



Environmental Education Towards
Sustainable Development

Piyali Bose & Jayanta Mete

ENVIRONMENTAL EDUCATION TOWARDS SUSTAINABLE DEVELOPMENT

Edited by

Piyali Bose & Jayanta Mete

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An initiative of the 'Centre of special studies in Women Empowerment'

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Forbidden Subgraphs of Bigraphs of Ferrers Dimension 2

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Abstract. A bipartite graph B with bipartition X, Y is called a Ferrers bigraph if the neighbor sets of the vertices of X (or equivalently Y) are linearly ordered by set inclusion. The Ferrers dimension of B is the minimum number of Ferrers bigraphs whose intersection is B . In this paper we present a new approach of finding the forbidden subgraphs of bigraphs of Ferrers dimension 2 when it contains a strong bisimplicial edge.

Keywords: ATE · Ferrers dimension · Strong bisimplicial edge · Forbidden subgraphs

1 Introduction

Ferrers bigraphs (the bipartite analogue of Ferrers digraphs) were introduced independently by Guttman [4] and Riguet [7].

A bipartite graph (in short, bigraph) $B = (X, Y, E)$ is a *Ferrers bigraph* if it satisfies any of the following equivalent conditions:

- (i) The neighbors of the vertices of X (or equivalently of Y) are linearly ordered by inclusion.
- (ii) The rows and columns of the biadjacency matrix can be permuted (independently) so that the 1's cluster in the upper right (or lower left) as a Ferrers diagram.
- (iii) The biadjacency matrix has no 2-by-2 permutation matrix $\begin{pmatrix} 1 & 0 \\ 0 & 1 \end{pmatrix}$ or $\begin{pmatrix} 0 & 1 \\ 1 & 0 \end{pmatrix}$ as a submatrix.

The biadjacency matrix is the submatrix of the adjacency matrix whose rows are indexed by one partite set and columns by the other. The biadjacency matrix of B is called a *Ferrers matrix*.

The inclusion condition on the vertices of X partite set and the vertices of Y partite set induced two natural partitions of the vertices of $X(Y)$ partite sets associated with a Ferrers bigraph. These different disjoint subsets into which the vertices of $X(Y)$ partite set of a Ferrers bigraph is being partitioned are called *partition classes*.



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COVID-19 PANDEMIC

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Edited by:

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একুশে ফেব্রুয়ারি : ভাষা আন্দোলন থেকে		
দেশ গঠন	১৭৯	ওয়াহিদুজ্জামান রনি
দেশভাগ এবং বাংলায় উদ্বাস্তু সমস্যা		
সম্পর্কিত বাংলা সাহিত্য	১৮৪	নেপাল বিশ্বাস
স্বাধীনতা উত্তর বঙ্গ রাজনীতিতে ধর্ম ও বর্তমান		
প্রেক্ষিতে স্বামী বিবেকানন্দের প্রাসঙ্গিকতা	১৯১	শ্রীমন্ত মণ্ডল
রাজনীতির ধর্ম ও অধর্মের রাজনীতি : প্রসঙ্গ		
স্বাধীনোত্তর বাংলার রাজনীতিতে যুক্তি ও ধর্ম	১৯৭	নাসিরুদ্দিন মণ্ডল
দেশভাগের অভিঘাত : সাহিত্য ধর্ম ও যুক্তিবাদ	২০১	সুকাশ্ত মজুমদার
বাক স্বাধীনতা ও নৈতিক মূল্যবোধ : বর্তমান		
সমাজের প্রেক্ষিতে একটি দার্শনিক পর্যালোচনা	২০৪	মোঃ সাদিদুল আলম
লৌকিক জীবনের অলৌকিক কথাবার :		
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টোড়াই চরিতমানস : ধর্ম ও		
রাজনীতির সমীকরণ	২১৬	বিপুল মণ্ডল
স্বাধীনতা পরবর্তী নারী আন্দোলন :		
ইতিহাসের আলোকে	২২৯	মনীষা বিশ্বাস, অমিত ভৌমিক, এনামুল কবীর পাশা
স্বাধীনতা উত্তর বিভিন্ন গণ আন্দোলন :		
সাহিত্য-ধর্ম-যুক্তিবাদ	২৩৫	জাকির হোসেন লস্কর
বিগত দশকে আমরা ও ওরা :		
প্রসঙ্গ পশ্চিমবঙ্গ	২৪১	স্বপন কুমার সরকার, সাগর সিমলান্দী
ধর্মীয় চিন্তাভাবনার অপব্যবহার ও যুক্তিহীনতা :		
রাজনীতি ও রাষ্ট্রে প্রত্যক্ষ ও পরোক্ষ প্রভাব	২৪৬	রৌশনারা বেগম
ধর্ম ও মানবধর্ম	২৫১	সম্পা দে
ধর্মের উৎস ও বর্তমান সমাজ	২৫৫	ওয়েসমিন বানু
যুক্তি ও ধর্মবাদ : একটি তুলনামূলক		
আলোচনা	২৫৯	সামিউল ইসলাম
লেখক পরিচিতি	২৬৩	

