SANUS. 2022;7:e260
DOI: https://doi.org/10.36789/revsanus.vi1.260
www.sanus.unison.mx

RESEARCH

Religious beliefs and quality of life of the elderly in an indigenous community

Creencias religiosas y calidad de vida del adulto mayor de una comunidad indígena

Crenças religiosas e qualidade de vida de idosos em uma comunidade indígena

Ma. de Jesús Sánchez-Solano [1]
https://orcid.org/0000-0002-8589-4642

María Alejandra Trejo-Hernández [2]
https://orcid.org/0000-0003-0133-7556

Ma. Gloria Vega-Argote [3]
https://orcid.org/ 0000-0003-3206-1791

Lucero Fuentes-Ocampo [4]
http://orcid.org/0000-0003-1254-3240

Erik Díaz-Cervantes [5]
https://orcid.org/0000-0002-1746-3795

Jorge Emmanuel Mejía-Benavides [6*]
https://orcid.org/0000-0002-5061-5316

1. Bachelor's Degree in Nursing and Obstetrics. Centro Interdisciplinario del Noreste de la Universidad de Guanajuato, Tierra Blanca, Guanajuato, Mexico.
2. Bachelor's Degree in Nursing and Obstetrics. Centro Interdisciplinario del Noreste de la Universidad de Guanajuato, Tierra Blanca, Guanajuato, Mexico.
3. PhD in Nursing Sciences. Full Time Professor. Departamento de Enfermería y Obstetricia, División de Ciencias de la Vida, Universidad de Guanajuato, Irapuato, Guanajuato, Mexico.
4. PhD in Nursing Sciences. Full Time Professor. Centro Interdisciplinario del Noreste de la Universidad de Guanajuato, Tierra Blanca, Guanajuato, Mexico.
5. PhD in Chemistry. Full Time Professor. Centro Interdisciplinario del Noreste de la Universidad de Guanajuato, Tierra Blanca, Guanajuato, Mexico.
6. Master of Nursing Sciences. Full Time Professor. Centro Interdisciplinario del Noreste de la Universidad de Guanajuato, Tierra Blanca, Guanajuato, Mexico.

* Corresponding Author: je.mejiabenavides@ugto.mx

Received: 22/01/2021
Accepted: 28/03/2022

ISSN: 2448-6094
Universidad de Sonora

Abstract

Introduction: The index of adult population over 60 years of age has increased remarkably globally and nationally. It could be considered that the aging of the population is a positive standard to determine the progress in the implementation of health policies, but it is also a challenge to describe the quality of life of this age group. Indigenous groups are also modified by this increase in longevity, and it is important to know how their religious beliefs affect their quality of life. **Objective:** Determine the relationship between religious beliefs and the quality of life of the elderly in an indigenous community. **Methodology:** Quantitative, correlational and cross-sectional study, with a sample of 49 elderly of both sexes, living in the community, aware of their religious beliefs and professing such religion, excluding those with mental illnesses. The SBI-15R Belief System Inventory and the WHOQOL-BREF quality of life scale were used to collect information, adhering to the provisions of the General Health Law regarding health research. **Results:** The mean age of the participants was 73.2 years, 55% of them reported a high quality of life and 59% a high level of religious beliefs. The correlation of the variables was statistically significant, with p=.007. **Conclusions:** According to this study, it can be determined that there is an association between the level of religious beliefs and the quality of life of the elderly in an indigenous community.

Key words: Indigenous Culture; Quality of Life; Elderly (DeCS).

Resumen

Introducción: El índice de población adulta de más de 60 años ha incrementado notablemente a nivel mundial como nacional. Se podría considerar que el envejecimiento de la población es un estándar positivo para determinar un avance en la implementación de políticas de salud, pero así mismo se vuelve un reto en describir cómo es la calidad de vida de este grupo etario. Los grupos indígenas también se ven modificados por este incremento de la longevidad y es importante conocer como sus creencias religiosas afectan la calidad de vida. **Objetivo:** Determinar la relación de las creencias religiosas y calidad de vida del adulto mayor de una comunidad indígena. **Metodología:** Estudio cuantitativo, correlacional y transversal, con una muestra de 49 adultos mayores de ambos sexos, que vivieran en la comunidad, tuvieran conocimiento de sus creencias religiosas y fueran partícipes de las mismas, excluyendo a los que padecieran enfermedades mentales para recabar información se utilizó el inventario de sistema creencias SBI-15R y la escala de calidad de vida WHOQOL-BREF, apegándose a lo enmarcado en la Ley General de Salud en materia de investigación para la salud. **Resultados:** La edad media de los participantes fue 73.2 años, un 55% reportaron una calidad de vida alta y el 59% un alto nivel de creencias religiosas. La correlación de las variables fue estadísticamente significativa con p=.007. **Conclusiones:** En este estudio se puede determinar que existe una asociación del nivel de creencias religiosas con la calidad de vida de los adultos mayores de una comunidad indígena.

