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Grief among parents of children with autism spectrum disorders: a systematic review

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ABSTRACT

Objectives: Bringing up a youngster with Autism Spectrum Disorders (ASD) is a multifaceted issue with major changes in family dynamics. Parents experience great distress and feel anxious or sad throughout the diagnostic process and the time after the diagnosis. There are very few studies on the aspect of grief in parents of children with ASD. Hence an attempt was made to do a systematic review of the available literature to assess the prevalence and pattern of grief among parents of children with autism spectrum disorder.

Methods: A systematic review of available literature was done up to November 2021. The data was extracted from the literature by two independent observers and any conflict was resolved by a third person.

Results: The two predominant disorders seen in these parents are grief and distress. The emotions usually described are the sense of loss leading to pain, parental expectations being put into peril, shock, turmoil, and a feeling of helplessness in family members after hearing the diagnosis.

Conclusions: A literature search has revealed a huge lacuna in studies related to the feelings of grief experienced by the caregivers of autistic children. Emotional stability and coping of the parents are highly essential not only for the rehabilitation of the child but also to make an improvement in the quality of life of the parents. The primary caregivers of children in the spectrum suffer very powerful and incessant emotions of sadness and grief. The feelings of mothers and fathers of children with autism from recent studies include an unexpected sense of losing a child along with shock, denial, fearfulness, guilt, rage, and/or sorrow. Two most common affective reactions of these parents were grief ("chronic sorrow" or "nonfinite grief") and distress. The maternal experience of grief was found to be more especially in children with recent diagnoses of autism.

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Autism; grief; parents

Introduction

Autism Spectrum Disorders (ASDs) refer to a spectrum of neurodevelopmental disorders that clinically manifest at a young age and the main features are problems in interacting in social situations, communication, and flexibility (Hodges, Fealko, and Soares 2020). Children with ASD may avoid eye contact, prefer being alone, exhibit little or no interest in others, have trouble relating to others, fail to understand or recognize others' feelings, cannot express their feelings, dislike being touched or held, repeat words, or actions such as rocking, spinning, or flapping arms, cling to routine and have trouble with transitions or disruptions in schedules. They exhibit sensitivity to tastes, smells, and sounds, developing strong preferences and aversions (Hus and Segal 2021). In the

Diagnostic and Statistical Manual of Mental Disorders (DSM-5) children with autism are put in a range based on how severe it is and the effect on the life quality. The symptoms are mainly under two groups: (a) difficulties/deficits in social communication; and (b) restricted/repetitive behavior, interest, or activity patterns (American Psychiatric Association and American Psychiatric Association 2013). As per DSM5, to diagnose ASD, a child must have persistent deficits in areas of social communication and interaction along with at least two of four types of restricted repetitive behaviors. Severity is based on social communication impairments and restricted, repetitive patterns of behavior. For either criterion, severity is described in 3 levels: Level 3 – requires very substantial support, Level 2 – Requires

substantial support, and Level 1 – requires support. Children with ASD often differ from others in the way they communicate, behave, and learn. These differences can lead to difficulties in social interactions, which in turn can lead to problems at school, stress within their families, and social isolation. Core features include deficits in communication, stereotyped and ritualistic behaviors, and marked social skills deficiencies. Problems concerning these core features are often intensified by intellectual disability, challenging behaviors, and/or comorbid psychopathology. In the latest estimate by The Center for Disease Control and Prevention (CDC), 1 in 36 children in the United States is diagnosed with autism (Maenner et al. 2023). This emphasizes the urgency of addressing the needs of these children through effective parental involvement. Parents, caregivers, and social organizations should come forward to understand the unique yet diverse needs of children with autism.

Due to the comparatively high incidence and the complex and varied nature of symptom presentation, research in the field has expanded intensely in recent years. ASD is now believed to be one of the most common, and most incapacitating childhood disorders. The number of studies published on ASD has increased and the most often studied topics include genetics, perception and cognition, neurobiology, physiology, and nosology (Matson and LoVullo 2009).

Bringing up a child with ASD is fraught with complexities along with major changes in family dynamics (McAuliffe et al. 2019; Papadopoulos 2021; Shattnawi et al. 2021). The relentless effort required to provide optimal care, along with potential financial strains from therapy and medical expenses, can take a toll on parental well-being (Altiere and von Kluge 2009; Cridland et al. 2015). Physical, emotional, and health problems are seen in these parents along with high levels of stress overload (Alibekova et al. 2022).

