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Media responsibility and maternal health: Confronting cultural misinformation on sudden Infant Death Syndrome (SIDS) in Nigeria

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Abstract

Emergent media play a pivotal role in safeguarding society by spotlighting issues that endanger collective well-being. Among such issues is infantile apnea, a condition exacerbated in Nigeria by culturally sanctioned myths and misinformation that perpetuate harmful childcare practices. The strength of a nation's healthcare system is inseparable from its human development outcomes, making maternal and child health not only a medical concern but also a fundamental development priority. This study interrogates the intersection of health, healthcare access, and maternal practices in Nigeria, with particular attention to the role of media in shaping public understanding. Findings reveal that coverage of children's health remains insufficient, leaving cultural misinformation unchallenged and allowing preventable infant deaths, including cases linked to sudden infant death syndrome (SIDS), to persist. To address this gap, the study applies the Health Belief Model, alongside speech act and functional media theories, as analytical frameworks, demonstrating how targeted media interventions can recalibrate beliefs, dismantle myths, and encourage safer childcare practices. By outlining actionable strategies for reaching both rural and under-informed urban populations, this research shows the urgent need for communication-led health interventions as a pathway toward reducing infant mortality and advancing sustainable development in Nigeria.

Keywords: Childcare Practices; Infantile Apnea; Maternal and Child Health; Cultural Misinformation; Emergent Media; Sudden Infant Death Syndrome (SIDS); Health Communication

1. Introduction

Health is widely understood as a multidimensional construct that extends beyond physical well-being to encompass psychological stability, social participation, and the overall quality of life within communities (Coke and Tahir, 2013). A healthy population is not only a moral imperative but also a prerequisite for national development, as accessible healthcare systems directly shape a society's productivity, resilience, and cohesion. Yet, health outcomes are persistently stratified along lines of social inequality, creating structural barriers to care. In the Nigerian context, public health has expanded as a formal discipline. Still, its effectiveness has often been undermined by culturally rooted misinformation and limited communication infrastructures that restrict equitable access to health innovations. Since independence, the Nigerian government has implemented numerous interventions to address pressing health challenges; however, the translation of scientific advances into population-level improvements remains uneven. While mortality rates have declined in many industrialized countries due to biomedical progress and systemic reforms, Nigeria continues to face significant challenges in maternal and child health. This shows the critical role of mediated communication in bridging the gap between scientific evidence and social practice.

Emergent media, comprising both mainstream and digital platforms, are essential vehicles for the dissemination of health information. Their functions extend beyond transmission to include interactive participation, user engagement,

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and collective meaning-making, all of which are central to national growth and sustainable development. As Oso (2012) observes, the media constitute an indispensable social infrastructure, forming a symbiotic relationship with the community in which they operate. Similarly, Mowlana (2000) emphasizes that media function not only as informants but also as organizers and agitators in processes of social change. In this respect, the media's role in development is not incidental but systemic. From a theoretical perspective, the functionalist paradigm provides a useful analytical anchor. Lasswell's (1960) classic formulation identified three core functions of mass communication: surveillance of the environment, correlation of societal components, and the transmission of cultural heritage. Wright (1960, cited in Hanson, 2005) later added entertainment as a fourth function. For the present study, the surveillance role is most relevant, since it highlights how societies rely on mediated vigilance to acquire knowledge of health risks and solutions beyond immediate personal experience (Hanson, 2005). Within a positivist paradigm, this surveillance function can be operationalized as the measurable transfer of biomedical and public health knowledge through emergent media channels, against which exposure, uptake, and behavioral outcomes can be empirically tested.

The interface between emergent media and healthcare is especially salient in addressing maternal and child health. Evidence shows that media expansion has historically advanced medical awareness, yet misinformation, particularly around childhood diseases, continues to circulate. Obinna and Olowoopejo (2013), for instance, demonstrate that while the Nigerian media covered infant mortality, its fragmented and sometimes imprecise framing allowed public skepticism to persist, echoing similar distortions observed during the COVID-19 pandemic. Such gaps reveal the need for more systematic, evidence-based media interventions.

