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Adjusting to COVID-19 on Campus for Safety Stay: A case of Seventh Day Adventist (S. D. A) Final Year College of Education Students

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Abstract:

Final year teacher-trainees' conception of COVID-19 has become indispensable since the ideal practices needed to inculcate in students to become responsible local and global citizens. The main purpose of this study was to intensify the COVID-19 awareness, find students background leading to infection and to practice supportive measures to overcome the disease. The population consists of all final year trainee teacher students of SDA College of Education Asokore-Koforidua. Purposive and convenient sampling techniques were used to select a total number four hundred and ten (410) students and the college respectively. The main instruments used for data collection were interview guide and questionnaire. The quantitative data entry and analysis was done by using the SPSS software package. The data was edited, coded and analysed into frequencies, percentages, weighted mean with interpretations. The qualitative data was analysed by the use of the interpretative technique based on the themes arrived at during the observation of mentees while they teach in a classroom setting. The themes were related to the research questions. The study revealed that, 0.3 percent of the respondents have coughing problems, 0.8 percent also exhibited cold and flu, 0.5 percent had difficulty in breathing, all these symptoms exhibited by respondents are underlying factors that could lead to the acquisition of COVID-19 virus. It is recommended that, the school should have a doctor or nurse who could be educating students on their health status and the need for seeing a doctor occasionally in order to avoid health problems. It is also recommended that, School management should ensure that student observe protocols especially those who do not believe COVID-19 is real.

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1. Introduction

The 2019 Cov is officially called SARS - Cov-2 and is the cause of the disease named COVID-19. The virus can spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak, sing or breathe. These particles range from larger respiratory droplets to smaller aerosols. This is the third serious corona virus outbreak in less than 20 years, following SARS in 2002-2003 and MERS in 2012, while human strain of corona virus are associated with about 15 per cent cases of the common cold. Break-down of infections worldwide are as follows: Total corona cases worldwide; 250,274,640 total deaths 5,060,234 total recoveries 226,551,707, and active cases 18,662,699 as of 7th November, 20201 [1]. COVID-19 has brought fear and panic to the entire world. Many people have died worldwide, there has been lockdown and closure of businesses, and schools have also been closed down. Health experts have confirmed that corona virus has come to stay. In view of this, should we allow our students or our children to remain forever at home? Although, safety measures have been put in place yet souls are being lost daily due to COVID-19.

The World Health Organization declared the outbreak a Public Health Emergency of International Concern. (Statement on the Second Meeting of International Health Regulations, 2005 and WHO Director-General opening remarks at the media briefing on COVID-19, 11th March, 2020). On 30th January, 2020 and on March 11 2020, declared Covid-19 as a pandemic. It also speculated that Africa will experience massive deaths of COVID-19, African Heads of States stood their grounds of which the president of Ghana was no exception [2]. There was rapid test of the virus at Noguchi Memorial Institute. There was also contact tracing by the Ghana health service. S.D.A College of Education played its part to mitigate the impact of COVID-19 on the final year students. Schools were closed down all over the world due to the tremendous increase of COVID-19 and its related deaths. On the 15th of March 2020 the president of Ghana announced the closure of Ghana schools [3]

Systematic resumption of schools was pronounced by the president of Ghana. The final year students of Ghana universities were asked to go to school in order to write their final examinations, then later, final year students of colleges of education, Senior High Schools final year students and Junior High Schools final year students were also asked to go and write their final exams. COVID-19 is a large family of viruses that are known to cause illness ranging from common cold to fever. It affects different people in different ways. Most infected persons develop mild to moderate illness and recover without hospitalization. The most common symptoms are fever, dry cough and tiredness. Less common symptoms are aches and pains, sore throat, diarrhoea, conjunctivitis, headaches, loss of taste and smell, skin rashes, discolouration of fingers and toes. Preventive measures for the general public are to stay at home, observe social distance, and avoid handshaking, wash hands frequently with soap under running water, use hand sanitizer in the absence of water, avoid touching of face and eyes [4,5].

