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Assessment of birth registration awareness and practice in Du District, Jos South Local Government Area, Plateau State, Nigeria

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Abstract:

BACKGROUND: Birth registration is a fundamental human right, often overlooked due to a lack of awareness of its importance. Birth registration data, when correctly collected, can play important roles in a country's economic and social development in the areas of planning, implementation, monitoring and evaluation of policies to inform resource allocation. The study assessed the awareness and status of birth registration in two communities of Du district in Jos South local government area of Plateau State, Nigeria.

METHODOLOGY: It was a cross-sectional study that used a mixed method to obtain data. A total of 213 caregivers selected by multistage sampling technique were assessed using interviewer-administered questionnaires and focus group discussions (FGD) amongst four groups of community members. Data were analysed with Epi Info 7 at a $P \leq 0.05$.

RESULTS: The mean age of the respondents was 32.2 ± 9.5 years. Most (80%) were females and most (88%) were married. Majority (67%) were aware of birth registration. The index child for 93% of the caregivers was given birth to in a hospital and 59% of these children had been registered. The age, marital status of the caregiver, and birth order of the index child were found to be significantly associated with the registration status of the child. FGDs revealed that the communities were aware of the places where birth registration could be done, and that the decision to register was influenced mostly by fathers.

CONCLUSION: There is a need for more targeted enlightenment campaigns and community engagement to improve compliance for registration of births.

Keywords:

Awareness, birth registration, Plateau, practice, status

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Introduction

The birth of a child is an event that changes the dynamics of a population. Capturing this information is usually done through the birth registration system and affords a country the opportunity to legally recognize a child as a member of that society. Birth registration is the recording of a child's birth in the civil register by the relevant government authority. The United Nations defines birth registration as "the continuous, permanent and universal recording, within the civil registry, of the occurrence and characteristics of births in accordance with the legal requirements of a country."[1,2] A birth certificate is therefore "a vital record that documents the birth of a child." In some cases, the birth certificate is issued immediately registration occurs while in other cases, a separate application must be made to obtain it. The former is the process done in Nigeria. The National Population

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Commission (NPC) is responsible for birth registration in Nigeria. It is a commission of the Federal government and is under the Federal Civil Service Commission.[3] Birth certificates are issued by registrars who are designated at certain locations, usually a health facility. They register newborns and all persons below the age of 18 years, those older than 18 years obtain an attestation which is issued at a token fee.[4]

Birth registration achieves the aim of obtaining a name and a nationality for a child which is a fundamental right. Unregistered children find it difficult to access certain rights such as the right to education and health, right to a family environment, protection from exploitation and abuse and the right to protection in the juvenile justice system.[5] They may also be denied the enjoyment of collective privileges such as obtaining an international passport, driver's or marriage license and work opportunities. Opening bank accounts to obtain credit and to inherit claims such as welfare benefits and social security, and political privileges such as the right to vote and be voted for may also be hindered.[5] Birth registration data when correctly collected also play important roles in the country's economic and social development, in the areas of planning, implementation, monitoring and evaluation of policies to inform resource allocation. This is a benefit that also extends to the international scene.[1]

Birth registration has remained a global challenge as only 65% of children less than 5 years of age are stated to have been registered worldwide with developing countries trailing well behind their counterparts in the developed countries.[6] As at 2010, it was estimated that 230 million children had not had their births registered, majority being in South Asia and Sub-Saharan Africa. As at 2017, overall birth registration in Nigeria was 43% with regional differences in different age groups. For those under 1 year, 42% were registered in the North-Central region, while 29.5% were registered in the North-West region. While for those aged 1–4 years, the North-West region had registered 32.4% and the North-Central had registered 23.9%.[7,8] The total performance for birth registration in Plateau State for the same year was 37% for children under 1 year, while for children less than 5 years was 23%.[7]

The registration of births is a target of the sustainable development goals, specifically goal 16 which seeks to 'promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels'.[9] Improvement in birth registration services worldwide are hindered by limited and weak administrative infrastructure and capacities, paucity of funds, low adoption of modern data management technologies, weak national policies, poor commitment of government and low levels of public awareness of the significance of birth registration.[10] Programmes such as the Maternal, Newborn and Child Health Programme have been used as a tool to improve birth registration through the celebration of a biannual Maternal, Newborn and Child Health Week (MNCHW) that ideally should hold every May and November. Birth registration is used as one of the key indicators of the success of the programme. However, its 2016 report showed that Plateau state achieved <60% intervention delivery.[11] Of the national coverage of 53.2% for birth registration assessed in the household survey for the report, only 18.8% was attributable to the activities of the MNCHW.[11]

