



CHAPTER 3

## What It All Means

*Young Rural Women in South Africa  
Confronting COVID-19*

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### **Introduction**

We are a team of three researchers from varied social, cultural, and linguistic backgrounds. We are two African women, one from a deeply rural location and the other from a peri-rural area, and an urban Indian man of South African origin. For this study, having team members whom we could all consider insiders strengthened our position as researchers, since qualitative research generally strives to understand social life from the viewpoint of those who live it, so, as insider researchers we were in a good position to access participants and to generate trustworthy data with relative ease (see Reeves 2010). Furthermore, team members had engaged in other research projects that dealt with rurality, sexuality, and gender-based violence previously. We have a lot of empathy for students and understand the hardships many of them experience daily. Our priority is the empow-

erment and emancipation of students through our teaching, research, and community activism.

We became interested in how young women from rural areas attending university navigated their lives in the context of COVID-19 restrictions, since all activities at university were halted, residences were closed, and students were compelled to return to their homes in order to mitigate the devastating effects of the pandemic. The rural areas in KwaZulu-Natal are characterized by severe poverty, a lack of essential healthcare services, poor infrastructure, and inadequate education facilities, and are still under the stewardship of tribal chiefs and customary law. Noting the unprecedented challenges facing these rural students, we were prompted to inquire into how they would cope in circumstances of precarity heightened by the restrictions and psychosocial challenges brought on by the pandemic.

The South African government's diversion of already-scarce resources to attempts to mitigate the effects of the pandemic led to a dire situation. The unprecedented crisis of the COVID-19 pandemic in South Africa has seen increased levels of unemployment and widespread salary cuts that have aggravated economic hardship and coupled with corruption related to the distribution of food aid, it has contributed to collective despair and suffering since many families have been forced to rely on emergency social relief programs for their survival. Being confined to already-constrained and ill-equipped living spaces given the restrictions of lockdown has made social distancing impossible in many cases, and this has led in turn to an increase in gender-based violence (GBV), and to higher rates of infection among this population given the gendered role of caregiving to the ill.

Routine medical care was reduced as hospitals prioritized victims of the pandemic. In addition, social services for the reproductive health of women and girls, counseling services, and shelters for victims of abuse either had their activities severely curtailed or stopped altogether. Shelters that remained open are often inaccessible to women whose movements have been severely restricted by stay-at-home regulations. The pandemic has also instilled a generalized fear and sense of anxiety in the population as it continues to take its deadly toll on human life. The fact that there is no known cure for the COVID-19 virus, coupled with the fact that its etiology is poorly understood, has heightened fears, as has the frequent publication of fake-news articles, reports, and advisories. All this is testing the resilience of people as never before.

We contend that while lockdown, quarantine, and school closures were in place to prevent the spread of the contagion, measures should

have been put into place to protect young women at this time of increased vulnerability. Instead, young women continue to be faced with numerous challenges that have become extremely pressing, and nowhere else is this as acute as it is in rural areas. Consequently, our focus in this study was on the experiences of young female rural students sent home as university residences were closed during the lockdown.

## **Female Rural Students' Precarity during COVID-19**

Given the conditions imposed by the pandemic, we sourced a literature review from online newspapers, websites, e-journals, and available electronic books since all libraries were closed. Over the past months, as the world has sought desperately to deal with the medical impacts of the virus and to prepare a response to its many secondary effects, research on COVID-19 has accelerated. However, more research on the social impacts of COVID-19 and on their consequences for young rural women who are students at a university is required. This is particularly so because the scale of the pandemic has affected young rural women in all aspects of their daily lives, including their safety, well-being, education, economic security, health, nutrition, and access to technology. In fact, all preexisting inequalities have been made worse by COVID-19 ("How Will COVID-19 Affect . . . ?" n.d.). The rural areas of Ulundi, Nkandla, and Nongoma in KwaZulu-Natal, in which this study was located, are characterized by small-scale farming and an already-high unemployment rate. Since rural homesteads are located in clusters, physical contact between people is inevitable and this accentuates the impact of the contagion on an already-vulnerable population (Ogunkola et al. 2020).

