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Weekly Market (Lumo) Women Vendors' Awareness and Understanding of Female Genital Mutilation/Cutting Fgm/C: (Case Study: Bureng and Brikama Ba Weekly Markets)

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Abstract

The fundamental objectives of this study were to investigate into the weekly market (locally call "lumoo") elderly women and young women vendors' level knowledge of female genital mutilation/cutting (FGM/C), its causes, negative impacts, preventive methods; and services needed by survivors. The study was a descriptive survey and purposive random sampling technique was used to select the respondents. The survey concentrated on six core areas: level of knowledge of FGM/C, Level of understanding of FGM/C, Level of knowledge of the causes of FGM/C, Level of knowledge of the negative impacts of FGM/C, Level of knowledge of the support services needed by survivors of FGM/C; and Level of knowledge of the preventive methods of FGM/C.

Because of limited resources, the study took approximately one year and five months. Structured questionnaires were used to collect the data from participants. The data was presented and analyzed using tables and percentage. The results indicate high level of awareness of FGM/C among the sample population. It practices though negatively affects all survivors, participants are deeply divided on stopping it. Regardless of government being principal protectors of all children, participants feel everyone is needed both in supporting survivors, perpetrators and the fight against it for subsequent eradication.

Key words: Female Genital Mutilation/Cutting, FGM/C, Survivors, Perpetrators, Women, Weekly Market

1. Chapter 1: Introduction

The exact origin of Female Genital Mutilation/Cutting (FGM/C) is not well-known but documented reports, Greek historians; and geographers, point out that the practice occurred in Ancient Egypt along the Nile Valley at the time of the Pharaohs and thus Egypt is often considered as the source country. Nevertheless, the act was also reported long time ago among other nations of the world including the Romans where it was done in order to prevent their female slaves from getting pregnant, Nehmo Hassan N et al. [1].

Worldwide, it is estimated that more than 200 million women have been cut and approximately 6,000 girls are circumcised daily Unicef [2]. In Africa, more than 3 million girls are at the risk of circumcision with more than 85% eventually having some medical complications, sometime in their life, World Health Organization [3].

It is reported that the highest FGM/C prevalence rates are found within the Horn of Africa, namely, Djibouti, Eritrea, Ethiopia, and Somalia, etc. Unicef [4]. A total of $3.7 million spent in six African countries in a year on the practice with unquantifiable negative psychosocial and emotional effects, Odukogbe, A. A. et al. [5]. Although, some declines have been reported in certain parts of the world including The Gambia, it must be noted with great concern that over 40% of Gambian girls are subjected to FGM/C before celebrating their fourth anniversary. This reduction may be explained by the belief that wounds heal faster and pain is lower for babies than for grown-up girls. Worth noting for all, more especially, the activists is an emerging practice known as "Labioplasty", also called "designer vagina" or "vaginal rejuvenation" or "revirgination". This is a genital procedure done to alter the appearance and improve the genital image based on an individual's satisfaction, Kaplan-Marcusán, A. et al. [6]. In some parts of The Gambia the practice of FGM/C has traditionally been conducted in a context of secrecy and excision is regarded as giving power to girls in their womanhood, Ismael Jiménez Ruiz I. et al. [7].

1.1 Purpose of the Study

The objectives of the study were to investigate into the weekly market (locally call "lumoo") elderly women and young women vendors' level of knowledge of FGM/C, level of understanding of FGM/C, level of knowledge of the causes of FGM/C, level of knowledge of negative impacts of FGM/C, level of knowledge of the support services needed by survivors of FGM/C; and level of knowledge of the preventive methods of FGM/C.

1.3 Research Questions

The study was guided by the following questions:

1. What are the main causes of female genital mutilation/cutting in the communities?
2. What are the negative impacts of female genital mutilation/cutting?
3. What are the professional services needed to support victims of female genital mutilation/cutting?
4. How can female genital mutilation/cutting be prevented in the communities?

2. Chapter 2: Research Methodology

2.1 Area of Study

The study was conducted in Bureng and Brikama Ba weekly markets (lumoos). These markets are not only one of the rapid growing local markets in the rural areas but are located in one of the most densely populated communities with almost all tribes and religious groups in the country including non-Gambians. Therefore, I found them suitable to map out the views of the most ethnic groups and women.

