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Behavioral and Cultural Barriers to Seeking Psychological Help Among Iranian Adolescent Girls

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Abstract

Introduction: Many adolescents with mental health disorders do not seek professional help due to various psychological and cultural barriers. Understanding these barriers is crucial for developing effective interventions. This study used qualitative content analysis to explore the behavioral and cultural obstacles to seeking psychological help among Iranian adolescent girls.

Methods: A qualitative study using inductive content analysis was conducted. Semi-structured in-depth interviews were performed with sixteen participants, including eight adolescent girls aged 14–17 years diagnosed with a mental health disorder and eight school counselors and health care providers in Saveh, Iran, during 2022–2023. Participants were selected through purposive sampling with maximum variation, and data collection continued until theoretical saturation was achieved. The interviews were transcribed verbatim and analyzed using the inductive content analysis approach. Initial codes were extracted from the data, and then codes were organized into categories and subcategories to identify the behavioral and cultural barriers to psychological help-seeking.was achieved. The interviews were transcribed verbatim and systematically analyzed.

Results: Two main categories of barriers were identified: (1) Behavioral and individual barriers, including fear of labeling and social stigma, Ignorance and insufficient knowledge about mental health, Feeling ashamed and weak in asking for help, and Distrust in the effectiveness of counseling; and (2) 2) Cultural and social barriers, The role of the family in preventing children from receiving help, Social Pressures and Gender Roles, The Influence of Religious and Traditional Beliefs and Lack of appropriate psychological services in schools and the community. These factors significantly influenced adolescents' perceptions and willingness to seek professional help.

Conclusion: Addressing these barriers requires targeted awareness campaigns, stigma reduction strategies, improved parental involvement, and expanded access to culturally sensitive mental health services. Integrating mental health education in schools and fostering supportive environments can encourage help-seeking behaviors among adolescent girls.

Keywords: Mental health, Help-seeking, Adolescent, Qualitative research

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Introduction

Common mental disorders are a significant public health issue, affecting one in five people each year (1). They are the leading cause of disease burden worldwide and contribute significantly to disability (2). Three-quarters of first visits to mental health services occur during adolescence, a period that typically coincides with the school-age years (3). Mental illnesses are associated with many adverse outcomes, including poor academic performance, poor peer relationships, increased substance use, and suicide attempts (4). These adverse outcomes highlight the importance of early identification and treatment of mental illnesses to prevent these adverse effects.

A large body of studies supports the effectiveness of existing approaches to treating adolescents with mental illnesses (5). However, globally, adolescents are reluctant to seek professional help for mental illnesses and psychological problems (6). In the UK, for example, only a third of adolescents seeking help seek professional help (7). Almost two in five Saudi youth meet the criteria for a mental health condition at some point in their lives, yet only 5% of them seek mental health services (8).

comparable pattern has been observed in Iran. Riahi et al. (2022) reported that approximately 22.6% of participants (22.3% of boys and 23% of girls) were affected by at least one psychiatric disorder (9). Similarly, findings from a national survey conducted by Mohammadi et al. (2019) revealed that 22.31% of Iranian children and adolescents experienced at least one psychiatric disorder (10)

Rickwood and colleagues have defined 'help-seeking'

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as the process by which an individual can transfer their internal psychological distress to the interpersonal sphere and seek support; in other words, expressing their distress to others to receive help (11). Barriers to help-seeking prevent an individual from seeking mental health help. In contrast, facilitators increase an individual's motivation or willingness to seek help (1).

Cultural and behavioral barriers associated with mental health help-seeking vary from country to country and are influenced by social beliefs, cultural values, public awareness, and available support systems (12). These differences suggest that there is no one-size-fits-all solution to encouraging people to use mental health services; rather, interventions need to be tailored to the cultural and social context of each community.

For example, in some countries, such as the United Kingdom, the cost of treatment and long waiting times for mental health services are identified as significant barriers (13), while in Arab countries, social stigma and religious and traditional beliefs, such as attributing mental illnesses to supernatural forces (evil eye, witchcraft), prevent people from seeking help (14). Also, in some communities, parents and general practitioners lack the knowledge to diagnose and refer adolescents to specialized mental health services (15). In contrast, in some countries, the lack of specialized psychiatric services for adolescents is a significant challenge (16).

