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Self-Silencing and Rejection Sensitivity as Predictors of Depression in Adolescent Girls

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ABSTRACT

Objective: This study aimed to investigate the predictive roles of self-silencing and rejection sensitivity on depression in adolescent girls.

Methods and Materials: A correlational descriptive design was employed with 440 adolescent girls recruited from high schools across Poland. Participants completed standardized self-report measures assessing depression, self-silencing, and rejection sensitivity. Data collection adhered to ethical guidelines, and informed consent was obtained from all participants and their guardians. Descriptive statistics were used to summarize the data, and assumptions of normality and linearity were verified before inferential analyses. Pearson's correlation examined the relationships between variables, and a standard linear regression model was conducted using SPSS-27 to determine how self-silencing and rejection sensitivity predict depression.

Findings: Both self-silencing and rejection sensitivity exhibited strong positive correlations with depression. The linear regression analysis showed that the model significantly accounted for 41% of the variance in depression scores. Rejection sensitivity emerged as the slightly stronger predictor, although both predictors contributed uniquely to depressive outcomes. All inferential tests were statistically significant with $p < 0.01$, highlighting the importance of these interpersonal and intrapersonal variables in understanding depressive symptoms among adolescent girls.

Conclusion: The findings suggest that high levels of self-silencing and rejection sensitivity are potent risk factors for depression in adolescent girls. Interventions that foster healthy emotional expression and address fear of rejection may be particularly beneficial for reducing depressive symptoms. Early detection and targeted support can potentially mitigate the negative impact of these factors and promote better mental health during adolescence.

Keywords: Self-silencing, Rejection sensitivity, Depression, Adolescent girls.

1. Introduction

Self-silencing refers to the tendency to suppress self-expression, needs, and emotions to preserve relational harmony or avoid disapproval. Initially conceptualized in the context of women's mental health, self-silencing has increasingly been studied in adolescents, particularly girls, due to their heightened sensitivity to interpersonal dynamics and social acceptance. Studies have shown that adolescent girls who engage in self-silencing behaviors are more likely to experience emotional dysregulation, internalized stress, and ultimately, depressive symptoms (Ahmed & Iqbal, 2019). Self-silencing becomes a maladaptive coping mechanism, especially in environments where conformity and relational approval are emphasized over authenticity. As Davoodi (Davoodi, 2024) emphasizes, cultural and gendered expectations significantly influence the extent to which girls silence themselves, thereby amplifying emotional distress. Research also suggests that self-silencing is not an isolated trait but rather a process influenced by broader relational and emotional variables, including shame, fear of rejection, and the need for approval (Seo & Yu, 2023). When this behavior becomes habitual, it undermines self-worth and impairs one's ability to articulate distress, contributing to the onset and maintenance of depressive episodes (Moon & Lee, 2021).

Rejection sensitivity, on the other hand, is characterized by the tendency to anxiously expect, readily perceive, and overreact to social rejection. This construct has gained considerable attention in adolescent mental health literature due to its strong association with mood disorders, particularly depression. Adolescent girls, who are often more attuned to social cues and relational feedback, may be especially vulnerable to developing rejection sensitivity, which in turn heightens the risk of emotional disturbances. Several studies have supported the link between rejection sensitivity and depression, revealing that adolescents with high levels of rejection sensitivity interpret ambiguous social cues as rejection, leading to increased rumination, self-criticism, and depressive symptoms (Shin & Kim, 2020; Zhou et al., 2018). In a study conducted by Giovazolias (Giovazolias, 2023), rejection sensitivity was found to indirectly affect adolescent depression through perceived peer rejection, underscoring the role of social appraisal in emotional well-being. Likewise, Niu et al. (Niu et al., 2022) highlighted how rejection sensitivity mediates the relationship between social exclusion and depression,

thereby reinforcing its centrality in the psychosocial pathways to internalizing disorders.

