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Exploring the Protective Effects of Judaism on Risky Behaviors in College Students: A Pilot Study[☆]

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ABSTRACT

Background: Common risky behaviors among college-aged young adults include risky sexual behaviors and substance use.

Purpose: This study examines the protective effects of Judaism on students' engagement in risky behaviors, building on a body of research on the protective effects of religious beliefs on risky health behaviors.

Methods: Validated and reliable measures were used to assess religiosity and risky behaviors through anonymous surveys. Data was collected in Fall 2018 from a small cohort (N = 15) of Jewish day school students.

Results: Females had overall higher rates of risky behaviors such as drinking or using drugs before sex (27% compared to 13% for males), not using condoms (62% to 0% for males), and higher rates of binge drinking (62% to 20% for males).

Conclusion: Higher religiosity was more associated with delayed sexual activity than substance use behaviors. Judaism and religiosity were more strongly associated with the male participants than the female.

Practice implications: Since the participants still had low rates of condom use and other high risk behaviors despite speaking with their healthcare providers, the health care community must better educate adolescents and young adults on the health and social consequences of such risky activities, both in formal education programs during middle and high school, and in office visits.

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Introduction

The transition from high school to college, simultaneous with the transition from childhood to young adulthood, is a time of great freedom, exploration, and risk taking. Young adults engage in a variety of risky behaviors including unprotected sex and substance use (alcohol, drugs, and tobacco). The 2015 American Academy of Pediatrics report on binge drinking found that 14.2% of individuals ages 12–20 years reported at least one episode of binge drinking in the past 30 days (Siqueira et al., 2015). A new worrisome drug trend among adolescents is vaping. The recent *Monitoring the Future* report stated that between 2017 and 2018 “the percentage of 12th grade students who reported **vaping nicotine** [sic] in the past 30 days nearly doubled, rising from 11% to 21%” (Miech et al., 2018, p.1).

While much recent attention has been focused on alcohol and drug use by college students, as well as their relationship to sexual activities

on campus, few studies have focused on examining what protects college students from those risky behaviors. Studies that do examine protective factors, often only focus on one behavior. A good example is the position paper by the [Society for Adolescent Health and Medicine \(2017\)](#), discussing abstinence only sexual education programs in high school and their failure to protect students adequately in high school and college. Other studies focused on drug and alcohol prevention programs to the exclusion of discussing sexual activity. [Lynam et al. \(1999\)](#) examined the effectiveness of the Drug Abuse Resistance Education Program (DARE) program, one of the most common drug and alcohol prevention programs for middle school from the 1980s through early 2000s. [Lynam et al. \(1999\)](#) found no significant effect on alcohol, cigarette, or marijuana use during a 10-year follow up after the initial DARE program. While the DARE program, which focused only on substance use, did not find any significant effects, a study ([Ellickson, McCaffrey, & Klein, 2009](#)) of another drug prevention program, Project ALERT, which also tracked sexual behaviors, did find significant effects. Ellickson, McCaffrey, and Klein's longitudinal study tracked students through an alcohol and drug prevention program in middle school and high school years and their actual alcohol and drug use in college, as well as sexual behaviors in college (2009). They found that young adults who participated in the Project ALERT drug prevention program

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were significantly less likely than their peers to report having unprotected sex because of drug use as well as less likely to have multiple partners (Ellickson et al., 2009).

In addition to examining middle and high school prevention programs, researchers efforts to examine and reduce risky behaviors in college students focus both on individual level characteristics such as personality, as well as larger system level characteristics including campus culture. One area of focus within this research area is the intersection between religion and health. Religious and spiritual beliefs, including Judaism, have been shown to be protective for health.

Although there is a growing body of research on the protective effects of religion in general, there are very few studies specifically about Judaism and U.S. college students, the most recent of which was in 2013 by Berry, Bass, Shimp-Fassler, and Succop. Berry, Bass, Shimp-Fassler, and Succop (2013) compared religiosity (i.e. how religious one is) and risky behaviors among Jewish, Christian, and Muslim students as they transitioned from high school to college. Their findings demonstrated that those students who had higher rates of religiosity did participate in fewer risky behaviors including binge drinking and having sex with multiple partners (Berry et al., 2013).

