

# Grief and its relationship with coping and resilience strategies in a group of women victims of the Colombian internal armed conflict<sup>1</sup>

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## **Abstract**

In the context of the Colombian armed conflict, women have been the most affected, being the grief process the most deficient due to the lack of psychosocial support. The objective of this study was to describe

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resilience and coping strategies in a sample of women victims of the armed conflict and their relationship with the stages of grief experienced. The methodology used was a quantitative, descriptive, non-experimental, ex-post-facto approach. Twenty women victims of the armed conflict who were in different stages of grief due to the loss of their loved ones as a result of the armed conflict participated in the study. The Resilience Scale SV-RES for youth and adults" by Saavedra and Villalta (2008), the Coping Strategies Inventory (CSI) adapted by Cano, Rodríguez, and García (2006), and the Grief Phases Scale (EFD-66) by Miaja and Moral (2013) were used. Results: Deficiencies in the use of coping strategies were identified in the study sample, with a higher frequency of use of non-functional strategies. Women who were in more advanced stages of grief showed the use of more functional coping strategies. No correlation between stages of grief and time since loss was identified. Conclusions: The results suggest that the process of coping and grief elaboration in the sample of women victims of the armed conflict is not related to the time elapsed since their loss, but rather to the use of personal resources.

*Key words:* victims; armed conflict; women; women; bereavement; resilience; coping strategies

# Duelo y su relación con las estrategias de afrontamiento y resiliencia en un grupo de mujeres víctimas del conflicto armado interno colombiano

## Resumen

En el marco del conflicto armado colombiano, las mujeres han sido la más afectadas siendo los procesos de duelos los que presentan mayores deficiencias debido a la falta de acompañamiento psicosocial. El objetivo de este estudio fue describir la resiliencia y estrategias de afrontamiento en una muestra de mujeres víctimas del conflicto armado y su relación con etapas del duelo experimentadas. La metodología utilizada fue de enfoque cuantitativo, descriptivo, método no experimental, ex post facto. Participaron 20 mujeres víctimas del conflicto armado que se encontraban en diferentes etapas del duelo por la pérdida de sus seres queridos a raíz del conflicto armado. Se empleó la Escala de Resiliencia SV-RES para jóvenes y adultos" de Saavedra y Villalta (2008), el Inventario de estrategias de afrontamiento (CSI) adaptado por Cano, Rodríguez y García (2006), y la escala de las Fases del duelo (EFD-66) de Miaja y Moral (2013). Resultados: Se identificaron deficiencias en el uso de estrategias de afrontamiento en la

muestra del estudio, con una mayor frecuencia de uso de estrategias no funcionales. Las mujeres que se encontraban en etapas del duelo más avanzadas mostraron el uso de estrategias de afrontamiento más funcionales. No se identificó la correlación entre las etapas del duelo y el tiempo transcurrido desde la pérdida. Conclusiones: Los resultados sugieren que el proceso de afrontamiento y elaboración del duelo en la muestra de mujeres víctimas del conflicto armado no está relacionado con el tiempo que ha transcurrido desde su pérdida, sino más bien con el empleo de los recursos psicológicos.

*Palabras clave:* víctimas; conflicto armado; mujeres; duelo; resiliencia; estrategias de afrontamiento

# O luto e a sua relação com as estratégias de coping e a resiliência num grupo de mulheres vítimas do conflito armado interno colombiano

## Resumo

No contexto do conflito armado colombiano, as mulheres foram as mais afectadas, sendo os processos de luto os mais deficientes devido à falta de acompanhamento psicossocial. O objetivo deste estudo foi descrever a resiliência e as estratégias de coping numa amostra de mulheres vítimas do conflito armado e a sua relação com as fases do luto vividas. A metodologia utilizada foi quantitativa, descritiva, não-experimental, *ex-post-facto*. Participaram no estudo 20 mulheres vítimas do conflito armado que se encontravam em diferentes fases do luto devido à perda dos seus entes queridos em consequência do conflito armado. Utilizou-se a Escala de Resiliência SV-RES para jovens e adultos" de Saavedra e Villalta (2008), o Inventário de Estratégias de Coping (CSI) adaptado por Cano, Rodríguez e García (2006), e a Escala de Fases do Luto (EFD-66) de Miaja e Moral (2013). Resultados: Foram identificadas deficiências no uso de estratégias de coping na amostra estudada, com maior frequência de uso de estratégias não funcionais. As mulheres que se encontravam em estágios mais avançados do luto apresentaram o uso de estratégias de coping mais funcionais. Não foi identificada correlação entre as fases do luto e o tempo decorrido desde a perda. Conclusões: Os resultados sugerem que o processo de elaboração do coping e do luto na amostra de mulheres vítimas do conflito armado não está relacionado com o tempo decorrido desde a sua perda, mas sim com a utilização de recursos psicológicos.