রাজনীতির ধর্ম ও অধর্মের রাজনীতি : প্রসঙ্গ স্বাধীনোত্তর বাংলার রাজনীতিতে যুক্তি ও ধর্ম

নাসিরুদ্দিন মন্ডল

রাষ্ট্রের মধ্যেই ব্যক্তি তার জীবনের সার্থকতা খুঁজে পায়। তাই ফ্রেডরিক হেগেল মনে করতেন রাষ্ট্র একটি ঐশ্বরিক বা স্বর্গীয় প্রতিষ্ঠান। রাষ্ট্রীয় কর্তৃত্বকে অনুসরণ ও মান্য করার মধ্য দিয়েই রাষ্ট্রীয় সংহতির পথ প্রশস্ত হয়। তবে কোন দেশ সঠিকভাবে চলতে পারে যদি সে রাষ্ট্রের শাসনব্যবস্থা চালিত হয় প্রাজ্ঞ শাসক দ্বারা। শাসক প্রাজ্ঞ হলে রাজকার্য পরিচালনায় তাঁর প্রতিটি পদক্ষেপ যুক্তি ও ন্যায় দ্বারা সমর্থিত হবে। ধর্ম সেখানে সেতারের সুর ধরে রাখার মতো শাসকের মনে নৈতিকতার তাল ধরে রাখতে সাহায্য করবে, আর শাসকের নৈতিক মান উন্নত হলে ধর্ম আলাদা করে শাসন পরিচালনার জন্য প্রয়োজন হবে না। রাজনীতিবিদ ও শাসকশ্রেণীর নীতিবোধই তাঁকে প্রজাদের প্রতি অধর্ম করতে দেবে না। 'ধর্ম' শব্দটার অনেক বড় ব্যাপ্তি আছে। ব্যাপক অর্থে রাজার ধর্ম প্রজা বৎসল হওয়া, সেখানে ব্যক্তিগত ধর্ম বা স্বার্থ কখনই রাজ্যপাঠ পরিচালনার ক্ষেত্রে বাধা হয়ে দাঁড়ায় না। প্রতি ক্ষেত্রেই যে কোন ধর্মের প্রজা, রাজা বা শাসকের কাছ থেকে একই রকম ন্যায় পায়। দার্শনিক প্লেটো মনে করেন প্রতিটি রাষ্ট্রের উদ্দেশ্য হল ব্যক্তির বা নাগরিকের পূর্ণতা প্রদান করা আর এটা তখনই সম্ভব হবে যদি সে রাষ্ট্র প্রজ্ঞাবান ও যুক্তিনিষ্ঠ শাসক (দার্শনিক) দ্বারা পরিচালিত হয়। 'এমন রাজ্যে প্রজা বা যুক্তিবাদী মন, সাহস বা বীর্য এবং আত্মনিয়ন্ত্রণ এই তিনটি গুণ সঠিক মাত্রায় একত্রিত হলেই রাষ্ট্র থেকে ন্যায় (Justice) নামক চতুর্থ গুণটি উৎসারিত হয়।' এই গুণ (Virtue)-ই প্লেটোর দর্শনে রাষ্ট্রের চূড়ান্ত লক্ষ্য' (Summum Bonam) হওয়া উচিত বলে তিনি মনে করেন। তাহলেই নাগরিকরা সত্য অর্থেই সুখে থাকবে। এই সুখের সঙ্গে যুক্তি জুড়ে আছে, তাই ত কখনই প্রজাদের সত্য থেকে দূরে নিয়ে যাবে না। একেই হয়তো উপনিষদে 'শ্রেয়' বলেছেন যা আমাদের একান্তই কাম্য হওয়া উচিত। প্লেটোর দর্শনে customary happiness বা উপনিষদের 'শ্রেয়'তে আমরা যেন ভুলে না থাকি। 'আমাদের এবং রাষ্ট্রেরও লক্ষ্য হবে সেই Summum Bonam' বা 'শ্রেয়' যা বুদ্ধি ও যুক্তিদ্বারা সমর্থিত এবং ধর্ম সেখানে প্রজাদের ন্যায় দিতে প্রতিবন্ধক হয়ে দাঁড়াবে না। কিন্তু শাসক বিশেষ কোন ধর্মের পৃষ্ঠপোষক হয়ে পড়লে প্রজারা তখন ন্যায় থেকে বঞ্চিত হয়।

