

# Grief and its relationship with coping and resilience strategies in a group of women victims of the Colombian internal armed conflict

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**To reference this article / Cómo citar este artículo / Para citar este artículo:** Klimenko, O., Hernández-Flórez, N., Vergara-Herrera, G. P., Rentería-Aragón, I. J., & Padilla-Lozano, T. (2024). Grief and its relationship with coping and resilience strategies in a group of women victims of the Colombian internal armed conflict. *Revista Criterios*, 31(1), 101-115. <https://doi.org/10.31948/rc.v31i1.3543>

**Reception date:** August 23, 2023

**Review date:** November 24, 2023

**Approval date:** January 26, 2024

## Abstract

In the context of the Colombian armed conflict, women have been the most affected, with the grief process being the most deficient due to the lack of psychosocial support. The objective of this study was to describe resilience and coping strategies in a sample of women victims of the armed conflict and their relationship with the stages of grief experienced. The methodology used was a quantitative, descriptive, non-experimental, ex post facto approach. Twenty women victims of the armed conflict who were in different stages of grief due to the loss of their loved ones as a result of the armed conflict participated in the study. The Resilience Scale SV-RES for youth and adults by Saavedra and Villalta (2008), the Coping Strategies Inventory adapted by Cano, Rodríguez, and García (2006), and the Grief Phases Scale by Miaja and Moral (2013) were used. Results: Deficiencies in the use of coping strategies were identified in the study sample, with a higher frequency of use of non-functional strategies. Women who were in more advanced stages of grief showed the use of more



The article presents the results of the study conducted to obtain the degree of Specialist in Management of Psychosocial Processes, Fundación Universitaria Uniclairetiana.

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functional coping strategies. No correlation between stages of grief and time since loss was identified. Conclusions: The results suggest that the process of coping and grief elaboration in the sample of women victims of the armed conflict is not related to the time elapsed since their loss, but rather to the use of personological resources.

*Keywords:* victims; armed conflict; women; bereavement; resilience; coping strategies.

# El duelo y su relación con las estrategias de afrontamiento y resiliencia en un grupo de mujeres víctimas del conflicto armado interno colombiano

## Resumen

En el marco del conflicto armado colombiano, las mujeres han sido la más afectadas, siendo los procesos de duelo los que presentan mayores deficiencias debido a la falta de acompañamiento psicosocial. El objetivo de este estudio fue describir la resiliencia y estrategias de afrontamiento en una muestra de mujeres víctimas del conflicto armado y su relación con etapas del duelo experimentadas. La metodología utilizada fue de enfoque cuantitativo, descriptivo, método no experimental, ex post facto. Participaron 20 mujeres víctimas del conflicto armado que se encontraban en diferentes etapas del duelo por la pérdida de sus seres queridos a raíz del conflicto armado. Se empleó la Escala de Resiliencia SV-RES para jóvenes y adultos de Saavedra y Villalta (2008), el Inventario de estrategias de afrontamiento (CSI) adaptado por Cano, Rodríguez y García (2006), y la escala de las Fases del duelo (EFD-66) de Miaja y Moral (2013). Resultados: se identificó deficiencias en el uso de estrategias de afrontamiento en la muestra del estudio, con una mayor frecuencia de uso de estrategias no funcionales. Las mujeres que se encontraban en etapas del duelo más avanzadas mostraron el uso de estrategias más funcionales de afrontamiento. No se identificó la correlación entre las etapas del duelo y el tiempo transcurrido desde la pérdida. Conclusiones: los resultados sugieren que el proceso de afrontamiento y elaboración del duelo en la muestra de mujeres víctimas del conflicto armado no está relacionado con el tiempo que ha transcurrido desde su pérdida, sino más bien con el empleo de los recursos personológicos.

*Palabras clave:* víctimas; conflicto armado; mujeres; duelo; resiliencia; estrategias de afrontamiento.