This study specifically focuses on infantile apnea, a health issue that has remained under-acknowledged in public discourse despite its serious implications for neonatal survival. Cultural practices such as restrictive ceremonial clothing for infants, prolonged exposure to crowded indoor environments during festivities, and the application of unregulated ointments or substances have been associated with heightened apnea risks. Yet these practices are often sustained by entrenched myths, cultural rationalizations, and misinformation passed intergenerationally. Against this backdrop, emergent media can serve as a strategic counterweight, disseminating accurate medical knowledge, displacing cultural myths, and promoting behavioral change on a large scale. Accordingly, this paper examines the significance of emergent media in advancing healthcare development in Nigeria, with particular attention to how strategic communication can mitigate infantile apnea. By situating the problem within a positivist paradigm, the analysis shows how communication functions can be empirically harnessed to dismantle culturally embedded misinformation and accelerate sustainable healthcare improvements.

2. Research Concern

Child mortality remains a pressing public health challenge in Nigeria, with cultural practices and misinformation continuing to undermine maternal and infant health outcomes.

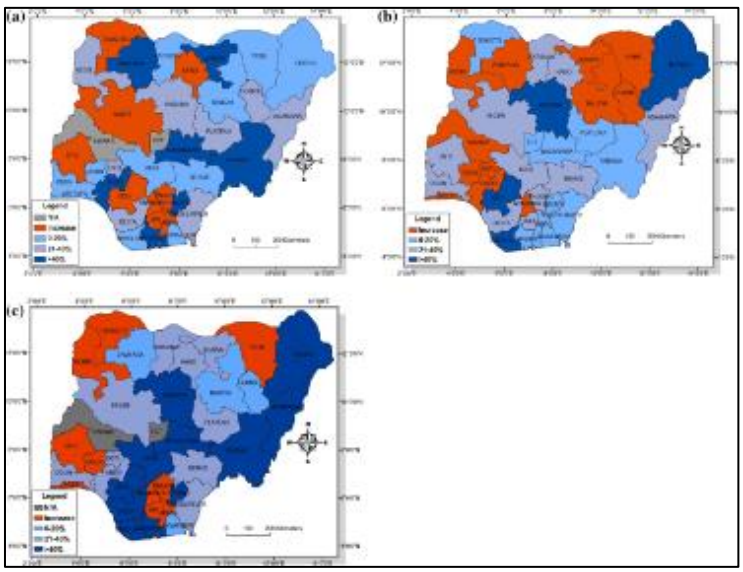

Figure 1 Trend and Temporal Patterns of Infant Mortality in Nigeria (Ayoade, 2021)

As Obinna and Olowoopejo (2013) note, despite significant medical advances, rising rates of infant mortality reveal how entrenched sociocultural narratives can obstruct the translation of healthcare knowledge into practice. Within this context, infantile apnea, a condition characterized by the temporary cessation of breathing in newborns, emerges as a critical but under-recognized contributor to neonatal deaths. While biomedical explanations for apnea are well-documented, its persistence in Nigeria is often exacerbated by culturally sanctioned practices such as restrictive ceremonial clothing, traditional ointments that obstruct airways, and prolonged exposure of infants to crowded environments. This study is therefore concerned with the role of culturally embedded misinformation in sustaining these harmful practices. Specifically, it interrogates how the circulation of myths, taboos, and pseudo-medical claims shapes maternal decision-making and contributes to heightened infant vulnerability. In doing so, the research highlights the intersection of communication, culture, and health, where the lack of accurate information or the dominance of distorted narratives yields measurable public health consequences.

The central concern, then, is not simply the existence of infantile apnea but the mediated conditions that allow misinformation to flourish. By adopting a positivist lens, this study treats misinformation as an observable variable, measurable through its prevalence in cultural discourse and its impact on maternal practices. The inquiry extends to exploring how emergent media technologies, ranging from radio and television to social media platforms, can be strategically deployed to displace falsehoods with evidence-based medical information. Accordingly, the research seeks to demonstrate how media-driven interventions can reduce cultural misunderstandings, reorient health behaviors, and ultimately contribute to lowering infant and child mortality rates. This concern positions the study at the nexus of public health communication and development media scholarship, addressing not only the epidemiological dimensions of infant mortality but also the communicative infrastructures through which health knowledge is constructed, contested, and transmitted.

