

Family Adaptation in Reconstituted Homosexual Families: A Socio-Anthropological Perspective

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Abstract

Introduction: The study of reconstituted homosexual families is particularly relevant today, given that society increasingly recognises the diversity of family structures and, as such, the need to understand their specific characteristics. New family configurations require a more in-depth analysis and understanding of their dynamics, the challenges they face, and the adaptation processes these families go through. This study aims to contribute to a more inclusive and up-to-date view of the family in the socio-anthropological context.

Problem: This topic was chosen because of the importance of understanding how these families are structured, how they face adversity and how they build family resilience, thus contributing to the efforts that have been developed to guarantee legal rights and protection for all forms of families, including reconstructed homosexual families.

Objective: To understand the dynamics of adaptation in reconstituted homosexual families, considering their experiences, challenges, and mechanisms of resilience.

Design: Qualitative study using a survey to collect data. The research sought to understand the dynamics of family adaptation, the challenges faced by the couple, and the resilience mechanisms they develop throughout the process. Data was collected through a semi-structured interview, allowing for an in-depth analysis of the individual and collective experiences of the interviewed family, a couple LGBTQIA+ with children from previous relationships or from the current relationship.

Methods: Qualitative methodology was chosen because it allows for a detailed analysis of the experiences and meanings attributed by participants to their parenting practices and family dynamics. The survey included open-ended questions that allowed participants to express their experiences in a spontaneous, descriptive, and reflective manner.

Results: Three main topics emerged from the couple's narratives: integration of family roles, where the couple reports a continuous process of negotiating parental responsibilities, in which roles and identities need to be defined and validated, which is common in LGBTQIA+ families, blended families, and heterosexual families. The second topic reports on the emotional adaptation of family members through their experiences with the arrival of the baby, a moment of transformation that strengthens bonds and redefines and affirms the family structure. The last topic mentioned is the dynamics of resilience in the context of a diverse family structure.

Keywords: homosexual families; same-sex families; reconstituted families; socio-anthropological impact; adaptation and resilience

Introduction

According to Bastos (2022), the World Health Organisation (WHO) defines family as a concept that transcends blood ties, marriage, sexual partnership or adoption, where the bonds that are established are based on trust and mutual support. All families have their own identity and build a unique and affectionate life story, where the common characteristics are those mentioned above. Bastos (2022) highlights the existence of various types of families, which reflects the plural dimension of the expression.

Each family is perceived in different ways, adapting to its own characteristics and dynamics. In recent decades, new family configurations and concepts have

emerged, as well as different ways of organising the lives of their members. These transformations coexist with family realities that value traditional models, while other families adopt new, constantly evolving references, questioning the traditional model of the intact family (Bastos, 2022).

Nowadays, blended families are quite common and can arise from a variety of situations. They are formed by marital ties after a divorce or separation, where there may be children from previous marriages and subsequently children from the new relationship (Atalaia cited by Bastos, 2022).

Same-sex families can be formed through marriage, stable union, co-parenting, and adoption, among

other forms. These are family configurations that can suffer excessive prejudice, to a greater or lesser extent, depending on the social and legal context of each country. The reference to Stacciarini (2019) suggests that the issue of prejudice against same-sex families is relevant and can vary in intensity. In some countries, same-sex unions are treated as equivalent to unions between men and women, with social security rights, such as death pensions and benefits, guaranteed to partners in same-sex couples.

According to Pordata (2024), in 2023, out of the total number of marriages, 35,971 were same-sex marriages, with 1,009 involving women and 461 involving men.

These reconstituted and same-sex families may decide to have children, and welcoming a newborn into the home and family involves introducing them to their closest significant others as older siblings, as well as the rest of the extended family, and adapting to a pet, if there is one.

Thus, adapting to the arrival of a sibling is a normative transition for most children and a transition for many grandparents. Most grandparents look forward to the birth of a grandchild without the responsibility of being a mother or father. (Cardoso et al., 2024).

Therefore, it is important to provide parents with the necessary information so that they can promote acceptance by the older sibling; promote acceptance by the family pet; promote the involvement of grandparents; and manage the integration of the new member into the extended family (Cardoso et al., 2024). Throughout pregnancy and after birth, it is important to remind siblings that they are special and important, that they have a role to play during this exciting time in the family's life, and that the arrival of the newborn does not take away the love and affection their parents have for them. On the contrary, it adds value to life, that is, they will have someone else to love and someone who will also love them (Cardoso et al., 2024).