*Palavras-chave:* vítimas; conflito armado; mulheres; luto; resiliência; estratégias de coping.

## **Introduction**

Colombia has been affected for several decades by an internal armed conflict that has had dire consequences for the civilian population. Currently, when the country is in the process of post-conflict, it is necessary to address all these effects and sequelae at the psychosocial level as part of the public policy of reparation to victims of the armed conflict (Venegas et al., 2017; Estrada et al., 2010; Mira González et al., 2023).

Among the affectations left by the armed conflict on the population are forced displacement with its consequences of impoverishment, uprooting, and family affectation (Cáceres et al., 2000; Juárez and Guerra, 2011; Serrano Sánchez et al., 2023); post-traumatic stress disorder at the family and individual level (Alcaraz et al. 2012; Acuña Andrade & Ghiso Jiménez, 2023); mental health disorders such as depression, anxiety, eating disorders, high consumption of alcohol and other substances, among others (Aristizábal and Palacio, 2003; Londoño et al., 2005; Mogollón et al., 2003; León-Giraldo et al., 2023).

The aforementioned affectations are present in the entire population, including both genders and different age groups (Pérez et al., 2005; Segura and Meertens, 1997). However, the authors highlight that the female gender appears as the most affected by the consequences of armed conflict (Segura and Meertens, 1997; Meertens, 2000; Andrade, 2011; Lasso Urbano et al., 2022). Women have been affected to a greater extent by sexual violence; the loss of their family members, partners, and children; family affectations due to displacement, and post-traumatic stress, among others, causing a higher prevalence of mental health problems (Mogollón and Vásquez, 2006; Andrade, 2011; Lasso Urbano et al., 2022; Acuña Andrade & Ghiso Jiménez, 2023).

About the above, one of the problems affecting the female gender is the experience of grief due to the loss of their loved ones, especially partners and children, as a result of the armed conflict, considering, in addition, the aggravating factor that in many situations several traumatic events occur together, such as the violent death of loved ones, displacement, rape, etc., which considerably aggravates the possibility of overcoming the grieving process (Cano et al., 2015; Gallego, 2013; León-Giraldo et al., 2023). Mourning represents a normal process of elaboration of a loss aimed at the adaptation and harmonization of our internal and external situation in the face of a new reality, which includes a set of physical, intellectual, emotional, behavioral, and spiritual reactions that occur because of this traumatic experience (Meza et al., 2008; Hilberdink et al., 2023). In a normal process of overcoming grief, the person goes through several stages as he/she processes what happened and overcomes the adverse consequences generated at a subjective level. However, grief can become complicated and even pathological if the severity of the events overwhelms the person, who does not have sufficient personological resources to cope (Horowitz et al., 1980; Zhai & Du, 2020; Hilberdink et al., 2023).

This is the case of many women victims of the Colombian armed conflict who have lost their loved ones unjustly and violently, have been displaced, and have had to struggle with adverse consequences of the conflict at the family and personal level for years.

In this aspect and considering the importance of psychosocial accompaniment to the population victim of armed conflict in the framework of comprehensive reparation and restoration of rights (Martínez, 2017; Lasso Urbano et al., 2022), the present study was oriented to inquire about the coping strategies and resilient ability in a sample of women victims of armed conflict who have lost their loved ones due to armed conflict and who were in different stages of grief as a result of this loss.

It was considered important to investigate these resources at a personal level, being both resilience and coping strategies key elements in the process of overcoming adverse situations, such as loss and grief, in particular (Wilches, 2010; García-Vegas and Domínguez-de la Ossa, 2013; Ren, 2023; Elfers et al., 2023), thus projecting the collection of necessary inputs for the design of adequate psychosocial support strategies for this type of population affected by the armed conflict.

