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Health status appraisal of under five children in the urban health center at a particular area in Hyderabad city

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Abstract
Background: The first five years of life are when the foundations are laid not only for the physical growth but also the cognitive, social and emotional development of a child.
Aim& Objectives: The main objectives of this study are to assess the health and nutrition status and describe the morbidity patterns of under five children in a low income urban community of Urban city in Telangana.
Methdology: Efforts are also made to describe the socio-demographic profiles of the families, assess their awareness of child care practices and the utilisation of health care services for the under five child. The study was conducted in the field practice area of the Urban Health Center (UHC) at Hyderabad by selecting 6 Anganwadi service areas where a house to house survey was done. A total of 750 under five children present in 600 families were included. After obtaining consent of the mother, data were collected through a pre-designed and pre-tested questionnaire.
Results: This study revealed the association of socio- demographic factors like mothers' education, religion, caste and Socio economic status (SES) with the health status, healthcare awareness and child care practices. In this group of children, under nutrition and moderate to severe forms of malnutrition are lower than seen in other studies conducted in urban slums. Health seeking for the under five child revealed that the private sector was accessed more. Anganwadi services usage is not complete and better utilisation is seen in families with lower SES.
Conclusion: Morbidity patterns show continuing high prevalence of diarrhoea and ARI episodes in under five children. Education of the girl child continues to be a priority in India as she will be a mother and a home maker in the future. Education empowers the mother to take in more information and also to be a better decision maker.

Keywords: Socio economic status, Urban Health Centers, Prevalence, Morbidity

Introduction
Early childhood constitutes the most crucial period in life, when the foundations are laid for cognitive, social and emotional language, physical/motor development and cumulative lifelong learning. The young child is most vulnerable to the vicious cycles of malnutrition, disease/ infection and resultant disability all of which influence the present condition of a child at micro level and the future human resource development of the nation at the macro level [1].
The National Policy for Children 1974 is the first policy document concerning the needs and rights of children. It recognises children to be a supremely important asset to the country. It outlines the services the state should provide for the complete development of a child, before and after birth and throughout a child's period of growth [2].
In 2010, Infant Mortality Rate (IMR) is reported to be 47 per 1000 live births at the national level, and varies from 51 in rural areas to 31 in urban areas. Under-Five Mortality Rate is the probability (expressed as a rate per1000 live births) of a child born in a specified year dying before reaching the age of five if subjected to current age specific mortality rates. The main causes of death are: certain infectious and parasitic diseases, diseases of the respiratory system, diseases of the nervous system, diseases of the circulatory system, injury, poisoning etc [3].
There is a slower decline of under-five mortality in urban areas and the areas of concern are large inequities in under five mortality, continued presence of several risk factors, which are

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Training programs for ICDS functionaries has improved over the years, upgrading their skills at the field level [3].

With this background, the present study is carried out in Guntur district to assess the knowledge of Anganwadi workers (AWWs) and the operational problems faced by them. An attempt is also made to find out the availability of infrastructure andlogistics for AWCs under ICDS and to find out the efficiency of Anganwadi centers in providing service to beneficiaries. Significantly associated with infant and under five mortality and the need to improve quality of perinatal care [4].

In most Indian households, the child takes a diet similar to that of the adults and special supplements are not given. The Anganwadi center is an important source in the child's life during this period ensuring food supplementation and minor illness care [5]. This again depends upon the inclination of the mother to utilise the ICDS programme benefits for her child. A number of child survival strategies implemented by the GOI has resulted in impressive improvement in morbidity and mortality indicators but the results have not been consistent [6].

This study is set to look into the various health related issues mentioned above especially morbidity patterns of under five children, health care services utilisation patterns, mothers' awareness and child nutritional status in an urban slum population in Hyderabad city of Telangana state in India.

Aim & Objectives
To look into the morbidity patterns of under five children, their health care services utilisation patterns, their mothers' awareness and their nutritional status in an urban slum population in Hyderabad city of Telangana state in India.

Objectives
1) To describe the socio-demographic profile of the families of the under five children.
2) To assess the health and nutrition status of the under five children in the UHC area.

Materials and Methods
Setting: This study was carried out in the field practice area of the UHC Hyderabad city

Study design
This is a cross sectional study

Duration of study
This study was conducted from 10th October 2019 to 31st July 2019.