Both self-silencing and rejection sensitivity are intricately linked and often co-occur. The relationship between these two constructs has been explored in recent studies that propose a cyclical model: individuals who are highly sensitive to rejection may engage in self-silencing to avoid potential interpersonal conflict, yet the suppression of emotions further reinforces feelings of invisibility and emotional invalidation, fueling depressive symptoms (Freitag et al., 2022; Inman & London, 2021). In adolescent girls, this dynamic can be particularly pronounced due to developmental vulnerabilities and the importance of peer acceptance. Jung and Jeong (Jung & 정남운, 2019) demonstrated that rejection sensitivity and self-silencing jointly mediated the relationship between relationship addiction and depression in adolescents, suggesting that these constructs are not merely co-occurring traits but interact in a manner that exacerbates psychological distress. Furthermore, the study by An and Cho (An & Cho, 2023) emphasized the indirect effects of internalized shame on depression via both rejection sensitivity and self-silencing, providing empirical support for the interconnected nature of these predictors.

Given the interplay between interpersonal sensitivity and intrapersonal coping strategies, several researchers have proposed that self-silencing acts as a mediator in the relationship between rejection sensitivity and depression. For example, Moon and Lee (Moon & Lee, 2021) found that adolescents with high rejection sensitivity were more likely to suppress their emotional expression, leading to increased anger rumination and depression. Similarly, Inman and London (Inman & London, 2021) identified self-silencing as a key mechanism through which rejection sensitivity translates into vulnerability to intimate partner violence and subsequent psychological distress. These findings underscore the importance of examining both constructs simultaneously to understand their unique and combined effects on adolescent depression.

The sociocultural context also plays a critical role in shaping how self-silencing and rejection sensitivity manifest. In collectivist cultures, for instance, where harmony and social approval are prioritized, adolescents may be more prone to internalize rejection and suppress their emotional needs to conform to group expectations. Park and Nan-Mee (Park & Nan-Mee, 2021) examined South Korean adolescents and found a double mediation effect of self-concept clarity and self-silencing between rejection

sensitivity and depression. Similarly, Noda et al. (Noda et al., 2022) showed that Japanese adolescents' rejection sensitivity led to depressive symptoms through mediators like social anxiety and rumination, indicating that cultural scripts around emotion and social relations can amplify psychological vulnerability. In Western contexts as well, the internalized fear of social rejection remains a salient issue. Slimowicz et al. (Slimowicz et al., 2020) explored status-based rejection sensitivity in gay men and linked it to depression, illustrating that marginalized individuals often engage in self-silencing as a protective mechanism against discrimination.

Although much of the existing literature focuses on adult or mixed-gender samples, there is growing evidence that adolescent girls are particularly at risk for developing depressive symptoms as a result of self-silencing and rejection sensitivity. Reyes et al. (Reyes et al., 2023) found that professional rejection sensitivity among women impacted career success and emotional health, while David and Nitu (David & Nitu, 2024) highlighted gender differences in personality traits that could predispose individuals to relational insecurities and mood disturbances. These adult findings are mirrored in adolescent studies, emphasizing the continuity of these patterns from adolescence into adulthood.

Importantly, the developmental timing of adolescence makes this period a sensitive window for psychological intervention. During adolescence, peer relationships become central to identity and emotional regulation. This shift increases the likelihood that girls will interpret social exclusion as deeply personal, and in turn, respond with maladaptive coping strategies such as self-silencing. Studies by Mishra et al. (Mishra et al., 2024) and Usman and Khan (Usman & Khan, 2018) emphasize how early experiences of rejection can shape long-term relational patterns and emotional adjustment, thereby making early identification of these traits crucial for prevention. The recursive nature of these constructs—where fear of rejection leads to silence, which further isolates the individual—creates a compounding effect that may culminate in clinical depression if left unaddressed.

Finally, the mediating and moderating roles of self-silencing and rejection sensitivity also have implications for intervention and mental health education. Jiang et al. (Jiang et al., 2020) found that fear of self-compassion moderated the link between rejection sensitivity and depressive symptoms in adolescents, suggesting that fostering self-compassion and emotional literacy could disrupt the harmful

cycle. Set (Set, 2019) also argued that attachment styles, moderated by rejection sensitivity, play a role in the development of psychopathology, further emphasizing the need for relational and emotional assessments in early interventions. Moreover, Seo and Yu (Seo & Yu, 2023) linked the need for approval to self-silencing and rejection sensitivity, indicating that therapeutic programs targeting self-worth and relational confidence could help mitigate depressive tendencies.

