INFORMATION SOURCES ON USE OFCONTRACEPTIVES AMONG MARRIED WOMEN INKANO MUNICIPAL

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ABSTRACT

Contraceptives use is an important determinant for population control towards achieving health security. When families are planned and precaution is taken on risks of contagious as well as sexually transmitted diseases, the population is secured leading to improved health conditions. Premised on the theory of uses and gratifications, the study believes that women need access to credible and effective information on contraceptive which is available through various sources to aid their understanding of the usage of contraceptives. The study employs survey and Focus Group Discussions methods among 88 women in Kano Municipal. Findings reveal that the respondents have high level of awareness of contraceptives and they rely on broadcast and print media (radio 44.5%, television 16.1%, newspaper/magazine 11.1%), husband (6.1%), hospital (11.1%) and friends (8.1%), with radio as the most preferred source of information on contraceptives methods and usage. Accordingly, the study recommends that more information on contraceptives be routed especially through the radio for effective reach to women so as to achieve more of its awareness and utilization.

Introduction

Security and insecurity are hot topics in relation to the dynamic risks, violence and instability posed on the process of regional integration, growth and poverty reduction. Researchers have been carried out by international specialists and institutions on how to improve security in developing countries such as those in Africa where there is rapid transformation and population growth and cases of diseases like STD's. Members of the OECD Development Assistance Committee (DAC), United Nation's agencies and research institutions have been working for some years to develop guidelines for good practice in Security System Reform. In 2003, a commission was formed to work on health securities and in this final report titled *'Human Security Now'* the commission stated that:

> Human security means protecting vital freedoms: protecting people from critical and pervasive threats and situations, building on their strengths and aspirations. It also means creating systems that give people the building blocks of survival, dignity and livelihood. Human security connects different types of freedoms - freedom from want, freedom from fear and freedom to take action on one's own behalf.(New York, 2003)

In the Millennium Report (2000) also, the international community were urged to take action to achieve "freedom from want" (the development agenda) and "freedom from fear" (the security agenda).This talks about the freedom to access of human security.

Security as a prerequisite for lasting peace is also considered fundamental to achievement of the Millennium Development Goals (MDGs) as a full development of human capacities does hot just take a stand on unrest and threats of war and conflict but rather feeling of comfort and being secured physically and mentally. This also says that the need for human security touches all aspects of life, be it education, environment, and health as vividly included in the UNDP report of 2013 where it asserts that "Human security is not a concern with weapons - it is a concern with human life and dignity". (UNDP, 2013).

Therefore, health security as the focus of this paper is considered the access to medical treatment and improved health conditions. This is inclined to the fact that poor people or rather less privileged people especially in developing and under developed countries have less health security. (NHSD, 2013).

Contraceptives are methods of prevention and control of infectious and sexually transmitted diseases as well as for child spacing(UNFPA, 2005).Proper use of contraceptive can aid individuals and couples with the ability to determine the number and spacing of their children which is recognized as a basic human right (UNFPA, 2005). When families are planned and prevention is taken on risks of contagious as well as sexually transmitted diseases, the population will be secured to achieve human security at some levels (NARHS, 2003).

The benefits of using contraceptives can be derived at two levels of individual and that of the society. At the individual level, it improvesmaternal and infant health; expands opportunities for women's education, employment and social participation; reduces exposure to health risks, competition and dilution of resources; it reduces in house hold property and more possibility of shared decision making. On the other hand, contraceptives can accelerate demographic transitions and opportunity to use the demographic bonus to speed economic development at the level of the society (UNFPA, 2004:5).

Contraceptives methods available in different forms such as oral contraceptives, pills, inject able, foaming tablets, intrautene devices (IIJD'S), creams, jellies, implants and other barriers in the form of condom for females and males. These methods are available mostly in family planning clinics and hospitals, and many must be given only by trained providers (such as IUD's and implants) others are available at diverse places such as pharmacy stores and so on.

This availability makes it imperative that effective information on how to use it is looked upon as it also concerns its access and effective usage. Since the ability of people to determine their family size and spacing is seen as a matter of great personal and demographic importance; it is important to create general awareness on what it is, its models, methods and mode of application. This is important towards ensuring health security to prevent diseases especially infectious and sexually transmitted diseases like Gonorrhea, HIV/AIDS. This shows how important it is to know how and where people get information on contraceptives use, especially women, who are more often related to the use as they are more vulnerable to risks associated with pregnancy problems, sexual transmitted diseases, and birth problems which are hindrance to achieving of health security.