## **Metodología**

### **Method**

A quantitative approach study, descriptive level, and non-experimental, ex-post-facto design.

### **Participants**

According to the intentional sampling by convenience, 20 women victims of the Colombian armed conflict were selected, who were displaced and had suffered the loss of a loved one in a violent way, with the time elapsed since the losses between (3) three months and (4) four years.

### **Instruments**

To evaluate the resilience variable, the "Resilience Scale SV-RES for youth and adults" by Saavedra and Villalta (2008) was used, which measures specific areas of resilience and can be applied to people of both sexes, from urban areas, adults, and adolescents. It consists of a 60-item Likert scale with a choice of answers from 1 (strongly disagree) to 5 (strongly agree). The instrument evaluates 11 constitutive factors of resilience: identity, bonds, affectivity, autonomy, networks, self-efficacy, satisfaction, models, learning, pragmatism, goals, and generativity. It is an instrument of good reliability, with Cronbach's Alpha = .96, validated in the Chilean population.

To measure the coping strategies variable, the Coping Strategies Inventory (CSI) was used, developed in its original version by Tobin, Holroyd, Reynolds, and Wigal (1989) and adapted by Cano, Rodríguez and García (2006) for the Spanish population, consists of a 40-item Likert scale with a response option between 0 (not at all) and 4 (totally), which evaluates strategies such as problem-solving, self-criticism, emotional expression, dissertation thinking, social support, cognitive restructuring, problem avoidance and social

withdrawal. The instrument has good psychometric properties, showing internal consistency coefficients of the evaluated factors between .63 and .89.

To assess the variable stages of grief, the stages of grief scale (EFD-66) was used, based on the theoretical conceptualization of Kubler-Ross and designed by Miaja and Moral (2013), which identifies the following stages: denial, anger, negotiation (pact), depression and acceptance. The scale consists of 66 items with response options between 1 (never) and 5 (always), to locate the mourner in the stage of grief in which he/she is currently. The validation study of the scale in the Mexican population indicates good psychometric properties of the instrument with Cronbach's Alpha values between .70 and .88 for the composite subscales (Pedroza et al., 2017).

## Procedure

All study participants signed the informed consent for the respective participation. The study took into account regulations such as the Code of Ethics of the Psychologist and resolution 8430 of 1993 of the Ministry of Health, supporting ethical aspects of the study.

## Data analysis

The test for the normality of variables was performed, descriptive statistics were applied to calculate the means of the variables, and one-factor ANOVA was used for comparison by groups for normally distributed variables and Kruskal Wallis for non-normally distributed variables. Pearson's statistic was used to identify the correlation between the time of grief and stages of grief.

## Results

Of the women participants, three (15%) have been grieving for 2 years, nine (45%) have been grieving for 3 years, six (30%) have been grieving for 4 years, and only two (10%) have been grieving for 5 years. As for religion, all of them profess Catholicism. As for educational level, sixteen (80%) completed primary school and only four (20%) were able to finish high school. Regarding marital status, two (10%) are married, six (30%) are in union, ten (50%) are widowed and two (10%) of them are single mothers. Regarding children, only one (5%) of the participants had one child, seven (35%) of the respondents had two children, seven (35%) had three children and five (20%) had four children.

Regarding the stages of grief, four (20%) of the women surveyed were in the first stage of denial, one (5%) was in the second stage of anger, five (25%) were crossing the third stage of bargaining, three women (15%) were in the fourth stage of depression, and seven (35%) women were in the fifth stage of acceptance.

### Table 1

*Descriptive data of the study sample*

Variables	Years	Frequency	Percentage
Time of mourning	2	3	15
	3	9	45
	4	6	30
	5	2	10

Religión	Catholic	20	100
Schooling	Primary	16	80
	bachelor's degree	4	20
Marital status	Married	2	10
	Free union	6	30
	widow	10	50
	Single mother	2	10
Sons	1	1	5
	2	7	35
	3	7	35
	4	5	25
Etapas del duelo	Denial	4	20
	Anger	1	5
	Negotiation	5	25
	Depression	3	15
	Acceptance	7	35

*Note:* descriptive data related to sample characterization. Own elaboration (2023)

The analysis of the results regarding coping strategies obtained in the study sample indicates the presence of several problems, such as poor management of problem-solving strategies, high self-criticism, high level of disserative thinking, high level of use of social withdrawal strategies, and greater use of problem avoidance. The above are presented as negative aspects related to coping strategies in the sample of women in the study. These aspects should be intervened to improve their grief processes.

