

‘Study to assess the effectiveness of self -instructional module on the knowledge regarding management of selected minor ailments among primigravida mothers at selected maternity hospitals’.

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ABSTRACT: -

The present study, Assessed the effectiveness of a self-instructional module (SIM) on knowledge regarding management of selected minor ailments among primigravida mothers in selected maternity hospitals. Objectives: The primary objective was to evaluate the effectiveness of the SIM. Secondary objectives included assessing existing knowledge and identifying associations between knowledge scores and selected demographic variables.

Methodology: A pre-experimental quantitative design was adopted with 60 primigravida mothers selected purposively. Data were collected after obtaining formal permission, and the SIM was administered. Knowledge was measured using pretest and post-test scores. Data analysis employed descriptive and inferential statistics, with significance set at 0.05. Results: In the pretest, 31.66% had poor, 60% average, and 8.33% good knowledge; mean score was 7 (SD=2.3). Post-test results showed 3.33% good, 86.66% very good, and 10% excellent knowledge; mean score was 19 (SD=1.09). The calculated t-value (36) exceeded the tabulated value (2.00) at 5% significance, indicating a statistically significant improvement. Significant associations were found between pretest knowledge scores and age, type of family, and gestational age, but not with religion, education, residential area, or husband’s occupation. Conclusion: The SIM was effective in enhancing knowledge of primigravida mothers regarding minor ailments during pregnancy. The study recommends replication with larger samples, varied settings, and comparative analyses between different maternal groups to further validate and generalize the findings.

Keywords: Self-instructional module, primigravida, minor ailments, pregnancy, knowledge, nursing education.

INTRODUCTION: -

Pregnancy is one of the most precious, memorable and unique experience in each mother’s life. The pregnant mothers should understand the normal physiological changes that are occurring

in their body during the stages of pregnancy and should take into account the health care and lifestyle considerations.¹ Minor ailments (minor discomforts) of pregnancy are a series of commonly experienced symptoms that annoy women throughout pregnancy. It caused by the effects of pregnancy hormones and the consequences of uterine enlargement as the foetus grows during pregnancy. During pregnancy, hormones, including estrogen, progesterone, and prolactin, increase rapidly. The pregnancy hormones turn the uterus into an environment suitable for the baby's growth, and at the same it can cause discomfort for the mother. Minor ailments varying during all periods of pregnancy and classified into discomforts occur during the first, the second, and the third trimester of pregnancy.

Incidences of common minor ailments during the first trimester include nausea and vomiting that are affecting 50 75% of pregnant women. Common minor ailments during the second and third trimesters are heartburn that affects 89.1% of all pregnant women. Constipation affects 78.2% of women, especially in the third trimester, and shortness of breath that affects 94.1% of all pregnant women, edema of ankle and feet occurs in the majority (over 80%) of healthy pregnancies. Varicosities may develop in 40% of pregnant women (Ruth et al., 2016). Most women experience some of the so, called "minor ailments" of pregnancy and may accept these ailments as a typical “symptom” of pregnancy. Dramatic hormonal changes in the first trimester of pregnancy embrace many discomforts that tend to ease with the start of the fourth month of pregnancy.³ Proper management of minor ailments during pregnancy is essential to prevent complications affecting both mother and foetus. Educating pregnant women requires no special equipment—just an informed midwife and a willing learner. Awareness, guidance, and the ability to follow instructions make pregnancy safer, ensuring the well-being of both mother and child.⁴

OBJECTIVES: -

1. To evaluate the effectiveness of self-instructional module on selected minor ailments and its management among primigravida mothers.
2. To assess the existing knowledge regarding selected minor ailments and its management among primigravida mothers.
3. To find out the association between knowledge scores with their selected demographic variables.

SCOPES AND METHODOLOGY: -

SCOPES

- This study will help to know about selected minor ailments among primigravida mothers.
- This study will help to understand the effectiveness of knowledge regarding management of selected minor ailment among primigravida mothers at selected maternity hospitals.
- This study will help to increase the knowledge regarding how to manage the selected minor ailment among primigravida mothers at selected maternity hospitals.

RESEARCH METHODOLOGY

Methodology is generally a guideline system for solving a problem, with specific components such as phases, tasks, methods, techniques and tools.

