

Parental Anxiety and Parental Criticism as Predictors of Child Internalizing Symptoms

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ABSTRACT

Objective: This study aimed to examine the predictive roles of parental anxiety and parental criticism on child internalizing symptoms in a South African sample.

Methods: The research employed a correlational descriptive design with a sample of 470 parents of children aged 6 to 12 years, selected based on the Morgan and Krejcie sample size table. Participants were recruited from various regions of South Africa. Standardized instruments were used, including the Child Behavior Checklist (CBCL) for child internalizing symptoms, the Beck Anxiety Inventory (BAI) for parental anxiety, and the Perceived Criticism Measure (PCM) for parental criticism. Data were analyzed using SPSS version 27, applying Pearson correlation coefficients to examine the relationships between variables and multiple linear regression to determine the predictive power of parental anxiety and criticism on child internalizing symptoms.

Findings: Pearson correlation analysis showed significant positive relationships between child internalizing symptoms and both parental anxiety ($r = .61, p < .01$) and parental criticism ($r = .53, p < .01$). Multiple linear regression analysis revealed that both parental anxiety ($\beta = .49, t = 12.67, p < .001$) and parental criticism ($\beta = .33, t = 8.82, p < .001$) significantly predicted child internalizing symptoms. The overall model was statistically significant ($F(2, 467) = 183.19, p < .001$), with an R^2 of .44, indicating that 44% of the variance in child internalizing symptoms was explained by the two predictors.

Conclusion: The findings demonstrate that higher levels of parental anxiety and criticism are associated with increased internalizing symptoms in children. These results highlight the importance of addressing both emotional and behavioral aspects of parenting in preventive and therapeutic interventions aimed at supporting child mental health.

Keywords: Parental anxiety, parental criticism, child internalizing symptoms, parenting.

1. Introduction

Internalizing symptoms in children, such as anxiety, depression, withdrawal, and somatic complaints, represent a significant public health concern due to their long-term impact on emotional well-being, academic achievement, and social development. These symptoms often emerge early and may persist into adolescence and adulthood if not addressed, making it critical to understand their developmental pathways. Among the array of contributing factors, parental influences—particularly in the form of emotional states and relational dynamics—play a central role in the emergence and maintenance of child internalizing problems. In recent years, research has increasingly focused on the psychological environment created by parents, including how parental anxiety and parenting behaviors such as criticism contribute to the psychological adjustment of children (Cioffi et al., 2021; Zalta et al., 2017).

Parental anxiety, characterized by persistent worry, tension, and physiological arousal, has been identified as a significant predictor of child internalizing symptoms. Children of anxious parents are more likely to develop maladaptive emotional responses, as they are often exposed to anxious modeling, hypervigilant caregiving, and reduced emotional availability (Klemp et al., 2022; Su et al., 2024). This is supported by longitudinal and cross-sectional studies showing strong associations between elevated parental anxiety and increased child anxiety and depression symptoms (Cheung, 2025; Roos et al., 2020). Anxiety in caregivers may interfere with sensitive parenting, and it can also trigger excessive monitoring or overprotectiveness, both of which hinder the development of emotional autonomy in children (Tolliver-Lynn et al., 2020). As a result, the emotional climate in the family may become a breeding ground for internalizing disorders, especially when children begin to internalize their caregivers' fears and avoidant behaviors as part of their own coping mechanisms (Higgins et al., 2019).

Beyond emotional symptoms, parental anxiety can also influence the family's interactive patterns and communication, often producing an emotionally dysregulated environment. This dynamic has been confirmed through neuropsychological findings linking atypical parent-child neural synchrony with higher levels of psychopathological symptoms in children (Su et al., 2022). These neurological misalignments may reflect a broader breakdown in emotional attunement, further undermining

the child's ability to regulate stress and negative affect. As such, parental anxiety is not merely a background risk factor but a potentially active transmitter of vulnerability to internalizing symptoms, exerting influence through both behavioral modeling and emotional attunement processes (Aitken et al., 2022; Eckshtain et al., 2018).