Palabras clave: Cultura indígena; Calidad de vida; Adulto mayor (DeCS).

Abstrato

Introdução: O índice de população adulta com mais de 60 anos de idade aumentou notavelmente globalmente e nacionalmente. Pode-se considerar que o envelhecimento da população é um padrão positivo para determinar o avanço na implementação das políticas de saúde, mas também é um desafio descrever a qualidade de vida dessa faixa etária. Os grupos indígenas também são modificados por esse aumento da longevidade, e é importante saber como suas crenças religiosas afetam sua qualidade de vida. **Objetivo:** Determinar a relação das crenças religiosas e qualidade de vida dos idosos em uma comunidade indígena. **Metodologia**: Estudo quantitativo, correlacional e transversal, com amostra de 49 idosos de ambos os sexos,

residentes na comunidade, conhecedores de suas crenças religiosas e professando tal religião, excluindo-se os portadores de doenças mentais. Para a coleta de informações foram utilizados o Inventário do Sistema de Crenças SBI-15R e a escala de qualidade de vida WHOQOL-BREF, atendendo ao disposto na Lei Geral de Saúde referente à pesquisa em saúde. **Resultados:** A média de idade dos participantes foi 73,2 anos. Mais da metade dos participantes (55%) relatou ter uma alta qualidade de vida e 59% um alto nível de crenças e práticas religiosas. A correlação de Pearson foi de 0,379 com um valor de p=0,007. **Conclusões:** Neste estudo, pode-se constatar que existe associação do nível de crenças e práticas religiosas com a qualidade de vida de idosos em uma comunidade indígena.

Palavras-chave: Cultura Indígena; Qualidade de vida; Idoso (DeCS).

Introduction

Aging should always be seen as a natural and normal process experienced by human beings [1] and is both a social and demographic reality throughout the world [2]. Currently, life expectancy has increased and the fertility rate has decreased, which has triggered a rapid increase in the elderly population, more than in any other age group [3]; in addition, the World Health Organization mentions that the number of elderly will increase from 12 to 22% by the year 2050 [4], of which 65% will live in middle and low-income countries [5].

The increase in life expectancy provides great opportunities for the elderly, for their families and for society [6], that is mainly determined by a healthy aging of the individual; thus, it is conducive to an active person and continue contributing to society, and above all, in those additional years of life the individual could undertake new personal activities [6, 7, 8]. However, the use of those opportunities is determined by their physical condition, given that if the elderly are in good health and have a favorable environment, they will be able to carry out beneficial activities, but if they do not have a good quality of life, their contributions to society will be negative [5, 6, 9].

This change of demographic and epidemiological transition has a great influence on indigenous peoples or communities, since it changes the ways of observing and caring for the elderly; likewise, the quality of life of the elderly has been modified [10]. In Mexico, the 2015 Intercensal Survey documented that there are more than 60 indigenous communities, representing 12,025,947 indigenous people who live according to their cultural beliefs, history, and traditions, of whom 1,247,673 [11] are 60 years of age or older. The indigenous peoples with the largest number of elderly people are the Nahuatl, Maya, Zapotec, Mixtec, Otomi and Totonac [10, 12].

Indigenous communities are socially classified as living in areas of poverty and marginalization [13]. Indigenous populations have their own habits and customs, i.e., they have cultural aspects that differentiate them from other population groups; this regulates the way they see, understand and interact with the world. That is, it is the way they act, dress, eat, and celebrate festivities, among other things, which has a direct impact on the context of health and disease [14, 15].