## **COVID-19 and Gender-Based Violence**

While the government's response to COVID-19 (the imposition of national lockdown) may have helped mitigate the spread of the disease and reduce its effects (Amaechi et al. 2021), it seems to have enabled an unwelcome surge in other social ills, such as GBV, especially in rural areas and informal settlements (Rauhaus et al. 2020; Taub 2020). Being forcibly quarantined to their homes with their abusers made victims of domestic violence even more vulnerable and more exposed to violent abuse. In

other words, while helping delay the spread of the virus, the lockdown enabled an upsurge of “intimate terrorism (Amaechi 2021). Domestic violence in the rural areas was exacerbated by conservative social relations that entrenched patriarchal boorishness as the norm. Deeply ingrained perspectives socialize men into believing in necessary relationships between masculinity, violence, and hegemonic control and, therefore, perpetuate violence against women.

### Early or Forced Marriage

Early or forced marriage, a phenomenon driven chiefly by poverty and underdevelopment (Musa et al. 2021), is more than twice as likely to occur in rural areas and over three times more common among the poorest demographic. Shuttered universities and schools, isolation from friends and support networks, and rising poverty and pregnancy rates in lockdown resulted in a corresponding increase in early and forced marriage. The university closures meant that several protective functions of university were lost, exposing students to amplified teenage pregnancies, increased domestic chores, increased early marriage, and increased transactional sex (Addae 2021).

### Financial and Psychosocial Stress

Students’ lives have also been disrupted by increased levels of unemployment, hardship, and stress in families during the pandemic. As resources are diverted toward fighting the pandemic, reproductive healthcare in many countries has been compromised. A further layer of suffering is imposed on girls with disabilities and those from marginalized communities (“Implications of the Covid-19 Crisis . . .” 2020.)

The United Nations has described the worldwide increase in abuse as a shadow pandemic alongside COVID-19. Anurag Chaudhary (2020) also points to the increase in the amount of unpaid work at home that has had the corresponding effect of increasing pressure on young women confined to their homes. Ameena Goga et al. (2020) observe that young women, given their crucial stage of biological, cognitive, psychological, behavioral, and social development, place greater value on social interaction and face-to-face peer contact. Consequently, the psychosocial stress on young women is exacerbated by the pandemic.

The pandemic has also seen a surge in school dropout rates and in the number of adolescent girls engaging in child labor (De Hoop and Edmonds 2020). In addition, girls and young women also experience greater food insecurity and malnutrition (“COVID-19 Could Condemn Women . . .” 2020). Community-based organizations such as “Women Win” (committed to the unique needs of adolescent girls) are also no longer able to organize sport, recreation, and feeding programs for indigent girls since their operating expenses go unfunded and such events are prohibited by the rules of physical distancing (Women Win n.d.).

A review of available resources suggests that the pandemic has exacerbated preexisting gendered violence and related vulnerabilities. This is compounded by the lockdown, which compels female students to return to their homes in rural areas.

## Methodology

For this case study, we used a qualitative research approach within an interpretivist paradigm. A case study was appropriate since we sought to enhance our understanding of the experiences of rural students sent home during the pandemic. The undergraduate female student participants ranged in age from seventeen to nineteen and the postgraduate female students from twenty-three to twenty-six. We used linear snowball sampling to get access to these participants. We talked to a student who had asked for food assistance and who explained the challenges she was facing at home during the COVID-19 outbreak. We told her that we planned to conduct a study to obtain an understanding of students similarly afflicted, and she said she wanted to be the first to participate in it, so she set in place the process of obtaining another seven participants. As already mentioned, their written narratives, based on how they experienced the COVID-19 lockdown as young women, were one of our sources of data generation. We requested that the participants remained anonymous in their narratives by using pseudonyms and that they detailed their experiences during the COVID-19 lockdown. We asked them to create email addresses that would not reveal their identities, and to append their cell phone numbers to their narratives in case we needed to call them should any elaboration be necessary, and also to enable us to conduct telephone interviews with them for the purposes of triangulation. In the telephone interviews we asked probing questions based

on their individual narratives—sometimes for clarification, but always to ensure thick, rich data.