By contrast, Chertok et al. (2007) examined only Jewish college students. They studied the protective effects of attending a Jewish day school (the traditional term for a Jewish parochial school) on Jewish college students. Chertok et al. (2007) found that “a history of attendance at a day school appears to be a ‘protective’ factor limiting binge drinking” (p.33). These former day school students, both Orthodox (more religious) and non-Orthodox, were better able to resist social pressures leading to heavy drinking and other risky behaviors better than Jewish college students who attended public schools (Chertok et al., 2007). While no actual numbers were reported in this study, these findings suggest confirmation of Luczak, Shea, Carr, Li, and Wall's (2002) findings that more religious Jewish students had lower rates of binge drinking on campus.

Judaism and health beliefs

In Judaism, since the early rabbinic writings dating back to approximately 8th century, it has been an obligation to take care of one's physical health. The great medieval Jewish rabbi, philosopher, and physician, Moses Maimonides, discussed the Jewish view towards health in his codification of Jewish law, Mishneh Torah, section Hilchot Deot, chapter 4:1–2, where he states that “it is necessary for man to distance himself from things which destroy the body, and accustom himself in things which are healthful and life-imparting...As a general rule, he shall exercise his body and tire it every day...” (Glazer, 1927, para 1 & 2). More recently, in the 1970's the three leading Orthodox rabbis of the time, Rabbis Moshe Feinstein, Immanuel Jakobovits, and Ahron Soloveitchik, were asked about marijuana use. They unanimously prohibited it, stating that one cannot perform the commandments while under the influence (Novak, 1984). These rabbis further stated that using marijuana violates the prohibition “you shall not place anything dangerous in your house” (Deuteronomy 22:8); this is interpreted in rabbinic tradition to prohibit anything potentially harmful (Novak, 1984). Novak (1984) concludes that today's culture of hedonism stands in stark contrast to Judaism, which sees “nearness to God,” in the words of Psalm 73:25 as the highest good.

Purpose of this study

There have been no known longitudinal studies to date which track a U.S. college student's sexual education and drug prevention programs in a Jewish context and their later behaviors. The purpose of this study is to determine the relationship between self-reported religiosity and risky behaviors among U.S. Jewish college-aged students who attended a middle school health education program at Jewish day-school. For purposes of this study, risky behaviors are defined as any sexual activity,

alcohol use (other than a few sips for holiday ritual use), tobacco/nicotine use, or other drug use. A secondary purpose of this study is to examine what is the relationship between participating in a Jewish-values based sexual education and substance use (drugs, alcohol, and tobacco) prevention program at Jewish day school and later risky behaviors.

Methods

Study design

This study utilized a survey design with demographic questions and previously validated measures designed to capture religious and risky behaviors typical of college life. There was a total of 127 questions. All surveys were conducted online through the Qualtrics platform. Participants had the option of providing an email address upon completion to receive a \$20 gift card to Amazon, paid for by the primary author. SPSS 24 was utilized for data analysis. This study was approved by DePaul University's institutional review board.

Measures

Religious measures

This study included modified versions of these five validated and reliable religious and spiritual measures to assess various aspects of religious and spiritual behaviors: the Jewish Religious Coping Scale (JCOPE; Rosmarin, Pargament, Krumrei, & Flannelly, 2009), the Intrinsic Religious Motivation Scale (Hoge, 1972), the Fetzer Institute's Brief Multidimensional Measure of Religiousness/Spirituality, of which the Spiritual Meaning Scale is a sub-set, (Harris et al., 2008), the Religious Background and Behaviors Questionnaire (Connors, Tonigan, & Miller, 1996), and the Beliefs About God Scale created by Devon Berry in 2007 (unpublished). All of these religious/ spirituality measures were previously modified for use with Jewish college students in a previous study (Berry, Bass, Forawi, Neuman, & Abdallah, 2011) and are used with permission in the this study. In the study by Berry et al. (2011) the measures were renamed with the addition of the letter J to show modifications for use with Jewish individuals as follows: Brief RCope-J scale/ JCOPE scale, Spiritual Meaning-J, Religious Motivation-J, Religious Background and Behaviors Questionnaire-J, Beliefs About God Scale-J.