It has been found that the major causes of death among women are factors related to sexually transmitted diseases, maternal and infant mortality, infectious and parasitic diseases among others (HDR, 1994). This is believed to be eradicated or curtailed with the use of contraceptives hence prompts the need to explicitly promote its usage for a sustainable good health especially among women in our society. The awareness creation can be achieved through sharing of relevant information on contraceptives via the different sources of information such as the mass media, interpersonal sources and others. The sources of information too have to be effective to achieve dissemination of accurate information essential for people to benefit from it. This is duly supported by AHI (2003), which noted that information plays a very crucial role in reducing health risks associated with sexual and reproductive behavior.

Statement of the Problem

Women are being considered most vulnerable to a wider spread of health risks and health insecurity. The health risks associated to women include problems of unwanted pregnancies, abortions, maternal mortality, infant mortality, high fertility, birth problems and sexually transmitted diseases including HIV/AIDs which can be minimized with effective use of contraceptive.

But there was increasing reports about the above mentioned problems in Nigeria particularly in the northern part of the country. Kano, where there are high rates of abortion, maternal mortality rate, infant mortality rate, high fatality and sexually transmitted diseases rates, signifies low use of contraceptives (NDHS, 2003). Studies conducted in this regard shows that there is unequal access to contraceptives across the country as well as campaigns and awareness. Hence, central to this study is a thesis that assumes that when women are better informed about contraceptives, they will be able to avoid problems associated to its lack of use. In addition, the study believe that sharing of information on use of contraceptives through effective and most preferred sources can plays a very crucial role in encouraging people to use it towards reducing health risks associated with their sexual and reproductive behavior which has been a hindrance to women's health.

This study therefore, examines the sources of information on contraceptives among women (married) in Kano Municipal, how informed are these women, what are their sources of information and which is their most preferred sources of information on contraceptives. Accordingly, the objectives of this study are:

1. To determine the level of awareness of contraceptives among women in Kano Municipal;
2. To find out the sources of information on contraceptives among women in Kano Municipal; and
3. To find out the most preferred sources of information on contraceptives among the women in Kano Municipal.

Literature Review

Sources of Information and Use of Contraceptives

Information is often seen as the measure of uncertainty or entropy, in a situation where it is completely predictable, no information is present (Littlejohn 1992). Granovetter (1973) however add that most of our useful information comes from people with whom we have "weak" links (i.e. people we interact less often with). This is because people with whom we have strong links

(people we interact most often with) are likely to know the same thing like us and then those we interact less with often bring new information into our group of strong linkage.

Gapsiso (2003) noted that, misleading information was produced in vast quantities by advertisers, government and other interest groups. Overloading people and making it hard to recognize what is really important. He believes that the constant diets, biased and inadequate source of information are relegated to sidelines. Production of misleading information is justified as freedom of speech.

In another view, Parker et al (1989) says that, the printed and broadcast media have all contributed to the creation of what might be described as background information which has been crucial in shaping both attitudes and practices related to HIV/AIDS. The position of Parker seems to endorse the view that the media is indispensable in the provision of crucial information in shaping attitudes.

Rosen (2000) notes that, in Asia, many societies maintain very strong taboo on premarital sex and discussion of sexuality among people, provision of information and services to the unmarried. Sexuality and reproduction remains very controversial in places as diverse as China, India and Indonesia. This goes further to explain that adequate information and awareness concerning, contraceptives in relation to reproductive health issues is not exclusive to Africa only.

Sunmola et al (2002) in a research on reproductive, sexual and contraceptive behavior among adolescence in Nigeria, Niger State, found out that the majority of the respondents obtained sexual related information from people outside their immediate families. This result further goes on to explain that, information on reproductive issues were obtained mostly from people outside the families. These assertions can be related to women, since they also have limited social performance in the society.

Also, Ladipo et al (2001) notes that a high proportion of sex workers interviewed, 67% preferred getting information from television. Sex workers from the North West reported the highest percentage at 80%, television preference increase with the level of education. 60% of all respondents would prefer to receive health information on radio. In South-east about a third of the respondents opted for written health education materials in form of hand bills, magazine and books. More than half 84% preferred interpersonal informal channels. About 6.5% would rather obtain reproductive health information in hospitals or from nurses.