Our aim was to understand the subjective experiences of these students who had to return so abruptly to their homes in the rural areas of KwaZulu-Natal when the South African government declared lockdown in an effort to contain the pandemic. We employed qualitative data analysis methods and used thematic analysis. This started with data coding, from which the themes emerged.

All ethical considerations were met according to standard ethical protocol. In addition, since each participant had her own cell phone, we felt reassured regarding her safety and the confidentiality of her communication. We also emphasized that these were sensitive matters that required the utmost discretion and that the participants should take every precaution against contact with potential abusers. For example, if they could not speak for some reason or perceived a threat to their safety during the call, they were to tell us to call back later and stop the call immediately.

Research indicates that it is crucial to create fieldwork relationships that effectively engage participants in useful collaboration (Pezalla et al. 2012). This enhances the validity of research, since the relationship with respondents inevitably affects what the researcher is allowed to observe or is told. Additionally, as researchers we need to be conscious of how our ontological and epistemological assumptions are tempered, first as educators, and second as researchers, in a context in which gender inequalities are deeply entrenched.

## **Findings and Discussion**

Three key themes emerged from the data, from which we extrapolated subthemes. The themes that we go on to discuss are experiences in relation to the home environment, societal experiences, and personal experiences.

### **Experiences in Relation to the Home Environment**

#### *Unconducive Living Conditions*

Participants noted that requirements such as quarantine rules, self-isolation, and physical distancing were impossible since some of them shared

beds or sleeping mats. These participants, given that they stayed at home, were at risk of contracting the disease. As Nomzamo stated,

I live with my grandmother, my siblings, and cousins. We are seven in total in my household, my grandmother, four girls, and two boys. We have two rondavels; one is used as a kitchen and the other one as a bedroom. There is one bed on which my grandmother sleeps, with two of my youngest cousins. We sleep on the sleeping mats on the floor. If one get[s] sick, how can we survive? We will all be infected because we won't be able to quarantine.

In such constrained spaces, privacy is impossible and the potential for interpersonal conflict and abuse is also high. In their telephone conversations, which elaborated on the written narratives, the participants' feelings came through much more explicitly. In these conversations they spoke about their frustration and their sense of shame regarding their economic stress, along with their fear of contracting the COVID-19 virus.

### *Gender-Based Violence*

Already treated as second-class citizens in many countries, most women have suffered abuse and violence at home during the COVID-19 lockdown. Some have reported being trapped at home with their abusers, while others have witnessed gender-based violence at home, with its attendant trauma. Long after the scars of physical abuse have healed, the psychological wounds persist. Some participants witnessed their fathers abusing their mothers and older sisters. Some were themselves abused. Cynthia said,

Watching parents fight is traumatizing, let alone when you are also the victim [of abuse]. I was compelled to take my mom's side and assisted her to fight my dad . . . It was not for the first time . . . So traumatizing!

Maria commented,

My experience with this virus is that I have been the victim of gender-based violence. I was sexually abused by my stepbrother. I depend on him for money and everything, but luckily, I managed to escape before he could penetrate me.

Happiness added,

COVID-19 brought pain to a number of families. The truth of the matter is that some people do not talk about these things, but it really happens. My sister was beaten to [a] pulp by our older brother, but she did not report the case to the police, for . . . fear of my brother and the whole family. So sad.

These narratives provide a snapshot of instances of gender-based violence exacerbated by the restriction on mobility during the lockdown. Much of the gender-based violence stems from the legacy of the deeply engrained patriarchal culture that still prevails as a normative cultural standard in the rural areas of South Africa. The fact that women and girls are now trapped with their abusers in the same households puts them in serious danger. Added to this is the fact that, in the rural areas, there are few, if any, places of shelter, and these are beyond the reach of most victims. Additionally, many victims of gender-based violence are silenced by fear and the stigma of shame that being a victim carries in this cultural context.