In summary, the existing body of research underscores the importance of both self-silencing and rejection sensitivity as significant, interrelated predictors of depression in adolescent girls. These constructs operate within a complex network of relational fears, social expectations, and emotional regulation difficulties. While individually each may contribute to depressive outcomes, their combined effect represents a potent risk factor that warrants further investigation. This study aims to explore the predictive power of self-silencing and rejection sensitivity on depressive symptoms in a sample of Polish adolescent girls.

2.   Methods and Materials

2.1.   Study design and Participant

This study adopted a correlational descriptive design to examine the predictive roles of self-silencing and rejection sensitivity on depression among adolescent girls. A total of 440 participants were selected using stratified random sampling based on the sample size guidelines provided by the Morgan and Krejcie table. The participants were adolescent girls enrolled in public and private high schools across various regions of Poland. Inclusion criteria required participants to be between 14 and 18 years old, fluent in Polish, and willing to participate with informed consent from a parent or guardian. Ethical approval was obtained prior to data collection, and participation was voluntary and anonymous.

2.2.   Measures

2.2.1.   Depression

The Beck Depression Inventory-II (BDI-II), developed by Beck, Steer, and Brown in 1996, was used to measure the dependent variable of depression. This widely recognized self-report inventory comprises 21 items that assess the severity of depressive symptoms experienced over the past two weeks. Each item is scored on a four-point scale ranging

from 0 (absence of symptoms) to 3 (severe symptoms), yielding a total score ranging from 0 to 63, with higher scores indicating more severe depression. The inventory covers symptoms such as sadness, pessimism, self-dislike, loss of energy, changes in appetite and sleep patterns, concentration difficulties, and suicidal thoughts. Previous research has consistently supported the validity and reliability of the BDI-II across diverse adolescent populations, with high internal consistency (α ranging from .89 to .94) and good test-retest reliability confirmed in numerous studies (Moosivand et al., 2022; Rakhshani et al., 2022; Siahgoorabi et al., 2024).

2.2.2. Self-Silencing

The Silencing the Self Scale (STSS), developed by Jack and Dill in 1992, was employed to measure self-silencing behaviors among adolescent girls. The STSS includes 31 items and assesses the tendency to suppress one's own thoughts, feelings, and needs in interpersonal relationships. It contains four subscales: Externalized Self-Perception (judging oneself based on others' perceptions), Care as Self-Sacrifice (prioritizing others' needs at the expense of one's own), Silencing the Self (actively inhibiting self-expression to avoid conflict or rejection), and Divided Self (feeling internal conflict between genuine feelings and self-presentation). Respondents rate each item on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Higher total scores indicate greater levels of self-silencing behavior. Multiple studies have demonstrated the robust psychometric properties of the STSS, confirming its reliability (Cronbach's alpha typically ranging between .86 to .94) and construct validity across diverse adolescent samples (Davoodi, 2024; Fortin et al., 2024; Parvaei et al., 2023; Seo & Yu, 2023).

2.2.3. Rejection Sensitivity

The Rejection Sensitivity Questionnaire (RSQ), developed by Downey and Feldman in 1996, was used to evaluate rejection sensitivity in adolescents. This questionnaire contains 18 hypothetical scenarios designed to measure individuals' anxiety about and expectations of rejection by significant others, peers, or social groups. For each scenario, respondents first rate their level of anxiety or concern about rejection on a six-point scale (1 = very unconcerned, 6 = very concerned) and subsequently rate their expectation of rejection (1 = very unlikely, 6 = very likely). Scores are computed by multiplying anxiety ratings by rejection expectancy ratings for each scenario, producing an overall rejection sensitivity score. Higher scores indicate higher sensitivity to rejection. The RSQ has been extensively validated in adolescent populations, demonstrating high internal consistency (Cronbach's alpha ranging from .81 to .90), strong predictive validity for interpersonal and psychological outcomes, and excellent reliability in various cross-cultural contexts (Richter et al., 2024; Ryu & Lee, 2024; Shi et al., 2024).

2.3. Data Analysis

Data analysis was performed using SPSS software version 27. Initially, descriptive statistics were calculated to summarize the demographic characteristics of the participants. The assumptions of normality, linearity, homoscedasticity, and absence of multicollinearity were checked and confirmed. Pearson correlation coefficients were used to assess the relationships between depression (dependent variable) and each of the independent variables (self-silencing and rejection sensitivity). Additionally, a standard linear regression analysis was conducted to determine the predictive power of the two independent variables on the dependent variable. The level of statistical significance was set at $p < .05$ for all analyses.

