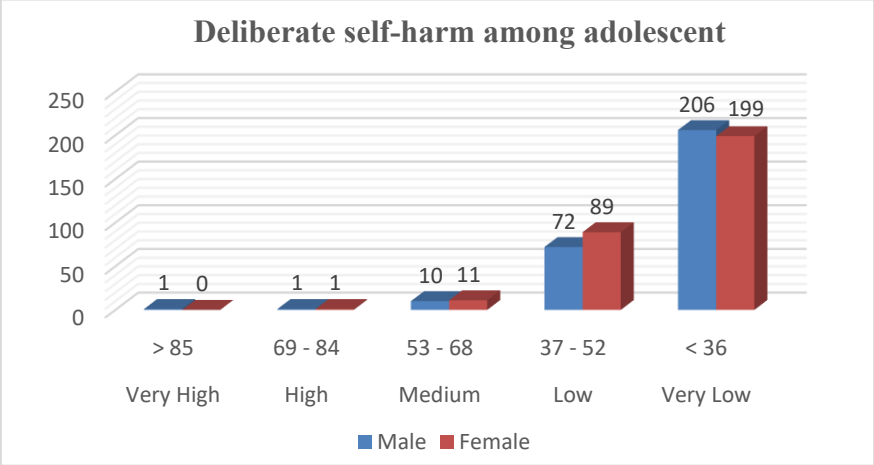

Figure 2. Comparison of adolescent self-harm

From Figure 2, there is no statistically significant difference in the self-harm of adolescent male and female. However, there are differences in scores, where female adolescents have a slightly higher prevalence than males in the medium and low categories, indicating females are more prone to self-harm than males. Meanwhile, the very low category shows that women have a slightly lower score than men. This means that, based on the scores, women are slightly more prone to self-harm than men. The difference is minimal and not statistically significant. The phenomenon of self-harm among junior high school students in Palembang is generally in the very low category, which means that the risk of self-harm is minimal because adolescents have good stress coping mechanisms, although prevention is still necessary. However, some adolescents are indicated to engage in self-harm with scores in the very high, high, and moderate categories, thus requiring serious attention from counselors. The methods used vary, namely self-injury (33.76%), cutting the skin (29%), burning the body (26.1%), and hitting oneself (36.14%).

This is in line with the results of research by Swieten *et al.* [33] which states that self-harm (64.6%) and self-poisoning (30.7%) are the primary methods used to intentionally self-harm. Of adolescents who self-poisoned, 22.9% were referred to the hospital and survived, while 6.3% died. The high prevalence of self-harm can lead to adverse consequences. Severe and prolonged self-harm can result in mutilation, blindness, or brain injury, risk of death [34]. In addition, repeated self-harm in adolescence leads to mental disorders in early adulthood. Self-harm is closely related to mental health problems faced by adolescents, such as stress, depression, and anxiety. Research by Al-Amer *et al.* [35] found that the stress level of adolescents aged 14-18 was high. Adolescents experienced moderate, severe, and very severe stress levels of 22.8%, 43.0%, and 16.8%, respectively. However, even though adolescents experience stress, they can manage their stress well so that they do not fall into destructive and harmful behavior. Coping strategies carried out by adolescents include getting closer to God (religious factors), seeking social support, diverting attention, and accepting events that occur in life [36].

Self-harm is higher among adolescents who live with one parent, either a biological parent or a stepparent [37]. Adolescents who committed self-harm at the age of 13-17 years were caused by conflicts with family and peers, stress, depression, bullying, parental divorce, violence, parenting, and mental health problems [38]. Interestingly, the contribution of the causes of self-harm is diverse, namely in family conflict and external problems (3.9%), problems at school (4.5%), peer problems (10%), and other problems (81.7%). Self-harm can occur due to the pressure that builds up in the individual's psyche. Individuals usually do self-harm when they feel very angry, depressed, or have low self-esteem. Self-harm can be a form of self-punishment that serves to create a physical form of negative feelings that are felt so that they are easier to deal with [39]. Through the physical wound, individuals can see the depth of the wound felt at that time. This is often found in adolescence and early adulthood but rarely in children under 12 [40]. A standard method of self-harm is self-poisoning, so they are referred to the hospital, and self-harm is revealed. This act will not be revealed for adolescents who do not visit the hospital.

Based on the results of this study, there were differences in the self-harm scores of male and female adolescents, where female adolescents were higher than males. However, statistically, the difference is not significant. So, the interpretation given by the researcher is that there is no difference in self-harm actions in male and female adolescents. The results of research conducted on junior high school adolescents in Palembang City are different from the results of previous studies, which found that there are differences in the self-harm actions of male and female adolescents. Females were three to four times more likely than males to engage in self-harm behaviors [41].

The difference in research results is due to many factors, one of which is culture. Indonesia is known for its collectivism culture, meaning that adolescents will always follow the behavior of the groups they follow [42]. If adolescents are in the right environment and association, then they will follow the habits of the group. On the other hand, if adolescents are in an environment where stress coping strategies lead to bad actions and habits, then they will also follow this and the culture of helping each other in Indonesia is very good [43]. This is in contrast to Western cultures, where individuality is higher than collectivity. Self-harm is less common in Asia than in western countries with a white race [44].