2.2 Sample and Sampling Technique

The design used for the study was a simply descriptive survey. The sample population consisted of 55 (fifty five) elderly women and 25 (twenty five) young women making up a total of 80 participants who were recruited using purposive random sampling technique.

2.3 Data Collection Method

The data was collected by conducting individual interviews using a structured questionnaire with 55 (fifty five) elderly women and 25 (twenty five) young women. The questionnaires were divided into five sections namely, level of knowledge of female genital mutilation/cutting, level of knowledge of the causes of female genital mutilation/cutting, level of knowledge of the negative impacts of female genital mutilation/cutting, level of knowledge of the support services needed by the survivors of female genital mutilation/cutting; and level of knowledge of the preventive methods of female genital mutilation/cutting.

2.4 Data Analysis Method

The data analysis process entailed two stages: the initial analysis was coding and tables creation, preparation of variables by combining a number of codes, converting them into variables or developing completely new ones. This was used to provide a summary of patterns that emerged from the responses of the participants.

2.5 Limitations of the Study

The following were some of the challenges in the execution of the study:

Literature: though there have been many similar studies in this area but few were conducted focusing on the elderly women. Therefore, it was a great challenge to get the desire materials, especially for the literature review.

Funding: there was no financial support from any institution or individual despite all attempts. If there was some financial support, the study would have been easier, less time consuming and above all, the sample would have been bigger for a comfortable generalization.

3. Chapter 3: Objectives of the Study

3.1 Objectives of the Study

The objectives of the study were to investigate into elderly and young women weekly market vendors' comprehension of the causes of female genital mutilation/cutting, negative impacts of female genital mutilation/cutting, support services needed by the survivors of female genital mutilation/cutting; and preventive methods of female genital mutilation/cutting.

3.2 Significance of the Study

The importance of the study stemmed from the followings:

1. It will contribute to the body of existing knowledge in academia and other fields;
2. It will act as an input for policy makers, thus providing new insights to improve their ability to design effective policies and programmes to cater for the welfare of survivors and potential victims of FGM/C;
3. It will provide a base for the protection and promotion of the rights of victims of FGM/C.
4. It will be useful to women and children rights advocates.
2. It will increase people knowledge of the risks to which survivors are exposed.

3.3 Definition of Key Concepts

Female genital mutilation/cutting (FGM/C): the partial or total elimination of a female's external genitalia without her consent and for no medical justifications.

Elderly woman: any female above the age of 60 years and is offering something for sale in the weekly market.

Young woman: any female under the age 35years but above 25 years of age and is offering something for sale in the weekly market.

Vendor: any female above the age of 20 years and is offering something for sale in the weekly market.

Weekly market: the gathering of people for the purchase and sale of goods and services held on a specific day of the week in which the traders set shops for the day and in the late evening they are closed for another week.

4. Chapter 4: Data Presentation, Interpretation and Discussions

4.1 Level of Knowledge of Female genital mutilation/cutting (FGM/C) and Perception towards It,

The results indicate a high level of awareness of FGM/C in the communities in spite of differences in meaning: cleansing girls religiously, cleansing girls traditionally, cultural rite of passage, vagina cleansing, trimming genitalia, cutting of the clitoris; and removal of vagina.

Removal of vagina	11	7
Vagina cleansing	22	14
Cutting of the clitoris	15	9
Cleansing girls religiously	35	22
Cultural rite of passage	25	16
Trimming genitalia	17	11
Cleansing girls traditionally	28	18
Others specify	5	3
Total	**158**	**100**

Table 1: Meaning of FGM/C

This corroborate with FGM is the traditional practice that entails the excision of female genitalia without the consent of the survivor and no valid health reason, Odukogbe A.T. et al. (2017). Female genital mutilation/cutting (FGM/C) includes all activities encompassing the partial or overall removal of the external genitalia or any other type of injury to the female genital organs or stitching or pricking for no medical rationale, World Health Organization (2018). Female genital mutilation/cutting (FGM/C) is a type of traditional practice that entails the partial or complete elimination of the genitalia for no medical purpose, Nwaokoro JC, et al. (2016).

In reacting to different types of FGM/C in the communities, respondents commented diversely: 2 types, 3 types, 1 type, 5 types; and 4 types.