Additionally, four single item scaled questions in the demographics section were also used to assess religiosity by asking students: “To what extent do you consider yourself a religious person?” “With what denomination do you identify?” “How important is Judaism to you?” and “How often are you involved with any Jewish activities on campus?” Finally, a few open-ended questions were added to the demographic section to capture information not accounted for by the measures. For example, “Do you view drinking on holidays such as Purim differently from drinking elsewhere on campus such as at a fraternity party? If you answered yes, what differences do you see?”

Risky behaviors measures

The sexual activity and substance use questions were single item measures select from the Center for Disease Control and Prevention's (CDC) Youth Risk Behavior Survey (YRBS) modified for college students instead of high school students. The Youth Risk Behavior Survey is a comprehensive national survey designed to measure everything from seatbelt use to substance use, from dieting to sexual behaviors. Questions relevant to substance use and sexual behavior were selected from the YRBS for inclusion in this study.

Setting and sample

The cohort selected to participate in this pilot study is a group of current college students, ages 18–24 years, who were in sixth to eighth

grade at a small, Mid-western Jewish day school during the years 2009–2012, and who were taught sexual education and drug prevention by the primary author. The Jewish day school facilitated recruitment by providing the students' directory information. Additionally, recruitment information was posted to the Jewish day school's alumni Facebook page. Data was collected during October and November 2018. The response rate was 15 out of 60 (25%).

The sexual education and drug prevention program taught by the primary author included lessons on human reproductive anatomy, puberty, STI's, methods of preventing STI's (including vaccination), basic information on forms and use of tobacco, alcohol, and commonly abused drugs. Information was presented through lecture, power point, and videos. Lessons were created by the primary author utilizing a variety of sources including from the U.S. Department of Health and Human Services National Institute on Drug Abuse. Students were also taught the Jewish values surrounding sex and drug use with lessons culled from a variety of sources including a curriculum titled *Sacred Choices*, by the Union for Reform Judaism (2007).

Results

Religiosity

The majority ($n = 10, 66.7\%$) of students identify with Conservative Judaism (a moderately religious denomination) while only one stated that they were "just Jewish" (least religious). The majority ($n = 11, 74\%$) also reported that Judaism was extremely or very important, while the rest of the students consider Judaism somewhat important ($n = 4, 26\%$). When asked a single question about if they considered themselves religious, one student (6%) responded that he was moderately religious, while the majority ($n = 11, 74\%$) stated that they were somewhat religious, and three (20%) reported being not very religious. No one considered themselves completely not religious at all. This is echoed by the means of the various religious and spiritual measures where the means range from 2.52 to 3.55 (with higher numbers as more religious). This sample therefore, is also more religious than the previous study done using these measures by Berry et al., 2013. The means on the measures of religiosity are very similar in the two studies despite the denominational differences in the sample populations (Tables 1 & 2). Finally, males in the current study were more religious than the females on every measure of religiosity (including single item questions) except for the RCOPE-J where females had the higher mean (2.95 vs 2.83).

Beyond frequencies a variety of inferential tests were run including the Kruskal-Wallis H Test to determine any statistically significant differences in the risky behaviors among three groupings of participants based on religiosity. Only one test for religiosity, the Kruskal-Wallis H test for the Religious Background and Behaviors Questionnaire-J mean and the single-item question "to what extent do you consider yourself religious," was statistically significant ($p = 0.014$) given the small sample size. Since this was statistically significant, a Dunn's test was performed examining the differences in Mean Rank among three religious groups. The Dunn's test showed that the statistically significant difference in Mean Rank was between the Not Very Religious group to Somewhat Religious group and between the Not Very Religious group to Moderately Religious group.

Table 1
Results of the religious/spiritual measures.

Measures <i>M</i> (<i>SD</i>)	Current/Neuman et al. (2019)	Berry et al. (2013)
Spiritual meaning	2.94 (0.59)	2.97 (0.76)
Religious coping	2.90 (0.42)	3.05 (0.36)
Religious behaviors	2.53 (0.45)	3.56 (1.25)
Religious motivation	2.52 (0.44)	2.51 (0.48)
Beliefs about God	3.55 (1.17)	3.92 (1.18)

Table 2
Comparison of participant characteristics.