Hofstede [45] states that societies with a high degree of individualism will grant personal freedom and autonomy to individuals, allowing them to do as they please. In contrast, societies with a high degree of collectivism will prioritize group interests and act by group norms [46]. In collectivist societies, individuals act based on the values, customs, and culture of their society. The city of Palembang embraces collectivism and a culture that aligns with religious teachings. Additionally, Hofstede in Arrindell [47] discusses the roles of masculinity and femininity in culture. Masculinity and femininity reflect distinct roles within society. In a masculine society, men are expected to be more ambitious, competitive, and willing to express their opinions, and tend to strive for material success. In a feminine society, men are expected to prioritize the quality of life over material success [47]. In other words, masculinity is a societal construct that more closely reflects masculine traits, while femininity is a societal construct that more closely reflects feminine characteristics. So, the perspective is not from the point of view of gender. The results of this study indicate

that masculinity and femininity among junior high school students are balanced, with neither being more dominant than the other. Both gender roles are balanced in addressing self-harm behavior, and they can refrain from engaging in actions that harm themselves.

In addition, religiosity is also a factor that influences the differences in the results of this study. Indonesia is known as a country that still upholds religious values. In religious teachings, self-harm is forbidden to do and is a major sin. Therefore, adolescents who grow up in religious families will be better able to regulate their emotions nicely when experiencing pressure. Spirituality is a reasonable emotional control for individuals. It cannot be denied that every individual needs spirituality in living life. Alvarenga *et al.* [48] explain that every individual needs spirituality to: i) integrate the meaning and purpose of life; ii) maintain hope; iii) the need for expression of faith and follow religious practices; iv) the need for comfort at the end of life; and v) guidelines for relationships with family and friends. Through their faith, adolescents find meaning, purpose, and hope in their life journey so that they can manage stress well and not lead to self-harming actions such as self-harm.

Religion and culture play an essential role in shaping the values, beliefs, personalities, and behaviors of society [49]. The culture and religious teachings of Palembang never teach individuals to harm themselves. The people of Palembang firmly adhere to spiritual teachings and are always open to helping and responding to the difficulties faced by individuals. Religion is not merely a personal belief system but also a cultural dimension that shapes society in diverse ways. Religious beliefs have a significant influence on individuals' perspectives on the meaning of life. Religious values shape the culture of Palembang and serves as a regulator of the behavior of the people of Palembang [50]. This is what keeps teenagers in Palembang City from engaging in self-harming behavior.

Adolescents who are identified as committing self-harm can be assisted by counselors by providing the right counseling approach. Some approaches that counselors can take are cognitive behavior therapy (CBT), dialectical behavior therapy (DBT), rational emotive behavior therapy (REBT), acceptance and commitment therapy (ACT) [51], expressive writing therapy (EWT), and other therapies [52]. The counselor can choose one of the most appropriate approaches according to the condition of the individual who needs healing. In addition, the World Health Organization (WHO) has developed a self-harm prevention strategy that can be implemented by all countries, known as the LIVE LIFE strategy. The LIVE LIFE strategy is an approach developed by the WHO to prevent self-harm behavior among adolescents with four central interventions, namely: i) limiting access to means of self-harm (such as prohibiting the sale of pesticides); ii) engaging with media that are responsive to self-harm; iii) fostering socio-emotional skills in adolescents; and iv) detecting, assessing, managing, and following up on anyone who engages in self-harm [53].

4. CONCLUSION

The results show that self-harm among junior high school students in Palembang City is very low, and there is no significant difference between males and females. However, there are some adolescents with scores in the very high, high, and moderate categories who require serious attention from counselors and other professionals. Adolescents who have already engaged in self-harm require special intervention, while those in the low and very low categories still require prevention. Counselors are expected to provide classical and group counseling services, using appropriate media or approach strategies, and collaborating with schools, families, and mental health professionals to minimize the impact of this behavior.

The novelty of this study lies in its subject, namely junior high school students in Palembang City, who have a distinctive culture based on religion and the principle of togetherness, which plays a crucial role in shaping the social character of adolescents and strengthening self-control. However, this study has not revealed self-harm behavior comprehensively or in depth. Therefore, future research should use a larger sample and examine factors such as peer influence, bullying, digital media, and trauma. Qualitative research is also needed to explore this phenomenon in greater depth. Counselors and professionals are advised to utilize approaches such as CBT or culturally informed approaches, while also providing training to counselors. Additionally, policymakers in Indonesia are expected to design prevention efforts to promote positive mental health in adolescents.

ACKNOWLEDGMENTS

The authors would like to express sincere gratitude to all participants who were willing to participate in this study. Appreciation is also extended to the guidance and counseling teachers, the school, and colleagues who provided support in the data collection process.

FUNDING INFORMATION

This research was conducted independently without external funding.

AUTHOR CONTRIBUTIONS STATEMENT

This journal uses the Contributor Roles Taxonomy (CRediT) to recognize individual author contributions, reduce authorship disputes, and facilitate collaboration.

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C : **C**onceptualization
M : **M**ethodology
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Va : **Va**lidation
Fo : **Fo**rmal analysis
I : **I**nvestigation
R : **R**esources
D : **D**ata Curation
O : Writing - **O**riginal Draft
E : Writing - Review & **E**diting
Vi : **Vi**sualization
Su : **Su**pervision
P : **P**roject administration
Fu : **Fu**nding acquisition

CONFLICT OF INTEREST STATEMENT

The authors declare that there are no conflicts of interest related to this article.

INFORMED CONSENT

We ensured that all participants in this study provided informed consent. This consent was given voluntarily after participants received adequate explanations of the study's purpose and procedures. Therefore, all participants actively participated in this study.

ETHICAL APPROVAL

This research was conducted in accordance with all applicable national regulations and institutional policies. Ethical standards and procedures were carefully considered throughout the study. Furthermore, this research was reviewed and approved by the authors' institutional review board.

DATA AVAILABILITY

The authors confirm that the data supporting the findings of this study are available within the article. This data has been clearly presented in the relevant sections. Therefore, readers can directly access and review the supporting data within this publication.

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