Owing to the poor performance of birth registration in developing countries such as Nigeria, it is necessary to assess the birth registration status and seek out determinants for low registration from caregivers of children under the age of five. This will highlight the gaps and provide valuable information to guide planning of programmes to improve the practice of birth registration. The objective of this study was to assess the status of birth registration of under-five children in Du community, Jos South local government area (LGA) of Plateau State. Specifically, it sought to assess the awareness of caregivers of underfive children on birth registration, determine the prevalence of children under 5 years of age who had been registered and to identify the factors that affect birth registration of underfive children in Du district, Jos South LGA, Plateau State.

Methodology

The study was a cross-sectional survey that took place in Plateau State which is located in the North Central region of Nigeria, divided into three senatorial zones with 17 LGAs. It has an area of 26,899 km^2 and an estimated population of 3.5 million people.[12] Jos South Local Government is one of the LGAs of Plateau State located 15 km south of the State capital. The LGA is divided into four districts – Du, Gyel, Vwang and Kuru and has a population projected to be 407,900 persons by 2016.[13] There are 63 primary health-care facilities, four private health facilities and one secondary health facility in the LGA. The local government hosts primary and secondary schools, the College of Nursing, the College of Health Technology and the National Veterinary Research Institute. It is largely populated by the Berom ethnic group. The predominant occupations are farming, mining, petty trading and work in the state civil service.[14]

Mixed methods were used to collect data after a multistage sampling technique was used to select two communities in Du district of Jos South. The communities were studied as a cluster. Households were eligible if there was a

child 0–59 months of age. Respondents were primary caregivers of children 0–59 months. A total of 213 caregivers were interviewed. The minimum sample size that had been calculated was 124 using Cochran's formula for cross-sectional studies. Data collection instrument was a semi-structured interviewer-administered questionnaire which was pretested in another LGA. It had sections on sociodemographics, awareness and practice of birth registration. The index child was any child 0–59 months and if there were more than one, the youngest child was used.

Focused group discussions (FGDs) were conducted in four groups in the communities that included; men and women <40 years and men and women more than 40 years of age. Groups had a minimum of 10 and a maximum of 12 participants. Discussions were conducted using an FGD guide.

Ethical clearance was obtained from the Jos University Teaching Hospital Human Research and Ethics Committee. Permission was obtained from the LGA Chairman of Jos South and advocacy visits were conducted to the District Head of Du and the ward heads of the communities. Informed consent was obtained from each participant before data collection.

Quantitative data analysed using Epi Info 7.2 (Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, United States) at a confidence interval of 95% and a $P \leq 0.05$. Univariate and bivariate analysis was conducted on the quantitative data. Qualitative data were transcribed, thematically analysed and presented in prose and texts.

Results

A total of 213 respondents (primary caregivers) were included in the study. There were more females (80%) than males (20%). The mean age of respondents was 32.2 ± 9.5 years with the largest group being those in the 21–30 years age group. Married respondents made up the largest proportion (88%), while the others were divorced, single or widowed. Most (94.8%) had some form of formal education the largest proportion (41.3%) having obtained secondary school education. Seventy-four per cent of the respondents had blue-collar jobs. The ethnic group Berom made up 89.2% of the respondents and 97.7% of respondents were Christians. The family setting was monogamous for 90% of the respondents. There was an average of 3 ± 2 children per household. The median age for the index child was 22 months and more than 70% were first to third in their birth order. More than 90% of the children were born in a hospital [Table 1].