Participant characteristics N (%)	Current/Neuman et al. 2019	Berry et al., 2013
Gender of participants		
Female	8 (53%)	17 (68%)
Male	7 (47%)	8 (32%)
Year in college		
Gap year in Israel	1 (6.6%)	
Freshman	4 (26.7%)	25 (100%) ^a
Sophomore	3 (20%)	
Junior	3 (20%)	
Senior	4 (26.7%)	
Importance of faith/Judaism		
Extremely or very important	11 (74%)	14 (56%)
Somewhat important	4 (26%)	9 (36%)
Not at all important	0	2 (8%)
Campus religious activities		
Once a week or more	4 (27%)	11 (44%)
Once or a few times/month	9 (60%)	11 (44%)
Not at all	2 (13%)	1 (4%)
Denominational affiliation		
Orthodox (most religious)	0	0
Conservative	10 (66.7%)	7 (28%)
Reconstructionist	1 (6.7%)	0
Reform	3 (20%)	16 (64%)
"Just Jewish" (least religious)	1 (6.7%)	2 (8%)

^a Berry et al. (2013) surveyed only college freshman.

Alcohol use

Thirteen students (86.6%), reported having at least one drink, with eight (53.3%) reporting binge drinking at least once in the 30 days prior to the survey. Of those who binge drank, three (37.5%) were male and five (62.5%) were female. Females also binge drank on more days (mean 2.75 days) compared to males (1.43 days) and had higher drink counts (4.38 drinks in a row for females) than males (2.71 drinks).

Of those who did not binge drink, six (86%) were Conservative and one (14%) was Reform; one (14%) stated that Judaism was extremely important, four (57%) said it was moderately important, and two (29%) somewhat important. Six (86%) considered themselves somewhat religious and one not very religious. The majority of students (9 out of 11, 81%) who stated that Judaism was extremely or very important to them, reported having their first drink at age 15 or older. No one (0%) reported drinking and driving themselves nor riding in a car with someone who had been drinking.

Drug use (including tobacco)

Students reported overall low tobacco use, excluding electronic cigarettes/ electronic vapor products. Five out of 15 (33%) students reported ever trying cigarettes with only two (13%) having smoked in the 30 days prior to the survey. No student reported using other forms of tobacco (e.g. snuff, chewing tobacco, cigars, or hookah). However, students did report greater use of electronic vapor products mirroring national trends. Six of 15 (40%) students reported ever trying electronic vapor products with four (26.7%) using them in the 30 days prior to the survey.

There was little other drug use with the exception of marijuana. Only three participants admitted to ever trying anything other than marijuana with no consistent use. However, 11 out of 15 (73%) reported ever trying marijuana with 10 (66.7%) students using marijuana in the past 30 days. All of those ($n = 5, 33\%$) who did not use marijuana in the past 30 days identify with Conservative Judaism, consider themselves somewhat religious, and say that Judaism is very important ($n = 3$) or somewhat important ($n = 2$).

Sexual activity

Five of 15 (33%) students, all male, reported no sexual intercourse ever. Of those five students, three (60%) were Conservative, one (20%) Reconstructionist, and one (20%) Reform. One (20%) was moderately religious and four (80%) were somewhat religious. Of those who reported sexual activity, eight (80%) stated that they were 17 years or older at first sexual contact. Eleven of 15 students (64.7%) reported that at their last well-visit a physician or nurse discussed ways to prevent pregnancy and STIs. However, only five (33%; 2 male and 3 female) students report using condoms at their last sexual encounter. Finally, four female (27%) and two male (13%) students drank alcohol or used drugs before their last sexual encounter.

Discussion

While the results appear to indicate that those who are self-identified or rated on the measures as more religious do engage less in risky behaviors, the role of Judaism in influencing a contemporary college student's behavior is more complex than previously reported. One explanation of the data would be that for many college students, their behavior is more heavily influenced by the general culture and students' social relationships than it is by Judaism. Developmental theorists Erik Erikson and Lawrence Kohlberg both state that late adolescence is a time when individuals are questioning their values and wrestling with personal identity versus group identity (Burns et al., 2017). For most individuals in this age range, peer relationships and social values take precedent over family and individual values (Burns et al., 2017).

Religion as protective

Gender and sexual activity

Judaism and religiosity were more strongly associated for the male participants than for the females. Males in this study have fewer risky behaviors overall compared to females. For example, all students reporting never having engaged in sexual activity were male and generally had higher than average scores on the religious and spiritual measures. Those males (N = 2) who did have sex also all used condoms. Correlations between religiosity and sexual activity were not as strong for females. Although overall, higher rates of religiosity were correlated with a delayed initiation of sexual relations, expressed as never having had sex or age at first sexual encounter as 17 years or older.

