Gaps in the process of case detection, reporting and feedback of severe acute malnutrition program in three governorates in Yemen: a quantitative study

Abstract

Background: Monitoring of the nutritional therapeutic program for management of Severe Acute Malnutrition (SAM) in Yemen are limited to the outcome indicators. A lot of information about monitoring and evaluation of the process of implementation of the program are not known especially in areas of case finding/reporting and feedback.

Objectives: To understand case detection, reporting and feedback processes of SAM in OTP clinics among GP/health care providers and managers Yemen 2015.

Methods: This is a quantitative study through cross sectional design of purposeful sample of 213 participants including program manager, physicians and health workers working in the selected 22 health facilities in 20 districts from three governorates (Lahj, Aden and Hadramout). Data collected through structured questionnaire.

Findings: Finding from quantitative data analysis focus on data obtained through questionnaires that returned from the three governorates (n=213). About 58% are females. The mean age of participants are 34.3years (SD=7.6years) about half of participants have previous training regarding SAM management guideline (51%) and 66% of them answer correctly about management of SAM children. About 51% of participants have SAM management guideline but only 43% of participants practice SAM management according to the guideline; this reflect on the ability of the system to detect and manage SAM children: about 40% of participants did not detect any SAM child during two weeks preceding the data collection and 69% did not treat any case of SAM and 59% of participants did not refer any SAM case to the TFC. Regarding reporting; the gap identified is the huge data and difficulty in understanding the reporting forms while feedback is mainly verbal by telephone and be not documented.

Conclusion: Different gaps were identified in the SAM program implementation through the quantitative study mainly low coverage of SAM training, more detailed and complicated report’s contents, non-adherence of physician with the guideline and lack of coordination between physicians and health workers of the program.

Keywords: malnutrition, SAM, OTP clinics, TFC, pneumonia, diarrheal, malaria, measles, diarrhoeal disease

Abbreviations: SAM, acute severe malnutrition; MAM, moderate acute malnutrition; TFC, therapeutic feeding centre; OTP, outpatient therapeutic feeding program; YNP, yemen nutrition program; HUCOM, hadramout university college of medicine

Introduction

Every year 10.6million children die worldwide due to preventable conditions such as pneumonia, diarrheal, malnutrition, malaria and measles. Of these deaths, malnutrition accounts for about 2.2million deaths annually in children under the age of 5.1 Acute Malnutrition is classified according to the degree of wasting and the presence of oedema. It is acute severe malnutrition (SAM) if the wasting is severe (W/H <-3 Z score WHO standards or a low MUAC) or there is oedema. These guidelines address the treatment of SAM. Malnutrition is defined as moderate acute malnutrition (MAM) if the wasting is less severe (W/H between -2 and -3 Z-score WHO standards); oedematous cases are always classified as severe.2 Level of child malnutrition in Yemen

The demographic and health survey (2013) reported that the overall 16 percent of children under age 5 are wasted, and 5 percent are severely wasted. The prevalence of wasting is highest among children age 6-8 months (28 percent).3 The same findings were reported from the family health survey (2003) prevalence of stunting is 53.1%, wasting 12.4% and underweight is 45.6%.4 Comparing the results of these surveys shows that the prevalence of stunting has greatly decreased in the past 10years, from 53 percent in 2003 to 41 percent in 2013. However, the percentage of children who are underweight (which decreased from 46 percent to 44 percent) and the prevalence of wasting (which increased from 13 percent to 14 percent) have not significantly changed since 1997.3 Impact of the complex emergency on the health system in Yemen

Since March 2015 till now, Yemen living bloody conflicts; the
The severe acute malnutrition program in Yemen (SAM)