3. Findings and Results

The sample consisted of 440 adolescent girls from Poland, with ages ranging from 14 to 18 years (M = 16.21, SD = 1.27). Of the total participants, 132 (30.0%) were aged 14–15, 186 (42.3%) were aged 16–17, and 122 (27.7%) were 18 years old. In terms of school type, 246 participants (55.9%) attended public high schools, while 194 (44.1%) were enrolled in private institutions. Additionally, 264 participants (60.0%) reported living in urban areas, whereas 176 (40.0%) were from rural regions. These figures reflect a fairly diverse representation of adolescent girls across different educational and geographic contexts in Poland.

Table 1

Descriptive Statistics for Study Variables (N = 440)

Variable	Mean (M)	Standard Deviation (SD)
Depression	24.86	8.14
Self-Silencing	89.47	12.36
Rejection Sensitivity	58.92	10.08

The descriptive statistics in Table 1 show that the mean depression score among participants was 24.86 (SD = 8.14), indicating moderate levels of depressive symptoms on average. The mean score for self-silencing was 89.47 (SD = 12.36), while the mean rejection sensitivity score was 58.92 (SD = 10.08), reflecting relatively elevated levels of emotional suppression and interpersonal sensitivity in this adolescent sample.

Prior to conducting the main analyses, statistical assumptions were evaluated. The Kolmogorov-Smirnov test indicated that the distributions of depression (D = .041, p = .086), self-silencing (D = .039, p = .112), and rejection sensitivity (D = .036, p = .137) did not significantly deviate from normality. A scatterplot matrix and partial regression plots supported the assumption of linearity between the independent and dependent variables. Homoscedasticity was confirmed via the Breusch-Pagan test (χ^2 = 2.38, p = .123), suggesting that the variance of residuals was constant. Tolerance values for self-silencing (.812) and rejection sensitivity (.846), along with VIF values (1.23 and 1.18, respectively), indicated no issues with multicollinearity. These results affirmed that the data met the necessary assumptions for Pearson correlation and linear regression analysis.

Table 2

Pearson Correlation Coefficients Between Depression and Predictor Variables (N = 440)

Variables	1. Depression	2. Self-Silencing	3. Rejection Sensitivity
1. Depression	—		
2. Self-Silencing	.51**	—	
3. Rejection Sensitivity	.58**	.49**	—

As shown in Table 2, depression was significantly positively correlated with self-silencing (r = .51, p < .01) and with rejection sensitivity (r = .58, p < .01). Additionally, self-silencing was significantly correlated with rejection sensitivity (r = .49, p < .01). These results suggest that greater levels of emotional suppression and interpersonal rejection concerns are associated with increased depressive symptoms among adolescent girls.

Table 3

Summary of Regression Analysis: Depression Predicted by Self-Silencing and Rejection Sensitivity

Source	Sum of Squares	df	Mean Square	R	R²	Adjusted R²	F	p
Regression	8476.12	2	4238.06	.64	.41	.41	151.23	<.001
Residual	12084.93	437	27.66					
Total	20561.05	439						

The regression model in Table 3 was statistically significant, F(2, 437) = 151.23, p < .001, with an R² of .41, indicating that self-silencing and rejection sensitivity together explained 41% of the variance in depression scores. This suggests that both predictors contribute meaningfully to the levels of depressive symptoms among adolescent girls.

Table 4

Multivariate Regression Coefficients for Predicting Depression

Predictor	B	SE	β	t	p
Constant	5.23	1.47	—	3.55	<.001
Self-Silencing	0.21	0.04	.32	5.94	<.001
Rejection Sensitivity	0.34	0.05	.41	6.79	<.001

As shown in Table 4, both self-silencing (β = .32, t = 5.94, p < .001) and rejection sensitivity (β = .41, t = 6.79, p < .001) significantly predicted depression. The unstandardized coefficients (B) indicate that for every one-point increase in self-silencing, depression increased by 0.21 points, and for every one-point increase in rejection sensitivity, depression increased by 0.34 points. These findings confirm that both variables uniquely contribute to depressive symptoms, with rejection sensitivity emerging as the stronger predictor.