Institutional Ethical Committee
The study protocol was presented to the IEC of the Surabhi Institute of Medical Sciences and clearance was obtained before the start of the study.

Pilot Study
A self-designed semi-structured questionnaire was prepared and first administered to 30 mothers of under five children in an adjoining slum area (outside the actual study area) to assess the feasibility and sensitivity of the questionnaire. Based on the findings of the pilot study necessary modifications were done.

Sample selection
The UHC Hyderabad serves a population of approximately 16500. This population is also served by 12 Anganwadi centers under the ICDS programme. For this study purpose 6 of the above Anganwadi service areas were selected by simple random sampling for assessment of under five health status, morbidity patterns and health.

Survey
A house to house survey was done and all children under 5 years of age were included in the study. Families having under five children were identified with the help of the UHC health worker. After obtaining the consent of the mother, data were collected in a friendly atmosphere through a pre-designed and pre-tested questionnaire. Information on socio economic status, per capita monthly income, no. of siblings and data in respect of age, sex, family size, dietary habits, breast feeding, infant feeding practices etc. were collected. History of any illness in the last 1 year was elicited. On an average 20 min. were spent for collecting information from each respondent.

Inclusion & exclusion criteria
All under five children available in the house during the survey visit. Locked houses during the survey period and the children who have gone to their relative's house were excluded.

Anthropometric measurements
Weight
Weight of the children was recorded by using electronic weighing machine with minimum clothing to the nearest 0.1 kg.

Height
Height was measured by asking children to stand barefoot by facing the back adjacent to the wall and keeping the scale on their head.

Scoring of Awareness questions
To identify the level of mother's knowledge about child health care practices in the current study, a scoring system of the questions was followed by giving one point (1) for each correct answer and zero (0) for wrong answers or no response (don't know). The total knowledge and practice scores ranged from 0 to 9, with higher scores indicating a higher level of child health care knowledge and practices.

Statistical analysis
The data collected is entered into MS Office Excel work book and analyzed with Excel and Epi Info version 3.4.3. The data is presented in the form of frequency distribution tables and in percentages. Significant findings are subjected to Chi-Square test to look for associations between variables at 5% Level of Significance.

Results
Characteristics of families of under five children covered in the study (Socio-demographic factors)

Table 1: Distribution of families according to religion

Religion	No.	%
Hindu	435	72.5
Muslim	120	20
Christian	45	7.5
Total	600	100.0

The study population is made up of 72.5% Hindus, 20% Muslim and 7.5% Christians. These finding are in line with national and state percentages of religions.

Table 2: Distribution of families according to Caste

Caste	No.	%
OC	135	22.5
BC	325	54.16
SC	125	20.83
ST	15	2.5
Total	600	100.0

Families belonging to Scheduled caste and Scheduled tribe make up 22.7%. Backward castes are the maximum with 54.16% followed by other castes (OC) which is 22.5%.

Table 3: Distribution of study families according to number of family members

Family size	No.	%
3 members	170	28.33
4 members	250	41.66
5 members	115	19.16
6 or more members	65	10.83
Total	600	100.0

41.66% of the families had four members. Large families with 6 or more members were 10.83%. In this study the average family size was found to be 4.2.

Table 4: Distribution of respondents (mothers) according to their age

Age interval	No.	%
19 & below	8	1.33
20 to 25	340	56.66
26 to 30	230	38.33
31 to 35	20	3.33
36 & above	2	0.33
Total	600	100.0

Most of the mothers (94.6%) are between 20 to 30 years. Only 1.33% mothers are < 19 years of age and 3.33 % are > 31 years of age. Only two mother were > 36 years of age.

Table 5: Distribution of respondents (mothers) according to their Education

Educational level	No.	%
Professional/ Post graduate	15	2.5
Intermediate / Diploma / Under Graduate	160	26.66
Secondary School	275	45.83
Primary School	105	17.5
No Schooling	55	9.16
Total	600	100.0

The women in the study population are mostly secondary school level and below. Women with more than 10 years of education make up 28.71%.