In a study carried out on emergency contraception in Nigeria by the Society for Family Health found that respondents prefer information from one-to-one private talks, radio, and small group settings of their age (SFH, 2000).

Kumar (1998), in his study for reproductive health issues on men, references films and televisions as media channels through which men are enlightened about reproduction. He mentions streets becoming libraries of knowledge of sex and sometimes even laboratories. In the direction of this view, it is proved that men who are more likely to be literate than women and those who have better access to information are often in the better position than women to inform

themselves about reproductive health. However, they lack interest because reproductive health including anything to do with contraceptive, pregnancy, child birth and STIs is considered to be exclusive reserve for women.

Furthermore, according to a research article, Sources of Contraceptives Commodities for Users in Nigeria, the commonest sources of information about contraceptive among women are friends (34.0%), radio (11.5%), and husbands (10.0%). Only about (4.1%) reported to have received their information through television. This research points out that, sources of information have a vital role in effective use of contraceptives among women.

The international research program. Demographic and Health Survey (DHS) by the United Nation Economic Commission for Africa, in 1990 also found that89% women in of the 13 selected African countries including Nigeria felt that, it was acceptable to have family planning information presented on radio and television. Others account for governmental facility as the main source for a family planning method in terms of information and supply. Increase in educational level increases women's approval on radio and television (DHS, 1990:4).

Contraceptives Use in Nigeria

According to the National Population Commissions' technical report of 2006 census, Nigeria is the 10th most populous nation in the world and largest in sub-Saharan Africa with a population of 140 million at a current annual growth rate of 3.37% (www. onlinenigeria.com. population).The country is experiencing rapid rural-to-urban migration leading to severe stains on the urban infrastructure which has contributed to poor housing condition, human trafficking, child labor, crime and other social problems (ENHANSE, 2005). This becomes a continuous challenge to meet the basic needs, provision of social services including access to quality health care and good standard of living which can affect the country's status of reproductive health. Attempts to control fertility have always depended on social factors as much as on research and religious beliefs. These factors have played a large part in the provision of contraceptives.

In Nigeria, before 20th century, most references to contraception were linked to illicit sexual relations. It was until now that birth control contraceptives become available for even unmarried couples. This has been linked to the government's implementation and adoption of a policy in 2004 during the worlds health assembly; the Reproductive Health Policy (NRHP). This is also in line with the Global Agenda of Achieving Universal Access to Reproductive Health Information and Services (GAUARHIS) by the year 2015 of the MDGs. The strategy comprises of contraceptive issues and has remained largely donor driven and highly dependent on external resources (ENHANSE, 2005).

The 2013 NDHS Reported a total fertility rate of 6.45% birth per woman in Nigeria which vary by zone with the North having a substantially higher fertility rate than the others. In line with this, the current contraceptive use in Nigeria across the zones shows a variation with the North having a significantly low use than the other zones. Statistics show that the North-east has 2%, North West 2%, South-east 18% and South-south 17% (NDHS, 2013). The statistics prove that even though the southern zones have greater use of contraceptives than the north, contraceptive use in the country is still not enough as none of the zones accounts for even the half percent of contraceptive use (NARHS, 2003).

Correspondingly, there is also low use of modern contraceptive prevalence rate (MCPR) 9% (by females) and 16% by men in Nigeria; as one of the lowest in the world (NARHS, 2003). And NDHS, 2013 reports that the Nigerian women of reproductive age are not accessing contraceptives and suffering the consequences that made up the 16 percent family planning unmet need. This fact was believed to have resulted to continued high fertility rate in the country. According to Enhance (2005), the low use of modern contraceptive rate is as a result of traditional and religious opposition, fear of adverse effect and poor access to commodities and services while NARHS (2003) reported the cause of low contraceptive use to lack of knowledge of contraceptive method and the level of education of women in the country.