In tandem with anxiety, another parental factor that has received empirical attention is parental criticism. This behavior is characterized by a frequent expression of disapproval or negative evaluation of the child's behaviors, traits, or emotions. Such critical interactions are known to undermine children's self-worth, contributing to the development of internalizing disorders such as depression and anxiety (Caputi et al., 2022; Scaini et al., 2018). Inconsistent or overly harsh feedback from parents may foster feelings of shame, helplessness, and a belief in the unacceptability of emotional expression in children. Over time, these emotional dynamics can evolve into deeply internalized negative self-representations, fueling chronic self-criticism and vulnerability to internalizing pathology (Yazib, 2025).

Moreover, parental criticism may serve as a mechanism through which other stressors, such as marital conflict or socioeconomic hardship, translate into child emotional problems. Children often serve as emotional barometers for family tension, and when parents channel stress through harsh criticism, the child may develop maladaptive cognitive patterns that contribute to emotional dysregulation (Liu et al., 2024; Rodriguez et al., 2019). Indeed, research has shown that children exposed to frequent criticism are more likely to adopt self-blaming attributions and report higher levels of sadness, loneliness, and anxiety (Bustos et al., 2024; Merino et al., 2024). In the context of high parental criticism, even well-intentioned corrective feedback may be interpreted by the child as rejection or failure, thus reinforcing internalizing tendencies (Cheung et al., 2022).

The cumulative effect of parental anxiety and criticism appears to be more than additive; it creates a synergistic risk context in which emotional dysregulation, low self-esteem, and negative self-schemas are consistently reinforced. Children of anxious and critical parents may experience inconsistent caregiving that oscillates between overprotection and rejection, a pattern particularly detrimental to the development of secure emotional regulation (Chesmore et al., 2018; Wen et al., 2022). While some studies have explored each factor in isolation, there is growing recognition that the interplay between parental anxiety and parental criticism needs to be understood in a

more integrated fashion. Specifically, few studies have concurrently examined both parental traits as predictors of child internalizing symptoms in diverse sociocultural contexts (Seçinti et al., 2024; Vashi et al., 2024).

Cultural and contextual considerations are essential in interpreting these family dynamics. For instance, collectivist societies may normalize high parental involvement and stricter parenting, which can complicate the interpretation of critical behavior and its impact on child mental health (Wen et al., 2022). Similarly, emotional expression norms and stigma surrounding mental health in certain cultural settings may shape how parental anxiety is perceived and managed within families (Liu et al., 2024). In South Africa, where this study is situated, families face a complex interplay of socioeconomic challenges, cultural diversity, and varying access to mental health resources, all of which influence parenting styles and child development outcomes. These sociocultural dynamics underscore the importance of locally grounded research to understand how parental anxiety and criticism uniquely predict internalizing symptoms in South African children (Roos et al., 2020; Yazib, 2025).

Recent studies have also examined mediating and moderating mechanisms in the relationship between parental functioning and child adjustment. For example, parental emotional clarity and parental warmth have been found to buffer the negative impact of psychological symptoms on children's outcomes (Bustos et al., 2024; Merino et al., 2024). Similarly, variables such as mindful parenting, emotional availability, and parent-child neural synchrony have been proposed as potential mediators linking parental internalizing symptoms to child psychopathology (Cheung, 2025; Su et al., 2024). However, the literature remains limited in studies that simultaneously test both parental anxiety and criticism as predictors using robust statistical models in large, representative samples.

The intergenerational transmission of risk for internalizing symptoms has been well-documented in clinical and community samples. Children's psychological functioning often mirrors that of their caregivers due to emotional modeling, environmental stress, and shared genetic vulnerabilities (Cioffi et al., 2021; Zalta et al., 2017). Yet, the question of how specific parenting behaviors interact with parental mental health to influence child outcomes remains a key gap. This is particularly critical in families where emotional support is lacking or emotional climate is persistently negative (Higgins et al., 2019; Tolliver-Lynn et al., 2020). Identifying the role of parental criticism in reinforcing the emotional atmosphere shaped by

anxiety could provide valuable insight into intervention targets aimed at both the child and parent level (Caputi et al., 2022; Klemp et al., 2023).

The current study addresses these gaps by investigating the predictive roles of parental anxiety and parental criticism on child internalizing symptoms.