প্লেটো তাঁর 'দি লজ' নামক গ্রন্থে রাজনৈতিক ক্রিয়াকলাপে নাগরিকদের অংশগ্রহণের কথা বলেছেন এবং শাসকের জন্য বলেছেন যে 'তাঁদের কোন ব্যক্তিগত পরিবার ও সম্পত্তি থাকবে না, কারণ তাদের সেই যুক্তিবাদী মন যা নিজ পরিবার ও সম্পত্তি মোহে আচ্ছন্ন হতে পারে।

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Health Information Seeking in the Digital Age: a Study of Health Information Seeking behaviour of Patients in Darjeeling District

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Information seeking and use is a major topic in LIS research. Makes an attempt to determine and identify the health information seeking behaviour of patients in this digital age through a sample survey. Selection of sample for this purpose has been made covering 300 patients from 26 government hospitals of Darjeeling District. Here also mention about hospital website, to provide all information regarding Hospital. It enables improved response to demands of patient care. An informative website provides automated and intelligent flow of hospital information, which enables hospitals and doctors to better serve their patients. It concludes with significance and possible implications of the study.

Keywords: Internet, Health Information, Information Needs, Information Seeking Behaviour, Government Hospitals

1. Introduction

We now live in a world that is saturated by digital technology. Digital Health Information Seeking Behaviour is explained by both psychological and social factors (Mills & Todorova, 2016; Wang, Viswanath, Lam, Wang, & Chan, 2013). Health anxiety, self-efficacy, internet-efficacy, and neuroticism have been identified as psychological factors that predict use of the internet/web for health information seeking (Eastin & Guinsler, 2006; Lagoe & Atkin, 2015). Social, demographic, and lifestyle factors linked to online health information seeking include being female, higher educational achievement, and age. (Hesse et al., 2005; Lambert & Loiselle, 2007; Rains, 2008; Wang et al., 2013; Weaver et al., 2010). This study examined factors associated with health information seeking from the internet, traditional media, and health care professionals among a diverse population of Darjeeling district.

2. Objective

The objective of the study was to assess the Health information seeking behaviour of patients in the digital age of Darjeeling district. Precisely it aimed:

- To examine the trend of seeking *health information in this digital age*;
- To examine *social and demographic characteristics* of patients *in this digital age*;

- To evaluate information which are available in hospital websites; and
- To study the websites and web resources of Government Hospital.

3. Scope & Methodology

Survey method is followed for the purpose of the study. Descriptive Research Design has been used here. To collect relevant data, principally questionnaire method was followed which was finally completed by interview method. Both open and closed questions were included in the questionnaire. This survey included 300 patients of 26 government hospitals of Darjeeling district. Besides, websites and web resources of Government hospitals are also analyzed for this study. Systematic random sampling has been used for the present study.