Compared to parents of children with other disabilities, like Down syndrome, or typically developing children, parents of children with ASD frequently feel higher levels of stress, depression, anxiety, and a lower quality of life (Costa, Steffgen, and Ferring 2017; Estes et al. 2009; Pottie and Ingram 2008; Vasilopoulou and Nisbet 2016). Mothers of children with autism report more depressive symptoms than fathers, who in turn have more depressive symptoms than controls (Olsson and Hwang 2001). The lifetime prevalence of major depressive disorder may be higher in the parents of children with autism than in parents of children with Down syndrome (Piven et al. 1991). Isolation of carers, particularly the primary

carers, who are primarily mothers, is another effect of raising these children (Bromley et al. 2004). Furthermore, because of the increased responsibilities they have, carers frequently experience higher levels of stress and overload. This leads to feelings of guilt, which are exacerbated when they receive criticism from people in their immediate area about issues pertaining to the child's upbringing (Seguí et al., 2008). In addition, a child's lack of prosocial behaviors contributes to maternal stress (Estes et al. 2009). Mothers of children with ASD also report experiencing excessive anxiety (Bitsika and Sharpley 2004; Brewer and Marie 2005).

Parents often experience an inability to believe, they feel distressed, anxious, or sad when the diagnosis happens and also during the succeeding months (Bravo-Benítez et al. 2019). The common emotions described are pain due to a feeling of loss, parental dreams under peril, shock, turmoil, and/or a helpless feeling once the diagnosis is made (Bravo-Benítez et al. 2019; Estes et al. 2009; Papadopoulos 2021). The two most common emotions disorders of affect in parents are grief and distress.

Ambiguous loss has been used to explain the dynamics that families of children with ASD go through (Boss 2004). There are different factors leading to ambiguous loss: diagnostic and prognostic uncertainty, inconsistency in the manner in which the child functions daily, apparently unfaulty development in the initial few years, the appearance of few symptoms and not others, and the struggle undergone by the child to recognize and express their emotions (O'Brien 2007).

Chronic sorrow is another concept that helps to explain the sense of loss in the mothers and fathers of youngsters who are suffering from other long-standing disorders, like infantile cerebral palsy, neural tube defects, renal failure, hydrocephalus and type 1 diabetes (Bowes et al. 2009; George et al. 2007; Johnson 2000). Ambiguous loss and chronic sorrow are similar in many ways. This framework can clarify the feelings and circumstances linked to grief. Still, it may be a very limiting explanation of the sense of loss experienced by the parents of children with ASD (Bravo-Benítez et al. 2019). Families who experience loss as a result of an accident, chronic diseases, or disability may find themselves labelled as having unresolved or non-finite grief, according to Bruce and Schultz (Bruce and Schultz 2001). Grief is defined as deep sorrow, heaviness of heart, and agony of soul. It also causes mental anguish and emotional suffering. Grief in older literature is labelled as a phenomenological

experience of acute and overwhelming sense of loss (Osterweis, Solomon, and Green 1984). Grief is an inner feeling of an outside loss and the way it is perceived by the bereaved person. According to Wolfelt, grief is not only a process but it is also an outcome (Wolfelt 2015). Families with children on the Autism Spectrum go through the phases of grieving not just once, but rather they revisit the different stages of grief again and again, particularly when faced with developmental milestones that their children are not attaining at specified time (Rarity 2007).

Emotional stability and coping of the parents are highly essential not only for the rehabilitation of the child but also to improve the parents' quality of life. Understanding these parents' emotional status is necessary to create and carry out interventions that are tailored to meet their actual needs. There are few recent studies exploring the aspect of grief and grieving reactions in parents of children with ASD. Hence an attempt was made to do a systematic review of the available literature to assess the prevalence and pattern of grief among parents of children with autism.

Methods

Selection criteria

The systematic review used the following inclusion criteria: (a) studies that mentioned either the prevalence or pattern of grief in parents of children with ASD and (b) peer-reviewed articles published in English.

Exclusion criteria were as follows (a) studies that mentioned other factors like depression, stress, and anxiety. (b) studies mentioning grief in caregivers other than parents, (c) studies that mentioned grief experienced by parents with children with other neurodevelopmental disorders.