2. Methods

2.1. Study Design and Participants

This study employed a correlational descriptive design to examine the predictive relationship between parental anxiety, parental criticism, and child internalizing symptoms. The target population consisted of parents residing in South Africa, with children aged between 6 and 12 years. A total of 470 participants were selected using stratified random sampling to ensure demographic diversity across age, gender, and socio-economic backgrounds. The sample size was determined using the Morgan and Krejcie sample size table, which recommends a sample of 470 for a population of approximately 30,000 to ensure statistical reliability with a 95% confidence level and a 5% margin of error. Inclusion criteria required participants to be primary caregivers of a child in the target age range and able to complete questionnaires in English. Participation was voluntary, and informed consent was obtained from all respondents.

2.2. Measures

2.2.1. Child Internalizing Symptoms

The Child Behavior Checklist (CBCL) developed by Achenbach and Rescorla (2001) is one of the most widely used standardized tools for assessing emotional and behavioral problems in children aged 6–18 years. The CBCL includes a parent-report form consisting of 113 items rated on a 3-point Likert scale (0 = not true, 1 = somewhat or sometimes true, 2 = very true or often true). It contains several empirically derived syndrome scales, among which Internalizing Problems is a composite score comprising three subscales: Anxious/Depressed, Withdrawn/Depressed, and Somatic Complaints. Higher scores indicate greater severity of internalizing symptoms. The CBCL has demonstrated strong psychometric properties, with high internal consistency ($\alpha = .78-.91$) and test-retest reliability ($r = .80-.90$). Its construct validity has been confirmed across various cultures and populations, making it a robust and reliable measure of child internalizing symptoms in

clinical and research settings (Jones, 2024; Lin et al., 2024; Yazib, 2025).

2.2.2. Parental Anxiety

The Beck Anxiety Inventory (BAI), created by Beck, Epstein, Brown, and Steer (1988), is a standardized self-report instrument designed to assess the severity of anxiety symptoms in adults, including parents. The inventory comprises 21 items, each describing a common symptom of anxiety (e.g., nervousness, inability to relax, fear of losing control), rated on a 4-point scale from 0 (not at all) to 3 (severely—it bothered me a lot), yielding a total score ranging from 0 to 63. The BAI focuses on somatic and cognitive components of anxiety and is structured as a single scale without subscales. It has demonstrated excellent internal consistency (Cronbach's $\alpha = .92$) and test-retest reliability ($r = .75$). Numerous studies have supported its convergent and discriminant validity, confirming its suitability for measuring anxiety levels in parents within both clinical and non-clinical populations (Baartmans et al., 2022; Larrucea-Iruretagoyena & Orue, 2023).

2.2.3. Parental Criticism

The Perceived Criticism Measure (PCM), developed by Hooley and Teasdale (1989), is a brief and validated tool designed to assess the degree of criticism that individuals perceive from significant others, such as parents. It is a single-item rating scale in which participants respond to the question "How critical is your parent of you?" using a scale from 1 (not at all critical) to 10 (very critical). Despite its brevity, the PCM has shown strong predictive validity in psychological research, particularly in studies exploring expressed emotion and familial relationships. It correlates significantly with more extensive measures of expressed criticism and has been linked to various emotional outcomes in children. The PCM has demonstrated good test-retest

reliability and has been widely used in both clinical and developmental studies, validating its utility in assessing parental criticism from the child's perspective (Horwitz et al., 2015).

2.3. Data Analysis

Data analysis was performed using SPSS version 27. Descriptive statistics were used to summarize demographic variables and key study constructs. To assess the relationships between child internalizing symptoms (dependent variable) and the two independent variables—parental anxiety and parental criticism—a Pearson correlation analysis was conducted. Following this, a multiple linear regression analysis was carried out to determine the extent to which parental anxiety and parental criticism jointly predicted child internalizing symptoms. Assumptions of normality, linearity, homoscedasticity, and multicollinearity were checked and met prior to conducting the regression. Statistical significance was set at $p < .05$ for all analyses.

3. Findings and Results

The final sample consisted of 470 parents from various regions of South Africa. Among the participants, 278 (59.15%) were mothers and 192 (40.85%) were fathers. In terms of age distribution, 103 participants (21.91%) were between 25 and 34 years old, 186 (39.57%) were aged 35 to 44, 134 (28.51%) were between 45 and 54, and 47 (10.00%) were aged 55 and above. Regarding educational attainment, 68 participants (14.47%) had completed high school, 211 (44.89%) held a college diploma, and 191 (40.64%) had earned a university degree. As for employment status, 356 participants (75.74%) were employed full-time, 61 (12.98%) part-time, and 53 (11.28%) were unemployed at the time of the study. These figures indicate a diverse sample in terms of gender, age, education, and occupational background.