In the Iranian context, cultural beliefs around mental health, societal stigma, and gender-specific expectations may uniquely shape help-seeking behaviors among adolescents, particularly girls. Despite general references to cultural and behavioral barriers in existing literature, there is a lack of studies that directly examine how these factors interact within Iranian society. Addressing this gap is crucial to formulating effective interventions.

Therefore, the present study aims to investigate the behavioral and cultural barriers to seeking psychological help among Iranian adolescent girls. By understanding the specific socio-cultural dynamics in Iran, the findings can inform targeted policies and practices to promote mental health service utilization among youth.

Materials and Methods

Study Design and Methodology

This study was conducted with a qualitative approach and aimed to identify cultural and behavioral barriers to seeking psychological help among Iranian adolescent girls (17). The inductive content analysis method was used as the main framework for data analysis. This method focuses on extracting concepts from empirical data and identifying underlying patterns, allowing researchers to extract meaningful structures from raw data.

Participants and Inclusion and Exclusion Criteria

The research population included adolescent girls aged 14 to 17 with a mental health disorder living in Saveh County who were studied during the period 2022-2023. Purposive sampling was conducted, and 16 in-depth semi-structured interviews were conducted with these adolescents.

Inclusion criteria included (1) ability to read and write, (2) ability to express personal views and feelings, (3) having a mental health disorder confirmed by completing the relevant questionnaires in the "Nmad. " system. ("Nmad" is a Persian acronym for the national integrated student mental health system in Iran) This system, as a national program, is designed to promote the mental health of students and prevent social and psychological harms among them, and (4) willingness to participate in the research and provide informed consent. On the other hand, exclusion criteria included (1) unwillingness to continue participation and (2) inability to communicate effectively during the interview, such that contributors had severe cognitive impairments or language barriers that prevented their capacity to participate in the verbal interview meaningfully.

Sampling method and selection of participants

Sampling was conducted purposively and with maximum diversity to ensure that participants had sufficient differences in terms of age, educational level, family status, and socioeconomic conditions to provide diverse perspectives. Sampling continued until theoretical saturation was achieved; specifically, saturation was considered reached after the 14th interview when no new codes emerged. Two additional interviews (15th and 16th) were conducted to confirm saturation and ensure analytical adequacy.

Interview Guide and Sample Questions

To ensure consistency and depth in data collection, a semi-structured interview guide was developed based on a literature review and consultations with experts in psychology and qualitative research. The interview guide was pilot-tested and refined before use. While the interviews were flexible and allowed participants to elaborate on their experiences, the following core questions were used to initiate and guide discussions:

For Adolescent Girls

1. Can you tell me about a time when you felt emotionally unwell, sad, or anxious?
2. Have you ever thought about getting help for your feelings or mental health problems? Why or why not?
3. What thoughts come to your mind when you hear the word "counseling" or "psychologist"?
4. How do your family or friends react when someone talks about emotional problems or mental health?
5. What prevents you personally from seeking psychological help when needed?
6. Do you feel comfortable talking to your school counselor about your problems? Why or why not?
7. Are there things about your culture or religion that influence your decision to seek help for mental health?
8. What changes would make it easier for you and your peers to seek help when facing emotional difficulties?

For School Counselors and Health Care Providers:

1. In your experience, what do adolescent girls in

this region face the most common psychological challenges?
2. What are the main reasons adolescent girls avoid seeking professional psychological help?
3. Have you encountered cases where cultural or religious beliefs acted as barriers to help-seeking? Please elaborate.
4. How do families generally respond when their children need mental health support?
5. What role do schools currently play in supporting adolescent mental health? What are the limitations?
6. From your perspective, how can mental health services be made more accessible and acceptable to adolescents?

These questions were supplemented by probing prompts such as:

- "Can you explain that more?"
- "How did that make you feel?"
- "What happened next?"
- to elicit deeper responses and clarify meaning.

Data Collection

Data were collected through face-to-face semi-structured interviews conducted by the first researcher (a PhD student in Health Education) in an environment chosen by the participants. General questions were first asked during the interviews, and then supplementary questions were used to delve deeper into the topic.