Search strategy

Searches were conducted in the electronic databases of Pubmed, Embase, Indmed, and medknow and included all citations from the inception of each database through November 2021.

A Boolean search strategy was used with Boolean phrases consistent with autism spectrum disorders and grief among the parents. The terms used were < autism > OR < grief pattern > OR

<parents>, <autism spectrum disorder > OR < Grief pattern>, <Pervasive Developmental Disorders > OR < Grief Pattern>, <ASD > OR < parental grief>, <autism spectrum disorders>. The electronic data was

supplemented with a manual search of the cross references which were found potentially useful.

Study selection process

The two review authors (DB and LS) examined the headings and/or extracts of studies picked during the search. These team members autonomously evaluated the aptness of the full-text articles. Any conflict between the two reviewers about the eligibility of the article was resolved by a third researcher (BG).

The GRADE-CERQual ('Confidence in the Evidence from Reviews of Qualitative research') method was utilized to ascertain the confidence to be put in the findings from the systematic review. This approach uses conclusions from the synthesis of qualitative evidence to help in making decisions, guidelines, and forming policy. This is an evaluation of the degree to which a review represents the subject of interest. CERQual gives a context for evaluating the confidence in each finding of the review considering four factors: (1) limitations in methodology, (2) coherence, (3) data adequacy, and (4) relevance (Lewin et al. 2018).

Data extraction

The data from the eligible articles were extracted by reviewers (DB and LMS) independently. Any conflict in the extraction was resolved by the third researcher (BG). A data extraction form was developed after consulting the Cochrane Good Practice data extraction form template. It was used to collect data from the chosen studies. The information collected encompassed study design and methods, study settings, participant characteristics, study outcomes, results, conclusions, and study funding sources. The data on the gender of the parent, age of the parent, setting of the study, method of diagnosis of grief, the prevalence of grief, and pattern of grief were collected as variables.

Ethical clearance

Clearance was obtained from the Institutional Ethical Committee: File no 05/CDC/2018.

Results

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement describes the process of screening available literature, selection of relevant studies, and explanations for elimination.

2206 studies were obtained through the selected search engine databases. By reviewing the title, 65 articles were retained for abstract review after excluding 2141 ineligible studies. After reading through the abstracts, full-text articles from 35 studies were examined in detail. Out of these, 27 articles were excluded. In seven studies, grief was mentioned but its prevalence or pattern was not described. Six studies assessed grief related to other disabilities and not ASD. 14 articles described stress, anxiety, and depression in parents but not grief. Thus, eight studies were selected for inclusion in the final review (Altiere and von Kluge 2009; Bravo-Benítez et al. 2019; Fernández-Alcántara et al. 2016; Hoogsteen and Woodgate 2013; Lutz, Patterson, and Klein 2012; Wayment and Brookshire 2018). Two of them were further excluded since they were both thesis dissertation works (Rarity 2007). The details of the studies included are given in Table 1 and Table 2.

After a literature search, 6 studies published between 2009 and 2019 were selected for the review. In all studies except those by Lutz, Patterson, and Klein 2012 and Wayment and Brookshire 2018 both parents or primary caregivers were included. In these two studies, only mothers were included. Semi-structured interviews, face-to-face interviews, and telephonic interviews were used in all studies except one. Wayment and Brookshire 2018 used an adaptation and revision of the Texas Revised Inventory of Grief (TRIG). The age range of the parents was from 30–68 years. In all the studies, the age range of the children was up to 18 years, except in the study by Lutz,

Patterson, and Klein 2012 in which up to 31 years was included. There was a total of 478 parents.

In the study by Bravo-Benítez et al. (2019), involving twenty caregivers in Spain, parents expressed intense and continuous sorrow and grief following the diagnosis. They described the impact of caring for a child with ASD on all aspects of their lives, highlighting themes of diagnostic processes, grief, stress, and overload. Parents shared varied experiences of grief, like mourning the loss of a family member, with emotions cycling through stages of agony, sadness, and acceptance. They grappled with the contrast between their envisioned ‘healthy’ child and the reality before them, experiencing a sense of loss and ambiguous grief. Similarly, Wayment and Brookshire 2018 explored maternal reactions to ASD diagnoses among 362 mothers. They found that grief reactions were associated with perceiving ASD as a loss and unfair, while distress correlated with pre-existing mental health issues, child aggression, identity ambiguity, and inadequate social support. Good social support mitigated distress, and internal acceptance of the diagnosis correlated positively with both grief and distress.

