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COMMUNITY ENGAGEMENT AS A PREDICTOR FOR EFFECTIVE UTILIZATION OF PRIMARY HEALTH CARE SERVICES IN RURAL COMMUNITIES IN BAYELSA STATE

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ABSTRACT

Background: Primary health care is a grassroot-oriented health care delivery system that hinges its success on effective community engagement. Strong community engagement will improve trust, responsiveness, and overall utilization of primary health care services in rural communities. **Method:** The study adopted a cross-sectional correlational survey research design. Four research questions and two hypotheses guided the study. A sample of 309 primary health care workers was used for the study. Multi-stage sampling procedure was adopted to select the respondents for the study. The instrument for data collection was a 28-item, self-developed questionnaire, with a 4-point Likert scale. Data obtained were coded into Statistical Package for the Social Science (SPSS) version 26 and analyzed using descriptive statistics of mean and standard deviation, and inferential statistics of multiple linear regression analysis. **Results**: The study findings revealed that, all the community engagement variables under study such as community participation ($\bar{X}$=2.66), community mobilization ($\bar{X}$=2.56), leadership and governance ($\bar{X}$=2.58), and community organization ($\bar{X}$=2.80), predicted effective utilization of primary health care services in high extent. This result was subsequently, reaffirmed by the multiple linear regression analysis, where community participation, leadership and governance were significant positive predictors of effective utilization of primary health care services in rural communities in Bayelsa State. **Conclusion:** The study concluded that all the community engagement variables are predictors for effective utilization of primary health care services in rural communities of Bayelsa State. Based on the findings, it was concluded among others that government should institutionalize mechanisms to strengthen community participation in primary health care programmes.

KEYWORDS: Community engagement, community leadership, advocacy, implementation, primary health care, service utilization.

INTRODUCTION

The provision of health care services to meet the health needs of every member of the community is a constitutional responsibility of government, because health is a fundamental human right of man. Prior to the Alma-Ata conference, there was an unacceptably poor state of health in the developing countries and among the underserved populations in the developed world.[26] At the 28th World Health Assembly, in Geneva in 1975, delegates, judged the then global situation of health to be unhealthy and unjust.[27] This was hinged on the reports from delegates on the situation of health in various regions of the world. It was finally concluded in that global assembly that the adoption of Primary Health Care approach could contribute greatly to freeing all people from avoidable suffering, pains, disability, and death. This led to the mobilization of various health expects from countries all over the world by two United Nations specialized agencies, World Health Organization (WHO) and United Nations Children Fund (UNICEF) in collaboration with the then USSR (Russian) government at an international conference in Alma-Ata in 1978.[28] The various discussions and resolutions at the conference culminated to what is today known as the Alma-Ata

Declaration of Primary Health Care or Declaration of Alma-Ata. In that international conference, the concept of Primary Health Care was adopted and endorsed by delegates as the path way that will usher majority of the global population into a level of health that will make them lead a socially and economically productive life.[24]

Primary health is a grassroot oriented system of health care that would impact positively on the health status of a greater percentage of the world population, especially the developing countries utilizing available local resources with maximum emphasis on community participation. The primary health care concept was established on a platform that heavily rely on a well-trained and suitable community-based health workers that technically work together as a health team to meet the health needs of the entire community.[17] Article six of the Alma-Ata Declaration defined Primary Health Care as essential care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.[28]

Primary health care services are routinely provided in the rural communities through primary health centers (PHCs), Health clinics and sometimes community outreach programmes by the various cadres of community health practitioners, nurses, midwives, environmental health officers, and other frontline public health personnel. These services delivered with the aim of promoting health, preventing diseases, treating common illnesses and improving the overall wellbeing of the community. According to[16,14], these services also contribute significantly to the achievement of universal health coverage by making basic health care services assessable, affordable and acceptable to the rural underserved population. Primary health care services regularly provided through the primary health facilities include; maternal and child health care services (MCH), immunization services, treatment of common diseases, health education and promotion, water, sanitation, and hygiene (WASH), nutrition services, diseases prevention and control, environmental health services, school health services, community outreach services, essential drug services, and mental health care services.