Table 6: Distribution of mothers' education according to Religion

Religion	Secondary School & lower (%)	Inter / Diploma & higher (%)	Total
Hindus	230 (53.48)	200 (45.66)	430 (100.0)
Muslims	100(80)	25 (20)	125 (100.0)
Christians	20 (44.44)	25 (55.5)	45 (100.0)
Total	350	250	600 (100.0)

More Hindu and Christian mothers are educated higher than Inter / Diploma (45.66% and 55.5% respectively) when compared to Muslim mothers (20%).

Table 7: Distribution of mother's education according to Caste

Religion	Secondary School & lower (%)	Inter / Diploma & higher (%)	Total
OC	45 (33.3)	90 (66.6)	135 (100.0)
BC	210 (64.6)	115 (35.3)	325 (100.0)
SC & ST	95 (67.8)	45 (32.1)	140 (100.0)
Total	350 (58.3)	250 (41.6)	600 (100.0)

It is seen that 66.6% of the OC mothers are having education > Inter / Diploma. In the BC and SC/ST category, only 35.03% and 32.1 % respectively have higher education.

Table 8: Distribution of families according to Socio Economic Status (SES)

SES (Kuppuswamy Scale)	No.	%
Class I (Upper)	5	0.83
Class II (Upper Middle)	95	15.83
Class III (Lower Middle)	225	37.5
Class IV (Upper Lower)	275	45.83
Total	583	100.0

Applying Kuppuswamy scale it is seen that there are no families in class V i.e. Lower class. Class 4 i.e. Upper Lower is 45.83%, Middle class (Class III) is 37.5%. Upper classes are 15.83%.

Table 9: Distribution of respondents (mothers) according to their Occupation

Occupation of mother	No.	%
Professional (Doctor, Engineer)	5	0.83
Employee	45	7.5
House Wife	450	75.0
Skilled & Semi Skilled	50	8.33
Unskilled	50	8.33
Total	600	100.0

Most of the mothers (75%) are housewives. 7.5% are employees in Govt. and private firms. Another 8.33 % are skilled / semi skilled. 8.33% are unskilled workers. There are also one doctor and one engineer among the study mothers.

Table 10: Age distribution of children included in the study

Age of under-five child	Boys (%)	Girls (%)	Total (%)
0 - 1 yr	105 (28)	90 (24)	195 (26)
1 - 2 yr	75 (20)	84 (22.4)	159 (21.2)
3 - 5 years	192 (52)	201 (53.6)	396 (52.8)
Total	375 (100.0)	375 (100.0)	750(100.0)

Under five children included in the study comprise 26% infants, 21% between 1 and 2 years age and 52.8% in 3 to 5 years age.

Table 11: Distribution of under five children per study family

No. of Under fives in each family	No.	%
1 child	430	71.66
2 children	155	25.83
3 & above children	15	2.5
Total	600	100.0

There were 430 families with one under five child (71.66%), 155 (25.83%) families with 2 under five children and only 15 families with 3 under five children (2.5%).

Health status of the child

Table 12: Prevalence of congenital defects among under five children

Congenital Defects	Boys (n=375)	Girls (n=375)	Total (n=750)
Club foot	2	2	4
Deaf & Dumb	3	2	5
Imperforate anus	0	2	2
Nasal defect	1	2	3
Polydactyly	2	1	3
Strabismus	1	1	2
Hypospadias	2	0	2
Cleft lip	0	2	2
Microcephaly	1	0	1
Total	12 (3.2)	12 (3.2)	24 (3.2)

Upon listing of all the congenital defects in the children, it is seen that the overall prevalence in this sample of 750 children is 3.2%. The prevalence is same in both genders. The common congenital defects are club foot, deaf and dumb and polydactyly.

Table 13: List of chronic conditions among under five children

Chronic conditions	Boys (%) n= 367	Girls (%) n=373	Total (%) n=740
Asthma	8 (2.13)	9 (2.4)	17 (2.26)
Skin conditions	6(1.6)	5(1.33)	11 (1.46)
Respiratory Allergies	5 (1.3)	4 (1.06)	9 (1.2)
Mental Retardation	3 (0.8)	3(0.8)	6 (0.8)
Epilepsy	1 (0.26)	0 (0.0)	1 (0.13)
Other	1 (0.26)	2 (0.53)	3 (0.4)
Total	24(6.4)	23(6.13)	47 (6.26)

The chronic conditions that the children have are mainly Asthma (12.26%), Skin conditions (1.46%) and respiratory allergies (1.2 %). There were 4 children with mental retardation (0.8 %) and 1 child with epilepsy.