The family, as a social institution, has undergone significant transformations over the last few decades, reflecting cultural, social and legal changes. Reconstructed families, characterised by the union of members from different family units, are an example of these transformations. In this type of family structure, the arrival of a new child, whether through adoption, biological birth or a new relationship, can trigger a complex process of adaptation and integration, not only for the parents, but also for the children from other relationships and for other family members. (Santos & Gomes, 2016)

The transition to a new family configuration involves several challenges that require a gradual process of adjustment and renegotiation of roles (Santos & Gomes, 2016).

Lesbian parenting refers to the role of female couples in raising and educating children, whether through natural pregnancy, medically assisted reproduction methods, or adoption. This concept of parenting dates back to the growing visibility of non-heteronormative families. However, as in heteronormative families, lesbian parenting involves aspects such as love, caregiving, education, emotional support, among others (Patterson, 2000).

The belief that lesbian and/or gay couples are not suitable parents is completely unfounded, just as the mental health of lesbian couples does not differ from that of heterosexual women, nor does it affect the way they raise their children or harm the way they care for their offspring. The way these couples organise their family and working lives ends up being satisfactory and relatively uniform for both members of the couple, when compared to other couples (Patterson, 2005).

Although lesbian families may share many of the same experiences as heteronormative families, they face some challenges. Among the many trials they encounter, the most challenging are legal and social barriers. Legal recognition of LGBTIA+ families, including parental rights and recognition of both parents as legal guardians, can vary between countries. Prejudice and stigma from society, friends, and even family members can often be experienced. This discrimination can manifest itself in various ways, from insensitive comments to outright hostility. The emotional effort of these families to constantly defend their family structure can be quite oppressive, affecting the well-being of parents and their children (Costa et al., 1969).

Methodology

The methodological choice fell on a qualitative approach, given its ability to capture nuances and depths inherent in personal experiences, particularly in complex and meaningful contexts such as LGBTQIA+ parenting. In research where the focus is on subjective experience and the construction of family identity, qualitative methodology allows access not only to descriptive data, but also to interpretations and meanings that the participants themselves attribute to their trajectories and challenges (Minayo & Costa, 2018).

Qualitative research, when answering very specific questions, is concerned with a level of reality that cannot be quantified, working with the universe of meanings, motives, aspirations, beliefs, values, and attitudes, which corresponds to a deeper space of relationships, processes, and phenomena that cannot be reduced to the operationalisation of variables (Minayo & Costa, 2018, p.21). Meaning is the central concept of research.

This approach is essential for socio-anthropological and nursing analysis, as it facilitates understanding of the dynamics of adaptation, parental roles, and the social impacts faced by these families. By opening space for the authentic expression of participants, the qualitative methodology relies on the use of semi-structured interviews, which ensures both a focus on the topics addressed and the freedom for deep and spontaneous exploration. Thus, the interview analysis aims to outline the experiences of these families in the context of maternal health and also provide a basis for nursing practices that respect and integrate the diversity and complexity of contemporary family experiences.

In order to understand the experiences and meanings attributed by reconstituted families in lesbian couples with the arrival of a new baby, we chose semi-structured interviews as our qualitative methodology. The process of constructing the questions was conducted with care to ensure a neutral and open approach, encouraging participants to share their personal experiences without restrictions. We sought to maintain neutrality, which is essential to avoid bias

and ensure that participants felt free to respond as they wished.

Open-ended questions, such as ‘How did the family adapt to the arrival of the baby?’ or ‘What challenges and joys arose in this process?’ were included to encourage honest and profound reflections that represent the participants' authentic experiences.

The selection of the participating couple was based on specific criteria, which included family structure and recent experience with the arrival of a baby in a blended family context. The inclusion of a lesbian couple aimed to reflect the diversity and complexity of new family configurations, providing a comprehensive view of LGBTQIA+ parenting and its specificities (Wainright & Patterson, 2006). These criteria ensure representativeness that allows for the exploration of the various dimensions of adaptation and family construction in contexts of sexual and parental diversity (Gross, 2021), although the generalisation of concepts required an increase in the number of interviews, in line with the quality of the qualitative methodology.