# O luto e a sua relação com as estratégias de adaptação e a resiliência num grupo de mulheres vítimas do conflito armado interno colombiano

## Resumo

No contexto do conflito armado colombiano, as mulheres foram as mais afetadas, sendo os processos de luto os mais deficientes devido à falta de acompanhamento psicossocial. O objetivo deste estudo foi descrever a resiliência e as estratégias de adaptação numa amostra de mulheres vítimas do conflito armado e a sua relação com as fases do luto vividas. A metodologia utilizada foi quantitativa, descritiva, não-experimental, ex post-facto. Participaram no estudo 20 mulheres vítimas do conflito armado que se encontravam em diferentes fases do luto devido à perda dos seus entes queridos em consequência do conflito armado. Utilizou-se a Escala de Resiliência SV-RES para jovens e adultos de Saavedra e Villalta (2008), o Inventário de Estratégias de Adaptação adaptado por Cano, Rodríguez e García (2006), e a Escala de Fases do Luto de Miaja e Moral (2013). Resultados: Foram identificadas deficiências no uso de estratégias de adaptação na amostra estudada, com maior frequência de uso de estratégias não funcionais. As mulheres que se encontravam em estágios mais avançados do luto apresentaram o uso de estratégias de adaptação mais funcionais. Não foi identificada correlação entre as fases do luto e o tempo decorrido desde a perda. Conclusões: Os resultados sugerem que o processo de elaboração da adaptação e do luto na amostra de mulheres vítimas do conflito armado não está relacionado com o tempo decorrido desde a sua perda, mas sim com a utilização de recursos personológicos.

*Palavras-chave:* vítimas; conflito armado; mulheres; luto; resiliência; estratégias de adaptação.

## Introduction

For several decades, Colombia has been affected by an internal armed conflict that has had serious consequences for the civilian population. Currently, as the country enters the post-conflict process, it is necessary to address all of these effects and sequelae at the psychosocial level, as part of the public policy of reparation to the victims of the armed conflict (Venegas et al., 2017; Estrada et al., 2010; Mira González et al., 2023).

Among the effects that the armed conflict has left on the population are: forced displacement with its consequences of impoverishment, uprooting and family disruption (Cáceres et

al., 2000; Juárez & Guerra, 2011; Serrano et al., 2023); post-traumatic stress disorder at the family and individual levels (Alcaraz et al., 2012; Acuña Andrade & Ghiso Jiménez, 2023); mental health disorders such as depression, anxiety, eating disorders, high consumption of alcohol and other substances, among others (Aristizábal and Palacio, 2003; Londoño et al., 2005; Mogollón et al., 2003; León-Giraldo et al., 2023).

The aforementioned affectations are present in the entire population, including both sexes and different age groups (Pérez & Cristancho, 2005; Segura & Meertens, 1997). However, the authors emphasize that the female gender appears to be most affected by the

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consequences of armed conflict (Segura & Meertens, 1997; Meertens, 2000; Andrade, 2011; Lasso-Urbano et al., 2022). Women have been disproportionately affected by sexual violence, loss of family members, partners and children, displacement, and post-traumatic stress, among other things, leading to a higher prevalence of mental health problems (Mogollón & Vásquez, 2006; Andrade, 2011; Lasso-Urbano et al., 2022; Acuña & Ghiso, 2023).

In addition to the above, one of the problems affecting the female gender is the experience of grief due to the loss of their loved ones, especially partners and children, as a result of the armed conflict, taking into account the aggravating factor that in many situations several traumatic events occur together, such as the violent death of loved ones, displacement, rape, etc., which significantly complicates the possibility of overcoming the grieving process (Cano et al., 2015; Miller et al., 2013; León-Giraldo et al., 2023). Mourning is a normal process of coping with loss, aimed at adapting and harmonizing our internal and external situation in the face of a new reality, which includes a series of physical, intellectual, emotional, behavioural, and spiritual reactions that occur because of this traumatic experience (Meza et al., 2008; Hilberdink et al., 2023). In a normal process of overcoming grief, the person goes through several stages as he/she processes what has happened and overcomes the negative consequences generated on a subjective level. However, grief can become complicated and even pathological when the severity of the events overwhelms the person who does not have sufficient personal resources to cope (Horowitz et al., 1980; Zhai & Du, 2020; Hilberdink et al., 2023).

This is the case for many women victims of the Colombian armed conflict who have lost their loved ones unjustly and violently, have been displaced, and have had to deal with the negative consequences of the conflict on a family and personal level for years.

In this aspect, and considering the importance of psychosocial accompaniment to the population victims of armed conflict in the framework of comprehensive reparation and restoration of rights (Lasso-Urbano et al., 2022), the present study was oriented to inquire about the coping

strategies and resilience ability in a sample of women victims of armed conflict who have lost their loved ones due to armed conflict and who were in different stages of grief as a result of this loss.