One hundred and forty-three (67.1%) had heard of birth registration as shown in Table 2. Their main sources

Table 1: Sociodemographic characteristics of caregivers and the selected index children (*n*=213)

Variable	Frequency, *n* (%)
Age of caregiver	
<20	10 (4.7)
21-30	106 (49.8)
31-40	70 (32.9)
41-50	16 (7.5)
51-60	4 (1.9)
61-70	6 (2.8)
>70	1 (0.5)
Sex	
Female	172 (80.8)
Male	41 (19.3)
Marital status	
Married	188 (88.3)
Single	13 (6.1)
Divorced	4 (1.9)
Widowed	8 (3.8)
Level of education	
None	11 (5.2)
Primary	53 (24.9)
Secondary	88 (41.3)
Tertiary	61 (28.6)
Occupation	
Blue collar	158 (74.2)
White collar	55 (25.8)
Religion	
Christian	208 (97.7)
Muslim	5 (2.4)
Ethnicity	
Berom	190 (89.2)
Other	23 (10.8)
Family setting	
Monogamous	192 (90.1)
Polygamous	13 (6.1)
Single parent	8 (3.8)
Number of children in household	
1	45 (21.1)
2	51 (23.9)
3	44 (20.7)
4	29 (13.6)
>4	44 (20.7)
Age group of index child (months)	
0-12	70 (32.9)
13-24	64 (30.1)
25-36	32 (15.0)
37-48	39 (18.3)
49-59	8 (3.8)
Birth order	
1	58 (27.2)
2	51 (23.9)
3	43 (20.2)
4	28 (13.2)
>4	33 (15.5)
Place of birth (index child)	
Hospital	202 (94.8)
Home	11 (5.2)

Table 2: Awareness of birth registration

Statement	Frequency, *n* (%)
Heard of birth registration (*n*=213)	
Yes	143 (67.1)
No	70 (32.9)
Source of information (*n*=143)	
Health facility	109 (76.2)
Family and friends	14 (9.8)
TV	11 (7.7)
Radio	5 (3.5)
Other (work place, don't know)	4 (2.8)
What is it? (*n*=143)	
A form of registration	25 (17.5)
A certificate	21 (14.7)
Census	13 (9.1)
Delivery record	12 (8.4)
Child's information	11 (7.7)
Identification card	8 (5.6)
Other (document for employment, school admission, immunisation, something good, file opening, immunisation record, a guideline, form of history)	12 (8.4)
Don't know	41 (28.6)
Any benefit (*n*=143)	
Yes	142 (99.3)
No	1 (0.7)
Benefits (*n*=142)	
Population purposes	28 (19.7)
Identification	23 (16.2)
Confirmation of age	22 (15.5)
Applications	16 (11.3)
School admission	15 (10.6)
Health care	6 (4.2)
Citizenship	6 (4.2)
Others (budgeting, evidence of hospital delivery, provision of social amenities, is important)	10 (7.0)
Don't know	16 (11.3)
Who registers a child (*n*=143)*	
Government official	44 (30.8)
Doctor	36 (25.2)
NPC official	29 (20.2)
Nurse	28 (19.6)
Don't know	19 (13.3)
Place of registration (*n*=143)*	
Healthcare facility	119 (83.2)
Government office	18 (12.6)
Home	7 (4.9)
Community head	1 (0.7)
Don't know	10 (6.7)

*Multiple response. NPC=National population commission

of information included health facilities, mass media, family and friends. The FGD analysis also showed a similar trend as participants mentioned different types of health facilities as their sources of information. They also highlighted their 'church' and previously held 'sensitisation campaigns'.

Subsequent responses were analysed based on those who had answered in the affirmative to being aware of birth registration. When asked what birth registration is, responses included a form of registration (17.5%), a certificate (14.7%), census (9.1%), delivery record (8.4%) and an identification card (5.6%). Up to 28% could not state what it was. The concept of birth registration was predominantly viewed as a way of identifying the origins of a child, both country and locality within the country, by FGD participants.

Almost all (99%) of the 143 respondents who were aware agreed that there were benefits for a child's birth to be registered. Benefits that were most frequently stated were population purposes, identification, age confirmation, school and work applications. The FGD respondents also stated similar benefits but in addition, captured that it is needed to 'vie for political positions'.

When asked who does the registration, 30.8% stated that it is done by a government official but could not specify the agency while 20.2% were able to specify that it is done by NPC officials. Others stated that either the doctor (25.2%) or the nurse (19.6%) does the registration while 13% did not know. Seventy-seven (83.2%) stated that registration was done in health-care facilities. FGD participants were able to provide specific names of the health facilities where registration could be done but complained that, in the ones nearby, the staff to do the registration were frequently absent. Other places where birth registration had taken place were at home and the church during enlightenment campaigns. They however noted that they could register their children at the local government secretariat.