Non-Governmental Organizations and other Communities in the Issue of Contraceptives in Nigeria

NGOs and other communities play an important role in support for contraceptive use or reproductive health in general and are considered important partners in the implementation of National Reproductive Health Program(ENHANSE, 2005).The foremost Civil Society Organizations involved are the Planned Parenthood Federation of Nigeria (PPFN), Society for Family Health (SFH), Action Health Incorporated (AHI), Association for Reproductive and Family Health (ARFH), USAID, among others contributing by giving policy support, dialogue and advocacy for family planning and reproductive health resources and positive change. (ENHANSE, 2005).

Faith-Based Organizations (FBO's), Christian and Islamic religion groups offer selected reproductive health services that over 40% of the reproductive health services in Nigeria are provided by them (ENHANSE, 2005). They include Christian Health Association of Nigeria (CHAN) and the Federation of Muslims Women's Association of Nigeria (FOMWAN) among others. Community -Based Organizations (CBO's) fill the gap created by lack of access to public or other sector services in rural and hard to reach areas, they are also involved in social mobilization of reproductive right (ENHANSE, 2005).

Barriers to Contraceptive Use

Contraception has a number of factors that can impede its usage especially among women. A 2001 assessment by the Women's Commission for Refugee in Zambia stated that, women were reluctant to use family planning methods despite their availability, because of identified barriers like resistance by husbands, religion and community beliefs that women should have as many children as they can have; lack of community-based distribution program and the difficulty women have in persuading their partners to use condom (UNFPA, 2004).

Other barriers cited by ICPDA, 1994 on the unmet needs assessment include: lack of accessible services and shortage of equipment, lack of method of choice appropriate to the situation of women and her family, lack of knowledge about the safety, effectiveness and availability of choice, poor client - provider interaction, misinformation and rumors; side effects for some and insufficient follow-up to promote method or ensuring proper use and dose and financial constraints.

To ENHANSE, (2005), the reasons for low contraceptive use in Nigeria are traditional and religious opposition, fear of adverse effects and poor access to commodities services and lack of up-to-date scientific information about contraceptives.

Strengthening on effective information access on contraceptive, the Statistical Compendium on Contraceptive Prevalence and Practice in African countries by the United Nations Commission for Africa (2000)also stated barriers of contraceptive use in African countries as freedom of discussion, lack of knowledge, problem of availability and accessibility and cultural and religious factors.

Other barriers of contraceptive use according to UNFPA (2004) can be closely related to poverty and desired family size. NAHRS (2003) reported that about three Quarters (74%) of Nigerian respondents in a survey expressed religion as a reason for not using contraceptives. They believe that desired and ideal family size is up to God (NARHS, 2003:111).

Perception of Contraceptive Use in Nigeria

Women in Nigeria have different perception about contraceptive methods. According to a National HIV/AIDS and Reproductive Health Survey (2015), about 46% female respondents were of the opinion that family planning methods are effective, less than One-third of the females (30%) were of the opinion that contraceptives could cause infertility in a woman. More than a quarter of females 2%) were of the opinion that condoms could encourage infidelity in males. Similarly just under a third (30%) of females was of the opinion that contraceptives - could encourage women to be promiscuous.

Other perceptions of contraceptive method by females were that it promotes young un-married people to be loose, it causes cancer and other diseases, it is mainly for married couples or a woman's business and not for men (they perceive that since a women is the one who gets pregnant, she should be the one to be sterilized not men because tothem, sterilization on men is like castration) and that it is expensive to practice (NARHS, Nigeria 2003).

Theoretical Framework

This study adopts the uses and gratifications theory. The theory states that, social and psychological origins of need generate expectations of the mass media or other source which leads to different exposure resulting in need gratification and consequences (Katz, 1974). It suggests that, media users play an active role in choosing and using the media; they take an active part in the communication process and are goal-oriented in their media use. That "media users seek out a media source that best fulfill their needs"; users share alternate choices to satisfy their need (McQuil, 2000).

However, the theory which gives primacy to the audience also implies that the audiences can use non-media channels to gratify themselves. This can take the form of interpersonal, group, organizational or other contexts of communication. For instance, the 'women can rely on the mass media for health information or their friends, relatives, husbands among others in their various degrees.

Blumler and Katz (1974) take a more humanistic approach in looking at media users, believing that, there is no merely one way that the populace use media, but instead, many reasons for using the media as there are media users. In this regard, the women may have chosen a particular media as a source of information on contraceptives based on a reason known to them. This could be a certain gratifications they derive from such media in terms of effective information, satisfaction, and ease of access and so on.