RESEARCH APPROACH:In this study Quantitative approach was used.

RESEARCH DESIGN:In this study pre-experimental one group pre-test and post-test research design is used with the objective of assessing the knowledge regarding selected minor ailments and its management among primigravida mothers.

VARIABLES:

According to Polit and Hungler, variable is an attribute of a person or an object that varies, that it takes a different value. Two types of variables are identified in the study they are dependent variables and independent variables.

INDEPENDENT VARIABLE: -

In this study the independent variable is a self-instructional module on knowledge regarding effects of selected minor ailments in primigravida mother.

DEPENDENT VARIABLES: -

In the study dependent variable is selected minor ailments in primigravida mothers.

POPULATION:

As per oxford dictionary population refers to all the people who live in a particular area, city or country; the total number of people who live there.

Population refers to a category of persons or objects that meet the criteria for study established by the research, any set of persons, objects and measurements having observable characteristic in common.

In this study, the population was primigravida mothers.

TARGET POPULATION: -

As per oxford dictionary “An objective or result towards which efforts are directed.”

In this study, the target population consist of primigravida mothers from selected maternity hospital.

ACCESSIBLE POPULATION: -

Accessible populations are the aggregate of cases that confirmed to design in inclusive and exclusive criteria and data accessible as subject of the study.

In this study, the accessible population was primigravida mothers from selected hospital who meet the designated criteria.

SAMPLE: -

According to Pilot and Hungler (1991) “sample is defined as a subset of the population selected to participate in the research study.

In this study sample were primigravida mothers who were fulfilling the inclusion and exclusion criteria.

SAMPLING TECHNIQUE: -

In this study non – probability convenient sampling technique was used in which a sample is choice of investigator with regard to the characteristic required under investigation.

SAMPLE SIZE: -

“Sample consists of subset of units that compose accessible population”. In this study sample size was 60 primigravida mothers in selected hospital. Study will be conducted among 60

primigravida mothers.

SAMPLE CRITERIA: -

Inclusion criteria

primigravida at selected maternity hospital.

- 1.Willing to participate in the study.
- 2.Other than health care professionals.
- 3.Present at the time of data collection.
- 4.Able to read, write and understand English and Marathi language.

Exclusion criteria

primigravida mother selected maternity hospital.

- 1.Having health issue at the time of data collection.
- 2.High risk pregnancy.
- 3.Mentally challenge.
- 4.Those who are gone under the stimulation.

TOOLS PREPARATION: -

• DEVELOPMENT OF TOOL: -

LITERATURE REVIEW: Previous research studies from books, journals and internet were referred.

EXPERTS OPINION: It was discussed with 13 experts from various fields and their valuable suggestions were incorporated in tools

DESCRIPTION OF THE QUESTIONNAIRE: -

Section – A – Demographic data:

1. Age
2. Religion
3. Occupation of husband
4. Residential area.
5. monthly family income
6. Type of family
7. Previous knowledge regarding minor ailments,if yes
8. Source of information

Section – B – A Structured Knowledge Questionnaire:There are multiple choice questions to assess the knowledge management of selected minor ailments among the subjects. Total 25 items were selected for the structured knowledge questionnaire. A blue print was prepared.

Table III. 2: Scoring process of level of knowledge among primigravidamothers.

Sr.no	Scores	Frequency	Percentage
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1.	Poor	0-5	0-20%
2.	Satisfactory	6-10	21-40%
3.	Good	11-15	41-60%
4.	Verygood	16-20	61-80%
5.	Excellent	21-25	81-100%

PREPARATION OF BLUE PRINT: -

A blue print was prepared prior to the construction of the questionnaire which showed the distribution of the items according to the content area as well as cognitive domains.

FEASIBILITY OF THE STUDY: -

Feasibility of the study was assessed by conducting a pilot study on subjects by paper pencil test in selected hospital. There was no difficulty in conducting the pilot study because the permission was taken to conduct the study from the respective authority of subjects were available for the pilot study investigator established rapport with them easily, they were very cooperative and ready to participate in the study, so the study was feasible from investigators point of view.

PILOT STUDY: -

“A pilot study is a miniature run of the main study”. Pilot study helped the investigator to assess the effectiveness of the data collection plan, identify the inadequacies of the plan make the modification as required. Find out the feasibility of conducting the study and to determine the methods of statistical analysis.