Coronaviruses are named for their appearance: “corona” means “crown.” The virus’s outer layers are covered with spike proteins that surround them like a crown. SARS stands for severe acute respiratory syndrome. In 2003, an outbreak of SARS affected people in several countries before ending in 2004. The coronavirus that causes COVID-19 is similar to the one that caused the 2003 SARS outbreak. Since the 2019 coronavirus is related to the original coronavirus that caused SARS and can also cause severe acute respiratory syndrome, there is “SARS” in its name: SARS-CoV-2. Much is still unknown about these viruses, but SARS-CoV-2 spreads faster and farther than the 2003 SARS-CoV-1 virus. This is likely because of how easily it is transmitted person to person, even from asymptomatic carriers of the virus [6].

Scientists first identified a human coronavirus in 1965. It caused a common cold. Later that decade, researchers found a group of similar human and animal viruses and named them after their crown-like appearance. Seven coronaviruses can infect humans. More than 8,000 people were infected by July 2003, and 774 died. A small outbreak in 2004 involved only four more cases. This coronavirus causes fever, headache, and respiratory problems such as cough and shortness of breath. MERS started in Saudi Arabia in 2012. Almost all of the nearly 2,500 cases have been in people who live in or travel to the Middle East. This coronavirus is less contagious than its SARS cousin but more deadly, killing 858 people. It has the same respiratory symptoms but can also cause kidney failure [5].

The outbreak was first identified in Wuhan, China, as the epicenter in December 2019. (Novel Corona Virus-China. World Health Organization – W.H.O). This is the third serious corona virus outbreak in less than 20 years, following SARS in 2002-2003 and MERS in 2012. While human strain of corona virus is associated with about 15 per cent of cases of the common cold. The SARS-COV- 2 may present with varying degrees of severity, from flu like symptoms to death. Many health experts believe that the new strain of coronavirus likely originated in bats or pangolins. Since then, the virus has mostly spread through person-to-person contact. Coronaviruses are a group of viruses that can cause disease in both animals and humans. The severe acute respiratory syndrome (SARS) virus strain known as SARS-CoV is an example of a coronavirus. SARS spread rapidly in 2002–2003. The new strain of coronavirus is called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus causes coronavirus disease 19 (COVID-19). Around 80%Trusted Source of people with COVID-19 recover without specialist treatment. These people may experience mild, flu-like symptoms. However, 1 in 6 people Trusted Source may experience severe symptoms, such as trouble breathing. The new coronavirus has spread rapidly in many parts of the world. On March 11, 2020, the World Health Organization (WHO)Trusted Source declared COVID-19 a pandemic. A pandemic occurs when a disease that people are not immune to spreads across large regions [7].

In the fourteenth century the world was ravaged by bubonic plague also known as Black Death, and originated from Asia and spread to the Mediterranean. In Europe it first appeared in Italy where it decimated one third of Europe population [8]. Local authorities managed to trace the original vectors of the diseases to sailors who had entered the area through its seaports. Venice’s magistrate and the city’s office of health collaborated and to devise containment measures whose primary goal was to insulate the rest of the republic against further contagion. These measures included creating the lazaretto, a makeshift dockyard of sorts where arriving vessels and cargo were isolated, cleansed and treated. Moreover, crew and passengers alike were isolated ashore and confined for forty days- a period believed to be long enough for

any incipient infection to manifest fully. The forty-day period of confinement was referred to as quaranta (forty) from which we derived the term quarantine. Historians call it the world's earliest documented pandemic. It ravaged the fifth century world during the Peloponnesian war. This pandemic spread through Spartans, Libya, Ethiopia, and Egypt [9]. Justinian plague was named after Roman Empire which spread from Italy to North Africa. It first originated at Pelusium in the Nile delta in 541 CE. Its symptoms were headache, fever, leg and back pains, painful swellings, slurred speech, bloodshot eyes, hallucination, burning temperature, swollen tongue and coughing up blood [9]. There was severe pandemic of small pox originated from the seaport province in Dasihu on the Japanese island of Kyushu in the year 735. It spread quickly and within a year it had reached the highland of Honshu [9]. The death toll was bone third of the population of the Japanese. Victims of the disease displayed red swellings and blotches on the skin, fever, thirst and diarrhoea with black or bloody stools [6]. The city of London suffered a major epidemic of bubonic plague between April 1665 and January1666. The total death toll is not known. In 1663, there was an outbreak of plague in the Netherlands [9]. The microbe that felled one child in a distant continent can reach yours today and seed a global pandemic tomorrow. It has once again proved its relevance with the emergence of CoV disease 2019 (COVID-19) as the latest pandemic that is affecting human health and economy across the world. So, it is very necessary to maintain social distancing, mental distancing. One of theimportant work of family medicine they should practice with pride and family doctors should come as a frontliner. It is essential to strengthen biomedical research, improve healthcare delivery system, establish a permanent "watch-dog" body and create an improved communication and coordination mechanism for the diverse agencies responsible for mitigating the broader adverse consequences of pandemics. This will require not only national efforts but a coordinated global response through international agencies and development partners:

