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Research Article

COMPARISON OF TIMELY INITIATION OF BREASTFEEDING AND DISCHARGE TIMES OF MOTHERS WITH ETHNIC DIFFERENCES: NORTH MACEDONIA STUDY

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Abstract: *The quality of maternity and newborn care and training in the hospitals in North Macedonia is still inadequate today. This study aimed to examine their readiness for discharge and the first breastfeeding time according to ethnic groups in mothers who were postnatal in Tetovo State Hospital North Macedonia. This cross-sectional study was conducted with 202 Macedonian, Albanian, Turkish, Bosnian, and Romanian mothers who were hospitalized in the maternity service of Tetovo State Hospital in North Macedonia. Data were collected before discharge with a survey form and face-to-face interviews. The mothers reported that the first postpartum breastfeeding started after an average of 22.0±20.6 hours. Macedonian mothers reported that they received more training on shower and hygiene ($p<0.05$), nutrition and fluid intake ($p<0.05$), sleep and rest ($p<0.01$), family planning ($p<0.01$), and sexual intercourse ($p<0.001$) than Albanian and other mothers. The Albanian mothers indicated that they received less training on navel care ($p<0.05$), shower and skin care (<0.01), cleaning and emptying diapers ($p<0.01$), dressing ($p<0.05$), gas problems ($p<0.01$), regular health checks ($p<0.05$), jaundice ($p<0.001$), and vaccinations ($p<0.05$) compared to Macedonian and other mothers ($p<0.05$). The first breastfeeding time after birth is quite late in North Macedonia. Readiness for discharge differs between ethnic groups. The conditions in the health system and the quality of health care regarding hospital discharge should be improved for all ethnic groups.*

Keywords*: Breastfeeding, Discharge, Ethnic group, North Macedonia, Postnatal*

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1. Introduction

Postpartum discharge is the period starting from the moment the mother gives birth to the time she leaves the hospital. According to the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG), early discharge refers to 48 hours after vaginal delivery and 96 hours after cesarean delivery, and very early discharge is used for the discharge within 24 hours after vaginal delivery, provided that the mother and baby are healthy, free of complications and do not carry any risk [1]. The length of stay may range from 48 hours for vaginal delivery to 72 hours for cesarean delivery, excluding the day of delivery, although some women may choose earlier discharge at present [2]. Besides, readiness for discharge means that the mother feels ready to go home [3]. The World Health Organization (WHO) advises that mothers be informed about maternal and newborn care, nutrition, and emergency health conditions that require referral to a health institution [4].

In North Macedonia, 99.5% of all births take place in hospitals [5]. Postpartum care starts in the maternity ward. Breastfeeding and the mother-newborn relationship begin after at least 3 hours of birth

[6]. Ministry of Health of the Republic of Macedonia (MHRM), in the Macedonian Safe Motherhood Strategy, postpartum training underlines the need for education on newborn feeding and breastfeeding [7]. Trainers have limited knowledge about breastfeeding [6]. The mother and baby are discharged after completing routine controls, educational issues, infection control, and treatment needed for therapeutic purposes [8].

Considering newborn deaths in Europe, the newborn mortality rate is higher in Balkan countries [9]. North Macedonia is one of the European countries that has the highest perinatal mortality rate [5]. Perinatal causes (73%) and congenital anomalies (10.5%) are the most common reasons for newborn mortality rates [10,11]. According to WHO, perinatal deaths in North Macedonia are due to poor intrapartum care and management [5]. When neonatal care training given before, during, and after birth and perinatal death analyses are compared, it is observed that the quality of care in North Macedonia is insufficient [6].

Timely initiation of breastfeeding (TIB); breastfeeding should be started within half an hour or at the latest within an hour after birth [12]. According to TIB, the first breastfeeding after birth still starts quite late in North Macedonian hospitals. Ethnic disparities exist in health system conditions regarding hospital discharge. WHO, advocates that special priority should be given to developing Central and Eastern European countries (e.g., North Macedonia) to promote the development of national and international nursing-midwifery services in line [13]. This study aims to examine their readiness for discharge and the first breastfeeding time according to ethnic groups in mothers who were postnatal in Tetovo State Hospital North Macedonia.

2. Material and Method

2.1. Research design, target population, and the sample

This cross-sectional study was conducted in the maternity ward of Tetovo State Hospital in North Macedonia, between October 30, 2019, and August 21, 2021. All participants were volunteer women who were over the age of 18, hospitalized in the maternity ward, had just given birth, and did not have a risky condition for early discharge. With the G-power analysis, we determined the number of patients to be included in the study as 202 [14].