One hundred and thirty-six (63.9%) of the caregivers had ever registered a child [Table 3]. However, only 125 (59%) of the index children had been registered out of which only 85 (68%) of them were able to show evidence of being registered. Almost half (44%) were registered within the 1st week of birth and 90% did so within a health facility. The distance to the place for registration was between 30 min and 1 h for 42% of the respondents. Registration cost nothing for 49.6% of them, while 44% paid <N500 (US$1.10). For those who did not register, reasons provided by them included not being aware, not thinking it was important, forgetfulness, registration site being too distant and no money. Others had no reason or did not know what to do. Caregivers who were aged 31 years and above, those who were married or single and those with children whose birth order was second or later had greater proportions of practicing birth registration and this association was found to be a statistically significant association [Table 4]. Important reasons that were highlighted in the FGDs [Table 5] for parents not registering their children was poor public sensitization,

Table 3: Practice of birth registration

Practice item	Frequency, *n* (%)
Ever registered a child (*n*=213)	
Yes	136 (63.9)
No	77 (36.2)
Index child registered (*n*=213)	
Yes	125 (58.7)
No	88 (41.3)
Evidence of registration seen (*n*=125)	
Yes	85 (68.0)
No	40 (32.0)
Timeline for registration (*n*=125)	
Within 1st week	56 (44.8)
<1 month	24 (19.2)
Within first 6 months	27 (21.6)
Within 1st year	11 (8.8)
>1 year	7 (5.6)
Place of registration (*n*=125)	
Health facility	113 (90.4)
Other (church, home, LG office, NPC office, doesn't remember)	12 (9.6)
Distance to place of registration (*n*=125)	
<10 min	21 (16.8)
10-30 min	40 (32.0)
30 min-1 h	53 (42.4)
>1 h	11 (8.8)
Payment for registration (*n*=125)	
N0	62 (49.6)
< N100	16 (12.8)
N100-N500	39 (31.2)
>N500-N1000	3 (2.4)
>N1000	5 (4.0)
Reasons for not registering child (*n*=88)	
Not aware	56 (63.6)
Did not think it was important	8 (9.1)
Forgot	6 (6.8)
Distance to registration site too far	3 (3.4)
Aware but did not know location	1 (1.1)
No money	1 (1.1)
Others (no reason; aware but no information on what to do)	13 (14.8)

NPC=National population commission

illiteracy, outright refusal, home deliveries and lack of knowledge of the actual date that a child was born. Regarding decision makers, it was most frequently mentioned that fathers determined whether a child was registered or not. Participants also felt that mothers and mothers-in-law may also influence the decision. It was also agreed by some that it was a decision that both parents could make. All participants agreed that there were no cultural laws that prevented them from registering their children at birth.

Discussion

There was a high level of awareness in the community that was assessed with a concomitant level of child registration that is higher than the national and state levels of birth registration. The health facilities were the place that most people had heard or been educated about birth registration. These findings are similar to those found in a study conducted in the southern part of Nigeria.[15] For this study, this finding is not surprising as more than 90% of the children selected for the study had been born at a hospital. It shows that the health facility is a useful avenue for dissemination of information regarding birth registration. In Nigeria, registration centres are frequently sited within government health facilities, especially at immunisation centres, a strategy that is based on UNICEF recommendations.[16,17] However, this may also be an encumbrance as the hospital delivery rates are quite low.[18] Although many recognized that the registration is done by government officials, only 20% knew that NPC officials are the designated persons saddled with the responsibility of recording births and issuing the certificates, a finding similar to another study conducted in Nigeria.[19]

Although they were aware of the process, many could not clearly state what it was. However, different aspects of the definition were highlighted. These included it being a form of registration, a certificate or a documentation of a child's information. There were however misconceptions as to what it is such as a document for employment, an immunisation record and a school admission document amongst many others. This may inform the content that would be required to educate people when enlightenment is conducted.