Substance use

Higher religiosity was less associated with substance use behaviors across all participants. With one exception, alcohol, marijuana, and electronic cigarettes /vaping devices were used by both more and less

religious male and female participants. Only the participant with the highest mean scores on all of the religious measures had no reported risky behaviors.

Comparison to national average

In order to determine if religiosity is a protective factor against risky behaviors in Jewish college students, a baseline of typical risky behaviors of college students is needed. Therefore, despite the small sample size in the current study, a comparison was made to the national average using data from the American College Health Association -National College Health Assessment Spring 2018 data (n = 73, 912; ACHA, 2018) and the Youth Risk Behavior Survey 2017 (n = 14,765; Kann et al., 2018). Viewing this comparison table (Table 3) would suggest that Judaism does not protect students from engaging in risky behaviors as the participants in the current study had higher averages on most questions in the table. This table alone, devoid of context and religious measures, does not completely describe the complex relationship between students and risky behaviors.

While the high marijuana use was an unexpected finding, it is consistent with new national trends. The 2017 national Monitoring the Future survey of high school and college students found that while alcohol use has been steadily declining since the 1980's, marijuana use has risen sharply since 2007, perhaps displacing alcohol use (Schulenberg et al., 2018). Marijuana use in college students rose from 30% in 2006 to 38% in 2017 and from 32% to 37% among 12th graders (Schulenberg et al., 2018). One possibility is that since various states have legalized medical and recreational use of marijuana, students may view marijuana as harmless in small quantities as they do alcohol use. Another consideration is that during the years which these students received their middle school drug prevention program, marijuana use was not as visible or as prevalent in their community, and therefore was not singled out from other drug use for special attention the way tobacco and alcohol use were. Likewise, vaping nicotine was not prevalent in the community while these students were in middle school, but has risen sharply since as noted above, and therefore not singled out from other tobacco use for special prevention education.

Another unusual finding of this study was that females had overall higher rates of risky behaviors, including drinking or using drugs before sex and higher rates of binge drinking. This is contrary to previous research showing that males in high school (Jang, Patrick, Keyes, Hamilton, & Schulenberg, 2017; Siqueira et al., 2015) and college (American College Health Association, 2018; Schulenberg et al., 2018) binge drink more frequently and in larger quantities than females do. Also, contrary to previous research (Luquis, Brelsford, & Rojas-Guyler, 2012) on religion and sexual attitudes in college students, which

Table 3
Selected survey results comparison.

Selected survey Questions N (%)	Current/Neuman et al. (2019)	ACHA-NCHA 2018 ^a	YRBS 2017 ^b
Ever tried cigarettes?	5 (33%)	(20.5%)	(28.9%)
Any cigarettes in 30 days prior to survey?	2 (13%)	(7.7%)	(8.8%)
Ever tried electronic vapor product?	6 (40%)	(20.1%)	(42.2%)
Any vaping in 30 days prior to survey?	4 (26%)	(10.1%)	(13.2%)
Ever tried marijuana?	11 (73.3%)	(42.6%)	(35.6%)
Any marijuana use in 30 days prior to survey?	10 (67%)	(22.4%)	(19.8%)
Ever tried alcohol?	15 (100%)	(78%)	(60.4%)
Binge drinking at least once in 30 days prior to survey?	8 (53%)	(28.3%) ^c	(13.5%)
Drug or alcohol use prior to sexual activity?	6 (40%)	(22.5%) ^d	(18.8%)
Driving after drinking alcohol in 30 days prior to survey?	0	(17%)	(5.5%)

^a ACHA-NCHA = American College Health Association - National College Health Assessment From American College Health Association [ACHA] (2018). *American College Health Association-National College Health Assessment II: Reference Group Executive Summary Fall 2017*. Hanover, MD: American College Health Association.

^b YRBS = Youth Risk Behavior Survey from Kann et al. (2018). Youth risk behavior surveillance-United States, 2017. *Morbidity and Mortality Weekly Report*, 67(8). Atlanta, GA: Center for Surveillance, Epidemiology, and Laboratory Services, Centers for Disease Control and Prevention.

^c 5 or more drinks at one sitting in the last 2 weeks prior to survey.