Table 14: Prevalence of health issues among under five children

Health issues	Boys (n=375) (%)	Girls (n=375) (%)	Total (n=750) (%)
Avitaminosis	20 (5.33)	22 (5.8)	42 (5.6)
Chronic conditions	20 (5.33)	20 (5.3)	42 (5.6)
Pallor	16 (4.2)	12 (3.2)	28 (3.7)
Personal hygiene is poor	8 (2.13)	7 (1.8)	15 (2)
Poor mental Status	7 (1.86)	5 (1.3)	12 (1.6)
Congenital deformities	7 (1.86)	7(1.8)	14 (1.86)
Poor hearing	5 (1.33)	5 (1.3)	10 (1.3)
Delay in milestones	2 (0.5)	5 (1.3)	7 (0.93)
Total	87 (23.2)	83 (22.13)	170(22.6)

Other health issues identified in this group of 750 children are 3.73% are suffering with anaemia, 5.6% have Avitaminosis, 2% was found to have poor personal hygiene.

1.86% are found to have congenital deformities and 1.33% have hearing problems.

Table 15: Weight distribution among under five children

Gender	-SD3 (%)	- SD2 (%)	Normal (-SD1 to +SD1) (%)	+ SD2 (%)	+SD3 (%)	Total (%)
Boys	16 (4.2)	39 (10.4)	316 (84.2)	5 (1.3)	0 (0.0)	375 (100.0)
Girls	8 (2.1)	34 (9.06)	333 (88.8)	0 (0.0)	0 (0.0)	375 (100.0)
Total	24 (3.2)	73 (9.7)	649 (86.5)	5 (0.66)	0 (0.0)	750 (100.0)

Using WHO standards, 4.2% of the boys and 2.1 % of the girls are lesser than 3 standard deviations from the median and therefore can be considered significantly malnourished. 10.4% of the boys and 9.06% of the girls are having moderate malnutrition. Overall 86.9% of the children are normal according to their weight for age (boys 84.2% and girls 88.8%).

Table 16: Prevalence of growth retardation (stunting) among under five children (Height for Age)

Degree of stunting	Boys (%)	Girls (%)	Total
Nil	332 (88.53)	340 (90.6)	672 (89.6)
Mild	35 (9.3)	32 (8.5)	67 (8.9)
Moderate	8 (2.13)	2 (0.52)	10 (1.33)
Severe	0 (0.0)	1 (0.27)	1 (0.1)
Total	375(100.0)	375 (100.0)	750 (100.0)

Poor height for age gives us stunting which in this study is overall 10.0 % (8.9% mild, 1.33% moderate and 0.1% severe). Though there is a small difference between Boys and Girls, it is not statistically significant.

Table 17: Prevalence of wasting among under five children (Weight for height)

Wasting (wt / ht %)	Boys (%)	Girls (%)	Total
Normal	195 (52)	218 (58.1)	413 (55)
Mild	140 (37.3)	113 (30.1)	252 (33.7)
Moderate	35 (9.3)	40 (10.6)	75 (10)
Severe	5 (1.33)	4 (1.06)	9 (1.2)
Total	375 (100.0)	375 (100.0)	750 (100.0)

Wasting is seen by checking weight for height and in this study there is 45% of wasting seen. (Mild 33%, Moderate 10% and severe 1.2%)

Table 18: Prevalence of both growth retardation and wasting among under five children

Stunting / Wasting	Boys	Girls	Total
No Wasting or Stunting	170 (45.3)	195 (52.0)	365 (48.6)
Wasting alone	165 (44)	145 (38.6)	310 (41.3)
Stunting alone	25 (6.6)	24 (6.4)	49 (6.5)
Both Wasting & Stunting	15 (4)	11 (2.9)	26 (3.5)
Total	375 (100.0)	375 (100.0)	750 (100.0)

Both stunting and wasting are 3.5%. Neither wasting nor stunting is seen in 48.6%. Wasting alone in 41.3% and stunting alone in 6.5%