Also, according to the theory, media consumers have a free will to desire how they will use the media and even non-mediated channels. This could be the reason why other personal sources of information like inter personal such as friends, husbands; or hospitals could be preferred as sources of information on contraceptives among the women.
The theory assumes that:

1. The audience of mass communication is active and good-oriented, unlike most effect theories.
2. The audience members are not passive but take a proactive role in deciding how to use media in their lives.
3. The audience members are largely responsible for choosing media to meet their needs and seek out ways to meet these needs and that the media compete with other sources of need gratification.

The first assumption and second assumptions means that out of the options of sources of information that the media presents including also interpersonal sources, an individual chooses which one to use in order to gratify his/her needs or certain needs. When applied in this study, this is saying that the women in Kano municipal are likely to rely on various sources of information for information on contraceptives in order to satisfy some needs related to use of contraceptives. This is possible because information on contraceptive in Nigeria is available through various sources including the media, hospital, interpersonal sources and so on. Therefore, which source of information the women access information on contraceptives matters a lot as it will determine the effectiveness of the type of information they may have on contraceptives. For instance, a hospital which is where medical personnel are and who are in a better condition to give such information on contraceptives based on their expertise will be considered an effective source of information than an interpersonal source like friend or husband who might not be very knowledgeable on it, unless he is also a trained health personnel.

The third assumption means that the sources of information may vary since the women may have preferences over the source of information. Therefore, all the sources must compete with one another and precisely the media. This is saying that the media must have to compete with other sources such as interpersonal sources and the hospital in terms of disseminating effective information on contraceptives (to gratify their needs) to the women; to be able to maintain them as their audiences.

Methodology

The study adopts Survey and Focus Group Discussion as its methods of data gathering. Survey was selected as the study method because it is commonly used in studying a population that is too large to be observed directly, helps in examining different variables like demographic information, attitudes, motives and intentions with respect to a research topic just as the case of

this study; whose population is also large. It aims at finding out views, opinion and beliefs of the respondent's in respect to information sources on/and their use of contraceptives. Specifically, the study adopts descriptive survey method in an attempt to picture or describe the condition of contraceptive use and its sources of information as it is in the study area at the moment of the research (Wimmer& Dominick, 2011).

Multi stage sampling technique was adopted in selecting the samples of this study; this is because it is practically impossible to compile the exhausted lists of elements composing of the target population. Kano municipal as the study area was divided into four zones - North, South, West and East respectively. In view of the above, Zoo road (Hausawa) area was selected from (he North; Sagagi from the South; Sheshe from the West, and Yakasai from the East using simple random sampling. Twenty (20) married women each from the areas were then conveniently selected making up a total of SO respondents for the survey. Questionnaire as the instrument of data gathering was administered to the SO respondents and received a 100% response rate.

On the other hand, eight (8) other women participated in a single session of Focus Group Discussion. 2 participants (each) were also selected from the study areas (Sagagi, and Sheshe, Hausawa and Yakasai). Focus Group Discussion was added to compliment survey and give more in-depth discussions of the subject matter among the research respondents. Cumulatively, the study comprised of 88 respondents.

The data collected from the survey were analyzed using descriptive methods of analysis with frequencies and simple percentages. The data from the Focus Group Discussions were analyzed thematically. Both data were used in the discussion of findings to complement each other for better explanation of the research findings/variables.

Findings

The results show high awareness of contraceptives methods among the women in Kano municipal with 20 (44.5%). The women seem to have specific and broader understanding of what contraceptives is. They rely on radio (n=40, 44.5%), television (n=20, 22.2%), newspaper/magazine (n=10, 11.1%), hospital (n=10, 11.1%), friends (n=8, 8.8%) and husbands (n=2, 2.2%) for information on contraceptives. The results further show that most of the respondents prefer radio (n=50, 55.5%); others prefer television and only 6 (6.1%) account to prefer newspaper or magazines.