It was considered important to study these resources at the personal level, since both resilience and coping strategies are key elements in the process of overcoming adverse situations, such as loss and grief in particular (Wilches, 2010; García-Vesga & Domínguez-de la Ossa, 2013; Ren, 2023; Elfers et al., 2023), thus projecting the collection of necessary inputs for the design of adequate psychosocial support strategies for this type of population affected by the armed conflict.

## Methodology

### Method

A quantitative approach study, descriptive level, and non-experimental, ex post facto design.

### Participants

Using convenience sampling, 20 women victims of the Colombian armed conflict were selected who had been displaced and had suffered the loss of a loved one through violence, with the time since the loss ranging from three months to four years.

### Instruments

To assess the resilience variable, the 'Resilience Scale SV-RES for Youth and Adults' by Saavedra and Villalta (2008) was used, which measures specific areas of resilience and can be applied to people of both sexes, from urban areas, adults, and adolescents. It consists of a 60-item Likert scale with response options ranging from 1 (strongly disagree) to 5 (strongly agree). The instrument assesses eleven constitutive factors of resilience: identity, attachment, affectivity, autonomy, networks, self-efficacy, satisfaction, models, learning, pragmatism, goals and generativity. It is an instrument of good reliability, with Cronbach's Alpha = .96, validated in the Chilean population.

To measure the coping strategies variable, the Coping Strategies Inventory (CSI) was used, developed in its original version by Tobin et

al. (1989) and adapted by Cano et al. (2007) for the Spanish population, consisting of a 40-item Likert scale with a response option between 0 (not at all) and 4 (totally), which evaluates strategies such as problem solving, self-criticism, emotional expression, dissenting thinking, social support, cognitive restructuring, problem avoidance, and social withdrawal. The instrument has good psychometric properties, with internal consistency coefficients for the factors assessed ranging from .63 to .89.

To assess the variable stages of grief, the Stages of Grief Scale (EFD-66) was used, based on the theoretical conceptualization of Kubler-Ross and developed by Miaja and Moral (2013), which identifies the following stages: denial, anger, negotiation (pact), depression, and acceptance. The scale consists of 66 items with response options ranging from 1 (never) to 5 (always) in order to locate the mourner in the stage of grief in which he/she is currently. The validation study of the scale in the Mexican population indicates good psychometric properties of the instrument, with Cronbach's alpha values between .70 and .88 for the composite subscales (Pedroza et al., 2017).

### Procedure

All study participants signed the informed consent form for their participation. The study considered regulations such as the Code of Ethics of the Psychologist and Resolution 8430 of 1993 of the Ministry of Health, which support the ethical aspects of the study.

### Data analysis

The normality of the variables was tested, descriptive statistics were used to calculate the means of the variables, and one-factor ANOVA was used for group comparisons for normally distributed variables and Kruskal-Wallis for non-normally distributed variables. Pearson's statistics were used to determine the correlation between the time of grief and the stages of grief.

## Results

Of the female participants, three (15%) have mourned for two years, nine (45%) for three years, six (30%) for four years, and only two (10%) for five years. As for religion, all of them profess Catholicism. As for the level of education, sixteen (80%) completed primary school and only four (20%) finished high school. Regarding marital status, two (10%) are married, six (30%) are in a union, ten (50%) are widowed and two (10%) of them are single mothers. Regarding children, only one (5%) of the participants had one child, seven (35%) of the respondents had two children, seven (35%) had three children, and five (20%) had four children.

Regarding the stages of grief, four (20%) of the women surveyed were in the first stage of denial, one (5%) was in the second stage of anger, five (25%) were in the third stage of bargaining, three women (15%) were in the fourth stage of depression, and seven (35%) women were in the fifth stage of acceptance.

**Table 1**

*Descriptive data of the study sample*

Variables	Years	Frequency	Percentage
Time of mourning	2	3	15
	3	9	45
	4	6	30
	5	2	10
Religion	Catholic	20	100



Variables	Years	Frequency	Percentage
Schooling	Primary	16	80
	Bachelor's degree	4	20
Marital status	Married	2	10
	Free union	6	30
	widow	10	50
	Single mother	2	10
Sons	1	1	5
	2	7	35
	3	7	35
	4	5	25
Mourning stages	Denial	4	20
	Anger	1	5
	Negotiation	5	25
	Depression	3	15
	Acceptance	7	35

*Note:* descriptive data related to sample characterization. Own elaboration (2023).