^d Alcohol use only and unprotected sex.

found that females tend to have higher condom use, the females in this study had lower rates of condom use than males.

Finally, current data does seem to confirm prior research (Bailey, Haggerty, White, & Catalano, 2011; Grossman & Markowitz, 2005) that those students who began drinking and having sexual relations at younger ages, had overall riskier behaviors such as having more life time partners, and being less likely to use condoms consistently. For example, three students in the current study had their first drink of alcohol between 13 and 16 years and reported 2–9 episodes of binge drinking; all have tried cigarettes and marijuana, and all reported 5–6 life time sexual partners, using alcohol or drugs before sex, and two reported not using condoms.

Practice implications

While 11 students (64.7%) in this study spoke to their primary care providers about preventing STIs and pregnancy, they still had low rates of condom use (33%) as well as a high rate (40%) of drinking or drug use before sexual encounters. This speaks to the critical need for pediatric health care providers including school nurses and advanced practice nurses (APNs) to get to know their patients well in order to positively influence their health behavior choices. The more open and non-judgmental questions asked, the more likely the nurse will be to uncover sensitive information. In fact, the school nurse may be the first health care professional to identify that a child has used a substance (Hockenberry, Wilson, & Rodgers, 2017). Additionally, these results show the need for the health care community to better educate adolescents and young adults on the health and social consequences of such risky activities, both in formal education programs during middle and high school, and in office visits with APNs. Nurses, along with the general health care community, need to craft a strong anti-marijuana and anti-vaping message highlighting the dangers of addiction and long-term use, physically, mentally, and socially, on developing adolescents and young adults. Nurses should take every opportunity to engage with their patients about these issues through a variety of means and methods (e.g. verbal, written, and interactive media). Fig. 1 provides questions to help pediatric health care providers reflect on their current practice. (Fig. 1).

Future research

A future study would include a larger, nationally representative sample of Jewish day school students. It should include students from all Jewish denominations and the full spectrum of religious behaviors. Another option for future research would be to compare Jewish day school students with Jewish students who attended public elementary and middle schools. A longitudinal study could also be important where the same questions would be asked of the Jewish middle school students before or during their sexual education and drug prevention programs and then again in college.

Strengths and limitations of current study

Strengths of this study included utilizing known valid and reliable measures for assessing the students' religious and risky behaviors. Detailed information was collected from students by these measures. Another strength of this study is that the general baseline behaviors and education of these students is known to the primary author.

The major limitation of this study is its small sample size ($n = 15$), making generalizability limited. This sample population was also heavily skewed towards individuals identifying with the Conservative Jewish denomination. A more complete picture of Jewish college students would need to include those in the Orthodox denominations and more students who consider themselves "Just Jewish." A final limitation is that this study relied on self-reported measures of religiosity and risky behavior.

Conclusion

The connection between Judaism, religiosity, and risky behaviors is complex. Higher rates of religiosity did appear to delay initiation of sexual relations, however, it was not as correlated with substance use behaviors across all participants. Judaism and religiosity were more strongly associated with the male participants in this study than with the females. Females had overall higher rates of risky behaviors such as drinking or using drugs before sex, not using condoms, and higher rates of binge drinking. Therefore, the religious, educational, and health care communities must continue working on decreasing risky sexual

- If we participate in educational programming, how do we ensure we are giving students useful, timely information?
- Are we presenting not only clinical facts, but also allowing for open discussion?
- Are we discussing ways to prevent pregnancy and STIs at every opportunity?
- Are we asking frequently about alcohol, drug, & tobacco use, including vaping?
- Are we discussing features of healthy relationships?
- If we do uncover risky behavior which need intervention, do we know the local treatment options?
- Knowing that religion may be a protective factor,
 - would steering a patient towards a faith-based intervention (e.g an AA meeting at a local synagogue or church) be helpful in this case?
 - do we ask the patient how their religion views substance use?
 - do we ask the patient how their religion views healthy relationships (including sexual relationships)?
 - do we ask if the patient would like to speak with a chaplain?

Fig. 1. Reflective questions for pediatric health care providers.

and substance use behaviors through a variety of means. All pediatric nurses and nurse practitioners should assess the need for education on risky sexual and substance use behaviors among high school and college-aged individuals regardless of religion and religiosity.

Declaration of competing interest

None.

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