Respondents were able to identify quite a number of benefits of having a child registered, though the main benefit of obtaining a nationality for the child was not well known. Using life events such as school admissions, acquisition of passports, opening bank accounts and job applications have been recommended as ways of encouraging the registration of children. It has been recommended that even sporting events, particularly football, well-loved by Nigerians, can be used to encourage parents to register their children and to encourage transparency in our recruitment of players into our national teams.[20]

Fifty-nine per cent of the selected index children had been registered even though we were only able to verify 68% of the claims by sighting the certificates. A better practice of birth registration was found to be associated with ages above 30 years, those who were married or single and birth order of the index child being second or more. This finding contrasts with a study that found urban dwelling, delivery in a health facility and higher educational level of the mother associated with a child being registered.[21] However, the cited study was a comparative study, only looked at mothers not caregivers in general and employed a much larger sample size. Another cross-sectional study found higher level of education, the Christian religion

Table 4: Relationship between practice of birth registration and sociodemographic features of caregiver and child

Variable	Birth registered, frequency, *n* (%)		Total	*P*
	Yes (*n*=125)	No (*n*=88)		
Age of caregiver				
≤20	4 (40.0)	6 (60.0)	10 (100.0)	0.021*
21-30	55 (51.9)	51 (48.1)	106 (100.0)	
31-40	47 (67.1)	23 (32.9)	70 (100.0)	
41-50	10 (62.5)	6 (37.5)	16 (100.0)	
51-60	3 (75.0)	1 (25.0)	4 (100.0)	
>60	6 (85.7)	1 (14.3)	7 (100.0)	
Sex				
Female	102 (59.3)	70 (40.7)	172 (100.0)	0.708*
Male	23 (56.1)	18 (43.9)	41 (100.0)	
Marital status				
Married	113 (60.1)	75 (39.9)	188 (100.0)	0.0478*
Single	9 (69.2)	4 (30.8)	13 (100.0)	
Divorced	0 (0.0)	4 (100.0)	4 (100.0)	
Widowed	3 (37.5)	5 (62.5)	8 (100.0)	
Level of education				
None	7 (63.6)	4 (36.4)	11 (100.0)	0.337*
Primary	27 (50.9)	26 (49.1)	53 (100.0)	
Secondary	50 (56.8)	38 (43.2)	88 (100.0)	
Tertiary	41 (67.2)	20 (32.8)	61 (100.0)	
Religion				
Christian	122 (58.7)	86 (41.3)	208 (100.0)	1.00**
Muslim	3 (60.0)	2 (40.0)	5 (100.0)	
Tribe				
Berom	110 (57.9)	80 (42.1)	190 (100.0)	0.500*
Other	15 (65.2)	8 (34.8)	23 (100.0)	
Family setting				
Monogamous	111 (57.8)	81 (42.2)	192 (100.0)	0.703*
Polygamous	9 (69.2)	4 (30.8)	13 (100.0)	
Single parent	5 (62.5)	3 (37.5)	8 (100.0)	
Occupation				
Blue collar	48 (52.2)	44 (47.8)	92 (100.0)	0.092*
White collar	77 (63.6)	44 (36.4)	121 (100.0)	
Number of children in household				
1	20 (44.4)	25 (55.6)	45 (100.0)	0.553***
2	38 (74.5)	13 (25.5)	51 (100.0)	
3	23 (52.3)	21 (47.7)	44 (100.0)	
4	18 (62.1)	11 (37.9)	29 (100.0)	
>4	26 (59.1)	18 (40.9)	44 (100.0)	
Age group of index child (months)				
0-12	39 (55.7)	31 (44.3)	70 (100.0)	0.580*
13-24	43 (67.2)	21 (32.8)	64 (100.0)	
25-36	18 (56.3)	14 (43.8)	32 (100.0)	
37-48	21 (53.8)	18 (46.2)	39 (100.0)	
49-59	4 (50.0)	4 (50.0)	8 (100.0)	
Birth order				
1	26 (44.8)	32 (44.2)	58 (100.0)	0.0471***
2	37 (72.5)	14 (27.5)	51 (100.0)	
3	28 (65.1)	15 (34.9)	43 (100.0)	
4	16 (57.1)	12 (42.9)	28 (100.0)	
>4	18 (54.5)	15 (45.5)	33 (100.0)	
Place of birth (index child)				
Hospital	120 (59.4)	82 (40.6)	202 (100.0)	0.360*
Home	5 (45.5)	6 (54.5)	11 (100.0)	

