



Does participation of male in maternal health care matters: perspective of women

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ABSTRACT

Childbirth is a welcome event for families which bears significant risk to the health of mother. As men are regarded as the decision makers in our societies, a wise decision and proper care can promote the health of mother and child, reduce the complications and also increase the utilization of maternal health care services. The aim of this study is to assess the participation of male in maternal health care and to find out the attitude of female towards participation of male in maternal health care.

A cross-sectional descriptive research design was adopted in this study. Sample size was 362 married women of reproductive age having less than 1 year of child. Purposive and Snowball sampling technique was used to reach the respondents. Data was collected by using Semi-structured interview schedule. The study results shows that most 243(67.13%) of the respondents belonged to 20-29 years and 173 (47.79%) respondent's husbands belonged to 30-39 years. Majority 347 (95.86%) of the respondents had monogamous marriage relationship. During the antenatal period, 244 (68.54%) respondent's husbands accompanied their partners for ANC visit, 315 (87.02%) husbands discussed/planned for the place of birth, 255 (70.44%) husbands arranged for the means of transportation and 340 (93.92%) arranged/discussed with their partners about money. During delivery, 281 (77.62%) husbands were present at the birthplace. During the postnatal period, 235 (64.92%) husbands assisted their partners to breastfeed child. One hundred and thirty two (37.02 %) husbands discussed about the methods of family planning with their wife. All the 362 (100%) respondents had favorable attitude towards the participation of males in maternal health care. The total attitude score was 90. The maximum score was 90 and the minimum score was 52. The mean score was 73.4+ 7.

The participation of male has increased in various aspects of maternal health care. However, it was low in the areas of immunization of child and discussion about the family planning methods. Also, the women have positive attitude towards the participation of male in maternal health.

Keywords: Attitude, Husband Support, Maternal Health Care, Male Participation

INTRODUCTION

Maternal health broadly means the health of mother during pregnancy, childbirth and the postnatal period. It includes various health services for mothers which helps to promote their health, prevent complications, cure illness and rehabilitate in necessary conditions.^{1,24} Those health services are pre-conceptual care, Antenatal care (ANC) visits,

Immunization, Birth Preparedness and Complication Readiness, Safe and Clean delivery, Postnatal care.¹

In recent years, men's involvement in maternal health care is gaining more attention.² The International Conference on Population and Development, held in Cairo in 1994 recognized the significance of male's participation in reproductive health programs.³ It recommends endeavors to emphasize men's



responsibility and involvement in making plans about family, maternal and child health.

In most places of developing countries, pregnancy and childbirth is exclusively the women's concern.⁵ Moreover, most health programs involve pregnant women while educating for their self-care and care of children which is the important reason behind the low participation of male in maternal and child health.^{6,7}

ICPD (1994) described male involvement in maternal healthcare as a process of social and behavioral change that is needed for men to play more responsible roles in maternal health care with the purpose of ensuring the wellbeing of women and children. Men who have information about the maternal health can take timely and cautious decisions to safeguard their health, partner's health and the health of family. Involvement of men comprises of provision of appropriate care, making decisions about family planning and showing concerns about different matters relating to care of partner.⁷

Maternal mortality is the main indicator of status and utilization of the reproductive health care services. Mostly maternal deaths are due to direct obstetric complications such as hemorrhage, sepsis, abortion complications, eclampsia and pre-eclampsia and prolonged or obstructed labor. The rest are due to worsening of existing medical conditions due to pregnancy and delivery.⁸

Appropriate planning between partners and family members could reduce the occurrence of maternal deaths. Men being the decision makers in patriarchal societies has crucial role in making birth preparations and supporting their partners for utilizing the maternal health care services. Also, timely and planned decisions brings positive impacts for reducing the first and second phases of delays in developing countries.⁹

This main aim of this study is to assess the participation of male in maternal health care. It also aims to find out the attitude of women towards participation of male in maternal health care.

MATERIAL AND METHODS

A cross-sectional descriptive study was conducted in four wards of Pokhara-Lekhnath Metropolitan city which were selected by purposive sampling technique. Sample size was 362. Respondents were selected by snowball sampling method and door to door survey. Study populations were women of reproductive age (15-49 years) having under one year of child. Data was collected using semi-structured interview schedule.