The positive aspects are related to good management of emotional expression, social support, and cognitive restructuring. These data indicate that the women in the sample make good use of these functional strategies.

**Table 2**

*Coping strategies of the women in the sample*

Strategy	Me (SD)	Reference values M(SD)	Z-score
Problem solving	10,2(2,6)	14,25(5)	-0,8
Self-criticism	8,8(3,1)	5,1(5)	0,74
Emotional expression	12,4(3,6)	8,9(5)	0,7
Diserative thinking	13,6(4,3)	11,6(5)	0,4
Social support	13,2(4,2)	10,9(5)	0,5
Cognitive restructuring	11,1(2,3)	10,1(4,9)	0,2
Problem avoidance	8,3(2,4)	5,1(3,8)	0,6
Social withdrawal	8,7(3,2)	3,9(3,5)	1,4

*Note:* identification of the most frequently used coping strategies in the sample. Own elaboration (2023)

Regarding the resilience variables, the data indicate that the women in the sample have an average level of resilience. The lowest scoring factors were: affectivity and networks



with 62%; learning, goals, and bonds with 65%; self-efficacy and autonomy with 67%; and satisfaction with 68 %. The highest scoring factor was pragmatism with 69% and generativity, models, and identity with 70%. The total level of resilience obtained an average score of 67%.

The above indicates that, although the values obtained were at the level considering the situation of the women participants as victims of the armed conflict and affected by the mourning process, it would be necessary to improve their resilient ability to have greater personal resources to cope with the experiences they have lived through.

**Table 3**

*Resilience in the women in the sample.*

Variables resilience	Me (SD)	Reference values	Direct weighted score
Generativity	17,6(4,3)	5-25	70%
Learning	16,7(4,9)	5-25	65%
Self-efficacy	16,8(4,9)	5-25	67%
Affectivity	15,5(4,6)	5-25	62%
Goals	16,3(4,4)	5-25	65%
Models	17,6(4,6)	5-25	70%
Networks	15,7(4,7)	5-25	62%
Links	16,3(4,2)	5-25	65%
Pragmatism	17,4(3,4)	5-25	69%
Satisfaction	17(3,8)	5-25	68%
Autonomy	16,8(4,2)	5-25	67%
Identity	17,6(4)	5-25	70%
Total resilience	202,5(48)	60-300	67%

*Note:* identification of the variables related to the aspects of resilience in women victims of the armed conflict. Own elaboration (2023)

The comparison of coping strategies and resilience factors according to stages of grief did not present a statistically significant difference. It is important to consider this aspect, as a possible bias in the results, the non-equivalence between the sample size of bereavement groups, being necessary to replicate this study in larger samples with greater equivalence of groups to confirm these findings.

However, despite not presenting a statistically significant difference, the comparison of means indicates that women participants in the study, who are at different stages of grief, make different use of coping strategies and resilient resources. The overall analysis of scores indicates greater use of functional strategies in women who are in more advanced stages of grief. For example, problem-solving strategies, social support, emotional expression, and cognitive restructuring, being functional strategies, show a more frequent use in women who are in the later stages of grief. On the other hand, the strategies of self-criticism, disserterative thinking, problem avoidance, and social withdrawal show a more frequent use in women who are in the early stages of grief.



About the resilience variables, there is also a tendency to increase in the scores in all its constituent factors and the total score with progress in stages, indicating a better resilience in the women participants who are in the more advanced stages of grief.