In 2008, Yemen had launched a national programme for the management of severe acute malnutrition with an aim of decreasing childhood mortality and illnesses, meeting the MDG by 2015. The Yemen nutrition program YNP on management of severe acute malnutrition is composed of two arms: Outpatient Therapeutic feeding Program (OTP) and Inpatient Therapeutic feeding centre (TFC). The inpatient TFC program is a hospital level program and has been known to provide better health care for severely malnourished children while, the OTP is a community level program and successfully examined in many low resource settings with organization and follow up from primary health units, health centres and/or hospitals. Studies about the performance of the SAM program were scarce, and the available studies focused of description of SAM children or outcome indicators. A descriptive cross-sectional hospital based study was conducted on 622 hospitalized children (336 males and 286 females) below 6years of age during 2012-2013 in Aden. SAM was diagnosed in 622 children with prevalence rate of 5.2% from total 11,941 admissions during 24 months period. The outcome indicators of 303 hospitalized children at age group 6-59 months in Mukalla hospital in Hadramout were studied in 2013; the study show recovered 31 (10.2%), died 10 (3.3%), transferred 19 (6.3%), defaulted 243 (80.2%) and median stay of children in program were 40days. Death rate among children with SAM reported from Al-Sadaqa hospital in Aden was 5% in 2011. A lot of information about monitoring and evaluation of the process of implementation of the program are not known especially in areas of case finding/reporting and feedback.

Methodology

This is a quantitative study through cross sectional design of purposeful sample of 213 participants including program manager, physicians and health workers working in the selected 22 health facilities in 20 districts from three governorates (Lahj, Aden and Hadramout). Data collected through a structured questionnaire by trained health workers during the period from October to December 2015. Data were cleaned, coded and fed in personal computer of the first author using the SPSS version 20 program. Data were analyzed for the three participant’s categories: program managers (n=14), physician (pediatricians or GP, n=63) and health workers engaged in SAM program (n=136). Missing values are not included in analysis so the denominator include only participants responses without those did not respond. So all the percentages calculated as valid percentages.

Results

The data collected through three methods: questionnaire, review of program reports for quantitative data and interview for qualitative data. This part is present the finding obtained from data analysis of questionnaires that returned from three governorates (n=213). Data was collected by trained health workers through the period from November to February 2016. Data management and analysis of the completed questionnaires were done in March 2016. The proposed participants were 220 persons, the returned questionnaires are 215 copies (98%), and two questionnaires were canceled due to incomplete data, so the eligible questionnaires for analysis are 213 questionnaires. About 49% of the participants from hadramout governorate, 32% from Aden governorate and 18.8% from Lahj governorate. Most of participants were females (58%), 49% have post secondary diploma and 35% are nurses. The mean age of participants are 34.3years (SD=7.6years) and within the age range of 19-55years. About half of participants have previous training regarding SAM management guideline (51%), but physician have low chance for training (32/62, 40%) (Table 1). The gap identified here is low coverage of SAM training.

Knowledge about SAM management

In the four questions regarding SAM management, the range of proportion of participants given of correct answer is from 55% to 67% (the mean is 66.3%). The highest mean proportion of the correct answers were reported by program managers (74.8%) followed by physicians (66.3%) while lowest mean proportion of correct answers were reported by health workers (57.8%) (Table 2). The gap identified here is the poor knowledge of participants regarding SAM management.

Participant’s practice regarding SAM case detection and management

About 54% of participants reported that the targeted discharge Wg and Wg/Hg in comparing with admission Wg and Wg/Hg is available in his/her clinic and 51% have a copy of SAM management guideline. Only 43% of participants practice SAM management according to the guideline while 25% of them feel always difficulty in using the guideline. Regarding case detection, 51% reported they detect SAM children under 5years of age during the last two weeks preceding the day of data collection, while only 31% of the reported that they treat SAM cases during the last two weeks. Refer of SAM children to TFC was reported by 41% of participants and only 24% of them reported that they treat SAM children in phase 2 in the outpatients during the last two weeks preceding the study. Only 24% of participants reported that they are not satisfied at all with the SAM management guideline (Table 3). The gap identified here is unavailability and difficulty of using the guideline in detecting and treating SAM children especially among Physician.

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Table 1 Socio-demographic characteristics of 213 participants