The investigator conducted the pilot study from **7 November 2024**. The investigator selected 10 subjects by non-probability convenient sampling technique. After a brief self- introduction, the investigator explained the purpose of the study and obtained consent from them. Good rapport was established. The investigator conducted the test and doubts were clarified. After that, the investigator analysed the data using descriptive and inferential statistics. Finding indicated that the structured knowledge questionnaires helped to increase their knowledge regarding management of selected minor ailment among primigravida mothers at selected maternity hospitals.

Knowledge of primigravida mothers on management of minor ailments in selected maternity hospital was assessed by administering the questionnaire. Self-instructional module was given following the pre-test. After giving the self-instructional module, on seventh day, the knowledge was reassessed by post-test on the same subjects. The collected data was coded, tabulated and analysed by using descriptive statistics (mean, mean percentage, standard deviation) correlation coefficient and to find out the association between the demographic variables and knowledge scores. The data was represented in the form of tables and graphs. The data regarding knowledge of adolescent girls was analysed statistically by using paired ‘t’

test. It was found to be significant at 0.05 level.

RELIABILITY: -

Reliability is the degree of consistency and accuracy with which an instrument measures the attribute for which it designed to measure. In this study, the reliability of the tool was determined by administering the questionnaire to six samples.

Karl Pearson correlation coefficient formula was used for reliability. The questionnaire was said to be reliable if the correlation coefficient was more than 0.8.

The correlation coefficient 'r' of the questionnaire was 0.874, which is more than 0.8. Hence the questionnaire was found to be reliable.

VALIDITY:-

It is defined as extend to which an instrument measures what it is supposed to measure or extend to which its use provides data which is compatible with other relevant evidence. For Content and construct validity. The tool was given to 25 experts; including Child Health subject experts, OBGY Nursing, Statistician and Professors of MET unit. Out of this 14 were received. Valuable suggestions were given and necessary corrections were made.

DATA COLLECTION METHOD: -

PROCEDURE FOR DATA COLLECTION: -

1. Permission was obtained from the selected maternity hospital.
2. Before giving the questionnaire, self-introduction was done by the investigator and the purpose of the study was mentioned.
3. Consent of the samples was taken.
4. Pre-test was conducted by Self structured questionnaire.
5. Self-instructional module on knowledge regarding management of selected minor ailments in selected maternity hospital.
6. On the seventh day post-test was taken for knowledge with the help of same self-structured questionnaire.

PLAN FOR DATA ANALYSIS: -

The data analysis was planned to include descriptive and inferential Statistics. The following plan of analysis was developed with opinion of experts. The analysis was to be done based on the objectives and hypothesis to be tested. The demographic data was to be analysed in terms of descriptive statistics. The investigator planned to analyse the data in the following manner.

A) Demographic data to be analysed using frequency and percentage, unpaired' and fishers exact 'F' test presented in the form of tables and graphs.

B) Data from the questionnaire before and after the administration of self-instructional module to be analysed using frequency, percentage and paired 't'-test.

LITERATURE REVIEW: -

A literature review is important for developing broad conceptual context in to which the research problem will fit. The review also serves the essential function of providing the individual researcher with a perspective on the problem. Necessary for interpreting the result

of the study. A literature is a written summary of the state of existing knowledge on research problem. The task of reviewing research literature involves the identification, selection, critical analysis written description of existing information on a topic the most important type of information for a research review includes finding from prior studies. Primary source research report includes description of studies written by investigator who conducted for it. the secondary source researcher documents are description of studies prepared someone other than original investigator then literature reviews are secondary sources. An extensive review of literature was done through books; govt. publication/reports /scheme/internets /and journals classification.

In the present study review of literature is organized under the following headings:

1. Literature related to minor ailments.
2. Effectiveness of self - instructional module on the management of selected minor ailment among primigravida mothers at selected maternity hospital.
- 3.