Primary Health Care is recognized globally as the foundation of an effective and equitable health system because it provides essential promotive, preventive, curative, rehabilitative, and palliative health services that are accessible, affordable, and acceptable to the population. Since the adoption of the Alma-Ata Declaration in 1978 and its reaffirmation in the Astana Declaration in 2018, community participation has remained one of the cardinal principles of primary health care. Community engagement creates a platform that enable individuals, families, and community groups to actively involve in ascertaining health needs, plan healthcare interventions, implementing programmes, and evaluating health care services.[29,13] Such active involvement would ultimately lead to improved health service utilization and health outcomes through ownership, accountability, and sustainability of primary health care interventions.

Community engagement is a core principle of Primary Health Care. It has increasingly been acknowledged as a critical strategy for improving primary health care performance. It ensures that individuals, families, and communities actively participate in identifying their health needs, planning interventions, implementing programs, and evaluating health services.[12] It encompasses activities such as community mobilization, health education, participation through Ward Development Committees (WDCs), collaboration with traditional and religious leaders, community dialogues, and involvement in monitoring health services.[25] The key components of community engagement in primary health care include.[18]

Community Participation: This talks about involving members of community in identifying health problems and setting priority action to address them. As explained by[10,7], community participation creates the platform or the community to be part of the process of planning, implementing, monitoring, and evaluating health programmes.

Community Mobilization: This involves the organization and motivation of community members to take collective action to improve health. Community mobilization, encourages individuals in the community to have ownership of health initiatives through awareness campaigns and local action.[19]

Health Education and Communication: Health education helps to Provide basic health information that empowers people to make informed health decisions. Promoting healthy behaviours through culturally appropriate and effective communication strategies within the community.

Community Empowerment: This is a key community engagement component that is concerned with building the knowledge, skills, and confidence of community members to manage their own health. It also involves in supporting communities to advocate for better health services and policies.[11]

Partnership and Collaboration: This component aimed at Fostering cooperation between communities, health workers, local government, NGOs, faith-based organizations, and other stakeholders. It involves with the coordination of resources within the community to address community health needs.

Leadership and Governance: This involves the institution or establishment of community health committees or village health committees. The establishment of these communities would ensure transparent decision-making and accountability in health programmes.[22]

Needs Assessment and Priority Setting: This involves the identification of community health needs through surveys, focus groups, and community meetings. It helps to prioritize interventions based on local health problems and available resources within the community.

Resource Mobilization**:** Resource mobilization encourages communities to contribute financial, material, or human resources to support health activities.[21,15] Promoting sustainability through local ownership is a very significant outcome of community engagement.

Capacity Building: Capacity building involves the Training of community health volunteers, traditional leaders, and community-based organizations on basic skills and knowledges that would enable them to be actively involved in health care activities. It is also involved in strengthening local skills in health promotion, disease prevention, and programme management.

Monitoring, Evaluation, and Feedback**:** Involving community members in tracking the progress of health interventions would lead improved health outcome. Using community feedback to improve the quality and effectiveness of PHC services.

Effective community engagement promotes trust between healthcare providers and community members, improves awareness of available services, encourages positive health-seeking behaviour, and strengthens accountability within the health system.[20] It can significantly Improves access to health services, increases community ownership and sustainability of health programs. It can enhance trust between communities and health providers. Promotes equitable and people-centered care.[4] Improves health outcomes through culturally acceptable interventions. Studies in rural Nigeria have demonstrated that communities actively involved in planning and monitoring health programmes are more likely to utilize PHC services and support health interventions.[23]

Despite substantial investments in primary health care infrastructure in Nigeria, the utilization of primary health care services remains below expectation, particularly in rural communities.[3,1] Many residents continue to patronize traditional healers, patent medicine vendors, private clinics, or practice self-medication rather than seeking care from primary health care facilities. The poor utilization of primary health care services can be attributed to factors such as inadequate staffing, shortages of essential medicines, poor infrastructure, long waiting times, financial constraints, limited awareness of available services, and weak community involvement in primary health care governance and decision-making.[8,5]

Bayelsa State is predominantly rural, with many communities located in riverine and difficult-to-reach areas where access to quality healthcare remains challenging. Although the state has established primary health care facilities across its Local Government Areas through the Bayelsa State Primary Health Care Board, the utilization of these services varies considerably. Geographic barriers, transportation difficulties, socioeconomic challenges, cultural beliefs, and inadequate community participation continue to affect the effective use of primary health care services. Strengthening community engagement may therefore serve as a practical approach to improving demand for and utilization of available PHC services in these underserved communities.