2.2. Data collection process and tools

Data were collected via a questionnaire prepared by reviewing the literature [15-17]. The following steps were considered by the researcher during data collection:

- Data were collected through face-to-face interviews conducted in hospital rooms.
- Participants (n=202 volunteer mothers who had recently given birth) were informed about the study in their languages (Turkish, Albanian, Macedonian, Bosnian, and Romanian).
- Data were collected from volunteer mothers through a questionnaire. Each interview lasted an average of 15 minutes.

2.2.1 The personal information form

The questionnaire was used to identify the mother's age, first breastfeeding of the newborn, type of birth, personal characteristics (e.g., ethnic group, place of residence, education level, income status, employment status), training given during the postpartum period in the hospital for the care of the mother/newborn, and data of discharge according to groups of ethnicities. Ethnic groups had different education levels. We asked all participants whether they felt competent in both practical and theoretical care knowledge. Participants approved the Likert answers to the questions according to their own free will.

Experts in their field translated the questionnaire into "Turkish, Albanian, Macedonian, Bosnian, and Romanian" languages. After obtaining an expert opinion from the hospital doctor, notary approval was obtained for the translations.

*The researcher who collected the data is a Macedonian citizen of Turkish origin and works as a nurse in the hospital. She has sufficient command of Turkish, Albanian, Macedonian, Bosnian, and Romanian languages to be able to communicate with patients.

2.3. Statistical analyses

SPSS 20.0 statistical analysis package program was used for data analysis. Descriptive statistics were presented as Mean ± standard deviation and median (min–max), and categorical data were expressed as numbers and %. Pearson, Yates or Fisher Chi-square tests were used to compare 2x2 tables. Pearson Chi-square test was utilized for comparing multi-way tables. A value of $p<0.05$ was accepted as the cut-off value of statistical significance.

2.4. Ethical statement

Before the study was conducted, ethics approval was obtained from the Trakya University Ethics Committee (BAEK 2019-363), and a research permit was obtained from the Trakya University Rectorate. Participants were obtained to submit their consent to an informed consent form in accordance with the Declaration of Helsinki.

3. Results

Mothers (n=202) were aged between 19 and 43, with a mean of 28.6 ± 4.8. The first breastfeeding time was 22.0 ± 20.6 hours of birth. 62.4% of births were vaginal deliveries. 58% of the mothers were at primary school or below education level. The income of 75.7% of mothers was income equals expense, 74.3% of them were housewives, and 66.3% of them lived in villages. The majority of the mothers (87.1%) were Albanian, followed by Macedonian (10.4%) and other ethnic groups (2.5%) (Turkish, Bosnian, Romanian) (see Table 1).

Table 1. Mothers' age, first breastfeeding time of newborn baby, delivery type and some personal characteristics (n=202)

	$\bar{X}$ ±SD	**Median**	**Min**	**Max**
Age, year	28.6±4.8	28	19	43
First breastfeeding time (hour)	22.0±20.6	12	1	120
			n	**%**
Delivery type	Vaginal deliveries		126	62.4
	Cesarean deliveries		76	37.6
Ethnic groups	Albanian		176	87.1
	Macedonian		21	10.4
	Other (Turkish, Bosnian, Romanian)		5	2.5
Living place	Province		68	33.7
	Villages		134	66.3
Educational Status	Primary school or below		117	58
	High school and above		85	42
Income status	Income less than expenses		19	9.5
	Income equals expense		153	75.7
	Income more than expenses		30	14.9
Working status	Not working		150	74.3
	Working		52	25.7

$\bar{X}$ ±SD: Mean ± Standart daviation, Median: Med, Minimum: Min, Maximum: Max

Albanian, Macedonian, and other ethnic group mothers (Turkish, Bosnian, Romanian) stated that they received discharge training from health professionals (such as a doctor, nurse, or midwife) in the hospital (p>0.05). Regarding training subjects, Albanian mothers received less training in perineal episiotomy care (p<0.05) compared to Macedonian and other mothers (Turkish, Bosnian, Romanian). Macedonian mothers had more training on shower and hygiene (p<0.05), nutrition and fluid intake (p=0.018), sleep and rest, and family planning (p<0.01) compared to Albanian and other mothers (Turkish, Bosnian, Romanian). All of the other ethnic group mothers (Turkish, Bosnian, Romanian) received no training on postpartum sexual intercourse (p<0.001) (see Table 2).