The participants' non-verbal responses, such as body movements, facial expressions, tone of voice, and emotional reactions, were also recorded during the interviews. The duration of each interview ranged from 36 to 45 minutes (mean: 40 minutes). Data collection was conducted between January 20 and April 15, 2023. All interviews were recorded and transcribed with the informed consent of the participants. To enhance the richness and depth of data, four participants whose initial interviews were relatively short (e.g., 18 minutes) were invited for follow-up interviews. These supplementary interviews extended the total interaction time for each to over 30 minutes and allowed for further clarification and elaboration of their experiences.

Data were analyzed using inductive content analysis, which involved several structured steps. First, all interviews were transcribed in full and carefully reviewed to gain a general understanding. In the second step, initial codes were generated inductively from the raw data. These codes were then reviewed by the first author and refined through iterative discussions with two qualitative research experts. Redundant or overlapping codes were merged, and a final coding scheme was established before thematic categorization.

Subsequently, codes were grouped into overarching categories and subcategories. In the final stage, data were re-examined to ensure consistency and to better understand the cultural and behavioral barriers to help-seeking among adolescents. The perspectives of adolescent participants were also compared with insights from health service providers for triangulation. The interviews and initial coding were conducted by the first author. The preliminary codes and categories were then reviewed collaboratively with the research team, which included a qualitative methodology expert and a clinical psychologist. Any discrepancies were addressed and resolved through consensus to ensure analytical rigor and reliability.

Data Analysis

Data analysis was conducted using inductive content analysis. This process involved several key steps: In the first step, all interviews were fully transcribed, and their text was carefully read. In the second step, initial codes were generated inductively from the raw data. These codes were then reviewed by the first author and refined through iterative discussions with two qualitative research experts. Redundant or overlapping codes were merged, and a final coding scheme was established prior to thematic categorization. Subsequently, codes were grouped into overarching categories and subcategories. In the final stage, data were re-examined to ensure consistency and to better understand the cultural and behavioral barriers to help-seeking among adolescents. The perspectives of adolescent participants were also compared with insights from health service providers for triangulation. The interviews and initial coding were conducted by the first author. The preliminary codes and categories were then reviewed collaboratively with the research team, which included a qualitative methodology expert and a clinical psychologist. Any discrepancies were addressed and resolved through consensus to ensure analytical rigor and reliability.

Research validity and reliability

Research validity was assessed based on Lincoln and Guba 1986 criteria, which included credibility, dependability, confirmability, and transferability.

Additionally, the criterion of authenticity, as introduced by Guba and Lincoln in their later works (1994), was also considered (18). Authenticity refers to presenting a fair, balanced, and faithful account of participants' multiple realities, helping stakeholders understand and potentially act on the findings. In this study, authenticity was pursued by incorporating diverse perspectives of participants and validating results through member checking and expert consultation.

In line with credibility, extracted codes were shared with some participants to confirm their accuracy and precision through membership in the study. Also, data analysis was conducted under the supervision of the research team, and the opinions of psychologists, psychiatrists, and counselors were included as key experts in the analysis process.

For dependability, the researcher allocated sufficient time to review the data continuously and held several meetings with the research team members. In addition, detailed introductions to the participants and step-by-step documentation of the data analysis process were carried out to trace the research process.

Confirmability was ensured through transparent

documentation of all stages of the research, from data collection to coding and category extraction. Finally, to facilitate transferability, the research findings were presented comprehensively to enable their use in similar studies. In addition, the results of this study were shared with five adolescent girls outside the survey who had similar conditions, and their feedback confirmed the findings.

Ethical considerations

In this study, all ethical considerations were observed, including maintaining the confidentiality of participant information, obtaining informed consent to participate in the study and recording interviews, and ensuring the participants' right to withdraw from the study at each stage. Given that participants had mental health disorders, specific ethical precautions were also in place in case of emotional distress during interviews. If a participant became visibly agitated or began to cry, the interviewer (a trained PhD student in Health Education) was instructed to pause or stop the interview immediately, provide empathetic support, and offer to reschedule or refer the individual to on-site school counselors or a clinical psychologist as needed. These safeguards were reviewed and approved by the university ethics committee as part of the study's protocol. The ethical code of this study was approved by the university's ethics committee and recorded in the research documents.

Results

The study included 16 semi-structured interviews with adolescent girls aged 14 to 17 and 8 interviews with school counselors and health care providers in Saveh County. The adolescents were diverse in age, educational level, family status, and socioeconomic status. Most lived with their families, and their interviews ranged from 36 to 45 minutes. The demographic and background characteristics of the adolescent girls who participated in the study are presented in Table 1.