5 types	19	14
2 types	39	29
4 types	11	8
1 type	27	20
3 types	31	23
Others specify	7	6
Total	**134**	**100**

Table 2: Types of FGM/C

This is validated by, in The Gambia there are four different types of circumcisions performed on girls: mild sunna, mildest sunna, excision, and the most common type the removal of the clitoris, Hatcher L. (1993). Female genital mutilation/cutting (FGM/C) is categorized into 4 major types: type1, 2, 3, and 4, Home Office (2016).

Commenting on the most common type, discussants asserted differently: type one (excision of the prepuce), type two (clitoridectory), type three (infibulations); and unclassified. This is supported by while type 1 and 2 are the most common type of FGM/C in The Gambia, type 3 and 4 are equally practice which are deeply rooted in the culture and tradition of certain communities, U.S. Department of State (2001). In The Gambia, the most common type of FGM/C is the type 2, however, the type differ across ethnic groups, Kopper S. (2010). Type 1 and 2 are the most common types practice in The Gambia with 68% women and 37% daughter showing a flesh removal, Home Office (2016).

In a related question participants opined divergently on the national prevalence rate: 65%, 85%, 54%, 75%; and 95.

85%	15	24
95%	2	4
40%	0	00
65%	27	44
75%	4	6
54%	11	18
Others specify	2	4
Total	**61**	**100**

Table 3: Prevalence of FGM/C

This is substantiated by FGM/C national prevalence rate as of 2013 was reduced from 78% to 74.9%, Home Office (2016). The percentage of girls and women age 15 to 49 years of age who underwent FGM/C in The Gambia is up to 75%, Home Office (2016).

Reflecting on the regions that mostly practice FGM/C, the participant felt heterogeneously: Lower River Region (LRR), Upper River Region (URR), West Coast Region (WCR), Central River Region (CRR), North Bank Region (NBR); and Greater Banjul Region (GBR).

Greater Banjul Region (BR)	17	10
Central River Region (CRR)	29	17
Upper River Region (URR)	33	19
North Bank Region (NBR)	23	12
Lower River Region (LRR)	39	22
West Coast Region (WCR)	31	18
Others specify	3	2
Total	**175**	**100**

Table 4: Regions mostly practicing FGM/C

This is corroborated by FGM/C is practice in all the six regions of The Gambia and the most common type being I followed by II, Kaplan A. et al (2011). Female genital mutilation/cutting (FGM/C) is higher in the rural areas with 78% compare to the urban areas with 75%, Home Office (2016). Basse Administrative Area (URR) has the highest number of prevalence rate of 99%, while Banjul Administrative Area and the most urbanized areas have the lowest rate, Home Office (2016). Basse is inhabited by the Sarahules, Mandinkas and Fulas all of whom practice FGM/C while Banjul is inhabited by Wollof and Mandinka who rarely practice it, Home Office (2016).

Commenting on the tribes that mostly practice FGM/C in The Gambia, informants reacted incongruously: Jola, Mandikas, Fulas, Sarahulehs, Wollof, Sereh, Manjagos; and Akus.

Wollof	17	10
Jola	31	19
Manjagos	11	7
Fulas	25	15
Akus	9	5
Mandikas	29	18
Sereh	15	9
Sarahulehs	23	14
Others specify	3	3
Total	**163**	**100**

Table 5: Tribes mostly practicing FGM/C

This is substantiated by nearly all Mandinkas, Jolas, and Hausa practice type 2, Sarahules practice type 1 on girls as young as one week while Bambaras and Fulas type 3, U.S. Department of State (2001). All Mandinkas, Fulas, and Sarahules' women and with little over half the Jolas are subjected to FGM but the Wollofs' are never, Hatcher L. (1993). The strongest supporters of FGM/C are the Mandinkas, Home Office (2016). Wollof has the lowest prevalence rate of 12% for adults and 4% for girls and the Sarahules have the highest with 97% for adults and 76% for girls, Home Office (2016). The wollof, Akus, Sereres and Manjangos generally do not practice any form of FGM/C, U.S. Department of State (2001).

Similarly, the participants perceived FGM/C practices disparately: religious, cultural, bad, rights violation, harmful, good; and ungodly.