4. Data Analysis and Findings

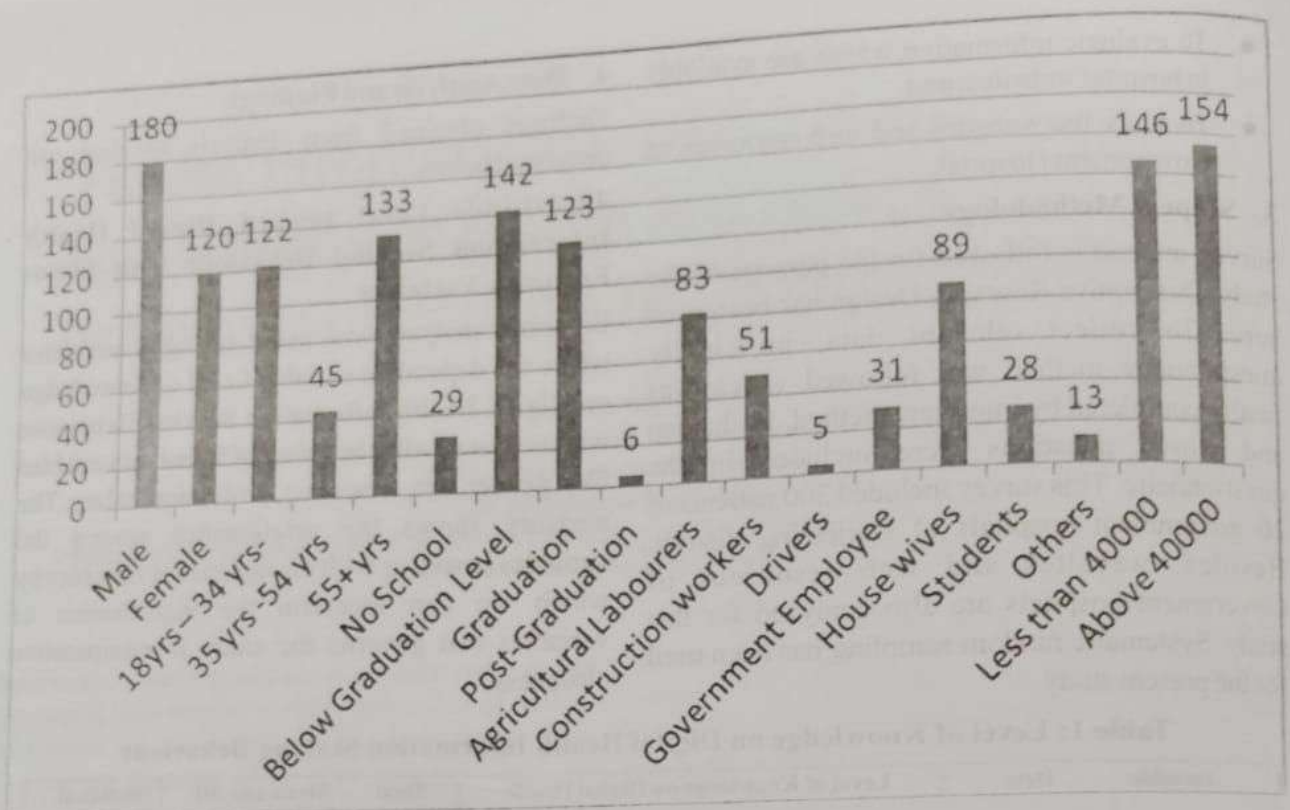
Findings obtained from analysis of data are presented below.

4.1 Attitude Level toward Digital Health Information Seeking Behaviour with Socio-Economic Variables

Bivariate analysis was made taking 6 variables where the dependent variable Level of Knowledge on Digital Health Information Seeking Behaviour was measured with the group of 5 distinct variables like: gender, age, education, profession, salary. The measure shows the relationship among the variables as well as with the dependent variables by which we can ascertain the significance of variables that governs the study in comparative closeness.