Informed consent was obtained from participants prior to data collection. Study was conducted after receiving ethical approval from Institutional Review Committee (IRC) of Pokhara University. Written Permission was taken from the selected wards of Pokhara Lekhnath Metropolitan city. Informed written consent was taken from each participants.

Validity of the instrument was established by avoiding direct leading question and developing the instruments on the basis of literature review, incorporating feedback of experts in each set of questions. Pre-testing was done on 10% of the total sample size. The pre-tested data was excluded from the study. Reliability of the instrument was calculated by using Spear Man Brown formula by adopting Spilt Half technique. The reliability of the semi-structured interview schedule and the attitude scale was calculated as 0.71 and 0.84 respectively. Since, the test score was greater than 0.7 the tool was considered reliable for the study.

Data was coded and entered in Epi-Data and exported to SPSS (Statistical package for social sciences) for analysis.

RESULTS

Out of 362 respondents who participated in the study 243 (67.13%) respondents belonged to 20-29 years. The maximum age of respondents was 43, minimum age was 16 and the mean age was 26 ± 4.65 years. Nearly half 173 (47.79%) of the respondents husband were from the 30-39 years. The maximum age of husband was 65 years and the minimum age was 18 years. The mean age of respondent's husband was 30.52 ± 6.26 years. Majority 333 (91.99%) of the respondents were Hindu. Regarding ethnicity 208

(57.46%) of the respondents belonged to upper caste. Two hundred and ten (58.01%) of the respondents had nuclear family system. Considering the marital

relationship, majority 347 (95.86%) of the respondents had monogamous marriage.

Table 1 Demographic Characteristics of Respondents (n=362)

Variables	Frequency (f)	Percentage (%)
Age in years		
< 20	45	12.43
20-29	243	67.13
30-39	70	19.34
≥ 40	04	1.10
Age of husband in years		
<20	11	3.04
20-29	153	42.27
30-39	173	47.79
≥ 40	25	6.90
Religion		
Hindu	333	91.99
Buddhist	17	4.70
Christian	10	2.76
Muslim	02	0.55
Ethnicity		
Dalit	62	17.13
Janajati	85	23.48
Upper caste	208	57.46
Religious minorities	07	1.93
Type of family		
Nuclear	210	58.01
Joint	152	41.99
Marriage relationship		
Monogamy	347	95.86
Polygamy	15	4.14

Three hundred and fifty five (98.06%) respondents were literate. Majority 287 (79.28%) of the respondents were house managers. The maximum and minimum monthly family income was Rs. 6,00,000 and Rs. 5,000 respectively. On average, the respondents had monthly family income of Rs. 46950.28± 62113.8.

Considering the obstetric characteristics of the respondents 150 (43.37%) were married at the age below 20 years. The minimum age at marriage was 15 years and the maximum age at marriage was 30 years. The maximum number of children respondents had was four. One hundred and eighty seven

(51.66%) of the youngest child of the respondents were males.

Majority 316 (87.29%) of the respondents had four or more ANC visits. During the ANC visits, 244 (68.54%) of respondents husbands accompanied their partners. Almost nine in ten (89.23%) of the husbands suggested/advised their partners to take nutritious food. Three in four 276 (76.24%) husbands advised/reminded their partners to take Iron tablets. One hundred ninety nine (54.97%) of the husbands accompanied/advised their partners for TT immunization. Regarding household works during

pregnancy, 288 (79.56%) of the respondents received help from their husbands. During the antenatal period, 315 (87.02%) husbands discussed/planned with their partners for the place of birth. Similarly,

255 (70.44%) husbands arranged for the means of transportation and 340 (93.92%) arranged/discussed with their partners about money.