Table I of 4.1: Major Sources of Information Source of information

Source of Information	**Number of respondents**	Percentage
Radio	40	44.5%
Television	20	22.26%
Hospital/clinics	9	11.1%
Friends	8	8.8%
Newspaper/magazines	9	11.1%
Husbands	2	2.2%
Total	**88**	**100%**

Table 2 of 4.1: Most preferred sources of information

Source of Information	**Number of respondents**	Percentage
Radio	49	55.5%
Television	19	22.25%
Hospital/clinics	10	11.1%
Friends	4	4.5%
Newspaper/magazines	6	6.7%
Total	**88**	**100%**

Discussion of Findings

The result shows that women in Kano Municipal have high knowledge level of family planning contraceptives because about 86 (97.78%) respondents including participants during the Focus Group Discussion are aware of it, only one person has a little knowledge or doubt about it. Their knowledge on contraceptive also seems to be both broader and specific, including understanding of its importance, methods, and even mode of usage. This finding shows that, women in Kano Municipal have knowledge of family planning contraceptives and it seems to agree with the NARHS 2003 report which states that women in the North have a moderate knowledge of contraceptives in Nigeria.

On the major sources of information for the women in Kano Municipal, also, it was found that they rely on radio 20 (44.5%) respondents, 8 (16%) television, hospitals, 5 (11.1) Newspapers/magazines or posters, and 1 (2.2%) rely on husbands. This means that women in Kano Municipal have mass media (radio, television, newspaper, magazines, and posters) and interpersonal information like friends and doctors as their major sources of information. This finding confirms the National HIV/AIDS andReproductive Health survey (2003), which stated that about four fifth and slightly more than three quarters considered radio, television, print media and interpersonal communication acceptable in communicating reproductive health messages to the general public respectively.

Thirdly the most preferred sources of information on contraceptives and reasons for the preference turned out to be radio with about 25 (55.1%). The respondents justified their reason to its transient nature, availability and affordability. The respondents also held the view that; media engages experts to handle reproductive health issues in their programs.

However, about 10 (22.1%) respondents prefer television as their source of information because to them; they believe in what they see and 'not only hear, they also held the view that television programs are also done with the host of professionals in the field. The respondents view their source of information as credible and ease because it can avail them the opportunity to see a professional at home without, necessarily going to queue in the hospitals.

Furthermore, 5 (11.1%) respondents said they prefer hospitals believing that there is no need to just stay at home in view of a sensitive issue like contraceptive use. The reason for the preference was also because effective information from professional such as trained doctors and nurses. Though only 2 (4.1%) respondents' prefer to get information from their friends because, according to them, friends are very easy to talk to and also they feel comfortable discussing contraceptives issues with their friends, about 3 (6.1 %) respondents out of the total respondents prefer writing materials like newspapers or magazines because' they want something of which they can go through the content of the information over and over again.

The preponderance of the media resulted from the view that media engages experts to handle this issues, while preponderance for interpersonal communication is because it is easy and more comfortable like talking with friends. Also, doctors/ hospitals are believed to have scientific and accurate professional information. This finding supports the one by Kamtchcuing et al (1997) who found that knowledge on contraception was more from mass media, friends, and clinics.The finding also supports BBC/Reuters media center poll's on the "Trust in the media" conducted from March 10 to April 4 2006. Their study shows that the overall trust in the meeting varies across 10countries surveyed, with the greatest trust expressed in developing countries such as Nigeria, where as high as 88% have a lot of trust in the media. The Trust may possibly be true in the case of contraceptives because the respondents mentioned programs that handle health programs. For instance "Sabon Shafi" health program for women on Freedom radio Kano station.

Conclusion and Recommendation

It can be concluded therefore, that the respondents of this research have the awareness of contraceptives and are using it. That the respondent's preferred information sources on contraceptives is radio, because it is believed to be credible and effective as it also engage professionals in discussions about the use of contraceptives. The study thus recommends that:

1. More information on contraceptives be channeled through media most especially radio for effective reach to women in Kano Municipal.
2. Health sectors, doctors and nurses should encourage that lecture on contraceptives methods and use are given to women during general clinic visits not only antenatal visits at hospitals.
3. Health communicators should recommend other ways of enlightenment such as use the of alternative media, face to face means of communication among others for communicating information about contraceptive to non-educated women for better coverage of awareness and usage.
4. Government and other stakeholders should enhance the variety of channels where different contraceptives can be obtained effectively.

5. Government to also develop appropriate culture and gender-sensitive information education and communication methods in support of contraceptives to enable the adoption of more contraceptive usage.

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