Furthermore, current health policies emphasize people-centred care and community ownership as essential for achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs), particularly SDG 3, which seeks to ensure healthy lives and promote well-being for all at all ages.[6,2] Community engagement ensures equitable access to healthcare by empowering members of the community to be involved in health decision-making, advocate for improved services, and collaborate with health workers in addressing local health priorities.[4] Consequently, understanding the extent to which community engagement predicts the effective utilization of primary health care services is very imperative in strengthening the delivery primary health care services in rural settings.

Although several studies in Nigeria have examined determinants of primary health care utilization, relatively few have specifically investigated community engagement as a predictor of effective utilization, particularly in the rural communities of Bayelsa State. This knowledge gap truncates evidence-based planning for interventions aimed at improving primary health care services utilization. Therefore, this study seeks to examine community engagement as a predictor of effective utilization of primary health care services in rural communities in Bayelsa State. The study was guided by five research questions and they include.

1. What is the extent of community participation in primary health care activities in rural communities in Bayelsa State?
2. To what extent does community mobilization predict effective utilization of primary health care services in rural communities in Bayelsa State?
3. To what extent does community empowerment predict effective utilization of primary health care services in rural communities in Bayelsa State?
4. To what extent do community leadership and governance predict effective utilization of primary

health care services in rural communities of Bayelsa State?

Two hypotheses were postulated to guide the study and they are.

1. Community participation is not a significant predictor of effective utilization of primary health care services in rural communities in Bayelsa State.
2. Community leadership and governance is not a significant predictor of effective utilization of primary health care services in rural communities in Bayelsa State.

METHODS AND MATERIALS

The study adopted a cross-sectional correlational survey research design (also known as predictive design) that lasted from 23rd June to 16 September, 2025. This design was considered appropriate and suitable, because it measures the extent to which community engagement variables predict primary health care services utilization without manipulating any variable. Four research questions and two hypotheses guided the study. The population of study consisted of all the primary health care workers that were providing primary health care services at the 194 primary health care centers under the supervision of the Bayelsa State Primary Health care Board, Yenagoa, which according to the board records as at March, 2024 was 1037.[9] A sample size of 309 primary health care workers was used for the study, which was determined using Cochran's formula at 95% confidence level, 5% margin of error, and 50% response distribution.

Multi-stage sampling procedure was adopted to select the respondents for the study. In the first stage, simple random sampling technique was used to select 80 out of the 194 primary health care centers in Bayelsa State. In the second stage, proportionate stratified random sampling technique was used to allocate the sample size to each selected primary health care centers in Bayelsa State with focus on staff composition and strength. Finally, primary health care workers were selected from each primary health care center (stratum) using simple random sampling technique (balloting) until the required sample size is obtained.

The "instrument for data collection was a 28-item, self-developed questionnaire titled Community Engagement as a Predictor for Effective Utilization of Primary Health Care Services Questionnaire (CEPEUPHCSQ). The instrument had two sections (A and B). Section A consists of the respondents' demographic variable which includes: educational attainment, marital status, years in service, gender and location. While section B was structured with questions that measure how the various community engagement variables predict effective utilization of primary health care services. The questionnaire was designed with a 4-point Likert scale of Very High extent (VHE), High Extent (HE), Low Extent (LE), and Very Low Extent (VLE). The face and content validity of the instrument was ascertained by three experts in the field of health education. Reliability of the instrument was determined using Cronbach's Alpha reliability test. The instrument was administered to 20 primary health care workers in 4 primary health care centers in Patani Local Government Area of Delta State once and was retrieved that same day. The returned copies of the instrument were coded, analyzed, yielding an internal consistency of 0.82, which was adjudged to be appropriate for the instrument to be used for the study. The 309 copies of the questionnaire were administered by the researchers with the assistance of eight trained research assistants. Out of 309 copies administered, only 301 were retrieved, resulting to 97.4 percent return rate.