3. Research Design

This study adopts a conceptual and theoretical orientation within the positivist paradigm, treating cultural misinformation as a phenomenon that can, in principle, be operationalized and evaluated for its impact on maternal and child health. While empirical studies typically apply the positivist paradigm through systematic measurement and replicability, the present work does not rely on original data collection. Instead, it uses a theory-driven, conceptual analysis to explore how emergent media might mitigate the health risks associated with infantile apnea and related conditions such as sudden infant death syndrome (SIDS). The analysis is grounded in a conceptual application of content analysis, not as an empirical coding of texts, but as a structured way of thinking about how health-related messages are framed and disseminated across different media channels. Within this framework, cultural myths and misinformation are treated as conceptual hotspots of discussion, examined through their potential risk implications and contrasted with medically verified information. This approach provides a theoretical basis for evaluating the corrective and educational role of the media without claiming empirical measurement.

The conceptual framework integrates Speech Act Theory with Lasswell's functionalist theory of the media, alongside a public health communication model, offering a structured lens to consider how surveillance, correlation, and transmission functions may be mobilized toward health promotion. These theoretical lenses provide an operational vocabulary for discussing strategies such as surveillance to detect false narratives, correlation to align accurate health knowledge with societal needs, and transmission to reinforce evidence-based practices across generations. Importantly, this design aligns with the social responsibility theory of the media, which positions both traditional and digital platforms as accountable agents in safeguarding the public interest. By clearly situating the work as a conceptual and theoretical inquiry, the study contributes to scholarly debates by diagnosing how cultural misinformation interacts with health communication and by outlining media-driven mitigation strategies that can be developed and tested in future empirical research.

4. Conceptual Background

4.1. Infantile Apnea

Infantile apnea is a clinical condition that typically affects children under one year of age, with greater prevalence among preterm infants. It is defined as a cessation of breathing lasting at least 20 seconds or shorter pauses accompanied by bradycardia, cyanosis, pallor, choking, or hypotonia (Choi and Kim, 2016). These episodes occur most frequently during rapid eye movement (REM) sleep, making diagnosis heavily reliant on polysomnography, which records brain activity, heart rate, respiration, and movement to assess severity (Zhao, Gonzalez, and Mu, 2016). Although many infants

outgrow apnea with neurological maturation, its presence signals critical vulnerabilities, particularly due to its possible association with sudden infant death syndrome (SIDS).