It is documented that the quality of life of the elderly is a complex [16, 17], multidimensional [18] and subjective [19] term, and is directly determined by the physical and social environments where they evolve, such as the homes and communities to which they belong; in addition, it is also determined by the personal characteristics of the individual, such as family, gender and ethnicity, unfortunately this gives rise to social inequities [14, 20]. At present, quality of life will be expressed through the interpretation of well-being and the operation of each individual [19].

The WHO defines quality of life as "the perception that individuals have of their place in life, in the context of their culture and value system, and regard to their goals, expectations, rules and concerns". This perception is influenced by the individual's physical health, psychological state, level of independence, social relationships and their relationship with the environment [20, 21].

This research performed at an indigenous community in the northeast portion of the state of Guanajuato, Mexico, is a first approach to this topic, since there is not enough scientific evidence to indicate whether there is a relationship between religious beliefs and the quality of life of the elderly. This could be a basis for future research on these variables, and in the future, nursing interventions focused on determinants of health in these indigenous peoples could be developed. The objective of this research was to determine the relationship between religious beliefs and the quality of life of the elderly in an indigenous community.

Methodology

It is a quantitative and correlational study with cross-sectional design, which was conducted in an indigenous community in the northeast portion of the state of Guanajuato, Mexico, during the months of January to June 2019. The sample was calculated using the EPI INFO software, with a reliability of 95% and an expected frequency of 60%,

with a total population of 57 adults over 60 years of age in the community, resulting in a sample of 49 randomly selected participants. Eligibility criteria were: older adults of both sexes, living in the community, who were aware of their religious beliefs and were active practitioners of these beliefs. The variables studied were quality of life and religious beliefs, which were studied using a data instrument containing socio-demographic data, the WHOQOL-BREF instrument composed of four dimensions, that is, physical health, psychological health, social relationships and the environment [22], and the SBI-15R Belief System Inventory composed of two factors, namely, religious conviction and religious social support [23]. Informed consent was obtained from the participants, respecting the Regulations of the General Health Law on Health Research in Mexico [24], and was submitted for approval by the Ethics and Research Committee of the School of Nursing of the University with registration number 2019/ELEUAC/004.

Descriptive statistics were used for socio-demographic variables, such as mean and standard deviation for numerical variables; frequency (f) and percentage (%) for categorical variables. Pearson's correlation coefficient was used to determine the relationship between the variables, establishing a significance level of $p<0.05$.

Results

The mean age of the participants was 73.3 years, SD = 7.7, 63% were female, 96% were Catholics, 49% had no formal education, 61% were married and 80% suffered from chronic diseases.

To the question, "Do you get the support you need from others?" 38.8% responded "a little", followed by "moderate" with 30.6% and only 2% responded "totally". To the question, "How would you rate your quality of life?" 44.9% responded "fair", followed by "average" with 38.8% and 2% responded "very good" (Table 1).

Table 1. Descriptives of quality of life and support needed by older adults from an indigenous community (n=49).

Do you get the support you need from others?	f	%	How would you rate your quality of life?	f	%
None	10	20.4	Very bad	4	8.1
A little	19	38.8	Fair	22	44.9
Moderate	15	30.6	Normal	19	38.8
Enough	4	8.1	Good	3	6.1
Totally	1	2	Very good	1	2

Source: Own development

Regarding the mean of the quality of life dimensions, the results were 22.3±3.3 for physical health, 18.9±2.7 for psychological health, 10.2±1.6 for social relationships and 25.3±3.2 for the environment. 55% of the elderly obtained a high level of quality of life, with an average of 81.3±8.8.

For the religious conviction factor a mean of 26.4±3.9 was obtained and for the religious social support factor a mean of 11.1±3.3 was obtained. 59% of the participants scored a high level of religious belief, with a mean of 37.4±6.6. The relationship between the two variables was statistically significant with a Pearson correlation coefficient of 0.379 with p=.007, therefore, the level of religious beliefs moderately modifies the quality of life of older adults in an indigenous community, i.e., the higher the level of religious beliefs, the better the quality of life.

Discussion

The objective of this study was to determine the relationship between religious beliefs and the quality of life of the elderly in an indigenous community. It was found that the indigenous community perceives that they should maintain their beliefs, practices and habits to preserve their health, as mentioned by the UN [25] and CEPAL [26]; this contrasts with the results obtained, which indicate that most of the elderly had chronic diseases, which is in accordance with Macín, et al., who reported a high rate of obesity, diabetes and metabolic syndrome [27]. Regarding quality of life, it was found that more than half of the respondents reported a high level, which is in agreement with several authors who mention that most of the respondents reported a normal quality of life [28, 29, 30].