The analysis of the results regarding coping strategies obtained in the study sample indicates the presence of several problems, such as poor management of problem-solving strategies, high self-criticism, high level of dissenting thinking, high level of use of social withdrawal strategies, and greater use of problem avoidance. The above is presented as negative aspects related to coping strategies in the sample of women in the study. These aspects should be addressed in order to improve their grief processes.

The positive aspects are related to good management of emotional expression, social support, and cognitive restructuring. These data suggest that the women in the sample make good use of these functional strategies.

**Table 2**

*Coping strategies of the women in the sample*

Strategy	Me (SD)	Reference values M(SD)	Z-score
Problem solving	10,2(2,6)	14,25(5)	-0,8
Self-criticism	8,8(3,1)	5,1(5)	0,74
Emotional expression	12,4(3,6)	8,9(5)	0,7
Dissenting thinking	13,6(4,3)	11,6(5)	0,4
Social support	13,2(4,2)	10,9(5)	0,5
Cognitive restructuring	11,1(2,3)	10,1(4,9)	0,2
Problem avoidance	8,3(2,4)	5,1(3,8)	0,6
Social withdrawal	8,7(3,2)	3,9(3,5)	1,4

*Note:* identification of the most frequently used coping strategies in the sample. Own elaboration (2023).

Regarding the resilience variables, the data indicate that the women in the sample have an average level of resilience. The lowest scoring factors were: affectivity and networks at 62%; learning, goals, and attachments at 65%; self-efficacy and autonomy at 67%; and satisfaction at 68%. The highest scoring factors were pragmatism at 69% and generativity, models, and identity at 70%. The overall level of resilience received an average score of 67%.

The above indicates that, although the values obtained were at a level considering the situation of the women participants as victims of the armed conflict and affected by the mourning process, it would be necessary to improve their resilience ability to have greater personal resources to cope with the experiences they have lived through.

**Table 3**

*Resilience in the women in the sample*

Variables resilience	Me (SD)	Reference values	Direct weighted score
Generativity	17,6(4,3)	5-25	70 %
Learning	16,7(4,9)	5-25	65 %
Self-efficacy	16,8(4,9)	5-25	67 %
Affectivity	15,5(4,6)	5-25	62 %
Goals	16,3(4,4)	5-25	65 %
Models	17,6(4,6)	5-25	70 %
Networks	15,7(4,7)	5-25	62 %
Links	16,3(4,2)	5-25	65 %
Pragmatism	17,4(3,4)	5-25	69 %
Satisfaction	17(3,8)	5-25	68 %
Autonomy	16,8(4,2)	5-25	67 %
Identity	17,6(4)	5-25	70 %
Total resilience	202,5(48)	60-300	67 %

*Note:* Identification of the variables related to the aspects of resilience in women victims of the armed conflict. Own elaboration (2023).

The comparison of coping strategies and resilience factors according to stages of grief did not show a statistically significant difference. It is important to consider this aspect as a possible bias in the results and the non-equivalence between the sample size of bereavement groups. It is necessary to replicate this study in larger samples with greater equivalence of groups to confirm these findings.

However, although not a statistically significant difference, the comparison of means suggests that women in the study who are at different stages of grief make different use of coping strategies and resilient resources. The overall analysis of scores suggests that women in more advanced stages of grief make greater use of functional strategies. For example, problem-solving strategies, social support, emotional expression, and cognitive restructuring, which are functional strategies, show more frequent use in women in the later stages of grief. On the other hand, the strategies of self-criticism, dissenting thinking, problem avoidance, and social withdrawal show more frequent use in women in the early stages of grief.

Regarding the resilience variables, there is also a tendency for the scores in all its constituent factors and the total score to increase with progress in stages, indicating better resilience in the female participants who are in the more advanced stages of grief.