| Characteristics          | Participant’s category | No. (%) |
|--------------------------|------------------------|---------|
|                         | Program manager        | Physician | Health Workers |
| Governorate              |                        |          |               |
| Lahj                     | 3                      | 10       | 27            | 40(18.8%) |
| Hadramout                | 10                     | 41       | 54            | 105(49.2%) |
| Aden                     | 1                      | 12       | 55            | 68(32%)   |
| Total                    | 14                     | 63       | 136           | 213(100%) |
| Sex                      |                        |          |               |
| Male                     | 5                      | 27       | 54            | 86(42%)   |
| Female                   | 7                      | 24       | 29            | 119(58%)  |
| Total                    | 12                     | 51       | 83            | 205(100%) |
| Age (in years)           |                        |          |               |
| Mean                     | 42                     | 35       | 33.4          | 34.3      |
| SD                       | 6.3                    | 7        | 7.5           | 7.6       |
| Minimum                  | 35                     | 21       | 19            | 19        |
| Maximum                  | 54                     | 50       | 55            | 55        |
| Range                    | 19                     | 29       | 36            | 36        |
| Qualification            |                        |          |               |
| Post-secondary diploma   | 7                      | 0        | 96            | 103(49%)  |
| Bachelor                 | 3                      | 36       | 16            | 55(26%)   |
| Master                   | 3                      | 18       | 0             | 21(10%)   |
| PhD                      | 1                      | 9        | 0             | 10(5%)    |
| Others                   | 0                      | 0        | 1             | 21(10%)   |
| Total                    | 14                     | 63       | 133           | 210(100%) |
| Professional title       |                        |          |               |
| Specialist               | 4                      | 25       | 0             | 29(13.5%) |
| GP                       | 1                      | 39       | 0             | 40(19%)   |
| Medical assistant        | 1                      | 0        | 32            | 33(15.5%) |
| Nurse                    | 6                      | 0        | 68            | 74(35%)   |
| Midwife                  | 1                      | 0        | 22            | 23(11%)   |
| Public health worker     | 1                      | 0        | 4             | 5(2%)     |
| Others                   | 0                      | 0        | 8             | 8(4%)     |
| Total                    | 14                     | 64       | 134           | 212(100%) |
| Training about SAM       |                        |          |               |
| management guideline     |                        |          |               |
| Yes                      | 12                     | 32       | 62            | 106(51%)  |
| No                       | 2                      | 30       | 71            | 103(49%)  |
| Total                    | 14                     | 62       | 133           | 209(100%) |

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Table 2 Knowledge about SAM management

| Question | Answers | Participant's category | Total No. (%) | Comments |
|----------|---------|------------------------|---------------|----------|
| In phase one of SAM management | Rapid weight gain at this stage is dangerous | Program manager No (%) | 11 (78.6%) | 124 (65.6%) |
| | Rapid weight gain at this stage is preferable | Physician No (%) | 42 (71%) | 30 (51.9%) |
| | Rapid weight gain at this stage is necessary for cure | Health workers No (%) | 71 (61%) | 35 (35.7%) |
| | Total | Total No. (%) | 14 (71.4%) | 189 (100%) |
| | Phase 1 | | 11 (84.6%) | 119 (64.9%) |
| | Transition phase | | 2 (8%) | 45 (25%) |
| | Phase 2 | | 0 (0%) | 15 (8%) |
| | Total | Total No. (%) | 13 (73%) | 179 (100%) |
| | At home | | 0 (0%) | 13 (7%) |
| F75 used in | Out-patient | | 2 (8%) | 68 (38%) |
| | In-patient | | 12 (86%) | 99 (55%) |
| | Total | Total No. (%) | 14 (73%) | 180 (100%) |
| | Phase 1 | | 2 (8%) | 16 (9%) |
| | Transitional phase | | 4 (14%) | 55 (31%) |
| | Phase 2 | | 6 (50%) | 108 (60%) |
| | Total | Total No. (%) | 12 (64%) | 179 (100%) |
| | Mean proportion of the correct answers | | 74.80% | 66.30% |
| | | | 57.80% | 66.30% |
| In transition phase, child should treated in | | | | |
| Whenever patient have good appetite and no acute major medical complication they enter | Transitional phase | | 4 (14%) | 55 (31%) |
| | Phase 2 | | 6 (50%) | 108 (60%) |
| | Total | Total No. (%) | 12 (64%) | 179 (100%) |
| | Mean proportion of the correct answers | | 74.80% | 66.30% |
| | | | 57.80% | 66.30% |

Table 3 Practice of participants toward SAM management

| Question/Options | Participant’s Category | Total No. (%) |
|------------------|------------------------|---------------|
| Does the targeted discharge Wg and Wg/Hg in comparing with admission Wg and Wg/Hg is available in your clinic | Program manager | 106 (54%) |
| | Physician | 90 (46%) |
| | Health workers | 196 (100%) |
| | Total | 106 (54%) |
| Did you have a copy of guideline of SAM management | Program manager | 106 (54%) |
| | Physician | 90 (46%) |
| | Health workers | 196 (100%) |
| | Total | 196 (100%) |