Regarding the factors of the Belief System Inventory, the highest average corresponded to conviction of religious beliefs with 26.4 and the lowest average corresponded to religious social support with 11.1, which is consistent with the study of Parodi, et al., which reported similar results of 22.1 and 11.3 respectively, and a total average of 33.4 [31], which is lower than the 37.4 average obtained in this study. Quality of life depends on personal, social and cultural factors [32]; therefore, the nursing professional should analyze quality of life from a multidimensional approach to act in all spheres that may affect the quality of life of the elderly in situations of vulnerability.

The limitation of this study was that the participants belonged to only one community; therefore, it would be worthwhile to carry out the study in another community to compare the results. Additionally, it would be feasible to study the same variables with a qualitative approach, since religious beliefs and quality of life are very subjective, and addressing them from another approach would help the nursing personnel to provide individualized care to each of the members using a holistic approach.

Conclusions

This study revealed that the population of elderly thought of themselves as having a high quality of life and high (more conscious) religious beliefs, although some of them were illiterate and suffered from chronic diseases. This provides us with a better understanding of how the religious or cultural beliefs of an indigenous people are related to the quality of life of their elderly. The data obtained indicate that there is a statistically significant and direct relationship between quality of life and religious beliefs; this gives us the opportunity to continue investigating this topic in depth in this specific group, especially when individuals sometimes are not considered as integral persons who give value to everything around them, and this has repercussions on their quality of life and, therefore, on their health. Therefore, nursing personnel should consider the religious and cultural beliefs of the individuals when performing their professional practice in this type of population, to provide a better healthcare.

Conflicts of interests

The authors declare that there is no conflict of interest.

Financing

The authors declare that there was no funding of any kind.

Bibliographic References

1. Armenteros A, Padrón ÁP. Los proyectos comunitarios y su influencia en la calidad de vida de las personas mayores. Rev Ciencias Médicas [Internet]. 2018 [Referenced on February 23, 2021]; 22(2):185-195. Available at: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1561-31942018000200023&lng=es

2. Mejía-Ramírez G. El envejecimiento: principal reto del siglo XXI en la gestión política de los servicios de salud. Rev Ter [Internet]. 2020 [Referenced on February 14, 2021]; 14(1):04-10. Available at: https://doi.org/10.33967/rt.v14i1.92

3. Martínez T, González C, Castellón G, González B. El envejecimiento, la vejez y la calidad de vida: ¿éxito o dificultad? Rev. Finlay [Internet]. 2018 [Referenced on February 14, 2021]; 8(1):59-65. Available at: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S2221-24342018000100007&lng=es

4. Organización Mundial de la Salud. La salud mental y los adultos mayores [Internet]. Ginebra: OMS; 2017 [Referenced on January 25, 2022]. Available at: https://www.who.int/es/news-room/fact-sheets/detail/la-salud-mental-y-los-adultos-mayores

5. Organización Mundial de la Salud. Envejecimiento y salud [Internet]. Ginebra: OMS; 2021 [Referenced on march 25, 2022]. Available at: https://www.who.int/es/news-room/fact-sheets/detail/ageing-and-health#:~:text=Desde%20un%20punto%20de%20vista,%C3%BAltima%20instancia%2C%20a%20la%20muerte

6. Organización Mundial de la Salud. Informe mundial sobre el envejecimiento y la salud [Internet]. Ginebra: OMS; 2015 [Referenced on January 12, 2021]. Available at: https://apps.who.int/iris/bitstream/handle/10665/186466/9789240694873_spa.pdf?sequence=1

7. Aponte V. Calidad de vida en la tercera edad. Ajayu [Internet]. 2015 [Referenced on April 21, 2021]; 13(2):152-182. Available at: http://www.scielo.org.bo/scielo.php?script=sci_arttext&pid=S2077-21612015000200003