**Table 4**

*Coping strategies and resilience according to the stages of grief*

	<b>Denial M (SD)</b>	<b>Anger M (SD)</b>	<b>Bargaining M (SD)</b>	<b>Depression M (SD)</b>	<b>Acceptance M (SD)</b>	<b>Chi- square</b>	<b>P</b>
<b>Coping strategies</b>							
Problem solving*	9(3)	9(2)	9,5(6)	10(0)	11(5)	2,680	,613
Self-criticism	10(4,7)	10(2)	9,5(4,3)	8,5(1,7)	8,7(2)	,171	,950
Emotional expression	11(2,8)	11,5(4)	12,3(3,4)	12,7(4,7)	13,4(4,3)	,282	,885
Dissenting thinking*	15,5(4,6)	14,3(3)	13,6(3,9)	12,3(4)	8(4,4)	1,081	,400
Social support	12,3(6,4)	12,3(4,5)	12,8(4,7)	13(2)	15(2,4)	,247	,907
Cognitive restructuring*	10,5(1,9)	10(1)	10,5(1,6)	10,3(3,5)	12,7(2,1)	1,556	,237
Problem avoidance*	8,9(1)	8,3(2)	8,2(2,7)	7,8(1,5)	6,7(2,4)	1,803	,181
Social withdrawal	9,3(5,5)	9(2)	9,3(2,9)	8,4(3,5)	7,8(3,1)	,136	,966
<b>Resilience</b>							
Generativity	16(2,8)	17,5(1)	16,7(5,5)	17,8(3)	18,6(4,9)	,361	,833
Learning	16(3,7)	16,7(2)	17(4,8)	16,6(2,3)	17,7(6,3)	,642	,641
Self-efficacy*	14(3,6)	15(3)	17,8(5)	17,5(2)	18,4(5)	1,458	,264
Affectivity	13(4,3)	14,6(4)	16(3,4)	16,7(4)	17,4(5,5)	,674	,620
Autonomy	15,4(3,8)	15,5(3)	15,8(2,8)	17,2(2)	18,4(5,9)	,536	,711
Identity	15,5(2,3)	17(1)	17,4(3,2)	18,7(4,5)	19(5,6)	,234	,915
Goals	15,2(3,7)	15,7(2)	15,2(3)	16,3(4,1)	17,5(5,7)	,628	,650
Models	15(2,3)	16(3)	16,6(2,7)	17,2(4,5)	19,7(6,3)	,858	,511
Networks	14,7(5,5)	15(2)	15,2(3,1)	17,7(1,5)	17,6(6,3)	,411	,798
Links	14,5(4,2)	15(3)	16,6(2,3)	15,3(4,1)	17,9(5,6)	,528	,717
Pragmatism	16,6(2,4)	16, 5(2)	16,8(2,6)	16(3)	18,8(4,4)	,761	,566
Satisfaction	15(3,5)	15,3(0)	17,2 (6,2)	17,2(1)	18 (5,6)	,554	,699
Total resilience*	205(74)	208(0)	210(61)	215(0)	219(49)	2,154	,707

\*Me (IR) Kruskal-Wallis.

*Note:* presentation of values and scores associated with coping strategies in women victims of the armed conflict in grief processes. Own elaboration (2023).



Finally, the analysis of the correlation between the years elapsed since the loss and the stages of grief showed that there is no correlation between these variables, indicating that the transition from one stage of grief to the next is not related to the time elapsed since the loss. In this aspect, considering the results presented in the previous Table 4, which indicate the presence of a tendency towards a more functional use of coping strategies and greater resilience in the women of the sample who are in more advanced stages of grief, it can be proposed that these personological resources are more relevant in overcoming grief than the time elapsed since its onset.

**Table 5**

*Relationship between time of grief and stages of grief*

Variables	Pearson	P-value
Time of mourning/ stages of mourning	-,031	,896

Scores associated between bereavement times and stages of grief in the sample. Own elaboration (2023).

## Discussion

The female population has been most affected by the internal armed conflict in Colombia, mainly in relation to their roles as mothers, wives, and daughters (Pérez & Cristancho, 2016; Bachelot et al., 2023), triggering grieving processes that require attention and support to strengthen their psychosocial resources to overcome the painful consequences.

In this order of ideas, coping strategies represent some personological resources that allow them to effectively manage the negative emotional responses they experience throughout the grieving process, thus allowing them to rebuild their life projects (Hewitt et al., 2016; Gul et al., 2023).

The female participants in this study showed the presence of deficiencies in this aspect, such as low use of problem-solving strategies, high self-criticism, high level of dissenting thinking, high use of social withdrawal strategy, and greater use of problem avoidance.

In this regard, studies indicate that situations of extreme violence, which have profound psychological consequences for women victims of armed conflict, often lead to the development of maladaptive strategies such as denial, avoidance, and emotional isolation, aggressiveness, flight and social withdrawal, among others, and are also associated with the use of psychoactive substances, anxiety, depression or suicide (Miller et al., 2013; Gunarathne et al., 2023).