Factors such as the level of family interaction, the presence of a support network, and the particularities of the experience of adapting to parenthood were also considered, with the aim of including and representing their experiences, contributing to the understanding of the needs and expectations of this particular family, from the perspective of the Specialist Nurse in Maternal and Obstetric Health Nursing.

Below is the list of questions prepared to guide the interview with the participants.

Guiding Questions for the Interview
1. How did you decide to have a child?
2. How did you feel when you found out you were pregnant?
3. What were your expectations at the beginning of your pregnancy?
4. How did your family and friends react to the news of your pregnancy? What meanings were present here?
5. During pregnancy, what kind of support did you receive from the community? Was it sufficient or was something missing? Why?
6. What similarities and differences do you feel this pregnancy had in relation to other mothers or previous pregnancies?
7. When your baby was born, how did each member of the nuclear family adapt, i.e., the mother who was pregnant, the mother who was not pregnant, the daughter/stepdaughter? And the extended family?
8. What was most difficult during the transition to motherhood?
9. What changed in family cohesion after the arrival of the new baby?
10. What do you feel you need to cope with the future as a family?
<i>*What advice would you give to other lesbian couples when they are planning to have a child, during pregnancy and upon the arrival of the new baby?</i>

The selection of topics and questions was carefully designed to capture different dimensions of the parental and family experience, balancing direct questions with open-ended questions that allow for free and reflective expression (Braun & Clarke, 2006).

This guide is not intended to be a rigid structure, but rather a starting point for dialogues that can develop organically and meaningfully. The openness to adapt the questions according to the responses provided by the participants resulted in a more authentic and

profound interview experience, allowing them to guide, in part, the direction of the research and its findings.

By choice of the participants, the interview was conducted online, strictly following the ethical procedures established to ensure their confidentiality and protection, in accordance with the legal and ethical guidelines of Portugal. Informed consent was obtained from both participants, ensuring that their identity and personal data would remain confidential. Informed consent also included the right to withdraw from the study at any stage of the research, without the need for justification, ensuring respect for the autonomy of the participants. This ethical commitment is essential to create an environment of safety and mutual respect, which are fundamental to the quality and credibility of the research (Moreira et al., 2022).

Discussion of Data

Based on the socio-anthropological perspective and the concepts of identity and family adaptation, this chapter examines topics such as the construction of new bonds, strengthening parental identity and reframing relationships, offering an in-depth view of the impact that diversity and family restructuring have on parenting.

Throughout the analysis presented below, the main issues and emerging themes are highlighted, such as the experience of social inclusion and exclusion, the internal emotional dynamics of the family, and the resilience strategies used by the couple to face specific challenges. The analysis of family history and dynamics contributes to understanding how the couple prepared and organised themselves for the arrival of the baby, a significant event that transformed their relationships and life structure.

The couple interviewed consists of two women who decided to start a family together after previous experiences in heterosexual relationships. For both interviewees, the decision to have a baby represents not only a step towards strengthening the bond between them, but also a way of affirming their family identity in the social context, overcoming challenges and stigmas often faced by LGBTQIA+ families (Stuvøy, 2018), as we see when they tell us:

“When we made that decision [to have a child], it was very conscious and guided, and very thoughtful.”

The family context of reconstituted homosexual couples often involves emotional and structural reorganisation, reflecting new forms of mutual

support and social validation in the quest for recognition as a full and legitimate family (Berkowitz & Marsiglio, 2007).

Before the baby arrived, the couple's family structure was marked by the coexistence of each other's life stories and previous experiences. Like other reconstituted families, they faced the challenge of creating a new family unit from their individual trajectories and the expectations they brought to their relationship with each other. This reconstituted structure allowed them to build a welcoming and safe home and also fostered an environment of resilience, in which both committed to facing the possible challenges of parenthood in a homosexual context (Biblarz & Savci, 2010). During the interview, both stated that the most important thing in building a cohesive family is the alignment of long-term family goals, as transcribed below:

“And it was important for us to explore this aspect. And I think that when we were both feeling a little symptomatic, not to say very symptomatic, we basically decided to move forward”; “When we made that decision, it was in a very conscious and focused way, and very thought out.”