8. Olivi A, Fadda G, Pizzi M. Evaluación de la calidad de vida de los adultos mayores en la ciudad de Valparaíso. Pap. Poblac [Internet]. 2015 [Referenced on February 23, 2021]; 21(84):227-249. Available at: http://www.scielo.org.mx/pdf/pp/v21n84/v21n84a9.pdf

9. Rubio D, Rivera L, Borges L, González F. Calidad de vida en el adulto mayor. VARONA [Internet]. 2015 [Referenced on January 23, 2021]; (61):1-7. Available at: https://www.redalyc.org/articulo.oa?id=360643422019

10. Consejo Nacional de Población. Población indígena. México: CONAPO; 2015. Available at: https://www.gob.mx/cms/uploads/attachment/file/121653/Infografia_INDI_FINAL_08082016.pdf

11. Gobierno de México. Indicadores sobre adultos mayores indígenas de México [Internet]. México: INPI; 2017 [Referenced on March 28, 2022]. Available at: http://www.conamed.gob.mx/gobmx/boletin/pdf/boletin13/poblacion_indigena.pdf

12. Comisión Nacional de Arbitraje Médico. Población indígena en cifras. México: CONAMED; 2017. Available at: http://www.conamed.gob.mx/gobmx/boletin/pdf/boletin13/poblacion_indigena.pdf

13. Reyes L, Mendoza CB. Vulnerabilidad. La vejez en población indígena. Integra2 Revista electrónica de educación especial y familia [Internet]. 2020 [28 mar 2022]; 11(1):26-35. Available at: https://integra2.fcdh.uatx.mx/admin2/uploads/articulos/_Volumen_11_Numero_1,_enero_-_junio_2020/artCompleto_Vulnerabilidad._La_Vejez_en_Po.pdf

14. Fernandez P, Tuirán A, Ordorica M, Salas G, Camarena RM, Serrano E. Informe sobre desarrollo humano de los pueblos indígenas de México 2006. Comisión Nacional para el Desarrollo de los Pueblos indígenas, Programa de las Naciones Unidas para el Desarrollo [Internet]. México; 2006 [Updated on 2006; referenced on January 23, 2021]. Available at: https://www.gob.mx/cms/uploads/attachment/file/35732/cdi-informe-desarrollo-humano-pueblos-indigenas-mexico-2006.pdf15

15. Madrazo M. Algunas consideraciones en torno al significado de la tradición. Contribuciones desde Coatepec [Internet]. 2005 [Referenced on February 25, 2021]; (9):115-132. Available at: https://www.redalyc.org/articulo.oa?id=28150907&iCveNum=2813

16. Sáez-Padilla J, Sierra-Robles A, Tornero-Quiñones I, Espina-Díaz A, Carvajal-Duque P. Condición física relacionada con depresión y calidad de vida en personas mayores. Revista de psicología del deporte [Internet]. 2020 [Referenced on February 23, 2021];29(1):113-122. Available at: https://www.rpd-online.com/index.php/rpd/article/view/42/38

17. Bautista-Díaz ML, Reyes-Jarquín K, Bracqbien-Noygues C, Rivera-Guerrero AM, Chávez M. Calidad de vida como reto de la psicología en México. En: Zapata-Salazar J, Petrzelová-Mazacová J, Vallejo-Castro R, editores. Los desafíos de la psicología en la sociedad mexicana contemporánea. México: Ediciones de Laurel; 2019. p. 307-330

18. García JA. Vélez C. Determinantes sociales de la salud y calidad de vida en población adulta de Manizalez, Colombia. Revista Cubana de Salud Pública [Internet]. 2017 [Referenced on February 25, 2021]; 43(2):191-203. Available at: https://www.scielosp.org/pdf/rcsp/2017.v43n2/191-203/es

19. Putallaz P. Calidad de vida. Universidad de Palermo [Internet] 2019 [Referenced on February 28, 2021]. Available at: http://dx.doi.org/10.13140/RG.2.2.26421.32484

20. Goodkind JR, Gorman B, Hess JM, Parker DP, Hough RL. Reconsidering culturally competent approaches to american indian healing and well-being. Qual Health Res [Internet]. 2015 [Referenced on February 23, 2021]; 25(4):486-499. Available at: https://doi.org/10.1177/1049732314551056