• Establish the results of other related studies and what needs to be known about it.

• Critically examine the research methods employed in such studies to justify the claims of such studies.

• Summarise the existing studies and synthesize it in order to develop a new perspective; and

• Define the boundaries of the new studies [5,10].

The shock caused by Covid-19 pandemic has had a considerable impact on Ghanaian business forcing many firms to cut cost by reducing staff hours, cutting wages of 770,000 workers and in some cases laying off 42 thousand workers [11]. According to results from a new COVID-19 business tracker Survey conducted by Ghana statistical Service (GSSS) in collaboration with the United Nations Development Programme (UNDP). Different types of pandemic have existed since the existence of man on this planet. There have been various types of pandemic that have claimed lot of lives. Historically what we consider as pandemic or epidemic, existed in such some vague allusions as disease, 'plague' persistence in ancient literature, these terms connoted either localised outbreaks or large scale cross-border contagious diseases with huge death tolls. The impact of pandemics has given the chance to deploy state power as a centralizing authority to rally their communities, administrative personnel, civil authorities, and boards of health, the military and huge resources in a fight from which the states have often emerged stronger [8]. The fifth century world also registered a pandemic in Athens and Spartans. It further spread to

Libya, Ethiopia and Egypt [12]. The pandemic had a distressing symptoms such as fever, vomiting, ulceration, and lesions. The pandemic took the lives of several people during the Peloponnesian war. The confinement strategies used included the application of purification and incantations and enforcement of abstinence from baths and many Items then considered harmful to disease people. In furtherance, chronicled "all-consuming and all-destroying plague" termed as Justinian plague. It originated at Pelusium in the Nile Delta in 541 CE. Consecutively it broke out in eighteen continuous upsurges over a stretch of 200 years, until it disappeared rapidly and inexplicably in 755 CE. Averagely, 5000 people died in Constantinople. Its symptoms were headache, fever, leg and back pains, painful swellings, slurred speech, bloodshot eyes, hallucination, burning temperature, swelling tongue and coughing up blood. The outbreak plagued Asia, Africa, and Europe. Containment strategies included unspecified traditional public health measures and quarantine [8].

Again Black Death in 14th century (1347-1353) also originated in Central Asia in the 1330 and reached Europe in 1347 through Genoese galley's sailing from the Black Sea and docking at Messina in Sicily. It spread quickly to Sardina, Corsica and other parts of the West, for six-years. It lasted for five centuries and disappearing in the 1830s. The symptoms were dark buboes and gangrene. The health and safety measures adopted included creation of sanitary barricades manned by the military detachments charged to protect the population by blocking movements of people and goods [8]. In 17th century, London also witnessed another great plague between 1665 and 1666. The total death toll was not known with surety. It was however estimated that it will be between 75,000 and 100,000 with the total population of 460,000. Sanitary measures such as decongestion of ditches, houses were fumigated and fires were lit by the streets to deter plagues. Regulations quarantine measures were put in place, but it was defeated. A new set of public health policies were introduced which ordered the destruction of strayed dogs and pigs, removal of heaps of rubbish from the streets. Regulations imposition on commerce to reduce contagious crowding, pubs and ale-houses were closed [8].

Cholera outbreak in 1817 to 1961 in Asia, Europe, and North America called for implementation of health rules in these affected countries. England France Russia Austria Hungary and Prussia Became home for many contagionist [13]. There was imposition of quarantine and restrictions on travels and movement of people. The third plague of 1855 originated from Central Asia, exploding in China in 1855, then in Hong Kong in 1894 and later spread to Buenos Aires, Honolulu, Sydney, Cape Town, Naples, Oporto, and San Francisco [13]. Containment measures put in place where surveillance systems, maritime quarantines and isolation of the victims.