1. Literature related to minor ailments.

Priyanka Joshi (2024): Pregnancy, though a joyful experience, comes with discomforts like nausea, vomiting, heartburn, constipation, backache, leg cramps, and emotional stress. This study explored the experiences of 30 primigravida mothers in their second trimester in rural Haldwani, Uttarakhand, using a mixed approach and descriptive exploratory design. Data was collected through socio-demographic assessments, health evaluations, and self-reported checklists. Findings revealed 83.33% experienced fatigue and frequent urination, 66.66% had backache and cramps, and 60% reported leukorrhea, nausea, and vomiting. The study highlights the need for targeted health education to help mothers manage pregnancy discomforts effectively.¹⁵

Ms.Sarojini et.al (2024): This exploratory study examined the occurrence, knowledge, and self-care practices related to minor ailments among 130 primigravida mothers at Himalayan Hospital, Dehradun. Findings revealed high knowledge levels, with nausea, vomiting, and heartburn common in the digestive system, headaches and fatigue in the neurological system, and backache and leg cramps in the musculoskeletal system. Self-care practices varied, including dietary modifications for nausea and pillow support for backache. No significant associations were found between knowledge and demographic variables. The study emphasized the need for focused education to enhance awareness and empower primigravida mothers in managing minor pregnancy-related ailments effectively.¹⁶

M Punitha et.al (2024): Pregnancy causes physiological changes leading to symptoms like heartburn, nausea, vomiting, and constipation. With proper education and timely care, these issues can be managed effectively. This pilot study evaluated the efficacy of a video-assisted teaching program and mobile application in improving knowledge, attitudes, and practices among 20 primigravida mothers at a PHC Centre. A one-group pre-test and post-test design was used, with assessments on day 1 and day 15. Data analysis showed significant improvements in all measured aspects, confirming the effectiveness of the intervention. Statistical tests included paired t-test, Karl Pearson's correlation, and Chi-square for

associations.¹⁷

2. Effectiveness of self – instructional module on the management of selected minor ailment among primigravida mothers at selected maternity hospital.

Darjilin Kanmoni (2023): This study investigates the impact of a self-instructional module on the knowledge of minor ailment management during pregnancy among primigravida mothers in Mehsana district, Gujarat. Utilizing a pre-experimental design with one group pre-test and post-test, 24 questionnaires were employed to assess knowledge. The pre-test mean score was 8.33%, increasing significantly to 14.18% in the post-test (t-value = 13.28%). Findings indicate inadequate initial knowledge, with substantial improvement post-intervention. However, no significant association between knowledge and practice was observed. This underscores the module's effectiveness in enhancing knowledge among primigravida mothers regarding minor ailments during pregnancy in the selected hospitals.⁵⁰

Dr. Peter Jasper Youtham et.al (2022): In This Pre-Experimental Design, Sample Consisted of 100 Primi gravida mothers Selected by Non-Probability Purposive Sampling Technique. Self-Structure Questionnaire Tools Was Used For Assessing The Knowledge of Primi gravida mothers Pre Test Was Conducted By Using The Same Structured Questionnaire And After 30 days post test was conducted using the same structured questionnaire for assessing the effectiveness of self-instructional module on knowledge regarding warning sign during pregnancy among primigravida mother Mean Percentage Of The Knowledge Score Of Post Test Mean 22.58 Was Higher Than Mean Pre Test 5.73 The 'T' Value For Total Pre Test And Post Test Was 27.53 The Data Was Analysed In Terms Of Descriptive And Inferential Statistics.⁵¹

Amal T. A. El-Sarkawy et.al (2020): This study aimed to examine the effectiveness of the self-instructional module on knowledge and remedial practices regarding selected minor ailments among primigravida. A quasi-experimental study at Benham University Hospital's obstetrics and gynaecology outpatient clinic involved 120 primigravida women. Utilizing a self-instructional module, significant improvements were observed in knowledge and remedial practices regarding minor ailments post-intervention ($p < 0.05$). The mean age of participants was 23.02 ± 7.57 years. A highly positive correlation between total knowledge and healthy practices regarding minor ailments was found post-intervention ($P \leq 0.001$). The study underscores the effectiveness of self-instructional modules in enhancing primigravida women's knowledge and practices concerning minor ailments during pregnancy.⁵²

Padma Priya D et.al (2020): This study aimed to assess the knowledge of primigravida mothers on managing minor ailments during pregnancy at Saveetha Medical College and Hospital. A quantitative descriptive design was used, with 60 antenatal mothers selected through purposive sampling. Data were collected using a self-structured questionnaire. The mean knowledge score was 17.53 with a standard deviation of 3.59. Findings revealed that primigravida mothers had a good level of knowledge regarding the management of minor

ailments during pregnancy, highlighting their awareness and preparedness in handling common pregnancy-related discomforts.⁵³

RESULTS, DISCUSSION AND FINDINGS

SECTION I

This section deals with distribution of subjects according to their demographic variables. A convenient sample of 60 subjects was drawn from the study population, who were Primi mothers in selected hospitals of the city. The data obtained to describe the sample characteristics including age, religion, educational qualification, type of family, residential area, occupation of husband, gestational age, previous knowledge about minor ailment if yes in frequency and its percentage.