21. Organización Mundial de la Salud (OMS). La gente y la salud ¿Qué calidad de vida?. Foro mundial de la salud. 1996 [Referenced on January 12, 2021]; 17(4):385-387. Available at: https://apps.who.int/iris/bitstream/handle/10665/55264/WHF_1996_17_n4_p385387_spa.pdf?sequence=1&isAllowed=y

22. Espinoza I, Osorio P, Torrejón MJ, Lucas-Carrasco R, Bunout D. Validación del cuestionario de calidad de vida (WHOQOLBREF) en adultos mayores chilenos. Rev Med Chile [Internet]. 2011 [Referenced on February 25, 2021]; 139:579-586. Available at: https://scielo.conicyt.cl/pdf/rmc/v139n5/art03.pdf

23. Riveros F, Bernal L, Bohórquez D, Vinaccia S, Quiceno J. Inventario de sistema de creencias (SBI-15 R) en Colombia: estructura factorial y confiabilidad en población universitaria y en pacientes crónicos. Rev. Colom. Enferm [Internet]. 2018 [Referenced on February 25, 2021]; 17(13):13-20. Available at: https://doi.org/10.18270/rce.v17i13.2103

24. Cámara de Diputados del H. Congreso de la Unión. Reglamento de la ley general de salud en materia de investigaciones para la salud. México; 2014 [Referenced on February 25, 2021]. Available at: http://www.diputados.gob.mx/LeyesBiblio/regley/Reg_LGS_MIS.pdf

25. Organización de las Naciones Unidas. Declaración de las Naciones Unidas sobre los derechos de los pueblos indígenas. ONU; 2007. Available at: https://www.un.org/esa/socdev/unpfii/documents/DRIPS_es.pdf

26. Comisión Económica para América Latina y el Caribe (CEPAL). Los pueblos indígenas y la sociedad de la información en América Latina y el Caribe: un marco para la acción. Chile: CEPAL; 2003. Available at: http://lanic.utexas.edu/project/etext/llilas/claspo/workingpapers/indigenas.pdf

27. Macín G, Gómez J, Ballesteros M, Canizales S, Acuña V. Cambio cultural, estilo de vida, adiposidad y niveles de glucosa en una comunidad totonaca de la Sierra Norte de Puebla. Cuicuilco [Internet]. 2013 [Referenced on February 23, 2021]; 20(58):173-196. Available at: http://www.scielo.org.mx/pdf/cuicui/v20n58/v20n58a10.pdf

28. Gómez L. Calidad de vida en adultos mayores que residen en zona rural, en la comuna de San Ignacio, Chile. Margen [Internet]. 2016 [Referenced on February 23, 2021];82:1-16. Available at: https://www.margen.org/suscri/margen82/parada82.pdf

29. Cardona-Arias JA, Giraldo E, Maya MA. Factores asociados con la calidad de vida relacionada con la salud en adultos mayores de un municipio colombiano, 2013. MÉD. UIS [Internet]. 2016 [Referenced on January 25, 2021]; 29(1):17-27. Available at: http://dx.doi.org/10.18273/revmed.v29n1-2016002

30. Estrada A, Cardona D, Segura AM, Chavarriaga LM, Ordóñez J, Osorio JJ. Calidad de vida de los adultos mayores de Medellín. Biomédica [Internet]. 2011 [Referenced on March 16, 2022]; 31(4): 492-502. Available at: http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0120-41572011000400004&lng=en

31. Parodi S. Religiosidad y miedo a la muerte en personal de apoyo de pacientes oncológicos del albergue Frieda Heller – Lima, 2018. Universidad Alas Peruanas [Internet]. 2019 [Referenced on March 17, 2021]. Available at: https://repositorio.uap.edu.pe/xmlui/handle/20.500.12990/2326

32. Varela LF. Salud y calidad de vida en el adulto mayor. Rev Peru Med Exp Salud Pública [Internet]. 2016 [Referenced on January 25, 2021]; 33(2):199-201. Available at: https://doi.org/10.17843/rpmesp.2016.332.2196

How to reference this article: Sánchez-Solano MJ, Trejo-Hernández MA, Vega-Argote MG, Fuentes-Ocampo L, Díaz-Cervantes E, Mejía-Benavides JE. Creencias religiosas y calidad de vida del adulto mayor de una comunidad indígena. SANUS [Internet]. 2022 [Referenced on dd mm yy]; 7:e260. Available at: DOI/URL.