MacMillien also indicated that in some places the city officials' deployed brutality and awkward means to enforce compliance with strict public health measures. The swine flu of 2009 - 2010 also claimed 149 victims on the 11th June 2009 WHO declared it a pandemic. Powell (1999) Added that the first major study on the issue tells us, most medical opinion favoured importation, contagion and quarantine. The outbreak of COVID - 19 virus has brought fear and uncertainties to the entire world. Several lives have been lost due to this pandemic. Several measures have been put in place to combat the disease across the globe. On 15 March, 2020, the president of Ghana announces the closure of all schools and public gatherings. Later on the same year a systematic resumption of schools was declared by the president of Ghana. The final year students of the Universities, Colleges of Education and Senior High schools were to resume school for academic work and writing of final exams. It became

necessary to ascertain how well prepared the students were to stay safe on campus. Most of these authors did not focus on the people's perception of these diseases or pandemics as well as the underlying health condition of the people at that time. Majority of the authors focused on confinement rules and do not highlight on other activities that the populace undertook in such circumstances. Therefore, this study became necessary.

On 16th March 2020, all schools were closed down due to the outrageous deaths worldwide caused by COVID-19. Online teaching and learning was going on somehow but its effect was not strong enough since most Ghanaian schools are not conversant with on-lines teaching and learning. Some countries attempted reopening their schools with compliance to all protocols yet people were dying. All countries were still trying their best to resume their schools of which Ghana is no exception. Final years of tertiary institutions were to go back to school to write their final exams. Final years of SDA College of Education Koforidua in the eastern region of Ghana were to resume on 22 June to 3rd July 2020. In view of this, students' background data was to be taken and also to find out their awareness and preparedness towards their stay on campus. This was to be done to find out how best the students could be supported in order to live safely on campus without casualties. The main purpose of this study was to intensify the covid-19 awareness, find students background leading to infection and to practice supportive measures to overcome the disease. The study sought to answer these research questions – (1) To what extent do students know about the COVID pandemic? (2) What are students' background in relation to the pandemic? (3) What preparations have students made to live on campus amidst COVID-19? (4) What measures are put in place by college officials to control the spread of COVID-19.

2. Materials and Methods

The study used both quantitative and qualitative research approach. The population consists of all final year trainee teacher students of SDA College of Education-Asokore – Koforidua. Purposive and convenient sampling techniques were used to select a total number four hundred and ten (410) students and the college respectively. To ensure that final year students of SDA College of Education stay safely on campus amidst COVID-19, Students Advisory Committee was instituted by the Counselling Unit to put measures in place and create a serene environment for students to learn and to prevent them from contracting and spreading the disease. In view of this, a study with the final year students was conducted to find out whether they are aware of COVID-19, whether they have underlying sickness that could trigger the disease in case of any casualty, and how far they have prepared to live on campus amidst COVID-19. The main instruments used for data collection were interview guide and questionnaire. The quantitative data entry and analysis was done by using the SPSS software package. The data was edited, coded and analysed into frequencies, percentages, weighted mean with interpretations. The qualitative data was analysed by the use of the interpretative technique based on the themes arrived at during the observation of mentees while they teach in a classroom setting. The themes were related to the research questions.

3. Results and Discussion

In responses to the questions that inquired the level of awareness of COVID-19 and student's preparedness to stay on campus amidst COVID-19, more students had high

awareness of COVID-19 as well as much prepared to live on campus amidst COVID-19. Some respondents also came up with the underlying diseases such as asthma, cold, headache, sore throat etc. that triggers the corona virus among individuals who contracts the disease.

Health Survey

Table 1. *Sex of the respondents.*

		Frequency	Percent	Valid Percent	Cumulative Percent
	Male	1866	47.4	47.4	47.4
Valid	Female	206	52.6	52.6	100.0
	Total	392	100.0	100.0	

The table 1 above indicates the total number of respondents that is 392. 186 males representing 47.4 percent, whilst 206 were females representing 52.6 percent. This table shows that females are more than males on SDA campus.