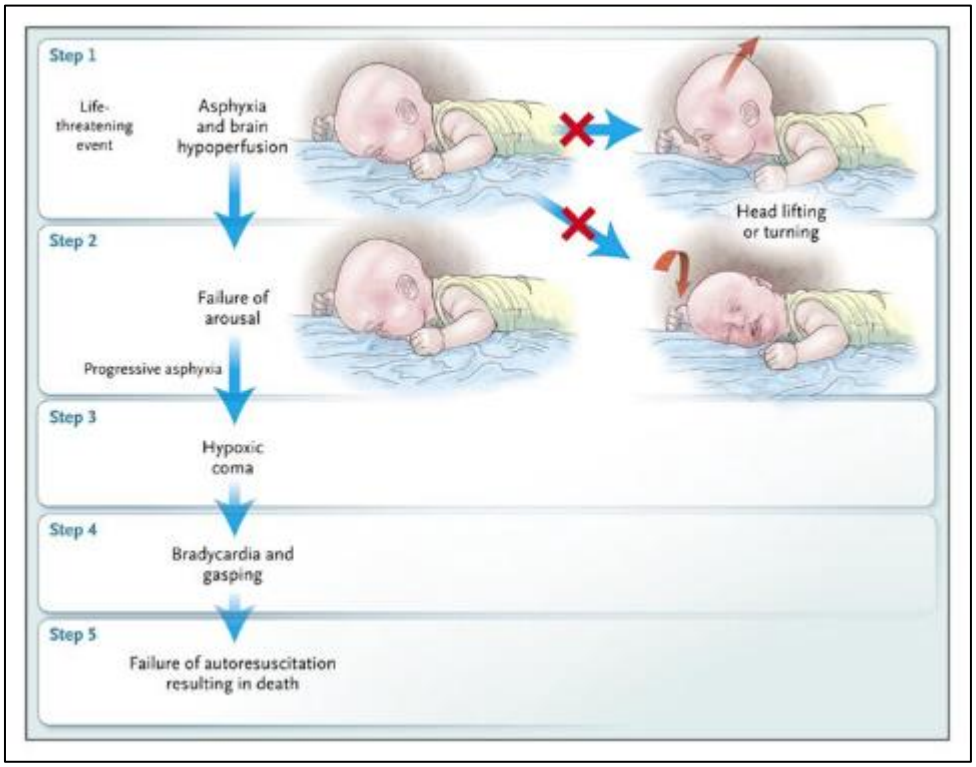

Figure 2 sudden infant death syndrome (Kinney and Thach, 2009)

Roitman (2002) classifies apnea into three categories: central, obstructive, and mixed.

- Central apnea results from underdeveloped or disrupted respiratory control centers, often seen in preterm infants whose immature systems fail to respond adequately to elevated carbon dioxide (Lombroso, 2013). Traumatic injury or abuse can also impair respiratory signaling, necessitating clinical attention to patient history.
- Obstructive apnea arises when anatomical or functional airway blockages hinder airflow, sometimes exacerbated by diminished pharyngeal muscle tone during sleep (Poet, Paul, and Bornhorst, 2007).
- Mixed apnea combines both mechanisms and is particularly common in premature infants, often linked to fatal outcomes (Hume, 2007).

Understanding these subtypes shows the urgency of early detection and intervention, particularly in contexts where cultural practices exacerbate physiological risks.

4.2. Cultural Misinformation

Cultural misinformation refers to beliefs and practices presented as factual within specific cultural contexts but later demonstrated to be false (Lewandowsky, Ecker, Seifert, Schwarz, and Cook, 2012). Unlike ignorance, which is characterized by a lack of knowledge, misinformation is often held with strong conviction, reinforced by tradition, religious rationalizations, and oral transmission (Branch, Scott, and Rosenau, 2010). These convictions shape maternal decision-making, discouraging medical interventions such as cesarean sections or neonatal monitoring, and thereby increasing risks of infantile apnea and SIDS. The persistence of misinformation is compounded by phenomena such as the continued influence effect and backfire effects, where corrections fail to dislodge or even reinforce false beliefs (Levitan and Visser, 2008). Studies in misinformation psychology confirm that oral traditions, rumors, and simplified narratives, what Feignberg and Willer (2013) call “sticky memes”, are remarkably resistant to correction. This cultural stickiness explains why misinformation related to childcare, such as the use of restrictive ceremonial clothing, unverified ointments, or home midwifery, continues to place infants at risk.

The rise of digital platforms has intensified this problem. While online media can democratize access to health knowledge, it also removes traditional gatekeeping, enabling blogs and social media pages to present unverified health claims as authoritative. The journalistic norm of "balance," wherein experts and lay opinions receive equal weight, further amplifies misinformation, a phenomenon described as "balance as bias" (Diethelm and McKee, 2009). Scholars such as Proctor (2008) have labeled this terrain the study of agnotology, the cultural production of ignorance. For maternal and infant health in Nigeria, cultural misinformation operates as both a structural and communicative barrier: it embeds falsehoods into everyday practices while undermining public trust in professional care.

4.3. Media Communication Intervention

The sustainability of health systems depends in part on the effectiveness of communication infrastructures. Within a positivist paradigm, media interventions can be conceptualized as causal mechanisms that transmit accurate health information, counter misinformation, and promote behavioral change. Communication here is not only a symbolic act but also an empirically measurable process of message delivery, reception, and outcome. Carey's (1989) transmission and ritual models highlight two essential aspects:

- The transmission perspective emphasizes deliberate planning of message channels, credible messengers, audience segmentation, and message framing to ensure effective diffusion of health knowledge (Rimal and Lapinski, 2009).
- The ritual perspective situates audiences within social networks that validate or resist new practices, underscoring the need to account for shared traditions in intervention design.