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| Question/Options                                      | Participant’s Category | Total No. (%) |
|-------------------------------------------------------|------------------------|---------------|
|                                                       | Program manager        | Physician     | Health workers |
| No                                                    | 11                     | 25            | 60            | 96 (51%)     |
| Total                                                 | 2                      | 33            | 56            | 91 (49%)     |
|                                                       | 13                     | 58            | 116           | 187(100%)    |
| Did you practice for SAM management according to this guideline | 13                     | 59            | 126           | 198 (100%)   |
| Always                                                | 9                      | 23            | 53            | 85(43%)      |
| Sometimes                                             | 2                      | 12            | 21            | 35 (18%)     |
| Never                                                 | 2                      | 24            | 52            | 78 (39%)     |
| Total                                                 | 13                     | 59            | 126           | 198 (100%)   |
| Did you feel difficulty in using this guideline        | 13                     | 59            | 126           | 198 (100%)   |
| Always                                                | 1                      | 12            | 33            | 46 (25%)     |
| Sometimes                                             | 5                      | 18            | 34            | 57 (31%)     |
| Never                                                 | 7                      | 25            | 49            | 81 (44%)     |
| Total                                                 | 13                     | 55            | 116           | 184(100%)    |
| Did you discover a child less than 5 years with SAM during the last two weeks | 14                     | 63            | 125           | 202 (100%)   |
| Yes                                                   | 10                     | 34            | 59            | 103(51%)     |
| Total                                                 | 4                      | 29            | 66            | 99(49%)      |
| Did you treat any SAM case in out-patient in the last two weeks | 14                     | 63            | 125           | 202 (100%)   |
| Yes                                                   | 8                      | 16            | 34            | 58 (31%)     |
| Total                                                 | 6                      | 45            | 77            | 128(69%)     |
| Did you refer any case to TFC in the last two weeks   | 14                     | 61            | 111           | 186(100%)    |
| Yes                                                   | 9                      | 33            | 33            | 75(41%)      |
| No                                                    | 3                      | 29            | 77            | 109 (59%)    |
| Total                                                 | 12                     | 62            | 110           | 184 (100%)   |
| Did you treat any SAM case in the last two weeks as phase 2 in outpatient | 14                     | 70            | 140           | 100%         |
| Yes                                                   | 7                      | 9             | 28            | 44(24%)      |
| Total                                                 | 6                      | 51            | 81            | 138(72.7%)   |
| Did you satisfied with SAM guideline                   | 13                     | 60            | 109           | 182(100%)    |
| Satisfied                                             | 8                      | 24            | 41            | 73 (43%)     |
| to some extent                                        | 2                      | 21            | 34            | 57 (33%)     |
| Not at all                                            | 3                      | 12            | 28            | 43 (24%)     |
| Total                                                 | 11                     | 56            | 103           | 173 (100%)   |

*Significant at 0.05 level

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The ability of SAM program to detect and manage SAM children

About 54% of participants did not detect any SAM child during two weeks preceding the data collection and 69% did not treat any case of SAM and 65% of participants did not refer any SAM case to the TFC. Physician who is the qualified person for case detection and management and expected to play a cornerstone in case detection and management, they reported 0 case regarding case detection (27/54, 50%), case treated (45/57, 79%) and referral (27/48, 56%) (Table 4). The gap identified here is poor physician adherence with SAM management guideline.

Reporting practice

Less than half of participants fill the different reporting forms: filling the OTP chart (45%), the transfer form (38%), the referral form (33%), the registration book (47%) and the monthly report (40%). Although 51% of participants reported that the reporting forms were regularly and always available but only 30% of them reported that data in the forms were clear and understandable (Table 5). The gap identified here is the huge data and difficulty in understanding the reporting forms.

Reasons behind no reporting

The most frequent reason of no reporting mentioned by those did not report (n=42) is that the reporting forms were not available in the clinic (26% for OTP chart, 51% for referral form), the second reason is that the participant being not the responsible person of reporting (92% for monthly reporting) (Table 6). The gap identified here is lack of coordination between physicians and health workers lead to missing SAM cases due to no reporting.