Table 1

Descriptive Statistics for Study Variables

Variable	Mean	Standard Deviation
Child Internalizing Symptoms	64.28	9.37
Parental Anxiety	25.64	8.45
Parental Criticism	7.12	2.36

The descriptive results indicate that the mean score for child internalizing symptoms was 64.28 ($SD = 9.37$), suggesting moderately elevated symptoms on average. The

mean score for parental anxiety was 25.64 ($SD = 8.45$), reflecting moderate anxiety levels based on the scoring range of the Beck Anxiety Inventory. Parental criticism, measured

on a 1–10 scale, had a mean score of 7.12 ($SD = 2.36$), indicating a relatively high level of perceived criticism among the children (Table 1).

Prior to conducting the multiple linear regression analysis, key statistical assumptions were evaluated and met. Normality of residuals was confirmed through visual inspection of Q-Q plots and a Shapiro-Wilk test ($W = .987$, $p = .062$), indicating no significant deviation from normality. Linearity was supported by scatterplots showing a linear

relationship between independent variables and the dependent variable. Homoscedasticity was confirmed through the Breusch-Pagan test ($\chi^2 = 3.41$, $p = .065$), indicating constant variance of residuals. Multicollinearity was assessed using Variance Inflation Factors (VIF), with values of 1.26 for parental anxiety and 1.18 for parental criticism, both well below the acceptable threshold of 5. These results confirmed that the data met all necessary assumptions for reliable multiple linear regression analysis.

Table 2

Pearson Correlation Coefficients Between Variables

Variables	1	2	3
1. Child Internalizing Symptoms	—		
2. Parental Anxiety	.61**	—	
3. Parental Criticism	.53**	.47**	—

The results of the Pearson correlation analysis showed a significant positive correlation between child internalizing symptoms and parental anxiety ($r = .61$, $p < .01$), as well as between child internalizing symptoms and parental criticism

($r = .53$, $p < .01$). Additionally, a moderate correlation was observed between parental anxiety and parental criticism ($r = .47$, $p < .01$), suggesting that anxious parents may also tend to be more critical (Table 2).

Table 3

Summary of Regression Analysis of Parental Anxiety and Parental Criticism Predicting Child Internalizing Symptoms

Source	Sum of Squares	df	Mean Square	R	R ²	Adj. R ²	F	p
Regression	8,946.32	2	4,473.16	.66	.44	.44	183.19	< .001
Residual	11,398.84	467	24.40					
Total	20,345.16	469						

The multiple regression analysis revealed that the model significantly predicted child internalizing symptoms, $F(2, 467) = 183.19$, $p < .001$, with an R^2 of .44, indicating that 44% of the variance in internalizing symptoms was

explained by parental anxiety and criticism. The adjusted R^2 remained stable at .44, confirming the robustness of the model (Table 3).

Table 4

Multiple Regression Coefficients Predicting Child Internalizing Symptoms

Predictor	B	SE	β	t	p
Constant	38.52	2.17	—	17.75	< .001
Parental Anxiety	0.76	0.06	.49	12.67	< .001
Parental Criticism	1.32	0.15	.33	8.82	< .001

The multivariate regression analysis indicated that both parental anxiety and parental criticism were significant predictors of child internalizing symptoms. Specifically, parental anxiety had a standardized beta coefficient of $\beta = .49$ ($t = 12.67$, $p < .001$), and parental criticism had a beta of $\beta = .33$ ($t = 8.82$, $p < .001$). These findings suggest that for every unit increase in parental anxiety, child internalizing

symptoms increased by 0.76 points, and for every unit increase in parental criticism, internalizing symptoms increased by 1.32 points, holding all other variables constant (Table 4).