*χ^2 test statistic, **Fischer exact, ***χ^2 for trend

Table 5: Focus group discussion thematic analysis

Theme	Responses
Sources of information	Primary health care centres, hospitals, media, local church
	Clinics, hospitals, facilities where deliveries are received, sensitization campaigns by organizations
Knowledge of birth registration	"Process of recognizing a newborn as a birth citizen of a country"
	"Gives information about place of birth and locality of origin"
	"Information on a child's origin"
Importance of birth registration	It captures data on the nation's population making censuses unnecessary, provides information on the number of children born in any particular year, helps people know their true ages, helps identify legal citizens of the country, required for school enrolment, provides information on a child's place of origin, for job seeking and determination of age eligibility for employment, needed for international travel, to vie for political position
Locations for birth registration	Du clinic, PHCs, hospitals, home visits, court, local government secretariat, church
Reasons for not registering children's birth	Poor public sensitization, illiteracy, not knowing the importance, negligence, being carefree towards the process, lack of education among parents, home deliveries, absence of staff to carry out registration
	"Some parents don't have time or don't create time to go for the registration," outright refusal, lack of knowledge of child's birth date
Decision-makers for registering	Mothers, mothers-in-law, both parents, fathers (most frequently mentioned - because he is head of the household)

PHC=Primary health centre

and being currently married to be associated with a better practice of birth registration.[15] The similarity with this study being the association with marital status even though this study identified both married and single caregivers to have better practice of registration. These differences may imply that different factors play different roles in issues regarding birth registration in Nigeria. Thus, intervention measures to improve the practice will need to be site specific. Literature that have documented results of interventions or reviewed interventions conducted in states and localities have also identified that peculiarities that hinder registration in communities need to be addressed.[22-24] An example was the obstacle identified in Indonesia where a marriage license was required to register a birth and it was identified that the poorest of the poor did not have those certificates. To address this, a mobile legal identity service at the community level, which integrated the services required to fulfil the birth registration process, was designed and offered.[23]

Almost half of the respondents in this study were able to register within the 1st week after birth and almost all did so within a health facility. Even though this was not investigated in this study, it has been documented that there is gender bias in the timing of registration which discriminates against females.[25] Although there were primary health-care facilities within the community, the respondents stated that the officials were not always available hence more than half of them travelled a distance of 30 min or more to register their children, most likely in health facilities outside the community. Having well-manned registration sites may help to improve registration, especially in communities that are already well sensitised like this one. Birth registration is free in the country but half of the respondents reported paying various amounts ranging from as low as N100 (US$0.22) to above N1000 (US$2.22). Reasons for the payment were not obtained implying that they were not given reasons for the payment and assumed that there was a fee charge for the service. It has however been reported that due to poor funding for birth registration in Nigeria, staff charge fees to cover for work-related expenses.[26] Making payments for such vital processes can discourage an already impoverished populace such that the registration process may become low in the priority for expenditures. Enforcement of the law in Nigeria that registration is done free of charge within the first 30 days of birth will encourage timely birth registration. Linking birth registration with programmes that absorb this cost such as social cash transfer programmes have also been found to improve birth registration by as much as 60%.[27]

For those who did not register the index child, the most common reason was a lack of awareness. Distance, lack of money and forgetfulness were not frequently mentioned reasons. This finding implies that, with aggressive enlightenment campaigns, more people may be willing to register their children. The FGD highlighted that some did not register because they did not know the actual date of the child's birth. This reason was also stated during FGDs conducted for a study in Bauchi and Cross River States of Nigeria.[21] This emphasises the need for early birth registrations so that the date of a child's birth is not forgotten. Enlightenment campaigns can also include messages that encourage women and family members to keep personal records that can be referred to. This will be feasible in communities like the one in this study where most had been exposed to formal education. The finding that fathers are the main decision-makers in the choice to register a child's birth means that engagement at community level should target men who are household heads.

Conclusion

This study found a high level of awareness of birth registration in Du community and a level of its practice that is higher than the state and national levels. With the aim of having every single child's birth registered, there is still a need for increased participation. This may require engagement at the community level that targets fathers, enlightenment that involves use of religious centres and door-to-door activities which were useful in reaching some persons in this community. Centres for registration nearer to the populace need to be well-staffed to avoid cases of missed opportunities.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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