Table 2. Comparison of hospital discharge training and maternal care training according to mothers' ethnic groups

		Ethnic groups (n=202)						**p** [a]
		Other (Turkish, Bosnian, Romanian) (n=5)		Macedonian (n=21)		Albanian (176)		
		n	**%**	**n**	**%**	**n**	**%**	
Getting discharge training from a health professionals (such as a doctor, nurse, midwife) at the hospital	No	1	20.0	8	38.1	86	48.9	0.305
	Yes	4	80.0	13	61.9	90	51.1	
Maternal Care								
Perineal episiotomy care	Yes	2	40.0	6	28.6	18	10.2	**0.011***
	No	3	60.0	15	71.4	158	89.8	
Breast care	Yes	4	80.0	13	61,9	74	42.0	0.063
	No	1	20.0	8	38.1	102	58.0	
Shower and hygiene	Yes	4	80.0	16	76.2	81	46.0	**0.013***
	No	1	20.0	5	23.8	95	54.0	
Nutrition and fluid intake	Yes	2	40.0	16	76.2	77	43.8	**0.018***
	No	3	60.0	5	23.8	99	56.3	
Breast milk and breastfeeding	Yes	3	60.0	14	66.7	80	45.5	0.159
	No	2	40.0	7	33.3	96	54.5	
Sleep and rest	Yes	2	40.0	13	61.9	51	29.0	**0.009****
	No	3	60.0	8	38.1	125	71.0	
Exercises	Yes	1	20,0	6	28.6	24	13.6	0.191
	No	4	80.0	15	71.4	152	86.4	
Family planning	Yes	1	20.0	9	42.9	27	15.3	**0.009****
	No	4	80.0	12	57.1	149	84.7	
Sexual intercourse	Yes	0	0.0	10	47.6	21	11.9	**0.001****
	No	5	100.0	11	52.4	155	88.1	
Emergencies requiring admission to a health institution	Yes	1	20.0	4	19.0	24	13.6	0.748
	No	4	80.0	17	81.0	152	86.4	

[a] Fisher's exact test ; *:p<0.05; **:p<0.01

Regarding newborn care, Albanian mothers received less training on navel care (p<0.05), shower and skin care, gas problems (p<0.01), cleaning and emptying diapers (p<0.01), dressing (p<0.05), regular health checks (p<0.05), jaundice (p<0.001), and vaccinations (p<0.05) compared to Macedonian and other mothers (Turkish, Bosnian, Romanian) (see Table 3).

Table 3. Comparison of mothers' ethnic groups and the training given on newborn care in the hospital

		Ethnic groups (n=202)						p [a]
		Other (Turkish, Bosnian, Romanian) (n=5)		Macedonian (n=21)		Albanian (176)		
Newborn care		**n**	**%**	**n**	**%**	**n**	**%**	
Navel care	Yes	3	60.0	13	61.9	55	31.3	**0.010***
	No	2	40.0	8	38.1	121	68.8	
Shower and skin care	Yes	4	80.0	16	76.2	68	38.6	**0.001****
	No	1	20.0	5	23.8	108	61.4	
Cleaning and emptying diaper	Yes	4	80.0	14	66.7	64	36.4	**0.005***
	No	1	20.0	7	33.3	112	63.6	
Dressing	Yes	5	100.0	17	81.0	102	58.0	**0.025***
	No	0	0.0	4	19.0	74	42.0	
Breastfeeding-nutrition	Yes	3	60.0	15	71.4	82	46.6	0.088
	No	2	40.0	6	28.6	94	53.4	
Gas problems	Yes	4	80.0	14	66.7	55	31.3	**0.001****
	No	1	20.0	7	33.3	121	68.8	
Regular health checks	Yes	4	80.0	16	76.2	89	50.6	**0.042***
	No	1	20.0	5	23,8	87	49.4	
Diaper and screening tests	Yes	4	80.0	14	66.7	92	52.3	0.233
	No	1	20.0	7	33.3	84	47.7	
Jaundice	Yes	2	40.0	13	61.9	30	17.0	**0.001****
	No	3	60.0	8	38.1	146	83.0	
Vaccinations	Yes	5	100.0	16	76.2	101	57.4	**0.047***
	No	0	0.0	5	23.8	75	42.6	

[a] Fisher's exact test;*:p<0.05; **:p<0.01

Albanian mothers did not feel ready for discharge (p<0.05), and there was no "mother" support at home (p<0.01) compared to Macedonian and other mothers (Turkish, Bosnian, Romanian) (see Table 4).