4. Discussion and Conclusion

The present study examined the predictive roles of parental anxiety and parental criticism on child internalizing symptoms in a South African sample. The findings confirmed significant positive correlations between both independent variables and the dependent variable. Specifically, higher levels of parental anxiety were associated with greater internalizing symptoms in children. Similarly, parental criticism showed a significant positive correlation with child internalizing outcomes. Furthermore, multiple linear regression analysis revealed that both parental anxiety and parental criticism significantly predicted child internalizing symptoms, with parental anxiety accounting for a slightly higher proportion of variance. These results underscore the dual role of emotional distress and relational negativity in the parental domain as influential risk factors in the emotional development of children.

The association between parental anxiety and child internalizing symptoms aligns with prior research emphasizing the intergenerational transmission of emotional dysregulation. Parents who exhibit chronic anxiety often engage in maladaptive parenting behaviors such as overcontrol, inconsistent emotional responses, and limited affective availability (Cheung, 2025). These behaviors can model hypervigilance and avoidance, which children internalize, thereby increasing their susceptibility to anxiety and depression (Higgins et al., 2019; Su et al., 2024). This is consistent with findings from neurobiological studies that demonstrate atypical parent-child neural synchrony in families where caregivers exhibit internalizing symptoms, suggesting a breakdown in emotional attunement that impacts the child's ability to regulate emotions (Su et al., 2022). Moreover, maternal and paternal internalizing symptoms have been shown to predict negative psychological outcomes in children across developmental stages and cultural contexts (Cioffi et al., 2021; Zalta et al., 2017).

Supporting these findings, Klemp and colleagues reported that parental internalizing symptoms are significantly linked with child emotional difficulties, particularly when they co-occur with negative parenting behaviors (Klemp et al., 2022). Their work emphasized the indirect pathways through which parental anxiety exacerbates child symptoms via decreased parental warmth and increased irritability. In the present study, the strong predictive power of parental anxiety is in line with this pattern, suggesting that emotional dysregulation in parents not only influences their own well-being but also shapes the

affective climate in which children develop. As prior studies have demonstrated, when anxious parents struggle to provide emotional consistency and security, children may adopt maladaptive coping strategies that manifest as internalizing behaviors (Aitken et al., 2022; Eckshtain et al., 2018).

The predictive role of parental criticism in child internalizing symptoms also mirrors previous findings. Children exposed to frequent criticism may experience a heightened sense of shame, rejection, and inadequacy, which can lead to persistent self-doubt and emotional withdrawal (Caputi et al., 2022; Scaini et al., 2018). These children often develop negative self-schemas that contribute to depressive and anxious symptomatology. In the current study, criticism emerged as a significant predictor of internalizing symptoms, which aligns with research showing that harsh or rejecting parenting styles compromise a child's emotional security and sense of self-worth (Chesmore et al., 2018; Rodriguez et al., 2019). Moreover, critical parenting has been associated with increased self-criticism in children, a mechanism identified as a key contributor to emotional disorders across developmental stages (Yazib, 2025).

This study further supports research highlighting the interactive effects of parental mental health and parenting behaviors on child outcomes. For instance, Klemp et al. found that the presence of internalizing symptoms in parents was associated with more negative parenting behaviors over time, which subsequently predicted increased child oppositional and emotional problems (Klemp et al., 2023). This resonates with the present findings, where both parental anxiety and criticism independently contributed to child internalizing difficulties, suggesting that parental emotion and behavior coalesce to form a high-risk family environment. Similarly, Roos et al. reported that maternal internalizing symptoms can moderate treatment outcomes in child behavior interventions, underscoring the importance of addressing parental psychopathology alongside child-focused approaches (Roos et al., 2020).

It is also noteworthy that this study was conducted in a South African context, where cultural, economic, and systemic factors may shape parenting styles and family stress differently from Western settings. Prior research suggests that emotional expression, parenting norms, and help-seeking behaviors vary widely across cultures, influencing the manifestation of internalizing symptoms in children (Liu et al., 2024; Wen et al., 2022). In collectivist or lower-resource environments, criticism may be interpreted differently—sometimes seen as a form of

concern rather than rejection—while emotional distress in parents may go unrecognized due to mental health stigma or limited access to services (Bustos et al., 2024; Seçinti et al., 2024). These contextual nuances reinforce the importance of conducting localized research to fully understand how risk factors function in specific sociocultural settings.