Data obtained from the study were coded into Statistical Package for the Social Science (SPSS) version 26 and analyzed using descriptive statistics of mean and standard deviation for the research questions and inferential statistics of multiple linear regression analysis for the hypotheses at 0.05 level of significance. The research questions were answered using a criterion mean of 2.50 as benchmark for decision-making. Thus, a mean score of 2.50 or above indicated a high extent of prediction of effective utilization of primary health care services. And a mean score of less than 2.50 indicated a low extent of prediction of utilization of primary health care services in rural communities in Bayelsa State.

RESULTS

Table 1: Extent to which community participation predict effective utilization of primary health care services in rural communities in Bayelsa State (N=301)

S/N	Item	$\bar{X}$	SD	Decision
6	Attending meetings organized to discuss PHC issues	2.6	1.30	High extent
7	Community members involve in planning PHC programmes and activities	2.6	0.79	High extent
8	Community members contribute ideas during PHC decision making	2.9	1.00	High extent
9	Community members volunteer during immunization and outreach programmes	2.5	0.94	High extent
10	Community members monitor quality of services provided at the PHC facilities	2.6	1.00	High extent
11	Community members support PHC services financially and materially	2.5	0.96	High extent
	Cluster mean	2.66	0.99	High extent

Table 1 shows the extent to which community participation predicts effective utilization of primary health care services in rural communities in Bayelsa State. A cursory look at the table shows that, respondents

mean scores for items 6 to 11 were ($\bar{X}$=2.6), ($\bar{X}$=2.6), ($\bar{X}$=2.9), ($\bar{X}$=2.5), ($\bar{X}$=2.6), and ($\bar{X}$=2.5) respectively. With a cluster mean score of 2.66, which is higher than the criterion mean score of 2.50, the researcher concluded that the community participation to a high extent predicts effective utilization of primary health care services in rural communities in Bayelsa State.

Table 2: Extent of community mobilization in predicting primary health care service utilization in rural communities in Bayelsa State (N=301).

S/N	Item	$\bar{X}$	SD	Decision
12	Community leaders mobilize residents to utilize PHC services	**2.4**	1.10	Low extent
13	Health workers organize community sensitization campaigns to encourage PHC service utilization	**2.8**	0.80	High extent
14	CBO and other local groups actively mobilize residents to participate in PHC programmes	**2.5**	1.34	High extent
15	Community mobilization activities have increased utilization of PHC services	**2.7**	0.95	High extent
16	Community advocacy visits to households have improved PHC service utilization	**2.5**	1.00	High extent
17	Community fundraising supports for PHC have improved PHC service utilization	**2.5**	0.86	High extent
		2.56	1.01	High extent

Table 2 shows the extent to which community mobilization predicts effective utilization of primary health care services in rural communities in Bayelsa State. A cursory look at the table shows that respondents mean scores for items 12 to 17 were ($\bar{X}$=2.4), ($\bar{X}$=2.8), ($\bar{X}$=2.5), ($\bar{X}$=2.7), ($\bar{X}$=2.5), and ($\bar{X}$=2.5) respectively. With a cluster mean score of 2.56, which is higher than the criterion mean of 2.50, the researcher concluded that the extent of community mobilization predicting effective utilization of primary health care services was high in rural communities in Bayelsa State.

Table 3: Extent of community leadership and governance in predicting primary health care service utilization in rural communities in Bayelsa State (N=301).

S/N	Item	$\bar{X}$	SD	Decision
18	Leadership commitment to PHC activities have improved residents' utilization of PHC services	**2.7**	0.90	High extent
19	Traditional rulers and CDC participation in PHC decision making and planning has improved PHC services utilization	**2.8**	1.00	High extent
21	Community leaders' collaboration with health workers to identify and address local health needs	**2.5**	1.32	High extent
22	Community leaders monitor and support implementation of PHC programmes has improved PHC services utilization	**2.6**	0.80	High extent
23	Transparency and accountability of leadership in decision concerning PHC has improved service utilization	**2.3**	1.32	Low extent
		2.58	1.07	High extent

Table 3 shows the extent to which community leadership and governance predicts effective utilization of primary health care services in rural communities in Bayelsa State. A quick look at the table shows that, respondents mean scores for items 18 to 23 were ($\bar{X}$=2.7), ($\bar{X}$=2.8), ($\bar{X}$=2.5), ($\bar{X}$=2.6), and ($\bar{X}$=2.3) respectively. With a cluster mean score of 2.56, which is higher than the criterion mean of 2.50, the researcher concluded that the extent of leadership and governance predicting effective utilization of primary health care services was high in rural communities in Bayelsa State.