Lutz, Patterson, and Klein 2012 conducted a descriptive narrative study, revealing mothers’ paths of adaptation to the stress of raising a child with ASD. Mothers responded with grief, anger, relationship strain, guilt, and doubt, employing coping strategies such as seeking support, redefining life, and making changes in future plans. Fernández-Alcántara et al. (2016) assessed the sense of loss among parents

Table 1. Characteristics of the included studies.

Sl No	Author, Title	Year	Study population	Study type	Age of parents	Age of child in years	Sample size
1.	Bravo-Benítez et al.	2019	Primary caregivers-	Semi-structured interview	31–68 years	6–12 years	20
2	Wayment and Brookshire	2018	Mothers	Adaptation and revision of Texas Revised Inventory of Grief (TRIG)	Mean age- 43.08, SD 7.45	2–18 years	362
3	Fernández-Alcántara et al.	2016	20 parents (5 fathers and 15 mothers)	Semi-structured interview.	the mean age of parents was 40.93 yrs. (SD = 5.99 yrs)	3–18 years	20
4	Hoogsteen and Woodgate	2013	26 families- 22 mothers alone, 2 couples, 2 fathers.	Semi structured, open-ended interviews.	26–52 years	Below 18 years	28
5	Lutz, Patterson, and Klein	2012	Mothers.	Interview- face to face in 8 mothers, telephonic in 8 mothers	30–54 years	2–31 years	16
6	Altiere & von Kluge	2009	Fathers and mothers	Semi-structured interview	Age not mentioned.	3–16 years.	52

Table 2. Nature of grief and its prevalence.

Author	Measures of Grief	Results Nature of grief/prevalence or both	Summary themes
Bravo-Benítez et al. 2019	None	Nature of grief	grieving over the death of a family member, cyclical grief, endless living sorrow, ambiguous loss. as a loss and as unjust
Wayment and Brookshire 2018	Revised version of the Texas Revised Inventory of Grief	Prevalence – 60% of the mothers satisfied the criteria for grief. Nature of grief	
Fernández-Alcántara et al. 2016		Nature of grief	unexpected child loss, associated with shock, negation, fear, guilt, anger, and/or sadness. Two processes were identified, one associated with the resolution of grief and the other with obstacles to overcoming it.
Hoogsteen and Woodgate 2013		Nature of grief	feelings of shock, denial and depression.
Lutz, Patterson, and Klein 2012 Altiere and von Kluge, 2009	Use of semi structured interview schedules	Grief mentioned The experience described as a loss comparable to a death in the family.	Parent experiences were categorized into five different challenges that they encountered in the process of raising their child: Development, Questioning, Devastation, Solutions, and Growth.

of children with ASD through qualitative interviews with twenty parents. They identified unforeseen child loss as a central theme, characterized by shock, denial, fear, guilt, anger, and sadness, with processes related to grief resolution and overcoming hindrances. In the study by Hoogsteen and Woodgate 2013 on rural Canadian families, participants described poor acceptance and support due to the invisibility of their child's disability, experiencing shock, denial, and depression. Altieri and von Kluge 2009 interviewed 52 parents of children with ASD, finding that each parent perceived the diagnosis as life-changing, leading to feelings of despair, sadness, denial, confusion, and anger, with some likening the experience to a death in the family.

Grief experienced by parents of children with ASD evolves through various themes across the six studies identified in the systematic review. Grief was perceived by parents as death, loss, and child loss in the studies considered for review. Bravo-Benítez et al. (2019) identified grief as similar to mourning the death of a family member, characterized by cyclical grief, and endless living sorrow. Similarly, Wayment and Brookshire 2018 found grief linked to perceiving ASD as a loss and unjust. The nature of grief was unexpected child loss, associated with shock, negation, fear, guilt, anger, and/or sadness in the study by Fernández-Alcántara et al. 2016. Two processes were identified, one associated with the resolution of grief and the other with obstacles to overcoming it. Hoogsteen and Woodgate 2013 described the nature of grief as feelings of shock, denial, and depression.