Harmful	21	9
Cultural	52	22
Ungodly	11	5
Human rights violation	29	12
Bad	44	18
Good	17	7
Religious	57	24
Others specify	7	3
Total	**238**	**100**

Table 6: Perception of FGM/C

This is in agreement with FGM is not mentioned in any of the great holy books including the Quran and the Bible so too it is in the authentic Hadiths, World Health Organization (2018). Men sharing the same religious beliefs from traditionally and nontraditionally practicing communities viewed the relationship between FGM and Islam differently and conceptualized it in parallelism with male circumcision, Johanne S. et al. (2013). To some extent, the ethnic identities in the case of the men determine how they valued and perceived FGM/C, Johanne S. et al. (2013). All survivors stated that they don't support FGM/C and wouldn't appreciate it being performed on their younger sisters, Gangoli G. et al. (2018).

Level of Knowledge of the Causes of FGM/C in the Community

The study revealed discussants' high level of awareness of the main causes of FGM/C in the community despite the divergences: reduce promiscuity, cultural orientation, preparing good wives, cleansing girls, promotes respect for girls; and enjoyable sex.

Promote respect for girls	27	11
Preparing good wives	49	20
Reduce promiscuity	61	24
Cleansing girls	31	12
Cultural orientation	52	21
Enjoyable sex	19	8
Others specify	11	4
Total	**250**	**100**

Table 7: Main causes of FGM/C

This concurs with FGM/C continues due to religion, tradition, the pressure of older women, porous borders allowing easy movement to regions where it is practice, the belief that it preserves virginity, strong social norms, fear of criticism, it reduces promiscuity, male dominance, females' lack of independence; and the pressure peers are putting on the innocence young girls, Sakeah E. et al. (2019). Female genital mutilation/cutting (FGM/C) ensures and preserves virginity, marital faithfulness, prevents promiscuity and prostitution, Home Office (2016). Female genital mutilation/cutting (FGM/C) in The Gambia is motivated by different accounts namely; respect for tradition and elders, knowing the eye- rites of passage, cleanliness and virginity, higher acceptance of gender based violence; and religion, The Girl Generation (2016). In The Gambia, FGM/C is practice due to many reasons including the rite of passage, control of women's sexuality, and for social convention; and marriageability, Kopper S. (2010). Female genital mutilation/cutting (FGM/C) in The Gambia, it is being practiced for ethnicity and gender identity preservation, femininity, female virginity, family honor, maintenance of cleanliness and health, power to pass into womanhood; and assurance of marriageability, Home Office (2016).

Highlighting on women and girls mostly at risk of FGM/C; informants opined distinctively: rural girls, girls from poor families, low educated girls, unlettered girls, girls from wealthy families; and girls from religious families.

Girls from wealthy families	31	12
Rural girls	59	23
Low educated girls	37	14
Girls from poor families	53	21
Unlettered girls	35	14
Girls from religious families	27	11
Others specify	13	5
Total	**255**	**100**

Table 8: Girls at risk of FGM/C

This is corroborated by poor women with lower education are more at risk of FGM, Elduma A.H. (2018). Low educated mothers and those living in the rural areas have more positive attitudes toward FGM and feel more pressurized in the communities to subject their girls to it, Pashaei T. et al. (2016). Because the level of education influence mothers' believe that uncircumcised girls will be promiscuous, it is important that education is viewed central in the FGM/C elimination campaign, Ahanonu, E.L. et al. (2014). In a follow up question as to who are the main organizers of FGM/C, respondents mumbled divergently: old women, mothers, grandmothers, uncles, grandfathers; and health workers.

Health workers	9	7
Old women	39	29
Grandfathers	12	9
Mothers	33	24
Uncles	15	11
Grandmothers	21	16
Others specify	5	4
Total	**135**	**100**

Table 9: Main organizers of FGM/C

This is in agreement with; it is the older women and excisors who are the key driving force behind the continuity of FGM/C, U.S. Department of State (2001). Female genital mutilation/cutting (FGM/C) is mostly performed by nonmedical practitioners due to religious, cultural and sometimes economic reasons, Odukogbe A.T. et al. (2017). Female genital mutilation/cutting (FGM/C) is sometime done by medical practitioners more especially if its medicalization can negate the associated negative impacts, Odukogbe A.T. et al. (2017). Female genital mutilation/cutting (FGM/C) perpetrators or organizers include traditional healers, nurses; and young medical doctors, Obiora O.L. et al. (2020).