Emergent media hold distinct roles. In rural areas, where literacy levels are lower and cultural myths are more entrenched, mainstream media remain the most impactful in disseminating corrective health messages (Adeniran, 2009). In contrast, urban audiences benefit from targeted social media interventions that leverage higher literacy and digital connectivity. When strategically aligned, both forms of media can reinforce maternal health literacy, encourage safer child-rearing practices, and reduce incidences of infantile apnea and related mortality (Diedong, 2013). Entertainment-education strategies further enhance impact by embedding medical information within culturally resonant narratives, making corrective health messages more engaging and memorable. Through such interventions, the media can fulfill their social responsibility mandate, contributing to measurable declines in maternal mortality and SIDS.

5. Conceptual Model

The effectiveness of any health communication strategy depends on how well the planner attends to the relationship between the content of the message, the intention behind it, and the way it is ultimately received and acted upon by the audience. Drawing on Austin's (1962) speech act theory and Searle's (1969) subsequent refinements, three interrelated layers are particularly important for understanding the communicative process in this study. The locution refers to the literal content of the health message, which in this case must include accurate, unambiguous, and scientifically verifiable information about infantile apnea, its causes, its risks, and the practices that contribute to or mitigate it (Choi and Kim, 2016; Zhao, Gonzalez, and Mu, 2016). The illocution, by contrast, refers to the intention of the communicative act; it is not enough to transmit information about apnea; the communicator must deliberately aim to persuade mothers, caregivers, and communities to abandon harmful childcare practices and embrace evidence-based preventive measures (Lewandowsky, Ecker, Seifert, Schwarz, and Cook, 2012). Finally, the perlocution refers to the actual effect the message has on its recipients, whether they internalize the warning, adjust their beliefs, or ultimately adopt new practices. A successful media campaign will therefore be one in which the locutionary content is precise, the illocutionary aim is well-defined, and the perlocutionary outcomes are measurable in terms of behavior change, such as reduced reliance on harmful ointments, fewer instances of infants dressed in restrictive clothing, or increased hospital visits when apnea symptoms are suspected (Obinna and Olowoopejo, 2013).