Altieri and von Kluge 2009 described the experience of grief as a loss comparable to a death in the family. Parent experiences were categorized into five different challenges that they encountered in the process of raising their child: Development, Questioning, Devastation, Solutions, and Growth. Only one study, Wayment and Brookshire 2018, mentioned the prevalence of grief, with 60% of mothers experiencing it. The link between the severity of a child's autism symptoms and parenting stress has been explored in various studies. The findings have been inconsistent; some research indicates a linear relationship, while others suggest a nonlinear one between parental stress and autism severity. However, no similar studies related to grief and the severity of autism were found in this systematic review. These findings underscore the multifaceted nature of grief experienced by parents of children with ASD, ranging from deep emotional turmoil to adaptive responses and coping amidst challenges. Certainty of evidence: CERQual (GRADE-CERQual (Confidence in Evidence from Reviews of Qualitative research)) evidence profile and summary of qualitative findings are presented in Table 3.

Discussion and conclusion

Grief and distress were the two most common responses to the difficulties in bringing up a child with ASD. The grief reactions of parents to an ASD diagnosis have been described as a type of 'chronic sorrow' and 'nonfinite grief,' a continuous, unresolved

Table 3. CERQual evidence profile.

Review Finding	Studies Contributing To review Finding	Assessment Of methodologic al Limitations	Assess: Of Relevance	Assess: Of Coherence	Assess: Of adequacy	Overall Assess: Of confidence	Explanation Of Judgement
Grief pattern included ambiguous loss, non-finite grief, Unexplained d child loss Prevalence-60 % of mothers	Bravo-Benítez et al. 2019; Wayment and Brookshire 2018; Fernández-Alcántara et al. 2016; Hoogsteen and Woodgate 2013; Lutz, Patterson, and Klein 2012; and Altieri and von Kluge, 2009.	Satisfactory except - ref Lutz, Patterson, and Klein 2012	Partial relevanceMothers alone included in studies Wayment and Brookshire 2018 and Lutz, Patterson, and Klein 2012 Gender not mentioned in the study Lutz, Patterson, and Klein 2012	Minor drawbacks Symptoms of grief studied in studies Bravo-Benítez et al. 2019; Fernández-Alcántara et al. 2016; and Hoogsteen and Woodgate 2013	Minor drawback More mothers than fathers were included in the studies. Prevalence was mentioned only in one study	Moderate level of confidence	Patterns of grief have been well described in most of the studies. Structured interviews with open ended questions were used in most of the studies.

grief. Grief had a positive association with the awareness that the child's ASD diagnosis is an unjust loss. This feeling of loss is explained by Vogel where moms who receive a diagnosis are compelled to say goodbye to the mother-child bond they had imagined, and they suffer a psychologic death when they believe the child they had imagined is no longer there (Vogel 2018). Grief may continue in mothers for a long time after their child was given an ASD diagnosis. They felt embittered by the diagnosis, and this was also interrelated with the observation of ASD as a loss. The primary feature that sets this kind of loss from loss from death is that, although the child has not died, the family's hopes, expectations, and dreams for the child has died (Bruce and Schultz 2001; Kurtzer-White and Luterman 2003; Ozgul 2004).

Likewise, moms who did not see the child's diagnosis as a loss, or as prejudicial, or as their mistake were unlikely to feel grief (Lutz, Patterson, and Klein 2012).

When a child was diagnosed with ASD, the parents were found to go through the Kubler-Ross five stages of grief- denial, anger, bargaining, depression, and acceptance (Bruce and Schultz 2001). But unlike death, the grief in these parents is an ongoing cyclical process with no real end or closure as when a child dies (Boss 1999). Therefore the traditional models of grief are difficult to apply to parents experiencing loss from similar diagnosis such as diagnosis of a hearing loss (Kurtzer-White and Luterman 2003). These results of this systematic review shows that the pattern of grief experience by the parents of children with ASD are in line with the concepts of 'chronic grief' (Olshansky 1962), 'unresolved grief' (Rarity 2007) and 'non-finite' grief (Bruce and Schultz 2001)

There are physical, emotional, and health problems as well as high degrees of overburden in the parents of these children (Gatzoyia et al. 2014). Parental

moods of incredulity, anguish, unease, or sadness are very frequent during the process of ascertainment and in the times that followed (Ludlow, Skelly, and Rohleder 2012).