The literature indicates that family dynamics in homosexual couples may involve a high level of role negotiation, given that traditional parenting norms are less applicable to non-heteronormative family contexts (Golombok, 2020), as reflected in the narrative of one of the interviewees:

“Because I think we both made a little mental agreement that we would give it our all. I think we always stayed in this... Especially because we also managed to prepare everything for Joana's birthday. Nothing was difficult for us. Except waking up with her brother, having breakfast with her brother, having a place in her brother's heart.”

The arrival of the baby involved a series of emotional and logistical preparations and adjustments for the couple. Studies show that LGBTQIA+ families often invest in thorough preparation for parenthood, frequently exploring and recreating rituals that validate their experience and reaffirm their commitment to parenting (De Laurentiis et al., 2019). This dimension was experienced by the participants, as one of them reports:

“That month in hospital was the best month until 15 November. Then, until 15 December... It was the best and worst month of my life. That month was very emotionally draining. But I'll tell you something, and we've already talked about this, I think I learned a lot from it.”

For the couple interviewed, these preparations ranged from organising their routine and finances to making decisions about each person's role in raising the baby,

reflecting a model of shared parenting adapted to the family's reality. The interviewee explains that:

“On the second attempt, it's funny, there was a lot of preparation. At the time, we prepared ourselves much better for the second attempt, I think. Both physically and spiritually and mentally, from doing yoga to falling asleep. Maybe we both did, because we fell asleep while doing yoga. I read many books on preparing for in vitro fertilisation, at all levels. My diet became much stricter, exactly. It became healthier, and the preparation was really the [childbirth preparation] course.”

Expectations surrounding the birth of the baby were accompanied by feelings of anxiety and excitement, as well as a deep desire to build meaningful bonds and protect themselves from possible social judgement. Patterson (2009) points out that homosexual couples often face uncertainties and prepare more intensively to respond to the social and emotional challenges associated with parenthood, and that this preparation contributes to strengthening the bonds between the couple and to a more structured and reflective approach to raising children. This process of preparation and reflection on the parental role is visible in the participants' accounts, where one describes the moment of birth as an experience of profound joy, difficult to express in words:

“It was an explosion of joy. I can't explain it. I think that, no matter how much I want to put the feeling into words, I can't.

That's the truth. It's something that really overflows the heart. That's the truth.”

In the following excerpt, it can be seen that, even with their strong desire to become mothers, the participants showed caution, demonstrating careful planning:

“I think we were very careful because, really, first it was something we wanted, and then, as we already had this background, we didn't have to go so fast. There was time, very much inherent in the fear that, at some point, we might not be so fast.

Of course, restraint was always a bit difficult, and at a certain point, we began to realise some expectations, but I think we were very measured in that.”

Also expressing the care for the daughter, they already had.

“...we also took care to pay attention to Joana. So, she wouldn't feel...”

“We wanted to ensure her emotional security, didn't we?”

“She also needed some stability. The truth is that she wanted a sibling...”

The couple's narratives also reflect the cultural and social implications of parenthood in a homosexual

family structure. The participants reported that, although they felt support from close family members, they still face challenges, as one of the participants explains:

“I understand that my mother didn't know the best way to handle it. And the truth is, I missed her support.”

Thematic analysis identified “parental roles and identity” and “support network dynamics” as recurring themes in the couple's statements. The theme of parental roles highlights the redefinition of parental identities, with both participants discussing how their experience as a reconstituted family influenced their approach to parenting. Social support was another relevant theme, especially in relation to the positive impact of informal support networks on family adaptation (A. Goldberg & Allen, 2013), although this couple did not express concern about social acceptance.

Another striking theme in the narratives is resilience and flexibility, elements often observed in studies on LGBTQIA+ families (Berkowitz & Marsiglio, 2007). The participants reported creative strategies for dealing with challenges and highlighted the importance of remaining emotionally flexible. Flexibility is identified as a key factor in the adaptation of families facing external challenges, allowing the construction of a safe and welcoming environment for the baby (S. E. Goldberg et al., 2014), in line with the testimony of one of the participants, as described below:

“I think we've been working on taking it slow, right? Also, resuming things that give us a lot of pleasure, as individuals, as a couple, so as not to get lost in the midst of this motherhood thing.”

“We really enjoy it, pure and simple, and I think that's something that's really good about us, that we simply get home-sometimes, or we don't even get home and finish our workday—and an idea comes out of nowhere and we do it. A kind of escape from the routine. Spontaneity? I think that's more what I think is fundamental.”