Table 19: Distribution of >2 years children according to BMI and age

Age in years (Boys & Girls)	Underweight <5th percentile (%)	Normal 5th to 95th percentile (%)	Total
3	95 (52.7)	85 (47.2)	180 (100.0)
4	55 (45.8)	65 (54.1)	120 (100.0)
5	45 (37.5)	75 (62.5)	120 (100.0)
Total	195 (46.4)	225 (53.5)	420 (100.0)

BMI-for-age percentile growth charts are the most commonly used indicator to measure the size and growth patterns of children above 2 years of age. According to CDC, less than 5th percentile is considered as underweight and more than 95th percentile is obese, Looking at BMI in 420 children in the 3 years to 5 years age group, it is seen that a total 47.2% under five children are below the 5th percentile. Low BMI of <5th percentile is 52.7% in the 3 year olds, 45.8% in the 4 year olds and 37.5% in the 5 year olds.

Morbidity patterns
Out of the 750 children, 52.2% had some illness (Boys 50% and Girls 50%) during the past year. The difference between the genders is not significant statistically. The two year old children had the maximum illness burden (69.5%) and the infants had the least (31.1%) This difference is statistically significant. 45% had one or two episodes of illness in the year. 7.2% had three or more episodes of illness in the year. Difference seen between the genders is not statistically significant. Total episodes of illness are 619 among 740 children (average episodes per child is 0.84).
Incidence of ARI is 28.0 % and that of diarrhoea is 26.8%. Children with fever were 8.2% and those with worms were 5.3%. The other conditions are seizures, injuries and skin problems. It is seen that 14.5% of the infants had diarrheal episodes. Number of episodes is more in the 2 year olds (31.8%).
17.8% had a single episode of diarrhoea, 2.6% had two episodes, 1.5% had 3 episodes and above. There is no significant gender difference.
Overall awareness of the mothers (9 topics) was 51.7%. Poor knowledge is seen concerning ORS (12.9%) and warning signs of pneumonia (36.5%). Better knowledge is observed regarding breast feeding, immunisation, weaning and diarrhoeal dehydration.
Exclusive breast feeding is 86.8% among all mothers with different educational levels. It is 83.3% among mothers at higher level of education compared to the mothers with lower levels of education 88.1%.

Discussion
The health of an under five child is greatly dependant on the socio-economic status of, the environment and the cultural aspects of the family he/she belongs to. The literacy of both parents especially that of the mother plays an important role. The socio demographic characteristics of the families do reveal the support system of a child within the family.
This study involved 600 families (3350 population) from 6 Anganwadi centers' (ICDS) coverage areas. There are a total of 750 children which includes 375 boys (50%) and 375 girls (50. %). Other studies done in the last decade are as follows; Narkhede V et al [7] in Nagpur involved 434 children (51% boys and 49% girls). Gupta S [6] in Jammu worked with 206 children (134 boys and 72 girls), Srivastava DK [8] in Etowah, UP, with 274 children (145 boys and 129 girls), and Patnaik L et al [49] in Bhubaneswar with 148 children (56.5% boys and 43.5% girls).

Religion and Caste
The study population was made up of 72.5% Hindu families, 20% Muslim and 7.5 % Christian families. The religious census data of 2011, Census 2011 [10] showed that the Hindu population is 79.8%, Muslim 14.2% and Christian 2.78 crore 2.3%.

Family size
741.66 % of the families had 4 or less members. Large families with 6 or more members were only 10.83%. This study revealed a family size of 4.23. In India the declining household size is being driven by the falling family size. According to the National Family health survey (NFHS)-3, the average size of an Indian family is 4.8 members whereas in the state of Andhra Pradesh it is 3.9 [11]

Mothers age and education
of the 583 women interviewed, only 8 (1.33%) were below 19 years of age. 3.33% were above age 30 years. The majority are between 20 to 30 years of age. In this study, 26.6% of the women studied beyond class 10. Literacy rate among women in this study group (i.e. 5th class and above) is 90.9%, 9.1% not having attended school at all.