The concept of ambiguous loss has been put forward to explain what is felt by these families. Various factors that are thought to be responsible for ambiguous loss were ambiguous diagnoses and prognoses, inconstant daily performance, outwardly normal development of the child during the early years, the appearance of few symptoms nevertheless not all of them, and the struggle of these kids in identifying and voicing their emotions. This approach helps to understand the diversity of sentiments felt by fathers and mothers, which consist of both hope and frustration, particularly in the early post-days after diagnosis, when pride and contentment can be mingled with dejection and guilt, along with other feeling (Fernández-Alcántara et al. 2016). Another concept that has been put forward is long-standing sorrow, which describes the sense of loss in parents of children suffering from other chronic diseases. This type of theoretical framework can clarify the group of feelings and circumstances connected to grief, but it may be a very limiting explanation of the sense of loss in these parents (Coughlin and Sethares 2017).

Raising a child with ASD has a profound impact on the physical and mental health of caregivers. It also has an impact on the monetary and real-world facets of their lives (Alibekova et al. 2022; Altieri and von Kluge 2009; Bromley et al. 2004). The type of symptoms, along with the vagueness and poor predictability of the disease course leads to the persistence of sorrow and grief. These feelings do not stop and tend to recur and continue at each stage of development that is not reached by the child. Hence it is extremely important to create programs and provide amenities to support and take care of the emotions

and displays of ambiguous grief that are seen in these family members. These programmes should focus on the tools to identify the psychological status, grief and emotional well-being of the parents, help the parents to accept the reality of the current diagnosis, help the parents to develop strategies for adaptation to the new situation and should help them identify goals and objectives for their life beyond their role as caregiver. This will also help to better their comfort and quality of life and to reduce the overwork of their caregivers.

The anguish experienced by family members of children with ASD is called disallowed grief. It has several features that distinguish it from other kinds of grief. This type of grief is not appreciated by the people who are close to the bereaved. They are deprived of showing this grief, not respected, and even disapproved of. This denies them any social support. This is heightened by the problems intrinsic in persons with these features, which renders it difficult for the caregivers to finish their grieving procedure, because grieving never stops. This is because consecutive losses are felt during the development of the child so that when each milestone is not attained, they feel lost, frustrated, and in pain. They feel unfairness, ambiguity, rage, and dejection.

Drawbacks of the study

Most of the studies on parenting children with ASD have concentrated on stress, anxiety, and depression. There are very few studies on grief. Grief is an emotion that these parents have. This needs acknowledgment and their emotions should be respected, and further studies should be done to study this phenomenon. This study could identify only 6 relevant studies. More studies are needed to substantiate the findings of this study.

Community statement

The general awareness of grief in parents of children with autism should be improved. There should be more awareness and acceptance of the grief and stress in these parents.

Summarizing- the ensuing may be emphasized as the main suggestions derived from this study:

- a. the significance of making the diagnosis at the earliest so that family members can come to terms with the disorder and adjust to the new situation.

- b. the importance for the parents to be able to recognize some of the features they experience as part of their grieving process. This is fundamental to overcoming grief.
- c. the importance of training professionals to be capable of detecting and recognizing the emotive influence created on receiving an ASD diagnosis, and to assess related emotions and monitor them.
- d. the need to take care of the problems that have been detected while discussing with the parents. These needs are connected both to the normalization of the process of grieving (which most often is not recognized as such) and to provide strategies to cope with grief and to minimize caregiver overload.

Specific recommendation

Grief is a universal phenomenon. How grief is expressed varies between countries and cultures. Further studies should be done in different cultures to observe the phenomenon of grief among parents of children with ASD in different settings and across the lifespan of the child. It is crucial it is to develop programmes and services that assist and deal with the emotions and grief that family members of children with ASD experience in order to enhance their quality of life and well-being.

Authors' contributions

DB: Conceptualization of the topic, systematic review, preparation, and finalization of the manuscript. LS: Systematic review, preparation, and finalization of the manuscript. BG: Systematic review, review, and finalization of the manuscript.

Consent for publication

Not applicable since it is a review.

Disclosure statement

On behalf of all authors, the corresponding author states that there is no conflict of interest.

Ethical approval statement

Ethics approval and consent to participate: Clearance was obtained from the Institutional Ethical Committee: File no 05/CDC/2018.

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Data availability statement

The relevant articles have been obtained from the internet and can be provided on request.

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