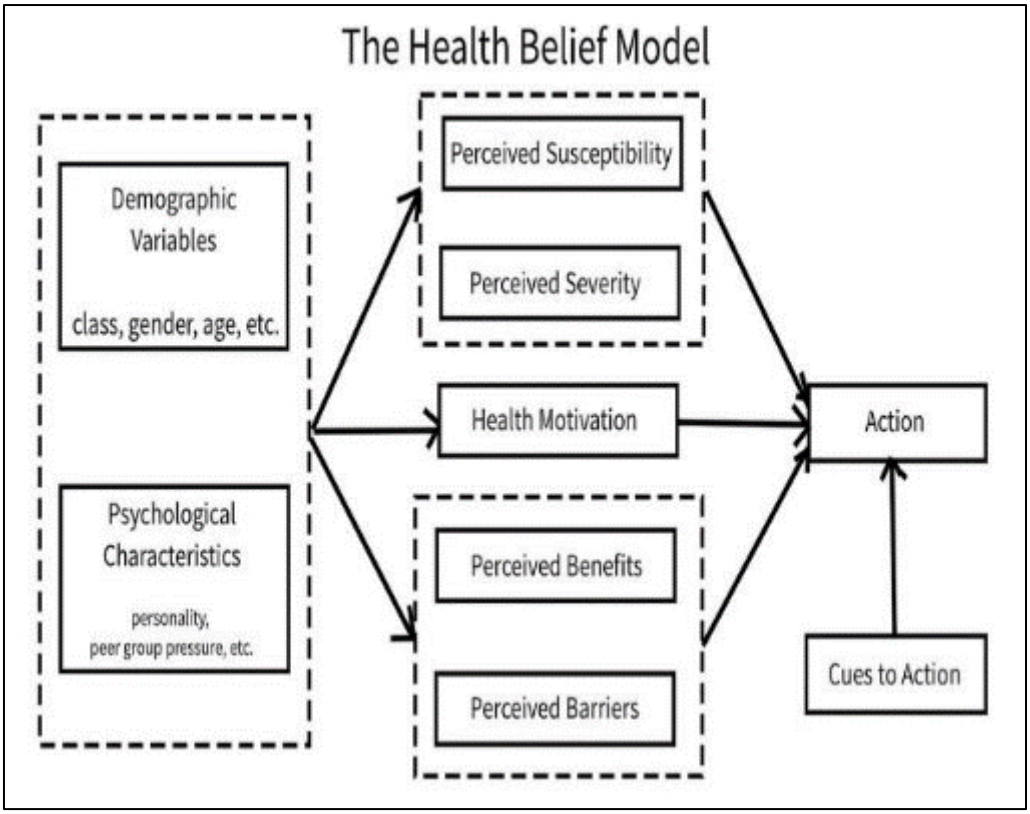

Figure 3 Health Belief Model (Janz and Becker, 1984)

To strengthen this communicative framework, the study draws on the Health Belief Model (HBM), one of the most widely used theoretical frameworks for predicting and explaining health behavior (Rosenstock, 1974; Champion and Skinner, 2008). The model is particularly well-suited to this context because it emphasizes how individual perceptions of health threats and the perceived value of preventive actions shape behavior. Applied to infantile apnea in Nigeria, the model makes it possible to examine how beliefs rooted in culture and misinformation influence maternal decision-making and how carefully crafted messages might shift those beliefs in the direction of healthier outcomes. In other words, the HBM provides a lens through which health communication can be both theoretically grounded and practically operationalized (Rimal and Lapinski, 2009).

Central to the model is the notion that individuals are more likely to engage in preventive health behavior if they believe they are personally susceptible to a condition, if they perceive that condition as severe, if they recognize clear benefits in adopting new practices, and if barriers to change are removed or diminished (Glanz, Rimer, and Viswanath, 2008). Within rural and culturally driven Nigerian communities, perceived susceptibility is often low because cultural myths portray infantile apnea as a normal stage of development or attribute it to spiritual causes beyond human control (Branch, Scott, and Rosenau, 2010). Effective health communication must therefore highlight vulnerability in concrete ways, perhaps by presenting real cases of apnea or using local metaphors that illustrate the fragility of an infant's breathing. Perceived severity must also be elevated: while many caregivers treat apnea as a temporary inconvenience, the reality that it can lead to sudden infant death syndrome must be clearly communicated, with sensitivity to avoid undue fear but with enough urgency to underscore the stakes (Diethelm and McKee, 2009).

Perceived benefits are equally crucial. Mothers and caregivers must be persuaded that safe sleeping practices, avoidance of restrictive clothing, and timely medical consultations bring tangible improvements in infant survival. In this regard, messages that combine scientific data with culturally resonant stories may prove especially effective (Feignberg and Willer, 2013). Yet these messages must also acknowledge the perceived barriers that caregivers face, whether they are financial constraints, geographic inaccessibility of health facilities, or deep-rooted mistrust of biomedical interventions (Proctor, 2008). To be successful, communication campaigns must address such barriers directly, offering reassurance that medical advice is affordable, accessible, and compatible with local traditions when carefully adapted (Levitan and Visser, 2008).

The HBM also highlights the importance of cues to action and self-efficacy in driving behavior change. Cues to action may take the form of community radio jingles repeated at strategic times, health posters in market spaces, or mobile phone alerts that remind mothers of preventive practices (Adeniran, 2009). These cues act as triggers that prompt caregivers to recall and apply health information in moments of decision-making. Self-efficacy, meanwhile, refers to the confidence that caregivers must feel in their ability to implement safer practices. Without such confidence, even well-designed messages will fail to produce change. Media interventions can strengthen self-efficacy by providing clear, step-by-step demonstrations through dramas, testimonials, or visual guides, showing caregivers that prevention is within their power and not exclusively the domain of experts (Diedong, 2013).