**Table 4**

*Coping strategies and resilience according to the stages of grief*

	<b>Denial</b> M (SD)	<b>Anger</b> M (SD)	<b>Bargainin</b> <b>gM</b> (SD)	<b>Depress</b> <b>ión</b> M (SD)	<b>Acceptanc</b> <b>e</b> M (SD)	<b>Chi-</b> <b>square</b>	<b>P</b>
<b>Coping strategies</b>							
Problem solving*	9(3)	9(2)	9,5(6)	10(0)	11(5)	2,680	,613
Self-criticism	10(4,7)	10(2)	9,5(4,3)	8,5(1,7)	8,7(2)	,171	,950
Emotional expression	11(2,8)	11,5(4)	12,3(3,4)	12,7(4,7)	13,4(4,3)	,282	,885
Diserative thinking*	15,5(4,6)	14,3(3)	13,6(3,9)	12,3(4)	8(4,4)	1,081	,400
Social support	12,3(6,4)	12,3(4,5)	12,8(4,7)	13(2)	15(2,4)	,247	,907
Cognitive restructuring*	10,5(1,9)	10(1)	10,5(1,6)	10,3(3,5)	12,7(2,1)	1,556	,237
Problem avoidance*	8,9(1)	8,3(2)	8,2(2,7)	7,8(1,5)	6,7(2,4)	1,803	,181
Social withdrawal	9,3(5,5)	9(2)	9,3(2,9)	8,4(3,5)	7,8(3,1)	,136	,966
<b>Resilience</b>							
Generativity	16(2,8)	17,5(1)	16,7(5,5)	17,8(3)	18,6(4,9)	,361	,833
Learning	16(3,7)	16,7(2)	17(4,8)	16,6(2,3)	17,7(6,3)	,642	,641
Self-efficacy*	14(3,6)	15(3)	17,8(5)	17,5(2)	18,4(5)	1,458	,264
Affectivity	13(4,3)	14,6(4)	16(3,4)	16,7(4)	17,4(5,5)	,674	,620
Autonomy	15,4(3,8)	15,5(3)	15,8(2,8)	17,2(2)	18,4(5,9)	,536	,711
Identity	15,5(2,3)	17(1)	17,4(3,2)	18,7(4,5)	19(5,6)	,234	,915
Goals	15,2(3,7)	15,7(2)	15,2(3)	16,3(4,1)	17,5(5,7)	,628	,650
Models	15(2,3)	16(3)	16,6(2,7)	17,2(4,5)	19,7(6,3)	,858	,511
Networks	14,7(5,5)	15(2)	15,2(3,1)	17,7(1,5)	17,6(6,3)	,411	,798
Links	14,5(4,2)	15(3)	16,6(2,3)	15,3(4,1)	17,9(5,6)	,528	,717
Pragmatism	16,6(2,4)	16, 5(2)	16,8(2,6)	16(3)	18,8(4,4)	,761	,566
Satisfaction	15(3,5)	15,3(0)	17,2 (6,2)	17,2(1)	18 (5,6)	,554	,699
Total resilience*	205(74)	208(0)	210(61)	215(0)	219(49)	2,154	,707

\*Me (IR) Kruskal-Wallis

*Note:* presentation of values and scores associated with coping strategies in women victims of the armed conflict in grief processes. Own elaboration (2023)

Finally, the analysis of the correlation between the years that have passed since the loss and the stages of grief showed that there is no correlation between these variables, indicating that the passage from one stage of grief to the next is not related to the time that has elapsed since the loss. In this aspect, considering the results presented in the previous table (4), which indicate the presence of a tendency towards a more functional use of coping strategies and greater resilience in the women of the sample who are in more advanced stages of grief, it can be proposed that these personological resources are more relevant in overcoming grief than the time elapsed since its onset.

**Table 5**

*Relationship between time of grief and stages of grief*

Variables	Pearson	P-value
Time of mourning/ stages of mourning	-,031	,896

Scores associated between bereavement times and stages of grief in the sample. Own elaboration (2023)

## Discussion

The female population has been mostly affected by the Colombian internal armed conflict, mainly in relation to their role as mothers, wives, and daughters (Pérez & Cristancho, 2016; Barchelot Aceros et al., 2023), causing grief processes that require attention and support to strengthen their psychosocial resources to overcome the painful consequences.

In this order of ideas, coping strategies represent some personological resources that allow them to efficiently manage the negative emotional responses experienced throughout the grieving process, thus allowing them to rebuild their life projects (Hewitt et al., 2016; Gul et al., 2023).

The female participants of the present study showed the presence of deficiencies in this aspect, such as low use of problem-solving strategies, high self-criticism, high level of disserterative thinking, high level of use of social withdrawal strategy, and greater use of problem avoidance.