### *Taking Care of the Sick in the Home Environment*

Since the number of COVID-19 cases increases every day, female students are also affected in that they necessarily become healthcare givers in their families. As the Plan International report “Living under Lockdown: Girls and COVID-19” (2020) makes clear, disease outbreaks increase girls’ and young women’s duties of care to elderly and ill family members, as well as to siblings who are out of school. For example, Nompilo said, “Everyone at home expects that I am the one who must take care of my mother who has been sick for some time. I am scared but I can’t reveal that to others.” Jo-Anne added, “It is frightening to provide care to the sick [family] members at home, not knowing if they are infected with COVID-19 or not. It is not safe.” Happiness commented, “I have to look after my older sister and my younger brother, both of them who are sick.” Themobile lamented, “My dad died of COVID-19 about four weeks ago, and I also got infected because I was in contact with him every day, also being the one who was taking care of him as he always refused to go to hospital.”

As can be seen, young women face the challenges of being the caregivers in their families and are increasingly exposed to contagion. This is the result of the gender stereotypes that see women and girls necessarily taking on the role of caregiver. There was no indication that the participants’ older or younger brothers were tasked with the same duties. The girls and young women who find themselves playing a crucial front-line role in caring for the sick are at high risk of contracting the disease. These findings echo those of Sara Casey and Giselle Garino (2020), who note that gender norms relegating women to the realm of care work and fulfilling these roles put them on the front lines in times of crisis, and this results, of course, in a greater risk of exposure.



### *The Home Environment as an Unconducive Space for Studying*

Poor home environments were seen to be unconducive to studying. For example, household chores include cleaning the house every day, fetching water, cooking, dishing up food for family members followed by the washing of dishes, ironing, and caring for young siblings. Along with having to complete these chores, many participants were not offered any support by their parents. This is why some decided to go back to work on campus. Cynthia, for example, commented, “I cannot tell how parents think we are able to study and expect a pass at the end of the day, while they know they are the ones who do not give us time to do our university work.” Maria added, “My parents did not receive higher education, so it is difficult to get support from them. I wish I could go back to the university and get all the support I need.” For Nompilo, “Home chores that are four times more than my brothers’ leave me stressed and short-tempered.”

In agreement with these participant observations, a UNICEF (2016) report reveals that girls spend 40 percent more time, or 160 million more hours a day, on household chores such as cooking, cleaning, collecting firewood, and caring for family members than do boys of the same age. The report notes that this overburden of unpaid household work begins in early childhood and intensifies as girls reach adolescence. Further, girls are often made to start working from as early as five to nine years of age, spending 30 percent more time than boys of their age on chores. This disparity increases dramatically as children reach the age of fourteen, with more than 50 percent of household labor being assigned to girls. In addition, Christian Gollayan (2019) reports on a study by the Pew Research Center, carried out from 2014 to 2017, that found that girls spent thirty-eight minutes more doing daily housework than boys, who spent about twenty-four minutes cleaning around the house.

## **Societal Experiences**

### *Fake News*

There is a lot of misinformation about the new coronavirus (Rall 2020), from conspiracy theories (“Conspiracy Theories on Covid-19 . . .” 2021) and hoaxes to dangerous cures and false evidence. Emma Sadleir, a social media expert cited in Rall (2020), states that anyone sharing fake news

about COVID-19 may be fined or jailed for six months. People who forward unverified news articles could find themselves in trouble as well. It is a warning that “[e]very single person who presses forward is committing a criminal offence if they are intending to deceive” (ibid.). Sadleir urges residents to presume that every voice note or message about the coronavirus is fake until proven otherwise and advises people to verify the information they receive. Sarah Smit (2020) writes that South Africa is among the countries—after the United States, Brazil, and the Philippines—in which politicians were seen to have an even higher responsibility for online misinformation than in other countries.