The practical application of this model requires systematic health needs assessments to determine the precise content and quality of information circulating in rural regions. It also requires deliberate message design that communicates in simple, unambiguous language and in local dialects where possible. The choice of media channel must be context-specific: radio and television for rural and peri-urban regions where oral traditions dominate, and digital platforms for urban youth audiences with higher literacy levels and greater connectivity (Mowlana, 2000; Oso, 2012). Above all, evaluation mechanisms must be embedded to track perlocutionary outcomes in measurable ways, such as reductions in harmful practices or increased reliance on professional health services.

Collectively, the integration of locutionary precision, illocutionary clarity, and perlocutionary effectiveness with the predictive power of the Health Belief Model creates a robust theoretical and methodological basis for media-driven interventions. It allows communication planners to move beyond intuition and cultural generalizations toward empirically grounded strategies that not only disseminate accurate knowledge but also dismantle the cultural misinformation that fuels infantile apnea. By identifying the tipping points in maternal health decision-making and addressing them with deliberate, targeted communication, the model ensures that health promotion efforts are both scientifically rigorous and socially responsive, thereby contributing meaningfully to reductions in infant mortality (Carey, 1989; Rimal and Lapinski, 2009).

6. Conclusion

Health, healthcare delivery, childcare, and the reduction of infant and maternal mortality remain pressing challenges of both global and national concern. This study has interrogated these issues within the Nigerian context, focusing on how cultural misinformation intersects with maternal health practices to exacerbate the incidence of infantile apnea and other preventable conditions. The findings drawn from prior scholarship and theoretical models converge on a sobering reality: despite decades of medical advances and public health initiatives, the dissemination of accurate information about maternal and infant health is still inadequate, while falsehoods rooted in cultural myths continue to flourish unchecked. The role of the media in this context is both indispensable and underutilized. While Nigeria's emergent media have demonstrated their potential to shape public opinion, expand health knowledge, and influence behavior change, research consistently shows that maternal and infant health issues remain underreported (Adeniran, 2009; Diedong, 2013). This underrepresentation has critical consequences, since it allows culturally sanctioned misinformation to retain dominance in many rural and under-informed regions, perpetuating practices that heighten infant vulnerability. When communication infrastructures fail to prioritize maternal and infant health, preventable deaths continue to undermine national development, deepen social inequality, and erode public trust in healthcare systems.

By applying speech act theory to the design of health messages and situating the analysis within the Health Belief Model, this study underscores the need for health communication to be intentional, evidence-based, and measurable. Locutionary accuracy, illocutionary clarity, and perlocutionary effectiveness are not abstract ideals but practical imperatives: health messages must present facts clearly, pursue explicit preventive intentions, and achieve tangible behavioral change in caregivers. The Health Belief Model further clarifies the tipping points in maternal decision-making, demonstrating how perceptions of susceptibility, severity, benefits, barriers, cues to action, and self-efficacy can be strategically addressed through communication interventions tailored to the realities of Nigerian communities. The conclusion reached here is twofold. First, cultural misinformation is not a peripheral issue but a central determinant of infant and maternal health outcomes in Nigeria. Its persistence sustains avoidable tragedies such as infantile apnea, highlighting the urgent need to confront falsehoods with systematic, scientifically grounded messaging. Second, the media hold a social responsibility not only to inform but also to transform. When mobilized with precision, empathy, and theoretical rigor, mainstream and digital media can counter primitive deceptions, amplify biomedical knowledge, and foster a culture of safer maternal and childcare practices.

For Nigeria, the stakes are high: addressing maternal and infant mortality through media-driven interventions is not simply a matter of public health but a foundation for national progress and sustainable development. As this study has

shown, effective communication is itself a form of intervention, one that, if strategically implemented, can bridge the gap between medical knowledge and everyday practice, reduce the burden of preventable deaths, and secure healthier futures for mothers and children.