4. Discussion and Conclusion

The present study investigated the predictive roles of self-silencing and rejection sensitivity in the development of depressive symptoms among adolescent girls in Poland. The results of Pearson correlation analyses demonstrated significant positive relationships between depression and both self-silencing and rejection sensitivity. Moreover, the findings from linear regression analysis indicated that both self-silencing and rejection sensitivity significantly predicted levels of depression, with rejection sensitivity demonstrating a slightly stronger predictive power. These findings underscore the importance of interpersonal sensitivity and emotional suppression in understanding the onset and maintenance of depression in adolescent girls.

The positive correlation between self-silencing and depression found in this study is consistent with earlier research, which suggests that adolescents who habitually suppress their thoughts and emotions to avoid interpersonal conflict or maintain social harmony are at increased risk for psychological distress. Ahmed and Iqbal (Ahmed & Iqbal, 2019) emphasized that self-silencing in females is closely associated with internalized symptoms, particularly depression, due to the chronic suppression of personal needs and emotional expression. This pattern appears to be particularly pronounced in adolescent girls, who are often socialized to prioritize relational approval over assertive self-expression. Davoodi (Davoodi, 2024) argued that gendered cultural scripts amplify the vulnerability of young women to depressive symptoms when they engage in self-silencing as a relational strategy. Our findings support these assertions, highlighting that self-silencing is not only a coping mechanism but a significant psychological risk factor during adolescence.

The observed link between rejection sensitivity and depression also aligns with existing literature. Numerous studies have documented how heightened sensitivity to perceived rejection contributes to depressive symptomatology by fostering cognitive distortions, emotional dysregulation, and social withdrawal. For instance, Giovazolias (Giovazolias, 2023) reported that adolescents with higher levels of rejection sensitivity were more likely to experience peer-related stress and depressive symptoms. Similarly, Niu et al. (Niu et al., 2022) found that rejection sensitivity mediated the relationship between social exclusion and depression in young adults, further emphasizing its role as a vulnerability factor. These findings reinforce our study's conclusion that rejection sensitivity is a salient predictor of depression, particularly in adolescent girls navigating complex social environments.

Furthermore, the regression analysis suggests that rejection sensitivity has a slightly stronger influence on depression compared to self-silencing. This may be due to the anticipatory nature of rejection sensitivity, which triggers heightened anxiety and hypervigilance in social situations, thus creating a constant psychological burden. Moon and Lee (Moon & Lee, 2021) demonstrated that adolescents with high rejection sensitivity exhibited increased self-silencing and anger rumination, both of which contributed to depressive outcomes. The interplay between these constructs was further explored by Freitag et al. (Freitag et al., 2022), who found that rejection sensitivity predicted sexual victimization through self-silencing in young women, reinforcing the idea that rejection sensitivity often precedes and informs silencing behaviors. The results of our study are therefore consistent with models that position rejection sensitivity as both a direct and indirect contributor to depression.

Additionally, our findings are supported by studies that have examined the mediating and moderating effects of self-silencing in the relationship between rejection sensitivity and depressive symptoms. For example, Inman and London (Inman & London, 2021) found that self-silencing mediated the relationship between rejection sensitivity and intimate partner violence, indicating that individuals who are highly sensitive to rejection may resort to emotional suppression as a means of avoiding conflict, which in turn leads to psychological harm. Similarly, Jung and Jeong (Jung & 정남운, 2019) showed that both rejection sensitivity and self-silencing mediated the association between relationship dependency and depression, reinforcing the interdependent nature of these variables. These findings suggest that the pathways through which rejection sensitivity affects mental

health outcomes are often shaped by an individual's emotion regulation strategies, such as self-silencing.

From a cultural perspective, our study aligns with findings that show the influence of cultural norms on emotional suppression and interpersonal sensitivity. Park and Nan-Mee (Park & Nan-Mee, 2021) observed that self-concept clarity and self-silencing mediated the effect of rejection sensitivity on depression in Korean adolescents, highlighting how collectivist cultural expectations contribute to the internalization of distress. Likewise, Noda et al. (Noda et al., 2022) identified social anxiety and rumination as mediators between rejection sensitivity and depression in Japanese outpatients, suggesting that cultural values surrounding emotion and conformity may exacerbate vulnerability to depression. While our study focused on Polish adolescents, a country with both collectivist and individualist cultural elements, the observed patterns are consistent with international findings and may reflect the universal impact of interpersonal rejection fears on adolescent mental health.