Table 2. *Indicating contact with someone who has travelled abroad recently?*

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	2	.5	1.0	1.0
Valid	No	189	48.2	99.0	100.0
	Total	191	48.7	100.0	
Missing	System	201	51.3		
Total		392	100.0		

Table 2 above shows 2 respondents representing 0.5 percent have come into contact with some persons who have travelled abroad recently. This shows that SDA College of education final year students still stands the chance of being infected with COVID - 19 since it is all over the news that thousands of people have died out of COVID-19 in the European countries.

189 respondents representing 48.2 percent have not been in contact with anyone living abroad yet they stand the chance of contracting the disease. 201 respondents representing 51.3 percent were missing in the system. This may not be ascertained whether they have been in contact with people who have travelled abroad recently. These students must be counselled so as to be cautious about observing the safety protocols.

Table 3. *Problems of severe headache, asthma and coughing.*

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	3	.8	.9	.9
Valid	No	336	85.7	99.1	100.0
	Total	339	86.5	100.0	
Missing	System	53	13.5		
Total		392			

Table 3 demanded respondents to respond to different diseases which could lead to escalating COVID-19 infection. This table again shows that respondents either have asthma, severe headache or cough. Three respondents representing 0.8 percent said they exhibit such problems as asthma, headache and cough, while 336 respondents representing 85 percent indicated that they do not exhibit any of such symptoms. 53 of the respondents representing 13 percent were missing in the system meaning they could have hidden problems.

Table 4. *Tick where appropriate.*

		Frequency	Percent	Valid Percent	Cumulative Percent
	Cough	1	.3	.3	.3
	Cold/flu	3	.8	.8	1.0
Valid	difficulty in breading	2	.5	.5	1.5
	none	385	98.2	98.5	100.0
	Total	391	99.7	100.0	
Missing	System	1	.3		
Total		392	100.0		

Table 4 above shows that 1 person representing 0.3 percent have coughing problem, and 3 persons representing 0.8 also exhibited cold and flu, 2 persons representing 0.5 percent had difficulty in breathing, all these respondents also had sicknesses that could lead to the acquisition of COVID-19 virus and 385 respondents representing 99.5 percent were missing in the system that means they do not exhibit any of these sicknesses, yet they stand the chance of acquiring COVID-19 virus.

Table 5*. A table indicating respondents view on the reality of COVID-19.*

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	390	99.5	99.5	99.5
Valid	No	2	.5	.5	100.0
	Total	392	100.0	100.0	

Table 5 above shows respondents who have views about COVID-19. 390 respondents representing 99. 5 percent have knowledge about COVID-19 virus, while 2 respondents representing 0.5 percent have no idea about COVID-19. This shows that these respondents may not observe the protocols leading to the increase in COVID-19 infection.

Table 6 . *Respondents' views on ways of keeping themselves away from the disease?*

		Frequency	Percent	Valid Percent	Cumulative Percent
	wearing of nose mask	100	25.5	25.5	25.5
	Boosting of immune system	25	6.4	6.4	31.9
	washing hands frequently	57	14.5	14.5	46.4
	keeping social distance	103	26.3	26.3	72.7
Valid					
	By staying at home	16	4.1	.8	76.8
	none	91	23.2	23.2	100.0
	Total	392	100.0	100.0	

Table 6 above indicates respondents who practice COVID-19 protocols or to keep themselves away from getting COVID-19. From the table 100 respondents representing 25.5 percent do wear nose mask. Also 25 respondents representing 6.4 percent use to boost their immune system by eating fruits, taking vitamin –C and or taking ginger and garlic. 57 respondents representing 14.5 percent do wash their hands frequently to keep them away from contracting COVID-19 virus. 103 respondents representing 26.3 percent practice social distance. 3 persons representing 0.8 percent agreed that they practice staying at home. 91 respondents representing

23.2 percent were missing in the system in other words none of them responded to the COVID-19 practices which could lead to easy acquisition of COVID-19 virus.