Feedback

Feedback indicators were also low. Health workers or clinic officers reported that they received feedback from program managers about the different performance of reporting: 55% about completeness, 51% about timeliness, 53% about comments and 53% about data analysis. Only 17% of participants mentioned they received newsletter from the program managers (Table 7). Regarding feedback from program managers to the lower level: similar findings were reported by program managers (Table 8). The most communication tools used by program managers for communicating feedback to the lower level were telephone (57%) followed by the social media (14%) (Table 9). The gap identified here is the feedback is mainly verbal by telephone and be not documented.

| Question/Options                  | No Of SAM Children Detected | Participant’s Category | Total No. (%) |
|-----------------------------------|-----------------------------|------------------------|---------------|
|                                   |                             | Program Manager | Physician | Health Workers |
| SAM cases detected during the last two weeks | 0 cases | 4 | 27 | 64 | 95 (54%) |
|                                   | 1-10 cases                  | 7 | 22 | 39 | 68 (39%) |
|                                   | 11-22 cases                 | 2 | 5 | 6 | 13 (7%) |
|                                   | Total                       | 13 | 54 | 109 | 176 (100%) |
| SAM cases treated during the last two weeks | 0 cases | 5 | 45 | 73 | 123 (69%) |
|                                   | 1-10 cases                  | 7 | 8 | 28 | 43 (24%) |
|                                   | 11-66 cases                 | 1 | 4 | 7 | 12 (7%) |
|                                   | Total                       | 13 | 57 | 108 | 178 (100%) |
| SAM cases referred to TFC         | 0 cases                     | 3 | 27 | 74 | 104 (65%) |
|                                   | 1-10 cases                  | 8 | 19 | 26 | 53 (33%) |
|                                   | 11-15 cases                 | 0 | 2 | 1 | 3 (2%) |
|                                   | Total                       | 11 | 48 | 101 | 160 (100%) |
| SAM cases treated in the last two weeks as phase 2 un outpatient | 0 cases | 6 | 50 | 80 | 136 (82%) |
|                                   | 1-10 cases                  | 4 | 6 | 14 | 24 (15%) |
|                                   | 11-30 cases                 | 0 | 2 | 4 | 6 (3%) |
|                                   | Total                       | 10 | 58 | 98 | 166 (100%) |

Table 4 The ability of the system to detect and manage SAM children

Table 5 Reporting practice of participants

| Question/Options | Participant’s Category | Total No. (%) | P-Value |
|------------------|------------------------|---------------|---------|
| Did you fill OTP chart | Program Manager | Physician | Health Workers |
| Yes              | 12 | 17 | 61 | 90 (45%) | 0.001* |

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Table 6 Reasons behind no reporting

| Item                  | Reasons of no reporting                                                                 | No | %  |
|-----------------------|----------------------------------------------------------------------------------------|----|----|
| No filling of the OTP chart | the form is not available in the clinic                                                   | 11 | 26%|
|                       | no OTP in the canter                                                                    | 6  | 14%|
|                       | it is not my responsibility                                                             | 12 | 29%|
|                       | the form available only in the TFC clinic in hospital but not in paediatric or GP clinic | 5  | 12%|
|                       | i refer the cases to TFC in hospital so i did not fill the OTP form                     | 2  | 5% |
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Table Continued...

| Item | Reasons of no reporting | No | % |
|------|------------------------|----|---|
|      | I am not trained about the guideline | 6 | 14% |
|      | Total                  | 42 | 100% |
| No filling of the transfer from | the referral form is not available in the clinic | 10 | 34% |
|      | i am working in referral hospital where admission unit is available so we didn’t refer to any hospital | 8 | 28% |
|      | No TFC in our facility | 2 | 7% |
|      | it is not my responsibility | 9 | 31% |
|      | Total                  | 29 | 100% |
| No filling the referral form | the form is not available in the clinic | 11 | 51% |
|      | There is no admission unit in the facility | 4 | 19% |
|      | the SAM children seen by nutrition specialist in the TFC in Mukalla hospital " this may be verbal refer | 2 | 10% |
|      | my hospital is the referral hospital in the government so i am working in this hospital | 4 | 20% |
|      | Total                  | 21 | 100% |
| No filling of the registration form | no registry in the clinic | 7 | 25% |
|      | no cases | 1 | 4% |
|      | it s not my responsibility | 19 | 67% |
|      | I am not working now in nutrition clinic because there is no treatment diet (Plumping nuts) | 1 | 4% |
|      | Total                  | 28 | 100% |
| No monthly report | i am not the responsible person for monthly report preparation | 92% |
|      | Total                  | 36 | 100% |
|      | No Follow up | 2 | 5% |
|      | No OTP in the centre | 1 | 3% |
|      | Total                  | 39 | 100% |