In this regard, studies indicate that situations of extreme violence, which cause profound psychological consequences in women victims of the armed conflict, often lead to the development of maladaptive strategies such as denial, avoidance and emotional isolation, aggressiveness, flight, and social withdrawal, among others, and are also associated with the use of psychoactive substances, anxiety, depression or suicide (Ruta Pacifica de las Mujeres, 2015; Gunarathne et al., 2023).

In these situations, as highlighted by some authors, refuge in religion or other types of beliefs emerges to seek spiritual and emotional resources to cope with what has been experienced and accept the condition of victims beyond only negative aspects (Velásquez, 2011; Hewitt et al., 2016, Ahmadi et al., 2023).

On the other hand, some positive aspects were also identified in the study sample, such as, for example, good management of emotional expression, social support, and cognitive restructuring, as functional coping strategies. In this aspect, some studies also indicate

that many women who are victims of the armed conflict use the social support strategy as one of the most frequent strategies to seek support from social and community networks, and the positive re-evaluation of their situation, which makes it possible to recognize the resources they have and reorient their lives to overcome what has been lost (Acosta & Banques, 2016; Jyothsna et al., 2023; Puente-Martínez et al., 2023).

In the same line as the finding of this study, studies on coping strategies in the Colombian armed conflict victim population indicate the use of strategies such as religion, social support, reevaluation, and strategies focused on the problem and positive emotions (Zuluaga, 2016; Martinez, 2020).

Regarding resilience variables, the results showed a medium level of resilience in the study participants, with higher scores in pragmatism, generativity, models, and identity, identifying certain deficiencies in factors such as effectiveness and networks, learning, goals, and bonds, self-efficacy, and autonomy.

Concerning resilience in women victims of the armed conflict, the authors indicate the importance of its elements such as self-management and self-knowledge as support in the reconstruction of their life projects; spirituality, and recognition of their capabilities and potential (Albarracín & Contreras, 2017; Quitumbo, 2019; Hewitt-Ramírez et al., 2020), highlighting that the presence of resilient ability in women victims of the armed conflict is related to altruistic attitudes and openness to others (Utria et al., 2015; Gantiva et al., 2023).

Both resources, both coping strategies and resilience, are effective when facing grief processes at a general level (Rodríguez, 2018; Garfias Royo et al., 2023; Mansoori et al., 2023), and especially types of grief aggravated by violence are felt produced within the internal armed conflict (Acosta, 2018; Castillo & Palma, 2016; Crişan et al., 2023).

In this aspect, the findings of the present study indicated that there is no relationship between the time that has passed since the traumatic event and the progress in the stages of grief elaboration. However, there was a trend revealing that women who are in more advanced stages of grief, regardless of the time that has elapsed since its onset, have more functional coping strategies and greater resilience. The above confirms the importance of these personological resources in coping with the aftermath of the traumas caused by the armed conflict and especially in overcoming the grief caused by the loss of family members.

## **Conclusions**

Based on the findings of the present study, which indicate the presence of deficiencies in the participating women, victims of the armed conflict, at the level of coping strategies and resilience, the need to improve these personological resources to cope with their grief and overcome their lived experiences becomes evident.

The findings of the study point to the fact that the time elapsed since the victimizing and traumatic events do not allow progress in the stages of mourning, but that it is necessary to have resources at the psychosocial level to overcome the sequelae caused by the armed conflict.

Considering the above, it is necessary to point out that the interventions carried out with this type of population in the framework of the policy of comprehensive reparation to the

victims of the armed conflict should be less assistance-oriented and more oriented to meet their resilient needs, recognizing the resources they have and promoting autonomy, positive re-evaluation and acquisition of adaptive strategies aimed at building a new life.

## Conflict of Interest

The authors declare that there is no contractual or personal conflict of interest that could cause an unintentional bias in the research process.

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## Contribution

**Olena Klimenko:** Principal investigator. Contributions in methodology, instruments, and writing of the manuscript.

**Nubia Hernández-Flórez:** Data analyst, interpretation of results, methodological support, and correction and translation of the text.

**Gloria Patricia Vergara Herrera:** Compilation of information, data processing and writing of introduction.

**Ingris Jhoana Rentería Aragón:** Compilation of information, data processing, writing of discussion contributions and conclusions.

**Tatiana Padilla Lozano:** Compilation of information, data processing and writing of discussion contributions and conclusions.

Todos los autores participaron en la elaboración del manuscrito, lo leyeron y aprobaron.