On the other hand, the arrival of the baby represented an experience of integration and strengthening of family ties. The couple described changes in their daily interactions and in the way they built their family unit, in line with what Golombok (2020) highlights about the integration of a new member into the family as a moment that reinforces cohesion and allows family dynamics to be adjusted, strengthening family identity and promoting a healthy environment for child development. In the words of one of the interviewees:

"I think that in order to do what we do well, we have to be well. And the issue of self-care and balance, and perhaps instilling them even more slowly, even though we already do the requested activities."

Sexual orientation and the context of family reconstitution were significant factors in the couple's experience, which reflected on the stigmas and acceptance of their family structure. Research indicates that LGBTQIA+ identity influences family adaptation in unique ways, given the social context and the need to affirm their parental identity (Biblarz & Savci, 2010). The interview showed that, despite the challenges, the couple demonstrated deep resilience, using family identity as a resource to strengthen emotional bonds. Both emphasised the importance of managing expectations:

"I would say not to have expectations, but in the long term, no expectations at all, because sometimes we plan too much, we have too many expectations about how things will be, how they won't be. I think it's important to take each day as it comes and, of course, to be demanding. It's also important for a couple thinking about having children to consider whether they agree on many values and principles regarding education."

The experiences and reflections shared by the interviewed couple offer important insights for nursing practice in maternal health and family care. The diversity of family structures challenges healthcare professionals to adapt care approaches that respect the particularities of each parenting model, promoting a welcoming and respectful environment (Salazar et al., 2015). In this way, nurses can play an essential role in offering culturally sensitive and inclusive care, valuing the experiences and meanings attributed by families.

In summary, the study analysed the dynamics of family adaptation in reconstituted homosexual families from a socio-anthropological perspective, revealing significant nuances about family diversity in contemporary society. It was observed that this family faces specific challenges, such as the integration of a daughter from a previous relationship and the redefinition of parental roles. Despite adversity, the resilience of this family was evident, as it builds strategies to foster healthy and inclusive environments, promoting emotional well-being, especially for children.

The results corroborate existing literature, which points to the importance of support networks and emotional flexibility in overcoming the challenges associated with parenting in LGBTQIA+ contexts. However, a gap was noted in social policies, which still

lack inclusive approaches that consider the specificity of these family structures.

Furthermore, the interaction between family dynamics and social stereotypes highlights the crucial role of socio-anthropology in demystifying prejudices and promoting a broader and more diverse understanding of forms of coexistence and parenting. Health professionals, particularly those working in maternal and obstetric health, should be trained to offer care tailored to the realities of LGBTQIA+ families, promoting an approach centered on respect and inclusion.

Conclusion

The study of family adaptation in reconstituted homosexual families, from a socio-anthropological perspective, reveals the importance of understanding and valuing the new family configurations that have emerged in contemporary society. Family diversity, far from being an exception, reflects social, cultural and legal transformations that challenge the traditional family model and bring new dynamics of coexistence and parenting.

Therefore, we can reflect on the results obtained and their analysis, which showed that reconstituted homosexual families face specific challenges, such as the integration of children from previous relationships or even from the current relationship, and the redefinition of family roles. However, these studies also highlight the adaptability and resilience of these families in society, who find strategies to create healthy, loving and inclusive environments so that children, in particular, do not feel excluded from society.

All of these topics are relevant to socio-anthropology, as they contribute to demystifying stereotypes and offering a broader understanding of current family dynamics. Furthermore, in the context of maternal and obstetric health, this information reinforces the need for more inclusive care that is tailored to the reality of LGBTQIA+ families.

Despite this research's contributions to the socio-anthropological understanding of these families, we can highlight some limitations that must be considered, mainly the complexity of family dynamics and cultural diversity, which may limit the generalization of the results. It is also worth noting that the experiences of LGBTQIA+ families are still understudied in more specific contexts, such as maternal health and parenting.

In short, this work reinforces that the family, regardless of its configuration, is a space of love, support, and development, where challenges are overcome through bonds of trust and mutual acceptance. The recognition and appreciation of reconstituted same-sex families are fundamental to promoting a more just, inclusive, and respectful society. Furthermore, we believe that reflecting on these topics within the scope of socio-anthropological and maternal health will contribute to more humane and equitable practices, ensuring care and skills acquisition that welcome and respect the plurality of today's families.

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