Table 2 Socioeconomic Characteristics of Respondents (n=362)

Variables	Frequency (f)	Percentage (%)
Educational Status		
Illiterate	07	1.94
No schooling	05	1.38
Primary	32	8.84
Lower Secondary	56	15.47
Secondary	101	27.90
Higher Secondary	83	22.93
Bachelor and above	78	21.54
Occupation		
House manager	287	79.28
Service	18	4.97
Agriculture	11	3.04
Self-employed	45	12.43
Labor	01	0.28
Family Income (Rs /Month)		
<10,000	38	10.50
10,000-30,000	173	47.80
30,000-50,000	87	24.03
>50,000	64	17.67

Table 3 Obstetric Characteristics of Respondents (n=362)

Variables	Frequency (f)	Percentage (%)
Age at marriage (in years)		
< 20	157	43.37
> 20	205	56.63
No. of children		
One	178	49.17
Two	142	39.23
Three or more	42	11.60
Sex of youngest child		
Male	187	51.66
Female	175	48.34

Table 4 Distribution of Respondents based on Participation of Males during Pregnancy (n=362)

Variables	Frequency (f)	Percentage (%)
ANC visit		
One time	4	1.10
Two times	6	1.66
Three times	30	8.29

Four times or more	316	87.29
No ANC visit	06	1.66
Husband accompanying during ANC visit (n=356)		
Yes	244	68.54
No	112	31.46
Husband suggest/advice to take nutritious food		
Yes	323	89.23
No	39	10.77
Husband advise/remind to take iron tablets		
Yes	276	76.24
No	86	23.76
Husband accompany/advise for TT immunization		
Yes	199	54.97
No	163	45.03
Husband help in household work		
Yes	288	79.56
No	74	20.44
Husband discuss/plan for place of birth		
Yes	315	87.02
No	47	12.98
Husband arrange for means of transportation		
Yes	255	70.44
No	107	29.56
Husband arrange/discuss about money		
Yes	340	93.92
No	22	6.08

Among 362 respondents, only 69 (19.06%) respondents suffered from obstetric complications. Vomiting was the most common minor disorder of pregnancy faced by more than half 35 (50.72%) of the respondents. Eleven (15.94%) respondents faced a major disorder of pregnancy which was bleeding. Every respondents who suffered obstetric complications during pregnancy got support from their husband for management in one or the other way. Two in three husbands 46 (66.67%) provided emotional support/massage to their partners. More than two-third 47 (68.11%) husbands helped in household works. Twenty three (33.33%) husbands provided medication and food and 27 (39.13%) took their wife to health facility for the management of those complications.

As shown in table 5, three hundred and fifty (96.69%) respondents had hospital delivery and only 12 (3.31%) delivered at home. Normal, caesarean deliveries and assisted deliveries (vacuum/forceps delivery) were 246 (67.96%), 111 (30.66%), 5 (1.38%) respectively. During delivery 281 (77.62%) husbands were present at the birthplace and all of them who were present in the birthplace provided support in one or the other way. During the delivery of their partners 197 (54.42%) of the husbands supported by providing emotional support/massage, 116 (32.04%) consulted with doctor, 276 (76.24%) were present inside/outside the delivery room, 272 (75.14%) arranged for supplies required for birth and 72 (19.90%) helped to manage pain. Only 33 (9.12%) of the respondents faced complications during childbirth in which 19 (57.58%) of husbands provided support to manage the complications.

Table 5 Male Partner Support for Management of Complication at the Time of Pregnancy (n=362)

Variables	Frequency (f)	Percentage (%)
Place of childbirth		
Home	12	3.31
Government hospital	242	66.86
Private Hospital	108	29.83
Mode of delivery		
Normal	246	67.96
Caesarean section	111	30.66
Assisted Delivery	05	1.38
Husband's presence at birthplace		
Yes	281	77.62
No	81	22.38
Husband's support during childbirth		
Yes	281	77.62
No	81	22.38
Ways of support given by husband*		
Provided emotional/physical support	197	54.42
Consulted with doctor	116	32.04
Present inside/outside the delivery place	276	76.24
Arranged for supplied required for birth	272	75.14
Helped to manage pain	72	19.90
Complication during delivery		
Yes	33	9.12
No	329	90.88
Husband's support for managing complication(n=33)		
Yes	19	57.58
No	14	42.42

***Multiple Response**

Among 362 respondents, four in five 293 (80.94%) received support from their husband for their care during the postnatal period. Two hundred thirty five (64.92%) respondents got assistance from their husband while breastfeeding child. Similarly, 298 (82.32%) husbands assisted their partners to take care of their child, in which all (100%) looked after the child. Other ways of taking care of the baby by husbands included that 4 (1.34%) provided oil massage, 1 (0.34%) help in making baby sleep, 1 (0.34%) help to take baby to hospital when sick and 1 (0.34%) washed the clothes of baby. Only 145 (40.06%) of husbands accompanied their partners for immunization of the child.