Table IV.1: Percentage wise distribution of pimi mothers according to their demographic characteristics

Demographic Characteristics		Frequency(n)	Percentage (%)
Ages (yrs)	18-22yrs	10	16.66%
	23-26yrs	44	73.33%
	27-30yrs	6	10%
	31 and above	0	0%
Religion	Hindu	17	28.33%
	Muslim	19	31.66%
	Christian	4	6.66%
	Buddhist	20	35.33%
Educational qualification	Primary	16	26.66%
	Secondary	22	36.66%
	Bachelors	20	33.33%
	Master	2	3.33%
	Doctoral	0	0
Type of family	Nuclear family	34	56.66%
	Joint family	19	31.66%
	Extended	5	5.33%
	Others	2	3.33%
Residential area	Urban	19	31.66%
	Suburban	34	56.66%
	Rural	7	11.66%
Occupation of husband	Private	17	28.33%
	Government	9	15%
	Farmer	15	25%

	Labour	19	31.66%
Gestational age	Less than 12 weeks	15	25%
	12-20 weeks	36	60%
	21-28weeks	4	6.66%
	29-36 weeks	5	8.33%
	More than 36	0	0
Previous knowledge	Yes	8	13.33%
	no	52	86.66

Demographic Characteristics		Frequency(n)	Percentage (%)
Source of information	Family and friends	1	12.5%
	Health care provider	3	37.5%
	Books or magazines	0	0
	Online resources	0	0
	Antenatal	4	50%
	Others	0	0

The table shows that among the subjects 10(16.66%) were of the age of 18-22yrs., 44(73.33%) belonged to 23-26 yrs of age, 6(10%) were between the age of 27-30 yrs and none of the subjects were 31 and above.

According to religion 17(28.33%) were Hindu, 19(31.66%) were Muslim, 4(6.66%) were Christian and 20(33.33%) were Buddhist.

Majority of the samples i.e. 22(36.66%) were secondary, 20(33.33%) were bachelor, 16(26.66%) were primary, 2(3.33%) were master and none of have doctoral.

Majority of the sample's nuclear family 34(56.66%), joint family 19(31.66%), extended 5(8.33%) and none of them others.

According to occupation 17(28.33%) were private, 9(15%) were government, 15(25%) were farmer and 19(31.66%) were labor.

Majority of the were 12-20weeks is 36(60%), less than 12 weeks is (25%), 21-28 weeks is 4(6.66%), 29-36 weeks is 5(8.33%) and none of them were more than 36 weeks.

Previous knowledge minor ailment yes 8(13.33%) and no 52(86.66%).

Source of information antenatal 4(50%), health care 3(37.5%), family and friends (12.5%) none of them books, online and others.

SECTION II

Table IV -11: Assessment with existing knowledge score of samples regarding minor ailment -pretest **n=60**

Level of knowledge score	Score range	Pre-Test		Mean score	SD
		Frequency	Percentage (%)		
Poor	0-5	19	31.66%	7	2.3
Average	6-10	36	60%		
Good	11-15	5	8.33%		
Very Good	16-20	0	0.00		
Excellent	21-25	0	0.00		

At the time of pretest, 31.66% of the Primi mothers had poor, 60% of the Primi mothers had average, 8.33% of the Primi mothers had good and none had very good and excellent knowledge regarding minor ailment among Primi mothers. pretest was 7 mean score and with standard deviation of 2.3.