Table 1: Level of Knowledge on Digital Health Information Seeking Behaviour

Variable	Item	Level of Knowledge on Digital Health Information Seeking Behaviour			Total (n=300)	Mean and SD	Statistical Significance
		Low	Medium	High			
Gender	Male	74(41.11%)	63(35%)	43(23.88%)	180	Mean=150.00 SD=42.42	r=0.565 p=0.187
	Female	75(62.5%)	41(34.16%)	4(3.33%)	120		
Age	18 yrs - 34 yrs	24(19.67%)	41(33.60%)	57(46.72%)	122	Mean=100.000 SD=47.94789	r=0.541 p=0.210
	35 yrs - 54 yrs	14(31.11%)	23(51.11%)	8(17.77%)	45		
	55+ yrs	58(43.60%)	54(40.60%)	21(15.78%)	133		
Education	No School	27(93.10%)	2(6.89%)	0(0%)	29	Mean=75.0000 SD=67.50309	r=0.223 p=0.631
	Below Graduation Level	35(24.64%)	82(57.74%)	25(17.60%)	142		
	Graduation	42(34.14%)	45(36.58%)	36(29.26%)	123		
	Post-Graduation	0(0%)	5(83.33%)	1(16.66%)	6		
Occupation	Agricultural Labourers	40(48.19%)	43(51.80%)	2(2.40%)	83	Mean=42.8571 SD=32.89594	r=0.424 p=0.343
	Construction workers	248(29.77%)	571(68.55%)	14(1.68%)	51		
	Drivers	3(60%)	2(40%)	0(0%)	5		
	Government Employee	3(9.67%)	27(87.09%)	1(3.22%)	31		
	House wives	72(80.89%)	16(17.97%)	1(1.12%)	89		
	Students	2(7.14%)	25(89.28%)	1(3.57%)	28		
	Others	2(7.14%)	25(89.28%)	1(3.57%)	13		
	Others	6(46.15%)	6(46.15%)	4(12%)	146		
Family Annual Income	Less than 40000	112(32%)	30(56%)	4(12%)	154	Mean=150.0000 SD=5.65685	r=0.494 p=0.260
	Above 40000	119(77.27%)	30(19.48%)	5(3.24%)	154		



Descriptive Statistics

	N	Minimum	Maximum	Mean		Std. Deviation
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic
Gender	2	120.00	180.00	150.0000	30.00000	42.42641
Age	3	45.00	133.00	100.0000	27.68273	47.94789
Education	4	6.00	142.00	75.0000	33.75154	67.50309
Profession	7	5.00	89.00	42.8571	12.43350	32.89594
Income	2	146.00	154.00	150.0000	4.00000	5.65685
Valid N (listwise)	2					

The table shows that 41.11% of the female respondents had low level of knowledge on health information seeking behaviour on the other side 62.5% of male respondents had low level of knowledge. There was a significant positive correlation between the level of knowledge among the respondents on health information seeking behaviour and gender of the respondents ($r=0.565$,

$p=0.187$). More number of male respondents has high level (23.88%) of knowledge on digital health information seeking behaviour than woman.

A majority of the respondents (51.11%) in the age group of 35 years to 54 years had medium level of knowledge on digital health information seeking behaviour. About 43.60% of the respondents in the age group of 55+ years had low level of knowledge

on it. About 46.72% of the respondents in the age category of 18 years to 34 years had high level of knowledge on digital health information seeking behaviour. There was a significant correlation between the level of knowledge among the respondents on digital health practices and age of the respondents ($r=0.541, p=0.210$).

A great majority of the respondents (83.33%) who completed post-graduation had medium level of knowledge on digital health information seeking behaviour. About 29.26% of the respondents with graduation had high level of knowledge on it. About 93.10% of the respondents with no school had low level of knowledge. Participants with more education were more likely to use the internet as a source of health information. There was a significant relationship between the level of knowledge among the respondents on digital health information seeking behaviour and education of the respondents ($r=0.223, p=0.631$).