Research Question 4: To what extent does community empowerment predict effective utilization of primary health care services in rural communities in Bayelsa State?

Table 4: Extent of community empowerment in predicting primary health care service utilization in rural communities in Bayelsa State (N=301)

S/N	Item	$\bar{X}$	SD	Decision
24	Providing community members with potentials to participate in PHC decision making has improved service utilization	**3.4**	1.00	High extent
25	Receiving adequate training and health education by community members has improved PHC service utilization	**2.7**	1.00	High extent
26	Encouraging community members to identify and prioritize their health needs has improved service utilization	**2.6**	1.50	High extent
27	Encouraging community members to actively contribute resources (time, labour, funds or materials) to support PHC programmes has improved service uptake	**2.8**	1.56	High extent
28	Providing community members with skills to monitor and give feedback on quality of PHC services has improved service utilization	**2.5**	.96	High extent
		2.8	0.99	High extent

Table 4 shows the extent to which community empowerment predicts effective utilization of primary health care services in rural communities in Bayelsa State. A cursory look at the table shows that, items 24 to 28 had mean scores of ($\bar{X}$=3.4), ($\bar{X}$=2.7), ($\bar{X}$=2.7), ($\bar{X}$=2.8), and ($\bar{X}$=2.5) respectively which were above the benchmark criterion mean score of 2.50. With a cluster mean score of 2.80 that is above criterion mean score, the researcher concluded that the extent of community mobilization predicting effective utilization of primary health care services was high in rural communities in Bayelsa State.

Hypotheses 1: Community participation is not a significant predictor of effective utilization of primary health care services in rural communities in Bayelsa State.

Table 5: Multiple Regression Analysis of Community Participation as a predictor of effective utilization of Primary Health Care Services.

Predictor	B	SE	β	t	p	Remark
(Constant)	21.021	4.568	-	7.432	.003	
Community participation	0.519	0.410	0.364	5.463	.002	Sig.

Table 5 presents a multiple regression analysis of community participation as a predictor for effective utilization of primary health care services. The results show the *p-value* of 0.002 was less than 0.05 level of significance, hence the null hypothesis was rejected. This simply means that community participation is a significant positive predictor of effective utilization of primary health care services in rural communities in Bayelsa State. The standardized beta coefficient (β= 0.364) indicates that, higher levels community participation is associated with increased utilization of primary health care services.

Hypotheses 2: Community leadership and governance is not a significant predictor of effective utilization of primary health care services in rural communities in Bayelsa State.

Table 6: Multiple Regression Analysis of Community leadership and governance as a predictor of effective utilization of Primary Health Care Services.

Predictor	B	SE	β	t	p	Remark
(Constant)	20.357	7.361	-	3.999	.002	
Community leadership and governance	1.753	1.232	0.404	5.223	0 .001	Sig.

Table 6 presents a multiple regression analysis of community leadership and governance as a predictor of effective utilization of primary health care services. The result shows the *p*-value of 0.001 was less than 0.05 level of significance, hence the null hypothesis was rejected. This simply means that community leadership and governance is a significant positive predictor of effective utilization of primary health care services in rural communities in Bayelsa State. The standardized beta coefficient (β= 0.404) suggests that, higher levels

community leadership and governance are associated with increased utilization of primary health care services.

Discussion of Findings

The findings of the study revealed that community participation is a predictor effective utilization of primary health care services in rural communities in Bayelsa State. This finding implies that when community members are actively involved in planning, implementing, monitoring, and evaluating primary health care programmes, they are more likely to utilize available health services. This finding is in accordance with the findings of[14], who affirmed in his study that, community participation promotes a sense of ownership, trust, and shared responsibility, thereby increasing the acceptability and sustainability of PHC interventions. This finding is consistent with the affirmations of[2], who emphasize community participation as a cornerstone of primary health care. It also agrees with studies that have reported that active community involvement enhances access to and utilization of maternal, child health, immunization, and preventive health services in rural settings.[7]

The study also revealed that community mobilization predicts effective utilization of primary health care services. This is in line with the assertion of[4], who stated that organized efforts to sensitize, educate, and motivate community members encourage greater awareness and demand for essential health services. Effective mobilization through community meetings, local leaders, women's groups, youth associations, and health campaigns helps overcome misconceptions, improves health-seeking behaviour, and increases service uptake. This finding aligns with[23], who also their study identified that community mobilization is an effective strategy for improving immunization coverage, antenatal care attendance, and other primary health care services in resource-constrained communities. However, this findings of[19] who in their study on interventions for increasing community participation in health programmes in low- and middle-income countries revealed that community organization was not a determinant of health care service utilization.