Table 7 Feedback from the upper level to the lower level

| Question                                                                 | Answer | No | % |
|-------------------------------------------------------------------------|--------|----|---|
| Did you receive feedback from the upper level to you about completeness of reports (n=74) | Yes | 41 | 55% |
|                                                                         | No     | 33 | 44% |
| Did you receive feedback from the upper level to you about timeliness of reports (n=73) | Yes | 37 | 51% |
|                                                                         | No     | 36 | 49% |
| Did you receive feedback from the upper level to you about comments on report content (n=73) | Yes | 39 | 53% |
|                                                                         | No     | 34 | 47% |
| Did you receive feedback from the upper level to you about analysing the findings (n=71) | Yes | 34 | 47% |
|                                                                         | No     | 37 | 53% |
| Did you receive from the upper level regular newsletter (n=71)           | Yes | 12 | 17% |

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Discussion

This study is a part of a big study about SAM program performance in Yemen focusing on monitoring and evaluation. It is the quantitative part, collecting information through questionnaires about process of case detection, reporting and feedback among program managers, physicians and health workers working in SAM program and its service delivery points. A total of 213 subjects enrolled in the study from different categories. Building the capacity of health workers is important to best performance of any health program or intervention, not only the formal training but also the continuous education and in-service training. In-service training changes attitudes to malnutrition and treatment practices. In this study; only about half of participants have previous training regarding SAM management guideline (51%) and this was reflected on the knowledge and practice of participants where 66% of them answer correctly about management of SAM children and 51% of participants have SAM management guideline but only 43% of participants practice SAM management according to the guideline; emphasizing on training about guideline to improve practice toward SAM management was reported elsewhere. Wuehler et al., reported in their study in Mauritania the need for innovative methods for reporting and feedback. This is same in the reality of reporting process in SAM program in Yemen; in this study were only 45% of respondents filled the monthly reports and 92% of those not report at all given the reason of no reporting that it is not their responsibilities. Other factors contributing in poor reporting is the huge data and difficulty in understanding the reporting forms. Feedback is important element of any surveillance system; ongoing feedback enabled the nutritional program to improve targeting and supply of supplements. In this study Feedback is mainly verbal by telephone and be not documented and in best situation 54% of participants received feedback from their top managers by telephone or through social media indicate the need for innovative methods for reporting and feedback.

Conclusion

In this study, gaps are identified regarding case detection/management, reporting and feedback among program managers, physicians and health workers of the SAM program in three governorates in Yemen. These gaps are:

a. Low coverage of SAM training.

b. Poor knowledge of participants regarding SAM management.

c. Unavailability and difficulty of using the guideline in detecting and treating SAM children especially among Physicians.

d. Poor physician adherence with SAM management guideline.

e. Huge data and difficulty in understanding the reporting forms.

f. Lack of coordination between physicians and health workers lead to missing SAM cases due to no reporting.

g. Feedback is mainly verbal by telephone and be not documented.

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Table 8 Feedback from program managers to the lower level

| Question | Answer | No | % |
|----------|--------|----|---|
| Did you sent feedback to the lower level about completeness of reports (n=17) | Yes | 8 | 47% |
| | No | 9 | 53% |
| Did you sent feedback to the lower level about timeliness of reports (n=16) | Yes | 9 | 56% |
| | No | 7 | 44% |
| Did you sent to the lower level about comments on report content (n=16) | Yes | 8 | 50% |
| | No | 8 | 50% |
| Did you sent feedback to the lower level about analysing the findings (n=16) | Yes | 6 | 38% |
| | No | 9 | 62% |
| Did you sent to the lower level regular newsletter (n=16) | Yes | 2 | 13% |
| | No | 14 | 87% |

Table 9 Tools used for feedback communication by 14 program managers

| Tools used | No | % |
|------------|----|---|
| Telephone  | 8  | 57% |
| Social media | 2  | 14% |
| Nothing    | 6  | 42% |
| Others     | 2  | 14% |

* proportion%
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**Conflict of interest**

The author declares no conflict of interest.

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