Moreover, the current results support the argument that these constructs operate within a broader network of emotional and social vulnerabilities. An and Cho (An & Cho, 2023) found that internalized shame predicted depression through rejection sensitivity and self-silencing in adolescents, while Set (Set, 2019) linked insecure attachment styles with rejection sensitivity and self-esteem as mediators of psychopathology. These findings suggest that the presence of early relational disruptions or low self-worth may potentiate the impact of rejection sensitivity and emotional suppression on depressive symptoms. Furthermore, the longitudinal study by Zhou et al. (Zhou et al., 2018) confirmed that low self-esteem and high rejection sensitivity were long-term predictors of depressive symptoms and loneliness in adolescents, reinforcing the need for early detection and intervention.

Our findings are also consistent with those of Reyes et al. (Reyes et al., 2023), who reported that perceived discrimination and professional rejection sensitivity predicted reduced career success and emotional well-being in women, indicating that rejection sensitivity has pervasive effects beyond adolescence. In addition, David and Nitu (David & Nitu, 2024) observed personality differences among young people engaged in different dating behaviors, suggesting that interpersonal orientations may be linked to underlying sensitivities such as fear of rejection. These findings mirror the emotional patterns observed in our adolescent sample and suggest a developmental continuity in how rejection sensitivity influences mental health.

Finally, the study by Mishra et al. (Mishra et al., 2024) on romantic couples showed that rejection sensitivity influenced both partners' relational outcomes, demonstrating the interpersonal transmission of emotional vulnerabilities. This further supports the notion that rejection sensitivity, when present in adolescence, may not only predict internal distress but also influence relational dynamics later in life. Together, these findings validate the significance of both rejection sensitivity and self-silencing as critical variables in understanding depression among adolescent girls and call for integrative prevention efforts targeting these constructs.

5.   Limitations and Suggestions

While the findings of this study contribute valuable insights into the predictors of depression in adolescent girls, several limitations should be acknowledged. First, the cross-sectional design precludes any inference of causality among the variables. Although self-silencing and rejection sensitivity were found to predict depressive symptoms, it is also possible that depression influences these psychosocial factors over time. Second, the reliance on self-report measures may have introduced response biases such as social desirability or recall errors. Third, although the sample was diverse in terms of school type and geographic region within Poland, it was limited to adolescent girls, which may restrict the generalizability of the findings to boys or non-binary youth. Additionally, cultural factors unique to Polish society may influence the expression of rejection sensitivity and self-silencing, and these influences were not specifically measured or controlled in this study.

Future studies should consider employing longitudinal designs to establish temporal and potentially causal relationships among rejection sensitivity, self-silencing, and depression. Such designs would allow researchers to track the developmental trajectory of these variables and better understand their long-term effects. It is also recommended to include more diverse samples that account for gender, ethnicity, and socioeconomic status to examine the generalizability and cultural variation of these constructs. Incorporating qualitative methodologies could offer deeper insight into the lived experiences of adolescents who engage in self-silencing or struggle with rejection sensitivity. Additionally, future research might explore potential protective factors such as emotional intelligence, self-

compassion, or peer support, which could buffer the negative impact of these predictors on depression.

The findings of this study highlight the need for school-based interventions that foster open emotional expression and build resilience against perceived rejection. Educators and school counselors should be trained to recognize the signs of self-silencing and rejection sensitivity and provide supportive environments where adolescents feel safe to express themselves without fear of judgment. Mental health programs should incorporate modules on assertiveness, emotional regulation, and relational boundaries, particularly tailored for adolescent girls. Clinicians working with adolescents should assess for self-silencing behaviors and rejection-related cognitions during intake evaluations and consider incorporating cognitive-behavioral or compassion-focused therapies to address these concerns. Promoting peer-led initiatives and mentorship programs may also help adolescents develop healthier interpersonal strategies and reduce their vulnerability to depression.

Authors' Contributions

Authors contributed equally to this article.

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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