The respondents who deliver at the institution (government or private hospital) is assumed to have their first PNC visit in the hospital itself. Therefore, 350 (96.68%) of respondents in the study who delivered at the hospital had their first PNC visit in which 281 (80.29%) husbands accompanied their partners as they were present at the hospital. Regarding household work, 291 (80.39%) of husbands assisted their partners during postnatal period. Only 134 (37.02%) respondent's husband discussed about the methods of family planning during the postnatal period.

Table 6 Male Participation during Postnatal Period (n=362)

Variables	Frequency (f)	Percentage (%)
Assist in care of partner		
Yes	293	80.94
No	69	19.06
Support for breastfeeding child		
Yes	235	64.92
No	127	35.08
Assistance in taking care of child		
Yes	298	82.32
No	64	17.68
Ways of support to take care of child (n=298)*		
Looked after the child	298	100.00
Fed the child	211	70.81
Bathed the child	176	59.06
Changed clothes and diapers	278	93.29
Others	07	2.35
Accompany partner /take child for immunization		
Yes	145	40.06
No	217	59.94
PNC Visit by respondent		
Yes (1st Visit)	350	96.68
No	12	3.32
Husband accompany for PNC visit (n=350)		
Yes	281	80.29
No	69	19.71
Husband's involvement in household works		
Yes	291	80.39
No	71	19.61
Discuss on family planning methods		
Yes	134	37.02
No	228	62.98

Twelve (3.31%) respondents faced complications during the postnatal period. Among those who faced postnatal complications 5 (41.66%) had bleeding, 3 (25.00%) had wound infection, 2 (16.67%) had high blood pressure and 2 (16.67%) had fever. Two third, 8 (66.67%) of the respondent's partner provided support for managing those complications.

More than half 197 (54.42%) of the respondents agreed that male should accompany their partners during ANC visits. One in two (51.10%) respondents agreed that Male's presence during ANC visit gives a sense of love, care and security. There were 19 (5.25%) respondents who agreed that accompanying

partners during ANC visit is a matter of shyness and embarrassment for males whereas 338 (93.37%) disagreed. Only 15 (4.10%) respondents strongly agreed that pregnancy is sole concern of women which do not require male involvement. The statement, male involvement in ANC reduces the independence in decision-making of women was strongly agreed by only 2 (0.55%) respondents while 163 (45.03%) disagreed this statement. Majority of the respondents 350 (96.68%) agreed that early identification of risk and complication and timely decision-making can be done when males involve in ANC.

Table 7 Husband's Support for Management of Complications during Postnatal Period (n=362)

Variables	Frequency (f)	Percentage (%)
Complication during postnatal period (n=12)		
Yes	12	3.31
No	350	96.69
Type of complication during postnatal period (n=12)		
Bleeding	05	41.66
Wound Infection	03	25.00
High blood pressure	02	16.67
Fever	02	16.67
Support for managing postnatal complications (n=12)		
Yes	08	66.67
No	04	33.33

Nearly half 175 (48.34%) of the respondents agreed that when male witness the labor pain of women they will start loving and caring their partners whilst 6 (1.65%) strongly disagreed with the statement. Similarly, 148 (40.88%) respondents remained undecided about the statement, labor will prolong if males see their partners during delivery. Three hundred and fifty 350 (96.68%) respondents accepted that timely decision can be made during complications when male are involved during

delivery. Four in five 290 (80.11%) respondents agreed that male will desire for small family and adopt family planning methods when then involve during labor and childbirth. Only 41 (11.32%) respondents agreed that when males involve during childbirth they will interfere health personnel in providing care. Nearly one third (32.32%) of the respondents disagreed that male become worried and anxious when they see their partners during labor and childbirth, so they must be restricted.