Table IV.12: General assessment of level of knowledge minor ailment – Post Test **n=60**

Level of knowledge score	Score range	Post Test		Mean score	SD
		Frequency	Percentage (%)		
Poor	0-5	0	0.00	19	1.09
Average	6-10	0	0.00		
Good	11-15	2	3.33%		
Very Good	16-20	52	86.66%		
Excellent	21-25	6	10%		

At the time of post-test, 3.33% of the Primi mothers had good, 86.66% of the Primi mothers had very good, 10% of the Primi mothers had excellent and none had very poor and average regarding minor ailment among Primi mothers. pretest was 19 mean score and with standard deviation of 1.09.

SECTION III

EVALUATE THE EFFECTIVENESS OF SELF-INSTRUCTIONAL MODULE ON KNOWLEDGE REGARDING MINOR AILMENT AMONG MOTHERS.

This section deals with the effectiveness of self-instructional module on knowledge regarding minor ailment among Primi mothers in selected hospitals of the city. The hypothesis is tested statistically with distribution of pretest and post-test mean and standard deviation and mean difference. The levels of knowledge during the pretest and post-test are compared to prove the effectiveness of self-instructional module. Significance of difference at 5% level of significance is tested with student paired 't' test and tabulated 't' value is compared with calculated 't' value. Also, the calculated 'p' values are compared with acceptable 'p' value i.e. 0.05.

Table IV.13: Effectiveness Of self-instruction module on knowledge regarding minor ailment.

n=60							
Tests	Mean	SD	't'-value	Table value	df.	p-value	Significance
Pre-Test	7	2.3	36	2.00	59	0.000	Highly Significant
Post Test	19	1.09					

This table shows that there is a significant difference between pretest and posttest knowledge scores interpreting effectiveness of self-instructional module on knowledge regarding minor ailment among Primi mothers in selected hospitals of the city. Mean and standard deviation values are compared and student paired 't' is applied at 5% level of significance. The tabulated t-value for n=60-1 i.e. 59 degrees of freedom was 2.00. The calculated 't' value is 36 much higher than the tabulated value at 5% level of significance for all the areas of knowledge score which is statistically acceptable level of significance. Hence it is statistically interpreted that the self- instructional module on knowledge regarding minor ailment among Primi mothers was effective. Thus, the H1 is accepted.

SECTION -IV:

Deals with analysis of data related to association of pre-test knowledge regarding based effectiveness of self-instructional module on knowledge regarding minor ailment among Primi mothers in selected hospitals of the city with selected demographic variables.

Table IV.14: Association of pre-test knowledge regarding minor ailment with selected demographic variables

Demographic variables	Chi square value	Degree of freedom	Table value	Level of significance	Significance
Age	26	2	5.99	0.05	S
Religion	2.25	3	7.82	0.05	NS
Educational qualification	1.15	3	7.82	0.05	NS
Type of family	22.44	3	7.82	0.05	S
Residential area	4.7	3	7.82	0.05	NS
Occupation of husband	2.7	3	7.82	0.05	NS
Gestational age	28.42	3	7.82	0.05	S
Previous knowledge about minor ailment	0.41	2	5.99	0.05	NS

The chi square test was used to see association of pre-test knowledge regarding minor ailment with selected demographic variables. The test was conducted at 5% level of significance.

Significant Association:

Analysis reveals that for the demographic variables age, type of family and gestational age, the p value of association test with pre-test knowledge score was less than 0.05. There is significant only age, type of family and gestational age.

Concludes that, there was significant association of these demographic variables with the pre-test knowledge.

No Significant Association:

Analysis reveals that for the demographic variable's religion, educational, residential area, occupation of husband etc., the p value of association test with pretest knowledge score was more than 0.05. There is no significant association of knowledge score with religion, educational, residential area, occupation of husband and there is significant only age, type of family and gestational age.

Concludes that, there was no significant association of these demographic variables with the pre-test knowledge.

CONCLUSION:

In this chapter, different aspects of the study in terms of analysis and interpretation are discussed. The study reveals, the pretest average knowledge score was 7 with standard deviation of 2.3. The posttest average score was 19 with standard deviation of 1.08. It is evidence by the calculated' value 36 is greater than tabulated' value 2.00 at 5% level of significance in experimental group. Hence the research hypothesis H_1 is accepted. Which states that self-instructional module of minor ailment was effective. Analysis reveals that there is no significant association of knowledge score with religion, educational, residential area, occupation of husband and there is significant only age, type of family and gestational.

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