A vast majority of the respondents (89.28%) who were students had medium level of knowledge on digital health information seeking behaviour. About 7.69% of the respondents who were joints with other profession like engineer, doctors and teachers had high level of knowledge on digital health information seeking behaviour. There was significant correlation between the level of knowledge among the respondents on digital health practices and current occupation of the respondents ($r=0.424, p=0.343$).

More of the respondents (56%) having family monthly income of less than Rs.40000 had medium degree of knowledge on digital health practices. About 3.24% of the respondents having family monthly income of above Rs.40000 had high level of knowledge on health practices. There was significant correlation between the level of knowledge among the respondents on digital health information seeking behaviour and current occupation of the respondents ($r=0.494, p=0.260$).

Table 2: Parameters of information seeking used for choosing hospitals

Table 2 tries to show the means used by them to find a hospital, etc.

Parameters	No. of patients. (%)
Friends	143(47.66%)
Relatives	125(41.67%)
Own	25(8.34%)
Internet	0(0.00%)
Radio	7(2.33%)
Health Journal	0(0.00%)
TV	0(0.00%)
Total:	300

Table 2 shows that majority (47.66%) of the patients selects a doctor, hospital, etc. in consultation with their friends, followed by 41.67% of them consultation with their relatives. and 8.34% do the same by own. 2.33% use radio for this purpose. There is no satisfactory use of internet. This study's also suggest that certain groups of people still rely on traditional media for health information.

Table 3: Ways and means for identification of department

Table 3 tries to present the identification of department for a particular ailment.

Ways and Means	No. of patients. (%)
Reception	236(78.67%)
Common sense apply	35 (11.67%)
Others	23 (7.66%)
Help Desk	6(2.00%)
Hospital Website	0(0.00%)
Total:	300

As to the ways and means for identifying the right department for a particular ailment, reception stood the best for the patients with a score of 78.67%, followed by the knowledge of the patient accounting for 11.67%. But participants did not express a strong desire to receive information from "the hospital's website".

Table 4: website and other web resources of Government Hospital
4.2 Information from web about Government Hospital

Sl. No.	Name of the hospitals	Address	Website	Other Web resource(s)	E-mail, if any
1.	Gorubathan B.P.H.C.	Alipurduar Road, Rishi Rd, Gorubathan, P.O.: Fagu, 735231	X	http://gorubathan.listcompanies.in/hospital/gorubathan-bphc-gorubathan/	gurubathanbphc@gmail.com
2.	Matigara B.P.H.C.	Bhangapul Rd, Matigarahat, 734010	X	X	matigarabphc@gmail.com
3.	Lodhama P.H.C.	Darjiling-Pulbazar, P.O.: Lodhama 734201	X	X	X
4.	Singringtom P.H.C.	Rangli-Rangliot, P.O.: Singringtom	X	X	X
5.	Takling P.H.C.	Rangli-Rangliot, P.O.: Takling	X	X	X
6.	Sonada P.H.C.	Jorebunglow-Sukhiapokhri, P.O.: Sonada	X	X	X
7.	Ghoom P.H.C.	Jorebunglow-Sukhiapokhri, P.O.: Ghoom	X	X	X
8.	Pokhriabong P.H.C.	Jorebunglow-Sukhiapokhri, P.O.: Pokhriabong	X	http://www.gta-darjeeling.org/sites/default/files/health_writeup.pdf	X
9.	Shirpagaon P.H.C.	Gorubathan, P.O.: Shirpagaon	X	X	X
10.	Batasi P.H.C.	Kharibari, P.O.: Badrajote 734426	X	X	X
11.	Jaldhaka P.H.C.	Gorubathan, P.O.: Jaldhaka	X	http://jaldhaka.blogspot.in/2009/05/primary-health-centre.html	X