Table 4. Comparison of discharge-related data of mothers in terms of ethnicity

		Ethnic groups (n=202)						p [a]
		Other (Turkish, Bosnian, Romanian) (n=5)		Macedonian (n=21)		Albanian (176)		
		n	**%**	**n**	**%**	**n**	**%**	
Hospital discharge training request	No	1	20.0	0	0.0	9	5.1	0.173
	Yes	4	80.0	21	100.0	167	94.9	
Feeling ready to be discharged	No	0	0.0	5	23.8	87	49.4	**0.010***
	Yes	5	100.0	16	76.2	89	50.6	
The presence of a person at home to support the postpartum period	No	0	0.0	0	0.0	4	2.3	0.740
	Yes	5	100.0	21	100.0	172	97.7	
Support person at home, Spouse	No	3	60.0	12	57.1	105	59.7	0.975
	Yes	2	40.0	9	42.9	71	40.3	
Support person at home, Mother	No	3	60.0	16	76.2	164	93.2	**0.002****
	Yes	2	40.0	5	23.8	12	6.8	
Support person at home, Mother-in-law	No	0	0.0	4	19.0	26	14.8	0.558
	Yes	5	100.0	17	81.0	150	85.2	

[a] Fisher's exact test; *: p<0.05; **: p<0.01

Regarding the adequacy of the discharge training given to the mothers who gave birth at the hospital, almost all of the participants evaluated the training as "not sufficient"(p<0.001) (see Table 5).

Table 5. The adequacy of the discharge training on "maternal care" given in the hospital (n=202)

		Quite enough		Sufficient		A little is enough		Not sufficient		p [a]
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	
Perineal episiotomy care	Yes	7	31.8	10	20.0	7	10.0	2	3.3	**0.002****
	No	15	68.2	40	80.0	63	90.0	58	96.7	
Breast care	Yes	16	72.7	29	58.0	42	60.0	4	6.7	**0.000*****
	No	6	27.3	21	42.0	28	40.0	56	93.3	
Shower and hygiene	Yes	17	77.3	34	68.0	44	62.9	6	10.0	**0.000*****
	No	5	22.7	16	32.0	26	37.1	54	90.0	
Nutrition and fluid intake	Yes	19	86.4	32	64.0	39	55.7	5	8.3	**0.000*****
	No	3	13.6	18	36.0	31	44.3	55	91.7	
Breast milk and breastfeeding	Yes	15	68.2	31	62.0	42	60.0	9	15.0	**0.000*****
	No	7	31.8	19	38.0	28	40.0	51	85.0	
Sleep and rest	Yes	14	63.6	20	40.0	29	41.4	3	5.0	**0.000*****
	No	8	36.4	30	60.0	41	58.6	57	95.0	
Exercises	Yes	8	36.4	12	24.0	11	15.7	0	0.0	**0.000*****
	No	14	63.6	38	76.0	59	84.3	60	100.0	
Family planning	Yes	10	45.5	12	24.0	14	20.0	1	1.7	**0.000*****
	No	12	54.5	38	76.0	56	80,.0	59	98.3	
Sexual intercourse	Yes	8	36.4	10	20.0	12	17.1	1	1.7	**0.000*****
	No	14	63.6	40	80.0	58	82.9	59	98.3	
Emergencies requiring admission to a health institution	Yes	7	31.8	13	26.0	9	12.9	0	0.0	**0.000*****
	No	15	68.2	37	74.0	61	87.1	60	100.0	

[a] Fisher's exact test; **:p<0.01; ***:p<0.001

Regarding the adequacy of the discharge training given to the mothers who gave birth in the hospital for newborn care, almost all of the participants evaluated the training as "not sufficient"(p<0.001) (see Table 6).