Data analysis showed that barriers to seeking psychological help in Iranian adolescent girls include individual and behavioral barriers (fear of social stigma, ignorance, feelings of shame, and distrust of counseling) and cultural and social barriers (the restrictive role of the family, gender pressures, traditional beliefs, and lack of psychological services). The educational and professional characteristics of the school counselors and health care providers are presented in Table 2.

Table 1. Characteristics of Adolescent Girls

No.	Age (years)	Grade Level	Family Status	Socioeconomic Status	Interview Duration (minutes)
1	14	Ninth	Living with family	Middle	45
2	15	Tenth	Living with family	Low	38
3	16	Eleventh	Living with family	Middle	42
4	17	Twelfth	Living with family	High	36
5	14	Ninth	Living with mother	Low	40
6	15	Tenth	Living with family	Middle	39
7	16	Eleventh	Living with family	High	41
8	17	Twelfth	Living with mother	Middle	37

Behavioral and individual barriers

These barriers relate to the beliefs, attitudes, and personal experiences of adolescent girls in facing psychological problems and deciding whether to seek help.

Fear of labeling and social stigma

In Iranian culture, mental health is still an issue associated with social stigma. Many adolescent girls were deeply concerned about being labeled "crazy" or "weak" by their families and society. Some stated that if their friends, teachers, or relatives found out they had consulted a psychologist, they might be ridiculed or excluded from social gatherings.

One participant stated:

"If anyone found out I had consulted a school counselor, they would talk behind my back. Even teachers might see me as a problematic student."

Ignorance and insufficient knowledge about mental health

Many participants did not have enough information about the symptoms of psychological problems and the importance of getting professional help. Some of them considered feeling anxious, depressed, or emotionally exhausted to be a normal part of life and, therefore, did not see the need to get help.

One student said:

"I thought being sad was normal, and everyone experienced this feeling. I did not know that maybe it was a serious problem for which I should get help."

Feeling ashamed and weak in asking for help

Some teenage girls stated that they found it difficult to talk about psychological problems because they felt that it was a sign of weakness and shame. "Feeling ashamed and weak

Table 2. Characteristics of School Counselors and Health Care Providers

No.	Education Level	Workplace	Work Experience (years)	Interview Duration (minutes)
1	Bachelor's in Counseling	Girls' High School	12	40
2	PhD in Psychology	School Psychological Services Center	15	42
3	Psychiatrist	Private Clinic	20	35
4	Master's Degree in Clinical Psychology	Girls' High School	10	30
5	PhD in Psychology	Educational Counseling Services Center	18	45
6	Bachelor's in Psychology	Comprehensive School Health Center	8	38
7	Master's Degree in Educational Psychology	Girls' High School	22	39
8	Master of Counseling	Girls' High School	11	40

in asking for help," as described by participants, was closely tied to the idea of being embarrassed or losing face when asking for help. This emotional reaction often prevented them from seeking support.

One student said:

"It is better that no one knows that I have a problem. I have to deal with it myself. Saying these things makes others think I am weak.

Distrust in the effectiveness of counseling

Some adolescents stated that they do not consider counseling and psychotherapy practical. Some referred to their previous unsuccessful experiences in counseling sessions, and others believed that their problems could not be solved by talking.

One student stated:

"The school counselor only talks about stereotypes and does not give us real solutions. That is why I do not think that going to a counselor will help.

Cultural and social barriers

Cultural values, social beliefs, the role of the family, and the conditions of society in Iran influence these barriers.

The role of the family in preventing children from receiving help

The role of parents in children's mental health is undeniable. Many adolescents stated that their parents are either indifferent to their psychological problems or consider seeing a specialist unnecessary. Some parents equate mental health problems with the natural hardships of life and advise their children to be patient and avoid complaining.

One girl said:

"When I told my mother that I was feeling depressed, she said that all these problems are normal during adolescence and will resolve over time."

Social Pressures and Gender Roles

In Iranian culture, girls are more pressured to play specific societal roles. Many participants felt that society expects them to hide their problems and remain calm and submissive. These beliefs were a barrier to expressing mental health problems and asking for help.

One student stated:

"We have always been told that girls should be patient and calm. If we talk too much about our problems, others will say we are spoiled."