Furthermore, the study findings revealed that community empowerment is a predictor for effective utilization of primary health care services. This implies that empowering communities through health education, capacity building, skills acquisition, and involvement in the decision-making process can strengthen the potentials and ability of community to identify health needs and effectively utilize available services. Empowered communities are more capable of demanding quality services, supporting local health initiatives, and sustaining health interventions.[18] This finding supports the community empowerment model, which recognizes empowerment as a critical determinant of improved health outcomes and increased utilization of health services.[16]

The findings further showed that community leadership and governance are predictors for effective utilization of primary health care services. This finding affirms the fact that, effective leadership, accountability, transparency, and inclusive governance within community health structures contribute significantly to improved utilization of primary health care services.[13] Strong community leadership facilitates functional collaboration between health personnel and residents, mobilize local resources, resolve conflicts, and encourage community compliance with health programmes.[5] This finding agrees with submissions of[1], who affirmed that effective governance enhances the performance, responsiveness, and sustainability of primary health care systems.

The hypothesis testing further revealed that community participation is a significant predictor for effective utilization of primary health care services. The statistical significance indicates that community participation makes an independent and meaningful contribution to explaining variations in PHC utilization among rural residents in Bayelsa State. This finding is in support of the findings of[10], who also in their study on community participation and maternal health service utilization among women in rural southern Ethiopia, recorded a significant relationship. The implication is that strengthening participatory mechanisms such as community health committees, village health development committees, and stakeholder engagement will likely improve service utilization and health outcomes.[6]

Finally, the findings also revealed that community leadership and governance are significant predictors for effective utilization of primary health care services. This implies that effective community leadership and sound governance structures create a measurable influence on the utilization of primary health care services. The finding reenforces the significance of strengthening local leadership capacity, promoting accountability, encouraging community representation in health decision-making, and fostering partnerships between communities and health authorities.[29] These measures would possibly improve community confidence in primary health care facilities and increase the utilization of essential health services in rural communities of Bayelsa State.

CONCLUSION

From the findings of the study, the researcher concluded that all the community engagement variables studied such as community participation, community mobilization, community empowerment, and community leadership and governance, are predictors for effective utilization of primary health care services in rural communities of Bayelsa State.

The following recommendations were made in accordance with the above conclusion.

1. The Bayelsa State Primary Health Care Board and the Local Government Health Authorities should institutionalize mechanisms that strengthen community participation in primary health care programmes.
2. Government agencies, health care workers, and community-based organizations should intensify community mobilization through appropriate locally available platforms such as town hall meetings, traditional rulers, religious groups, women groups, youth groups and local media.
3. Community members should be empowered through continuous health education, leadership training, and capacity building programmes that improve their ability to identify health needs, participate in decision making and promote community health initiatives.
4. Bayelsa State Primary Health Care Board and Local Government Health Authorities should strengthen community leadership and governance through building the capacities of community leaders, ward Development Committees, and other community health governance structures in leadership, accountability, transparency, etc.

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Ethical Consideration

The author obtained ethical approval for this study from the Bayelsa State Health Research Ethics Committee (BSHREC), with Approval No. BSHREC/2026/036 before commencement of the study. The researcher also a written permission from Executive Secretary of Bayelsa State Primary Health care Board Yenagoa, which he presented to the Officers-in-Charge of all the Primary Health Facilities from which the primary health care workers participated in the study. Informed consent to participate in the study was obtained from respondents before commencement. Participation in the study was voluntary and respondents were dully told of their right to decline participation without any penalty. The author consciously maintained anonymity of the participants. As part of the design of the instrument, no personal information of participants was needed in the questionnaire. It was properly explained in the instrument that, the information needed was purely for the purpose of academic.

Conflicts of interest

No conflict of interest was declared by the authors.

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