Level of Knowledge of the Negative Impacts of FGM/C

The study indicates high level of awareness of the negative impacts of FGM/C in the community though participants conjectured dividedly: medical, psychological, social, physical, educational, emotional; and economical.

Educational	51	13
Medical	76	19
Economical	27	7
Physical	59	15
Psychological	69	17
Emotional	43	11
Social	63	16
Others specify	9	2
Total	**397**	**100**

Table 10: Negative impacts of FGM/C

This is substantiated by FGM/C results in prolonged labor, instrumental delivery and difficulty in delivery making it as risky as cesarean section and episiotomy, Berg R.C. et al. (2013). Men want to see FGM/C eliminated in their communities because of its negative physical and psychosexual impacts on both females and males, Varol N. et al. (2015). Female genital mutilation/cutting (FGM/C) has many negative health and economic impacts on the survivors, families and the community at large, Epundu U.U. et al. (2018). In addition to the physical consequences, FGM brings along with it poor mental health which will accompany survivors to the end of life, Abdalla, S. et al. (2019). Survivors of FGM are four times more likely to have complications during delivery and their babies are equally four times more likely to have medical complications, Kaplan, A. et al. (2013). Substantial proportion of FGM survivors have sexual dysfunction in all domains including desire, arousal, lubrication, organism, satisfaction; and above all, experience lot of pain during sexual intercourse, Rouzi A. et al. (2016). Survivors of FGM encounter many difficulties during sexual intercourse due to scar tissue and virginal dryness in the genitalia and so too it is during its opening when getting married causing lot of anxiety for the woman and husband. Female genital mutilation/cutting (FGM/C) in addition to its health negative consequences, it can result in mental, physical, and sexual problems and difficult relationship between husband, partner and even close relatives, World Health Organization (2018).

Commenting on the positive impacts of FGM/C in the communities, discussants reacted multifariously: makes women and girls clean religiously, critical rite of passage, reduce promiscuity, make girl marriageable and healthy, consolidate culture; and income for cutters.

Income for cutters	27	9
Reduce promiscuity	58	15
Consolidate culture	37	10
Good health	39	11
Critical rite of passage	61	17
Makes girl marriageable	53	15
Makes women and girls clean religiously	68	19
Others specify	9	4
Total	**352**	**100**

Table 11: Positive impacts of FGM/C

This is supported by FGM contribute to the beauty and physical appearance of girls and the stigmatization of the uncut ones plus the reframing of it as medical cosmetic surgery to overcome the law, have motivated many girls to accept it, El-Gibaly O. et al. (2019). However, there are some contradictions: in communities where out of marriage relationship can lead to serious penalties FGM/C is claimed to be beneficial because it save women from being oversexed, temptation for sex, disgrace more especially the family honor, protect them from rape during wars, preserves their virginity, family honor, enhance women's attractiveness in marriage by increasing their fertility and men's sexual pleasure. In Islam there is no evidence that support FGM/C, however, the Quran propagate women's chastity and modesty which is erroneously interpreted by some scholars to support the practice, FGM New Zealand (2019). The medicalized FGM/C though being promoted is full of contradictions and condemnation for it does not reduce harm and contradicts the medical oath of doing no harm. Secondly, it is a human rights violation. Thirdly those medical professionals practicing it are supporting a harmful practice while financially gaining from it. Fourthly, it is a matter of cultural rights at the expenses of human rights legislations, Leye E. et al. (2019). The female genitalia are ugly and dirty and as such must be eradicated to enhance the beauty and cleanliness of a lady. Female genital mutilation/cutting (FGM/C) is not a religious requirement but rather it is a creation of patriarchal religion, Women Health News (1998).

Level of Knowledge of FGM/C Preventive Methods

The findings exhibited a strong understanding of the key methods of preventing FGM/C in the communities, although, participants opted for diverse methods: conducting public sensitization on FGM/C, incorporation of FGM/C in schools curriculum, promoting alternative rite of passage, providing alternative income for cutters, enactment and enforcement of strict laws against FGM/C; and banning FGM/C.