Socio economic status
Monthly per capita income of less than Rs. 2000 was seen in 337 families i.e. 57.8%. Applying the Kuppuswamy scale it is found that there are no families in class V i.e. Lower class. Upper Lower and Lower Middle Classes are 84.0 %. Upper Middle and Upper Class are 15.983%. Gupta S et al [6] found in their study 74.8% in middle or higher SES. Srivastava DK et al [8] found in their study, Lower 48.2, Upper lower 32.8 and Middle 18.97%. Among Hindu families, 18.3% are in upper SES classes while 10.1% of Muslims and only 5.4% of Christians are in the upper SES classes.

Mothers' occupation

Most of the women 75% are housewives. 8.33% are unskilled workers while 45 women are employees in Govt. and private firms. Patnaik L *et al* [44] found that in their study, 87.8% were Housewives and 8.7% skilled workers.

Age distribution of the study children

The under five children included in the study comprise 26% infants, 21% children between 1 to 2 years age and children between 3 to 5 years age are 52.8%.

Health status of the child
Congenital anomalies

The overall prevalence of congenital defects in this study is children is 1.6%. It is equal in both genders. The common congenital defects are club foot, deaf and dumb and polydactyly. Narkhede *et al.* [36] reported 0.25% of mental retardation and 0.5% squint. They found phimosis 0.25%, cleft lip 0.25% and undescended testes 0.25%.

Chronic Illnesses

One year recall by the mothers revealed that 5% of the children have some chronic illness. Among the boys the chronic disease burden is 6.4% and among the girls it is 6.13%. The chronic conditions that the children have are mainly asthma (2.26%), skin conditions (1.46%), and respiratory allergies (1.2%).

Stunting and Wasting

Poor height for age gives us stunting which in this study is overall 10.0 % (8.93% mild, 1.33% moderate and 0.1% severe). Though there is small difference between Boys and Girls, it is not statistically significant. Srivastava DK [8] *et al* found stunting in 17.9% boys and 20.1% girls. Wasting is seen by checking weight for height and in this study there is 44.6% of wasting seen; Mild 34.1%,

Body Mass Index (BMI)

BMI of less than 5th percentile in the boys is 95 and in girls is 85%. This difference is statistically significant. Looking at BMI in 406 children in the 3 years to 5 years age group, it is seen that a total 47.5% were below the 5th percentile. Low BMI of $<5^{th}$ percentile is 53.4% in the 3 year olds, 46.2% in the 4 year olds and 39.8% in the 5 year olds.

The incidence of ARI in this study (750 children) is 28.0% and that of diarrhoea is 26.8%. Children with fever (typhoid or viral) are 8.2% and worms in 5.1%. The other common conditions are seizures, injuries and skin problems. 21.9% of the children had at least one episode of diarrhoea during the year (boys 20.7% and girls 23.1%). 17.8% had a single episode of diarrhoea, 2.6% had two episodes and 1.5% more than 3 episodes with no significant gender differences. Among infants, 14.5% had diarrhoeal episodes in the year. However in the 2 year olds it was 31.8%. Infants had the least episodes of ARI (9.3%) while the two year olds had the maximum (30.5%) followed by the three to 5 year olds (22.4%). 14.2% of the children had one episode of ARI, while 5.9% had 2 episodes and 0.5% had 3 episodes of ARI in the year with no significant gender differences.

Conclusion

This study revealed the importance of certain socio-demographic factors like mothers' education, religion, caste and SES in the health status and also the health care awareness and child care practices of the mother.

Child health status showed the role of congenital defects and chronic illnesses, especially airway disorders, which have a small but definite burden on the health of an under five child.Under five child morbidity over the year shows that diarrhoea and ARI are still causing significant morbidity in children. Simple preventable and easily treatable conditions like skin diseases, worm infestations and fevers are persisting. In this group of children, under nutrition and moderate to severe forms of malnutrition are lower than in other urban slums. While stunting is very less, wasting is seen to be more.

A study of the mother's awareness about healthcare issues of her child revealed significant lacunae. This awareness gap is associated significantly with the SES of the family and the education levels of the mother. The study also showed that a majority of the mothers were getting health care information from ground level government health staff like ANM and AWW.

Child health care practices like breast feeding initiation, immunization, prelacteal feeds, weaning and exclusive breast feeding were looked at. Finally health seeking for the under five child revealed that the private sector was accessed more. Anganwadi usage is not complete and is associated with SES, type of family and mothers education.

Conflict of Interest

None

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