Table 6. The adequacy of the discharge training on the "newborn care" given in the hospital (n=202)

		Quite enough		Sufficient		A little is enough		Not sufficient		p [a]
		n	**%**	**n**	**%**	**n**	**%**	**n**	**%**	
Navel care	Yes	18	75.0	22	47.8	30	42.9	1	1.6	**0.000*****
	No	6	25.0	24	52.2	40	57.1	61	98.4	
Shower and skin care	Yes	20	83.3	28	60.9	37	52.9	3	4.8	**0.000*****
	No	4	16.7	18	39.1	33	47.1	59	95.2	
Cleaning-emptying	Yes	18	75.0	24	52.2	35	50.0	5	8.1	**0.000*****
	No	6	25.0	22	47.8	35	50,0	57	91.9	
Dressing	Yes	22	91.7	35	76.1	55	78.6	12	19.4	**0.000*****
	No	2	8.3	11	23.9	15	21.4	50	80.6	
Breastfeeding-nutrition	Yes	21	87.5	30	65.2	45	64.3	4	6.5	**0.000*****
	No	3	12.5	16	34.8	25	35.7	58	93.5	
Gas problems	Yes	14	58.3	21	45.7	34	48.6	4	6.5	**0.000*****
	No	10	41.7	25	54.3	36	51.4	58	93.5	
Regular health checks	Yes	21	87.5	36	78.3	46	65.7	6	9.7	**0.000*****
	No	3	12.5	10	21.7	24	34.3	56	90.3	
Diaper and screening tests	Yes	17	70.8	38	82.6	50	71.4	5	8.1	**0.000*****
	No	7	29.2	8	17.4	20	28.6	57	91.9	
Jaundice	Yes	15	62.5	11	23.9	19	27.1	0	0.0	**0.000*****
	No	9	37.5	35	76.1	51	72.9	62	100.0	
Vaccines	Yes	20	83.3	42	91.3	53	75.7	7	11.3	**0.000*****
	No	4	16.7	4	8.7	17	24.3	55	88.7	

[a] Fisher's exact test; ***:p<0.001

4. Discussion

The prominent findings of this study; TIB is quite late in mothers who gave birth, and postpartum readiness for discharge differs according to ethnic groups, many ethnic group mothers consider the discharge education given at the hospital insufficient. The findings were discussed in light of the research literature on similar topics.

WHO and the United Nations Children's Fund (UNICEF) recommend exclusive breastfeeding for the first six months. In a study conducted in Turkey, the overall TIB rate was determined as 80.5%. TIB rates were found as 83.1% in the Neonatal Baby Service (NBS), and 73.1% in the Obstetrics and Gynecology Service (OGS) [12]. In another study the frequency of was 70.7% [18]. In this study, mothers reported that the first postpartum breastfeeding started after an average of 22.0±20.6 hours (Table 1). In North Macedonia, the first breastfeeding generally starts at a late period in postpartum hospitalized mothers, so this rate was indicated in hours. UNICEF reports that 44% of the world starts, with a rate of 47% in Africa, 42% in Asia, 49% in Latin America, and 53% in less developed countries [19]. In Balkan countries, the rate of TIB is 21% in North Macedonia, 4.6% in Bulgaria, 7.6% in Serbia, 25.2% in Montenegro, 42.3% in Bosnia-Herzegovina, and 42.9% in Albania [20]. Only 12% of Romanian mothers in Europe start breastfeeding within the first hour of birth [21]. In Athens, Greece, 40.5% of the mothers did not have any information about their newborn being fed for the first time, and 63.6% of the mothers stated that although they wanted to breastfeed, their babies were fed formula milk without their knowledge [22]. In Bulgaria observed that postpartum mothers were taken to separate rooms after seeing their babies for a short time and were separated due to routine baby care lasting at least two hours [23]. In North Macedonia, breastfeeding time is delayed due to reasons such as lack of room and routine maternal-newborn care [6]. Compared to European countries, the first postpartum breastfeeding time is later in Balkan countries. It is a common practice to separate the baby and the mother for routine care practices in the postpartum period. According to the AAP, routine care of the mother and baby can be done during skin-to-skin contact in the postpartum period, or it can be postponed until after skin-to-skin contact as long as both are in good health [24].