Promoting alternative rite of passage	42	15
Banning FGM/C	35	13
Conducting public sensitization on FGM/C	69	25
Enactment and enforcement of strict laws against FGM/C	37	13
Incorporation of FGM/C in schools curriculum	51	18
Providing alternative income for cutters	39	14
Others specify	4	2
Total	**277**	**100**

Table 12: Key methods of preventing FGM/C

This is in conformity with; in The Gambia, different approaches have been adopted to end FGM/C including community dialogue, alternative rites of passage, religion-oriented approaches, educating traditional excisions and offering them some financial support; and promotion of girls' rights, The Girl Generation (2016). In trying to end FGM/C in The Gambia, series of approaches have been implemented including the Right to Health Approach, Human Rights Approach, promotion of national laws and international agreements, financial compensation for cutters; and the promotion of public declarations, Kopper S. (2010). Governments need to develop policies and programmes that abolish FGM and energize awareness raising and sensitization campaigns especially by engaging the women folks, Nwaokoro JC, et al. (2016). The Women's (Amendment) Act of The Gambia by incorporating Section 32A (prohibition of female circumcision) and Section 32B (Accomplices to female circumcision) criminalized FGM/C by stating that it is prohibited and any person who engages in it commits an offence and is punishable and so too it is, any person who knows about it and failed to report it to the proper authorities, 28 too Many (2018).

Female genital mutilation/cutting (FGM/C) eradication requires attitudinal change, educating the public especially the women on the negative impacts of the practice and above all, empowering the women to be independent and be able to make informed decisions, Kalokoh N.K. (2017).

Level of Knowledge of the Support Services Needed By FGM/C Victims

The findings revealed a high level consciousness of the support services needed by survivors of FGM/C: medical, counseling, education, financial, emotional, material, love and care, food and clothes; and prayers.

Financial	35	13
Material	25	9
Medical	56	20
Love and care	17	6
Counseling	51	18
Emotional	28	10
Education	37	13
Prayers	9	3
Food and clothes	11	5
Others specify	6	3
Total	275	100

Table 13: Support services needed by survivors FGM/C

This is supported by the forms of specialized support services identified in the Istanbul Convention which include shelter, telephone helplines, rape crisis centers or sexual violence referral centers, legal advice, psychological counselling, case advocacy (i.e. helping victims to know their rights and entitlements); and economic empowerment, Kelly L. (2018).

Providers of Support Services for FGM/C Victims

The key providers of the support services were identified as: central government, non-governmental organizations, community based organizations, local government authorities, women organizations, development partners, youth organizations, faith based organizations; and parents and relatives.

Community based organizations	57	13
Women organizations	41	9
Central government	78	17
Development partners	39	9
Faith based organizations	31	7
Local government authorities	52	12
Youth organizations	35	8
Non-governmental organizations	69	15
Parents and relatives	29	7
Others specify	13	3
Total	**444**	

Table 14: Key providers of the support services needed by FGM/C survivors

This is bolstered by it is critical that government and community leaders provide medical support to the victims and fight against the practice, Shakirat G.O. et al. [32]. International laws (e.g. CEDAW, UNCRC) placed legal obligations on states to adopt effective and appropriate measures to support victims and eradicate traditional practices including FGM/C, Nabaneh S. et al. (2019). In most countries the FGM/C laws do not provide free legal services to victims, however, non-governmental organizations, legal aid organizations, lawyers' associations, independent lawyers do provide, Unicef [33]. General Practitioners (GPs), practicing nurses, and their colleagues are required to be put on alert to support FGM/C survivors, Rymer J. et al. (2013).

5. Summary and Conclusion

In summary, FGM/C is practice almost in all the regions in The Gambia. However, the degree of practice varies from one region to another so too it is in the case of tribes. Female genital mutilation/cutting (FGM/C), among other things negatively affect survivors medically, psychologically, socially, physically, educationally, emotionally, economically, etc. In spite of all these negative consequences, some informants feel it has some positive impacts such as it makes women and girls clean religiously, is a critical rite of passage, reduces promiscuity, makes girls marriageable, healthy, consolidates culture; and is a source of income for cutters. To ameliorate the negative impacts, survivors among other things need support services namely; medical, counseling, education, financial, emotional, material, love and care, food and clothes; and even prayers. Though split on stopping the practice, some discussants are convinced that conducting public sensitization, incorporation of it in schools curriculum, promoting alternative rite of passage, providing alternative income for cutters, enactment and enforcement of strict laws against it; and banning it legally will pay huge dividend [34-48].

Conflict of Interest

I declare that there is no conflict of interest with respect to the study, authorship and/or publication of the manuscript.

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