Sl. No.	Name of the hospitals	Address	Website	Other Web resource(s)	E-mail, if any
1.	Sourani Bastec P.H.C.	Mirik, P.O. Sourani	X	X	X
2.	Bagora P.H.C.	Kurseong, P.O.: Bagora	X	X	X
3.	Sittang P.H.C.	Kurseong, P.O.: Selpu	X	X	X
4.	Ghayabari P.H.C.	Kurseong, P.O.: Ghayabari 734223	X	http://www.iosrjournals.org/iosr-jdms/papers/Vol18-issue6/D0861822.pdf?id=3515	X
5.	Bagdogra P.H.C.	NH327, Uttar Bagdogra, 734014	X	X	X
6.	Bidhannagar P.H.C.	Kharibari, P.O.: Phansidewa	X	https://www.justdial.com/Siliguri/Tanmay-Mukherjee-Bidhan-Nagar/9999PX353-X353-100528163943-K3L3DC_BZDET	X
7.	Rangali P.H.C.	Kharibari, P.O.: Rangali	X	X	X
8.	Bijanbari Rural Hospital	175, Bijanbari, Siliguri GPO, 734201	X	X	bmohbijanbari@gmail.com
9.	Takdah Rural Hospital	Rangli-Rangliot, P.O.: Takdah	X	X	takdahbphc@gmail.com
10.	Kharibari Rural Hospital	Khoribari, Darjeeling- 734101	X	https://www.justdial.com/Darjeeling/Rural-Hospital/9999PX354-X354-110211102737-K6N7_BZDET?xid=RGFyamVlbGluZyBib3NwaXRhbHMgVGFrZGFo	supdt_kharrh@wbhealth.gov.in

Sl. No.	Name of the hospitals	Address	Website	Other Web resource(s)	E-mail, if any
1.	Naxalbari Rural Hospital	SH 12, Naxalbari, 734429	X	https://www.justdial.com/Siliguri/Naxalbari-Rural-Hospital-Naxalbari/9999PX353-X353-111206090648-U4S1_BZDET	nxbrh2008@gmail.com
2.	Mirik Rural Hospital	Mirik	X	https://www.justdial.com/Mirik/Mirik-Rural-Hospital/9999PX354-X354-111206090352-I6E3_BZDET	mirikbphc@gmail.com
3.	Sukna Rural Hospital	Kurseong, P.O.: Sukna	X	X	sukunabphc@gmail.com
4.	Darjiling Dist. Hospital	Chauk Bazaar, Darjeeling, 734101	X	http://www.darjeelingonline.in/city-guide/darjeeling-district-hospital	X
5.	North Bengal Medical College & Hospital	D-5 Quarter, Sushruta Nagar, Darjeeling, - 734012	http://www.nbhmch.org/	X	msvpnbmch@gmail.com

Table 4 shows the website and other web resources of twenty six hospitals in terms of quality and content. On the whole, it may be inferred from the present analysis that there is a substantial gap in physical infrastructure as well as digital disparities in health information seeking in the populous blocks of this district and require special attention. An effective website that consistently produces measurable results is often the online front door of an institution. It's usually the first point of encounter for patients, families and friends. But in reality there have no such a website in hospital excluding North Bengal Medical College & Hospital (NBMCCH).

5. Conclusion

We live in a digital age and this has changed the landscape of health information. (Jacobs, Amuta & Jeon, 2017). Findings suggest that a particular group of people (i.e. those with more education, who are younger, have higher socioeconomic status, and are more internet skilled) with access to alternative health information sources and also able to take advantage of the health information available on the Web. There is a need for interventions and efforts focusing on developing ways to reduce this digital disparity and perhaps design e-health information services targeted at older adults, those with lower socioeconomic

status, lower educational level, and lower internet self-efficacy. In the light of findings, the following recommendations are suggested which will go a long way in improving the health services of the area under study.

- To fulfill every individual's right to access basic health care services, the existing health care system needs to be strengthened with adequate, community and need-based infrastructure to make it more functional, efficient and accountable.
- There is also need an informative website in every Government hospital so patient can easily use this system.
- The website of hospital must provide doctor information, time-table detail, staff information and appointment as well as it should provide reasonable multilingual options.

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