Table 8 Attitude of Female towards Participation of Male during Pregnancy (n=362)

Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Males should accompany their partners during ANC visits.	138 (38.12%)	197 (54.42%)	10 (2.76%)	16 (4.4%)	01 (0.3%)
Male's presence during ANC visit gives a sense of love, care and security.	166 (45.86%)	185 (51.10%)	07 (1.93%)	03 (0.8%)	01 (0.3%)
It is a matter of shyness and embarrassment for males to accompany their partners during ANC visits.	0	19 (5.25%)	05 (1.38%)	154 (42.5%)	184 (50.8%)
Pregnancy is sole concern of women which do not require male involvement.	04 (1.10%)	11 (3.04%)	05 (1.38%)	148 (40.9%)	194 (53.6%)
Male involvement in ANC reduces the independence in decision making of women.	02 (0.55%)	15 (4.14%)	35 (9.67%)	163 (45%)	147 (40.6%)
When males involve in ANC, early identification of risk and complication and timely decision-making can be done.	162 (44.75%)	188 (51.93%)	07 (1.93%)	02 (0.6%)	03 (0.8%)

Table 9 Attitude of Female towards Participation of Male during Pregnancy (n=362)

Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
When male witness the labor pain of women they start loving and caring their partners	123 (33.98%)	175 (48.34%)	33 (9.12%)	25 (6.91%)	06 (1.7%)
Labor will prolong if males see their partners during delivery.	01 (0.28%)	27 (7.46%)	148 (40.88%)	102 (28.18%)	84 (23.2%)
Timely decision can be made during complications when male are involved during delivery.	149 (41.16%)	201 (55.52%)	06 (1.66%)	03 (0.83%)	03 (0.8%)
When male involve during labor and childbirth they will desire for small family and adopt family planning methods.	89 (24.59%)	201 (55.52%)	46 (12.71%)	21 (5.80%)	05 (1.4%)
When male involve during childbirth they will interfere health personnel in providing care.	04 (1.10%)	37 (10.22%)	48 (13.26%)	153 (42.27%)	120 (33.1%)
Male become worried and anxious when they see their partners during labor and childbirth, so they must be restricted.	11 (3.04%)	83 (22.93%)	36 (9.94%)	117 (32.32%)	115 (31.8%)

Only 3 (0.83%) respondents strongly agreed with the statement that it is the waste of time for males to involve in household works/accompany their partners during postnatal visits whereas 204(56.35%) respondents strongly disagreed with this statement. More than half 193 (53.32%) of the respondents agreed that male involvement during postnatal period helps for close emotional bonding with child and his partner. Women give birth but it is the responsibility of male to help in rearing and care of the child, this statement was disagreed by 165 (45.58%) of the respondents. One hundred and

eighty six (51.38%) respondents agreed that male should provide emotional and psychological support to their partners during postnatal period. Only 11 (3.04%) respondents strongly agreed the statement, male partner must focus on job responsibilities during the postnatal period than to involve in care of partner and child whilst 159 (43.92%) respondents disagreed with the statement. Almost four in ten 142 (39.23%) respondents disagreed that women do not require assistance of male for their care, household work, breastfeeding and immunization of the child whereas nine (2.49%) respondents remained neutral.

Table 10 Respondent's Attitude towards Participation of Male during Postnatal Period (n=362)

Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
It is the waste of time for males to involve in household works/ accompany their partners during postnatal visits.	03 (0.83%)	12 (3.31%)	08 (2.21%)	135 (37.30%)	204 (56.35%)
Male involvement during postnatal period helps for close emotional bonding with child and his partner.	164 (45.30%)	193 (53.31%)	03 (0.83%)	01 (0.23%)	01 (0.28%)

Women give birth but it is the responsibility of male to help in rearing and care of the child.	22 (6.07%)	40 (11.05%)	76 (21.00%)	165 (45.58%)	59 (16.30%)
Male should provide emotional and psychological support to their partners during postnatal period.	172 (47.51%)	186 (51.38%)	03 (0.83%)	00	01 (0.28%)
Male partner must focus on job responsibilities during the postnatal period rather than to involve in care of partner and child.	11 (3.04%)	32 (8.84%)	31 (8.56%)	159 (43.92%)	129 (35.64%)
Women do not require assistance of male for their care, household work, breastfeeding and immunization of the child.	15 (4.14%)	59 (16.34%)	09 (2.49%)	142 (39.23%)	137 (37.84%)