The Influence of Religious and Traditional Beliefs

Some adolescents noted that in religious families, mental health problems are sometimes attributed to supernatural causes. Some families encourage their children to pray, recite dhikr, and rely on religious beliefs instead of seeing a specialist.

One student stated:

"My parents think that if someone has a mental problem, it is because their faith is weak, and instead of seeing a specialist, they recommend that I pray more."

Lack of appropriate psychological services in schools and the community

Some students stated that the existing facilities for psychological services in schools and the community are insufficient. School counselors cover many students and cannot allocate enough time to each individual.

One student said:

"Our school counselor only accepts referrals 2 days a week, most of which are academic referrals. How can he help everyone?"

Discussion

The results of this study showed that Iranian adolescent girls face several barriers in seeking psychological help, which are classified into two general categories: behavioral and individual barriers and cultural and social barriers. These findings are consistent with the results of previous studies and indicate that factors such as fear of labeling, ignorance about mental health, shame, distrust of counseling, social pressures, traditional and religious beliefs, the role of family, and lack of counseling services play an important role in adolescents' reluctance to receive psychological help (10).

Importantly, the sub classification of barriers reveals subtle cultural dimensions unique to the Iranian context. For example, stigma associated with mental illness remains a pervasive barrier in Iran, deeply embedded within cultural beliefs and social structures. Taghva et al. (2017) emphasize that stigma is not only a social issue but also intertwined with insufficient mental health literacy, negative media portrayals, and structural limitations in mental health policy and service provision. This stigma manifests as both public and internalized forms, leading adolescents to fear social judgment and rejection, a finding echoed in the current study's identification of the fear of labeling and shame (19).

Moreover, the cultural emphasis on family honor and social reputation intensifies adolescents' fear of being labeled, which is consistent with findings by Ebrahimi et al. (2018) that families often minimize psychological issues and discourage seeking external help due to concerns about stigma and social judgment. This cultural context creates a strong reluctance to openly discuss psychological distress, leading to concealment and isolation (20)

One of the most important findings was the fear of social stigma and labeling. This issue has also been reported in studies conducted in other countries (21). For example, the results of research conducted in Eastern and conservative societies have shown that individuals, especially adolescents, are concerned about being judged by those around them, and this factor causes them to avoid seeking mental health professionals (22). This fear of social stigma is particularly pronounced in educational and family settings, as adolescents perceive that seeking psychological help can negatively impact their social image (23).

In relation to mental health literacy, Solhi et al. (2023)

demonstrated that inadequate knowledge about mental health significantly reduces the likelihood of help-seeking behaviors among Iranian adolescents (24). Our study's findings reveal that some participants view anxiety and depression as normal life challenges rather than treatable conditions, which aligns with this perspective. This lack of awareness exacerbates the barriers to accessing professional help, underlining the necessity for culturally tailored educational programs in schools and families.

Lack of awareness about mental health was also a key barrier identified in this study (25). Some participants considered problems such as anxiety and depression to be a normal part of life and, therefore, did not feel the need to seek professional help. This finding is similar to the results of studies conducted in other countries, which have shown that lack of public knowledge and awareness about mental health is one of the most essential factors for not seeking professional help (26, 27). Therefore, implementing educational programs in schools and families to increase adolescents' awareness of psychological problems and the importance of seeking help seems essential.

Another barrier identified in this study was feeling ashamed and weak when asking for help. Some participants stated that they found it difficult to talk about psychological problems because they considered it a sign of weakness. This finding is consistent with previous studies (28), where people often view psychological problems as a sign of personal weakness. For this reason, many adolescents prefer to hide their problems and deal with them alone (29). The internalization of stigma discourages adolescents from sharing their struggles and seeking assistance (19)

Distrust in the effectiveness of counseling was also identified as a significant barrier in this study. Some adolescents had previous unsuccessful experiences with counseling sessions, and others believed that their problems could not be solved by talking. These findings suggest that improving the quality of psychological services and increasing the skills of counselors in schools and health centers could help increase adolescents' trust in counseling and psychotherapy (30).