A lot of fake news has been reported in South Africa and, luckily, some of it has been identified as such by the South African government (n.d.) in an online piece called “Stop Fake News.” However, before many of these fake news items reach the attention of the authorities, they have already had a deleterious effect in communities. Such news items included, for example, “Vaccines for COVID-19 Are Designed to Kill Africans as Part of a Population Control Plan,” “Big Pharmaceutical Companies Created the Virus to Profit Billions from Supplying the Vaccine,” and “Covid-19 Comes from 5G Towers” (all from the *Independent Online*).

In response to the prevalence of fake news in South Africa, Happiness said, “You can imagine . . . you are infected, people joke about your illness and there is a lot of fake news making rounds [on] every social media platform. The pain is immeasurable.”

Maria added,

There is nothing that is so traumatizing like fake news about COVID-19. They look for old videos and make you believe they are about COVID-19. For example, COVID-19 patients sleeping on the hospital floors because there are no beds for them. I don’t know what needs to be done to make people realize the pain they cause to others.

Nompilo commented, “They will circulate fake news about it [the coronavirus] and you already have symptoms. They make you count yourself among the dead. It is so traumatizing and senseless.”

### *Closure of Hair Salons*

The closure of hair salons during the lockdown was a challenge to many of the participants. This is because to them, a new look and beauty generally are, to a large extent, defined by a hairstyle, whether it is a haircut, braid, or hair color. For many participants, the closing of the hair salons has been stressful since they feel that a good hairstyle is a necessity for looking good

and boosts their self-esteem and confidence. Merle, for example, stated, “I have been ridiculed for my hairstyle because I cannot go to the salon to do my hair the way I used to.” Cynthia explained,

I am shy to go [out in] public with my hair. I don't need someone to tell me my hair is untidy, my hairstyle is worn out, my hair is coming out, all this and that. It is a pain I will never forget. I use[d] to go to the salon after every two weeks. What do I do if people laugh at me for my worn-out hairstyle . . . being ridiculed, and told my hair is like that of a para [vagrant] who lives on the street. I see no need to close the salons, having [a] good hairstyle is our right.

Martha responded, “I feel like I have not washed myself when I look at my hair. [I am] just wondering how long it will take for the government to ease regulations regarding salons.”

These statements show the importance of grooming to these young women. Jenni Bipat (2020) reported in the *South Coast Herald* on an on-line petition calling for the opening of hair salons during the COVID-19 lockdown. The salon industry wanted to be recognized as an essential service. Philani Nombembe (2020) reported that hairdressers and beauticians took the government to court for prohibiting their operations. However, they were unsuccessful; the court rejected their petition.

### *Being Ridiculed for Being a Government COVID-19 Grant Recipient*

In April 2020, the Minister of Social Development, Lindiwe Zulu, announced a Special COVID-19 Social Relief of Distress Grant to all deserving South African Social Security Agency (SASSA) recipients. The criteria for qualifying for the grant included being an unemployed South African citizen, permanent resident, or refugee registered with Home Affairs who was not receiving any social grant and who was eighteen years old or above (Department of Social Development n.d.).

For Merle, “Being ridiculed for the R350.00 government grant did not sit well with me. I don't know why on earth if you are financially struggling, people just get something to talk about, and make sure you feel the pain.”

In relation to receiving the food parcels organized by the government, Nompilo commented,

I was very embarrassed [at] being laughed at by neighbors for being in the queues to receive food parcels, even those unemployed just like me. I was relieved when the government changed the strategy of giving food parcels, instead [giving] vouchers. That sounded better. I had told myself I will never go there [to receive the food parcels] ever again.

### *Social Stigma and COVID-19 Infection*

According to the girls who participated in the study, the stigma of being infected with COVID-19, be it themselves or a family member, creates a rift between them and the people they regard as neighbors or friends. They told us that if they or a family member tested positive, they became the talk of the day because people would gossip about them and sometimes laugh at them. Of course, the death of a family member was even worse. The fear of being ridiculed, shamed, or discriminated against was the reason some opted not to reveal their positive COVID-19 status.

This was corroborated by Bongi, who said,

I have not been infected but two of my family members have. I went for testing, and I was negative. Thank God for my results because were it not for my negative status, everyone would be gossiping about me, as if I [had] committed a crime.