In these situations, as some authors have pointed out, people turn to religion or other forms of belief to find spiritual and emotional resources to cope with what they have experienced and to accept the condition of the victims beyond the negative aspects (Porrás, 2011; Hewitt et al., 2016; Ahmadi et al., 2023).

On the other hand, some positive aspects were also identified in the study sample, such as good management of emotional expression, social support and cognitive restructuring as functional coping strategies. In this regard, some studies also indicate that many women who are victims of the armed conflict use the social support strategy as one of the most common strategies, seeking support from social and community networks, and the positive reassessment of their situation, which makes it possible to recognize the resources they have and reorient their lives to overcome what has been lost (Romero-Acosta & Contreras, 2015; Jyothsna et al., 2023; Puente-Martínez et al., 2023).

In line with the findings of this study, studies on coping strategies in the Colombian population of victims of the armed conflict indicate the use of strategies such as religion, social support, re-evaluation, and strategies focused on the problem and positive emotions (Zuluaga, 2016; Martínez, 2020; Martínez, 2017).

Regarding the resilience variables, the results showed a medium level of resilience among the study participants, with higher scores in pragmatism, generativity, models, and identity, and certain deficiencies in factors such

as effectiveness and networks, learning, goals and attachments, self-efficacy, and autonomy.

Regarding resilience in women victims of armed conflict, the authors show the importance of its elements, such as self-management and self-awareness as support in the reconstruction of their life projects, spirituality, and the recognition of their abilities and potential (Albarracín & Contreras, 2017; Quitumbo, 2019; Hewitt-Ramírez et al., 2020). They emphasize that the presence of resilient capacity in women victims of armed conflict is related to altruistic attitudes and openness to others (Utria et al., 2015; Gantiva et al., 2023).

Both resources, both coping strategies and resilience, are effective in the face of the grief process at a general level (Rodríguez, 2018; Garfias-Royo et al., 2023; Mansoori et al., 2023), especially the type of grief exacerbated by violence, which is felt to be produced in the context of internal armed conflict (Acosta, 2018; Castillo & Palma, 2016; Crişan et al., 2023).

In this regard, the results of the present study indicated that there was no relationship between the time elapsed since the traumatic event and the progress in the stages of grief elaboration. However, there was a trend that showed that women who are in more advanced stages of grief, regardless of the time that has elapsed since its onset, have more functional coping strategies and greater resilience. This confirms the importance of these personological resources in coping with the consequences of the traumas caused by the armed conflict and, in particular, in overcoming the grief caused by the loss of family members.

## Conclusions

Based on the results of the present study, which indicate the presence of deficiencies in the participating women, victims of the armed conflict, at the level of coping strategies and resilience, the need to improve these personological resources to cope with their grief and overcome their lived experiences becomes evident.

The results of the study indicate that the time elapsed since the victimizing and traumatic events does not allow for progress in the stages

of mourning, but that it is necessary to have resources at the psychosocial level to overcome the sequelae caused by the armed conflict.

In view of the above, it is necessary to point out that the interventions carried out with this type of population, in the framework of the policy of comprehensive reparation to the victims of the armed conflict, should be less oriented towards assistance and more towards meeting their resilient needs, recognizing the resources they have and promoting autonomy, positive reassessment, and the acquisition of adaptive strategies aimed at building a new life.

## Conflict of Interest

The authors declare that there is no contractual or personal conflict of interest that could cause an unintentional bias in the research process.

## Acknowledgements

Acknowledgments are expressed to the women victims of the armed conflict who participated in the study.

## Funding

This study was financed independently by the researchers.

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## Contribution

**Olena Klimenko:** Principal investigator. Contributions in methodology, instruments, and writing of the manuscript.

**Nubia Hernández-Flórez:** Data analyst, interpretation of results, methodological support, and correction and translation of the text.

**Gloria Patricia Vergara Herrera:** Compilation of information, data processing, and writing of introduction.

**Ingris Jhoana Rentería Aragón:** Compilation of information, data processing, writing of discussion contributions and conclusions.

**Tatiana Padilla Lozano:** Compilation of information, data processing and writing of discussion, contributions, and conclusions.

All authors participated in the preparation of the manuscript, read and approved it.