In the section on cultural and social barriers, the family's role as a gatekeeper is particularly significant in the Iranian socio-cultural context. Parental attitudes toward children's mental disorders greatly influence help-seeking behaviors. Ebrahimi et al. (2019) found that while most Iranian parents have generally positive attitudes, nearly half still prefer unofficial sources of help, reflecting a gap between attitude and behavior that is influenced by cultural norms and education levels (31). Our findings concur that parental skepticism and traditional beliefs may hinder adolescents' access to mental health services.

Social pressures and gender roles were other significant barriers in this study. Adolescent girls felt that society expected them to hide their problems and always be calm and submissive. These gendered attitudes made adolescents avoid expressing their feelings and concerns. Studies conducted in other countries with similar cultures have also shown that social roles assigned to women and girls can negatively affect the way they process and express psychological problems (32, 33). Therefore, changing these attitudes requires community-level interventions that promote gender equity and mental health awareness

Another significant barrier was the influence of religious and traditional beliefs. Religious and traditional beliefs also play a complex role in shaping attitudes toward mental health. Some families attributed psychological problems to a lack of faith and advised their children to pray and chant instead of seeking professional help. This finding suggests that in some families, psychological problems are still considered to be a non-scientific and supernatural issue. Studies in other religious communities have also shown that such beliefs can lead to delays in seeking professional help and, in some cases, exacerbate psychological problems (34, 35). This phenomenon is well documented in Iranian and other religious communities, where mental illness is often stigmatized and misunderstood (36, 37). Integrating religious leaders and culturally sensitive approaches into mental health programs may help bridge this gap.

Finally, the lack of appropriate psychological services in schools and the community was one of the structural barriers identified in this study. Some school counselors stated that the number of counselors is limited, and providing adequate services to all students is impossible. This issue has also been raised in previous studies. It shows that restricted access to counseling services and the lack of appropriate facilities can be serious barriers to receiving psychological help (38, 39). Therefore, developing psychological services in schools and increasing the number of mental health professionals can be essential in addressing this problem.

Limitations

This study has some limitations. First, the findings are based on a small and gender-specific sample (adolescent girls), which limits generalizability to other groups. Second, as with all qualitative research, data interpretation may involve some subjectivity despite efforts to ensure credibility. Third, the cultural context of the study may limit the transferability of results to different regions or populations.

Conclusion

The findings of this study showed that Iranian adolescent girls face serious challenges in seeking psychological help due to numerous personal, cultural, and social barriers. Fear of being labeled, ignorance about mental health, feelings of shame, distrust in the effectiveness of counseling, the role of family, social pressures, traditional beliefs, and lack of psychological services were among the most critical barriers identified. These barriers cause many adolescents to hide their problems and refuse help. To address these barriers, it is necessary to increase public awareness, reduce social stigma, improve the quality of counseling services, and expand mental health infrastructure in schools and the community. Adopting supportive policies and educational interventions can be a practical step in

promoting adolescent mental health and improving their attitude toward receiving professional help.

Given the identified barriers, several policy and management strategies are essential to support Iranian adolescent girls in seeking psychological help. First, expanding mental health education in schools can improve students' understanding and reduce misconceptions about psychological issues. Second, increasing the number of trained school counselors and ensuring their availability across schools can enhance access to supportive services. Third, national awareness campaigns should be implemented to reduce stigma and normalize help-seeking behaviors. These campaigns must be culturally sensitive and involve key community figures. Finally, involving families in mental health literacy programs can foster a supportive home environment and shift traditional attitudes that hinder adolescents from seeking help. These measures can collectively address both structural and cultural challenges and promote adolescent mental health on a national scale.

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Artificial Intelligence Use Disclosure

During the preparation of this manuscript, the authors used ChatGPT (OpenAI) for language editing, grammar correction, paraphrasing, and improving the clarity and readability of the manuscript. The use of AI was limited to editing and refining author-generated text and did not include the generation of original scientific content, research ideas, study results, data analysis, data interpretation, or references. The authors reviewed, revised, and validated all AI-assisted text and take full responsibility for the accuracy, integrity, and final content of the manuscript.

No generative AI system was used to create, modify, analyze, or interpret research data, generate results, or develop original scientific arguments. All scientific content, interpretations, and conclusions were developed and verified by the authors.

Authors' Contribution

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Competing Interests

The authors declare that they have no conflict of interest.

Ethical Approval

The research was approved by the Ethics Committee of Iran University of Medical Sciences with the code of IR.IUMS.REC.1401.713. Also, written informed consent was obtained from the participants.

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