The quality of education differs between ethnic groups in North Macedonia due to the fact that education is provided in the mother tongue for each ethnic group instead of accepting education in the common language [25,26]. The ethnic groups that live in North Macedonia are Macedonian (65%), Albanian (25%), Turks (4%), Romanian (3%) and other minorities (2%). Albanians constitute the majority of the population following Macedonians [27]. Regarding training for self and newborn care, Albanian ethnic group mothers received less training compared to Macedonian mothers. Macedonian mothers reported that they received more training on shower and hygiene ($p<0.05$), nutrition and fluid intake ($p<0.05$), sleep and rest ($p<0.01$), family planning ($p<0.01$), and sexual intercourse ($p<0.001$) than Albanian and other mothers. The Albanian mothers indicated that they received less training on navel care ($p<0.05$), shower and skin care ($p<0.01$), cleaning and emptying diapers ($p<0.01$), dressing ($p<0.05$), gas problems ($p<0.01$), regular health checks ($p<0.05$), jaundice ($p<0.001$), and vaccinations ($p<0.05$) compared to Macedonian and other mothers ($p<0.05$). Albanian mothers did not feel ready for discharge ($p<0.05$), and there was no “mother” support at home ($p<0.01$) compared to Macedonian and other mothers (Turkish, Bosnian, Romanian). (Table 2-4). Most Macedonians were in a nuclear family structure and both spouses were working. Compared to other ethnic groups, their income status was better, and their knowledge level was at a higher level [26]. The highest rate of participation in educational programs that contribute to the development of parents' skills in parenting was in Macedonians (36%), and the least was in Albanians (3%) and Romanians (4%). Macedonian mothers were more advantageous than Albanians and other ethnic groups (Turkish, Bosnian, Romanian) in terms of education and economy [28]. Mothers who had just given birth mostly received information and

support for postpartum maternal/newborn care from their relatives at home [29]. It is interpreted that differences in "Turkish, Albanian, Macedonian, Bosnian and Romanian" ethnic group characteristics in North Macedonia also affected postpartum discharge.

Most mothers scored "not sufficient" for the discharge training given at the hospital for postpartum maternal and newborn care (Table 5-6). UNICEF (2013) reported that only 54% of the mothers who had just given birth in North Macedonia were given postpartum care and that these mothers also found the training given before discharge from the hospital insufficient. It was interpreted that the inadequate quality of care provided in the maternity wards of public hospitals negatively affected the health of mothers [28]. Due to the poor conditions in the health system in North Macedonia, women's complaints did not gain traction [30]. Mothers also found the newborn care training given before discharge from the hospital insufficient [7]. According to Mersini et al., the quality of postpartum care for mothers in Albania was low and inadequate. In Albania, the quality of maternal and newborn care was found to be below standard [29]. Newborns experience high mortality throughout the entire postnatal period. The highest mortality rate in the first week, particularly on the first day [31]. There is no research examining the effectiveness and satisfaction of care given in the postpartum hospital in North Macedonia. Newborn babies are discharged after routine controls, infection control, and necessary treatment for therapeutic purposes, and the training given to the mother about the baby is completed with short verbal education. Whether mothers comprehend the education given is not checked. Midwives and nurses who provide training have limited knowledge. The lack of education is mostly about newborn feeding and breastfeeding [7]. The quality of education on maternal and newborn care given in the postpartum hospital in North Macedonia is insufficient.

This study is not a multicenter study or cohort study. The study had limitations such as hospital admission and data collection pauses due to the COVID-19 pandemic in the data collection period.

5. Conclusion

In conclusion, TIB is quite late in mothers who give birth. Postpartum readiness for discharge differs according to ethnic groups. Many ethnic group mothers consider the discharge education given at the hospital insufficient. Suggestions based on the study findings in North Macedonia, importance should be given to initiating breastfeeding in the early postpartum period, within the first hour. The routine care of mother and newborn should be done during skin-to-skin contact or if their health is good, routine care should be postponed until after the first breastfeeding. The training of health professionals (nurses, midwives, doctors) who will manage postpartum care and discharge services should be improved. Conditions in North Macedonia's health system and quality of health care regarding hospital discharge should be improved for all ethnic groups.

Acknowledgment

All of the data in this study was based on a Master's Thesis. The research data was collected by a graduate researcher in the Tetova province of North Macedonia, where she resides.

Ethical statement

Before the study was conducted, ethics approval was obtained from the Trakaya University Ethics Committee (BAEK 2019-363), and a research permit was obtained from the Trakya University Rectorate. Participants were obtained to submit their consent to an informed consent form in accordance with the Declaration of Helsinki.

Conflict of interest:

The authors declare no conflicts of interest.

Authors' Contributions:

E. H: Conceptualization, Methodology, Acquisition of data for the study, Formal analysis, Writing - Original draft preparation

H. K. S: Conceptualization, Methodology, Formal analysis, Writing - Original draft preparation
All authors read and approved the final manuscript.

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