In terms of child resilience and protective factors, several studies suggest that parental warmth, emotional clarity, and mindful parenting can buffer the effects of psychological risk on children (Cheung et al., 2022; Merino et al., 2024). For example, Cheung found that mindful parenting practices mediated the relationship between maternal depressive symptoms and child adjustment, demonstrating how emotional presence and non-reactivity can protect children from the downstream effects of parental distress (Cheung, 2025). Similarly, Tolliver-Lynn et al. highlighted the importance of parent-child connectedness in fostering resilience, especially in marginalized communities (Tolliver-Lynn et al., 2020). Though not directly measured in the present study, these findings suggest that intervention programs aimed at reducing parental anxiety and criticism could benefit from incorporating parenting skills that promote warmth, responsiveness, and emotional regulation.

Moreover, longitudinal research indicates that early intervention with parents experiencing internalizing symptoms can have long-term benefits for child mental health (Cioffi et al., 2021; Zalta et al., 2017). Preventative efforts focused on emotional education, stress reduction, and parenting support can reduce both the emotional and behavioral transmission of risk across generations. In line with this, Vashi et al. explored the effects of therapy on parental representations and found improvements in both parent understanding and child outcomes over time, further supporting the need to treat parental functioning as a dynamic and modifiable aspect of child development (Vashi et al., 2024). The present findings contribute to this growing evidence base, suggesting that interventions should target not only the behavioral aspects of parenting but also the internal emotional experiences of caregivers.

Finally, the integration of both emotional (anxiety) and behavioral (criticism) parental variables in this study provides a more holistic understanding of the familial factors contributing to child internalizing symptoms. The independent and cumulative effects observed reinforce the necessity of multi-dimensional assessments and interventions. While this study focused on two key predictors, it opens avenues for future research to explore additional moderating and mediating variables, such as

parental emotional availability, family structure, or socioeconomic stress.

5. Suggestions and Limitations

Despite the study's strengths, several limitations should be acknowledged. First, the cross-sectional design limits the ability to infer causal relationships between parental factors and child internalizing symptoms. Although significant associations were found, the directionality of effects cannot be conclusively determined. Second, all data were based on self-report measures, which may introduce bias due to social desirability or parental underreporting of criticism and anxiety. Including child-reports or observational data could enhance the reliability of findings. Third, the sample was geographically confined to South Africa, and although this adds valuable diversity to the literature, it may limit the generalizability of the results to other cultural or socioeconomic contexts. Fourth, the study focused solely on two parental variables, and other potential predictors such as parenting stress, attachment style, or trauma history were not included in the model. Lastly, the single-item measure for parental criticism, while validated, may not fully capture the complexity or frequency of critical interactions in the home environment.

Future studies should consider employing longitudinal designs to assess the temporal relationships between parental anxiety, criticism, and the emergence of child internalizing symptoms over time. Additionally, multi-informant and multi-method approaches could improve the validity of data, incorporating perspectives from children, teachers, and clinicians alongside parental reports. Further research might also explore moderating variables such as child temperament, gender, or age, as these factors may influence the strength or direction of the observed relationships. Expanding the scope to include protective factors, such as emotional warmth, co-parenting quality, and social support, would also provide a more balanced understanding of resilience processes in children. Moreover, cross-cultural comparisons would be valuable in determining whether the relationships observed in this study hold across diverse sociocultural contexts and parenting frameworks. Finally, intervention-based studies could assess the effectiveness of programs designed to reduce parental anxiety and improve parenting behaviors on subsequent child outcomes.

The results of this study emphasize the need for mental health professionals, educators, and social workers to consider parental mental health and parenting behaviors

when addressing child internalizing symptoms. Interventions that help parents manage anxiety—such as mindfulness-based stress reduction, cognitive-behavioral therapy, or parent training programs—may indirectly improve child emotional outcomes. Parenting programs should include modules on emotional regulation and constructive communication to reduce critical behaviors and enhance relational warmth. Schools and community centers can also play a vital role by offering family-based services, increasing awareness of emotional well-being, and promoting positive parenting practices. Early identification of at-risk families through preventive screenings could enable timely support before child symptoms become severe or chronic. Culturally tailored programs are particularly essential to ensure relevance and effectiveness in diverse communities like South Africa. Overall, a dual focus on parental emotional well-being and relational behavior offers a comprehensive pathway for promoting child mental health.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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