Policy and Practice Recommendations

The findings of this study highlight that cultural misinformation surrounding infantile apnea and broader childcare practices in Nigeria is not merely a matter of personal belief but a systemic issue with direct implications for public health and national development. To address this challenge effectively, deliberate policy measures and coordinated interventions are required from ministries of health, non-governmental organizations (NGOs), and media institutions. The recommendations outlined here emphasize the translation of theory into practice.

At the level of government, particularly the Federal Ministry of Health and state health ministries, there is a need to institutionalize health communication as a core pillar of maternal and child health programs. Too often, communication is treated as a supplementary activity rather than an essential component of preventive healthcare. By formally integrating communication strategies into national maternal and child health policies, ministries can ensure that accurate information about conditions such as infantile apnea is not only available but systematically disseminated. This should include the design of localized communication campaigns in multiple Nigerian languages, targeted particularly at rural regions where myths about childcare are most entrenched. Ministries must also develop national guidelines for countering misinformation, drawing on the speech act model to ensure that health messages are clear in content (locution), purposeful in intention (illocution), and impactful in reception (perlocution). These guidelines would allow healthcare providers and communication specialists to craft messages that are not only accurate but persuasive and culturally resonant.

For non-governmental organizations, especially those working in maternal and child health, the priority lies in bridging the gap between biomedical knowledge and community practices. NGOs are well-positioned to act as intermediaries between government policies and local realities, leveraging their grassroots presence and credibility. They should develop community-based programs that employ the constructs of the Health Belief Model, raising awareness of susceptibility and severity, emphasizing the benefits of preventive practices, addressing barriers such as cost and access, and enhancing self-efficacy among mothers and caregivers. This can take the form of training sessions with local midwives, participatory workshops that debunk cultural myths, and demonstration projects that show families how to adopt safer childcare practices. In partnership with local leaders, religious institutions, and traditional authorities, NGOs can create a supportive environment in which accurate health knowledge becomes embedded in daily life rather than perceived as external or foreign.

Media institutions, both mainstream and digital, bear a particular responsibility under the social responsibility theory of the press to serve as custodians of public welfare. Research has shown that maternal and infant health issues remain underreported in Nigeria, creating a vacuum in which misinformation thrives (Adeniran, 2009; Diedong, 2013). To correct this imbalance, media houses should adopt editorial policies that prioritize health coverage, dedicating regular airtime and print space to maternal and child health. Programs should not only deliver factual information but also employ culturally appropriate storytelling, drama, and entertainment-education formats that resonate with diverse audiences. For example, radio dramas broadcast in local dialects can incorporate characters who confront and overcome harmful practices, thereby providing models of behavior change. Similarly, social media campaigns can be designed to appeal to younger caregivers in urban areas, using visually compelling content to counter the allure of false or misleading online sources.

Collaboration between these stakeholders is essential. Ministries of health should establish public-private partnerships that bring together NGOs and media organizations to coordinate campaigns, pool resources, and evaluate impact. Joint task forces could ensure that messages are consistent across platforms and that they reach the most vulnerable populations. Monitoring and evaluation mechanisms must also be put in place, allowing policymakers and practitioners to measure changes in knowledge, attitudes, and practices over time. By linking perlocutionary outcomes, such as increased hospital visits or reduced reliance on harmful traditional practices, to specific interventions, stakeholders can refine strategies and demonstrate accountability.

The recommendations presented here show that reducing infant and maternal mortality in Nigeria is not solely a biomedical endeavor but a communicative one. Ministries of health must lead in policy design and resource allocation, NGOs must operationalize these policies at the grassroots level, and media institutions must serve as the channels through which accurate knowledge is transmitted and sustained. When these actors align their roles within a coherent framework guided by theoretical insights from the Health Belief Model and speech act theory, they can collectively

dismantle cultural misinformation, empower caregivers, and contribute to a measurable decline in preventable infant deaths. In this way, the power of communication is harnessed not only to inform but to transform, advancing both public health outcomes and national development goals.

Compliance with ethical standards

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No conflict of interest to be disclosed.

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