DISCUSSION

In this study, most 243 (67.1%) respondents belonged to 20-29 years of age and 173 (47.8%) respondent's husband belonged to 30-39 years of age which was consistent with a study conducted in Agra.¹⁰ The mean age of the respondents was consistent with the study of Agra¹⁰ and contradictory with the study in Alberta.¹¹ The mean age of respondent's partner was consistent with the study in Agra¹⁰ and contradictory with the study conducted in Nepal.¹²

In present study, 58% families were nuclear which was similar to a study conducted in India (58.89%)¹⁰ and contradictory to another study of India⁴. Majority 347 (95.9%) of the respondents in present study had monogamous marital relationship which was similar to the study in Myanmar (95.3%)¹³ and contradictory to a study in Nigeria (48.1%).¹ Regarding educational status, 28% of respondents completed secondary education which was consistent with the study of Uganda.¹⁴ Two hundred and eighty seven (79.3%) respondents were house managers which was almost similar to the study in Agra (88.37%)¹⁰ and contradictory to a study carried out in Ethiopia (26.8%).¹⁵

In this study, 178 (49.2%) respondents had only one child which was consistent with the study conducted in Myanmar (45.3%)¹³ and contradictory to the study of Ethiopia.¹⁶ Two hundred and forty four (68.5%) respondent's husband accompanied their partners to the ANC clinic which was consistent with the study of

Myanmar (64.8%)¹³ and contradictory to the study in Agra (18.33%) and Kathmandu, Nepal (39.3%).^{9,17} Current study reveals that 288 (79.6%) husbands helped their partners in household work during pregnancy which was supported by a study of Nigeria (82.5%)¹⁸ and contradicted by a study of Nepal (56.2%) and Agra (32.5%).^{9,10} Regarding the place of birth, 315 (87%) respondent's husband discussed/planned with their partner which was similar to study in Myanmar (83.6%).¹³ Similarly, 255 (70.4%) respondent's husband had arranged for the means of transportation which was nearly similar to a study of Nepal¹² and contradictory to the another study of Nepal (30.2%).⁹ Three hundred and forty (93.9%) respondent's husband arranged/discussed about money with their wife during pregnancy which was similar to study in Myanmar (81.7%)¹³ and contradictory to the study of Nepal (53.7%).⁹

In present study, 69 (19.1%) respondents faced obstetric complications during pregnancy which was similar to study of Ethiopia (24.70%)¹⁹ and contradictory to the study of Agra (58.3%).¹⁰ The finding related to husband's presence at place of birth during delivery 281 (77.6%) was nearly similar to study of Agra (87.5%)¹⁰ and contradictory to a study in Uganda (42.2%).¹⁴ Thirty three (9.1%) respondents faced complication during the childbirth which was nearly similar to a study of Agra (20%)¹⁰ and contradictory to a study in Alberta.¹¹

In this study, 235 (64.9%) husbands provided support to their partners for breastfeeding which was nearly similar to the study of Nepal⁹ and contradictory to the study of Alberta.¹¹ Regarding the assistance in taking care of the child, 278 (93.2%) husbands assisted by changing clothes and diapers of the child which was nearly similar to the findings of survey conducted in England²⁰ and contradictory to a study in Nepal.¹²

Only 134 (37%) husbands discussed about the family planning methods with their wife during the postnatal period which was consistent with the study in Ethiopia²¹ and contradictory to the study conducted in Myanmar in which 69% shared decision about contraception with their wife.²²

In present study 92.5% respondents agreed that male should accompany their partners during ANC visits which was consistent with the result of the study conducted in Africa.²³ Only 4.1% respondents viewed pregnancy as sole concern of women which do not require male involvement which was similar to the study conducted in Africa in which 4.1% respondents answered that Pregnancy is woman's affair.²³ In this study, all the respondents 362 (100%) showed favorable attitude towards the participation of male in maternal health care. The finding was consistent with the study conducted in Nigeria (96.5%)¹⁸ and contradictory with another study of Nigeria (61.1%).⁴

CONCLUSION

This study concludes that male participation in maternal health care has increased in all the areas of pregnancy, childbirth and postnatal period. However, there was low participation of male in the immunization of child and discussing about the family planning methods. The respondents do not have the knowledge of the timing and number of PNC visits. This study reveals that women have favorable attitude towards the participation of male in maternal health care.

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