***Table** 7. Respondents view on why COVID-19 is real.*

		Frequency	Percent	Valid Percent	Cumulative Percent
	I've seen videos of COVID-19	63	16.1	16.1	16.1
	patients I have been a witness to Covid case	22	5.6	5.6	21.7
	Educated on it by W.H.O broadcast on tv	29	7.4	2.8	53.6
Valid	it is easy to acquire persistent rise	74	18.9	18.9	48.0
	because it kills	172	43.9	43.9	91.8
	because it has negative impact on the economy	10	2.6	2.6	94.4
	because of the presidents' nation address	15	3.8	3.8	98.2
	None	7	1.8	1.8	100.0
	Total	392	100.0	100.0	

Table 7 indicates respondents view on whether COVID-19 is real or not. 63 respondents representing 6.1 responded that they have seen videos of COVID-19, which signifies their awareness of COVID-19. Also, 22 respondents representing 5.6 say that they have witnessed people who have been infested with COVID-19 virus. 29 respondents representing 7. 4 indicated that they have been educated on COVID-19by WHO on television. That also creates the awareness that COVID-19 is real. 74 respondents representing 18.9 percent who said that they can get COVID-19 by acquiring the virus. 172 respondents representing 43.9 percent show that COVID-19 has influenced the nation's economy negatively therefore their belief in the reality of COVID-19. 15 respondents representing 3.8 percent also established the fact that the president's nation's address confirms that COVID-19 is real. 7 respondents representing 1.8 percent are respondents who did not answer any of the questions. That could mean that they do not have an idea about COVID-19 and that they could be easily infested.

***Table 8.** Why COVID-19is not real.*

		Frequency	Percent	Valid Percent	Cumulative Percent
	because I have not witness some yet or come into	2	.5	.5	.5
Valid	contact with infected person				
	None	390	99.5	99.5	100.0
	Total	392	100.0	100.0	

Table 8 above indicates that 2 respondents representing 0.5 percent said they have not witnessed anyone who has been infected with COVID-19 nor come into contact with COVID-19 patient therefore COVID-19 is not real. This could make these respondents be negligent about the reality of COVID-19. 392 respondents representing 99.5 percent did not indicate whether COVID-19 is not real. This signifies that they may be negligent and that could lead to the rise of COVID-19 infection.

Table 9. *how respondents have prepared to live on campus in this COVID-19period.*

		Frequency	Percent	Valid Percent	Cumulative Percent
	Avoid over crowded places and use of nose mask	45	11.5	11.5	11.5
.	Adhere to all protocols concerning COVID-19	236	60.2	60.2	71.7
Valid	To abide by all safety	76	19.4	19.4	91.1
	precautions				
	I will make sure i go by rules	21	5.4	5.4	96.4
	laid down on campus				
	none	14	3.6	3.6	100.0
	Total	392	100.0	100.0	

From Table 9, 45 people, indicating 11.5% stated that they would avoid crowded places to prevent the spread of the virus. Also, 236 people, representing 60.0% indicated that they would adhere to all COVID-19 protocols to curtail the spread. According to the data, 76 people representing 19.4%, indicated that they would abide by all safety valid precautions. In another development, 21 people, representing 5.4% said they would comply with all rules concerning COVID-19 laid down protocols by the college on campus. It is clear from all indications that majority of the respondents have come to campus prepared to combat COVID-19 in one way or the other. Fourteen respondents did not indicate how they were prepared to live on campus to avoid contracting or spreading COVID-19. This also shows that those people can spread or contract the virus easily since they do not have a plan of action for prevention.

4. Conclusions and Recommendations

The study concluded that, 0.3 percent of the respondents have coughing problems, 0.8 percent also exhibited cold and flu, 0.5 percent had difficulty in breathing, all these symptoms exhibited by respondents are underlying factors that could lead to the acquisition of COVID-19 virus. The study also concluded that, 99.5 percent were missing in the system that means, they do not exhibit any of these sicknesses, or they are not well informed about the pandemic so they stand the chance acquiring COVID-19 virus. In view of this, students should be encouraged to attend counselling. of The study revealed that, 0.8 percent of the respondents exhibited asthma, headache and cough, while 85 percent of the respondents do not exhibit any of such symptoms. For this reason, there is the need for a medical personnel to be at post to screen students and separate students with allergies from non-allergic ones. It is recommended that, the school should have a doctor or nurse who could be educating students on their health status and the need for seeing a doctor occasionally in order to avoid health problems. It is also recommended that, School management should ensure that student observe protocols especially those who do not believe COVID-19 is real. Such person may live without precaution and be easily affected. In all these, guidance and counselling programmes must be organized for all students.

Conflicts of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

Data Availability Statement

Data is available on request from the corresponding author.

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