Martha said,

My aunt got tested and her results were positive. Everyone in the village knew, and we were avoided by everyone, even our neighbors. That was [the most] terrible experience ever. You do not expect this sort of treatment while you are faced with this deadly disease. Instead, you expect people to give you support.

In addition, Belinda commented, “I’d better hide my status rather than reveal it, for the fear of being treated like a murderer who is supposed to go to jail.”

According to a World Health Organization (WHO) report (2020),

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an outbreak, this may mean people are labelled, stereotyped, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease. Such treatment can negatively affect those with the disease, as well as their caregivers, family, friends and communities. People who do not have the disease but share other characteristics with this group may also suffer from stigma.

The WHO report also states that the current COVID-19 outbreak has provoked social stigma and discriminatory behaviors against people of certain ethnic backgrounds, as well as anyone perceived to have been in contact with the virus. What is of concern is that this can first drive people to hide the illness to avoid discrimination; second, it can prevent people from seeking healthcare immediately; and third, it could discourage them from adopting healthy routines to mitigate the effects of the pandemic.

## Personal Experiences

### *Alcohol Ban*

Some of the young girls who participated in the study felt that even though alcohol has many disadvantages, it helps young people to socialize. Some expressed boredom because of the ban on alcohol and felt that their happiness was being compromised. Belinda commented, “I don’t understand why this alcohol lockdown.” Nompilo added, “I don’t drink too much but it is just for socializing purposes. Alcohol regulations should be eased because having a sip of alcohol makes me forget about all my bad experiences.” Yesmien commented, “They may say alcohol is banned but people know where to get it if they really want it. Just one glass will make a difference to me.”

Cynthia said,

I cannot tell why it is so bad to drink if you are a girl. Did you see how many girls joined the queues to the liquor stores on the day we moved to level 3? I was there as well. Hahahaha!!!

Maurice Smithers (2020) writes that for some people in South Africa, one of the tougher restrictions in the COVID-19 lockdown is the lack of access to liquor and the frustration of those who drink regularly. Nonetheless, the Southern African Alcohol Policy Alliance in South Africa (SAAPA SA) fully supported the initial State of Disaster Regulations that ruled that all liquor outlets—for both onsite and offsite consumption—had to close at 6 p.m. on weekdays and Saturdays and 1 p.m. on Sundays and public holidays.

### *Unhealthy Lifestyles*

Having an unhealthy lifestyle was mentioned by the participants as a bad experience during COVID-19. While these girls had tried to adopt a healthy lifestyle before the COVID-19 outbreak, this was now fruitless. Eating habits, eating times, and the type of foods they now consumed were all affected. Bongzi noted, “I eat more than three times a day . . . I can open the fridge as much as I can. If there is something I like, I just grab and eat.” Cynthia commented, “Sitting at home the whole day means eating a lot, and less exercising.” Nompilo added,

I eat so many times each day, but less exercise. This is the reason I am gaining weight. Before the COVID-19 outbreak, I had lost six kilograms within two months, but those kilograms are now back, because I eat junk, take a lot of food,

and I do not take any body exercises. This makes me feel bad. I am not doing justice to myself.

Laura Di Renzo et al. (2020) report that eating habits and lifestyle modification may threaten our health. Maintaining the correct nutritional status is crucial, especially during a period in which the immune system cannot be compromised. These researchers mention that those with severe obesity have a higher risk of COVID-19 complications. From the data, we infer that COVID-19 has adversely affected dietary routines and general health for many of our participants since they have been confined at home and their mobility has been restricted.

### *Financial Difficulties*

Young girls from low-income families have become the victims of abuse during the COVID-19 lockdown. Some participants found themselves having love relationships with older men because of the need for money that their families could not provide. For example, Yesmien commented,

I have not told anyone, even my friend, [that] it happened I slept with an old man, whom I don't even love, simply because I wanted him to give me money to buy data bundles, food and everything I needed. I know he too did not love me. It was no rape, I must admit.

Nompilo added, "A harsh reality is that we find ourselves having to sleep with men we don't even love, for the sake of getting money." The need for money drives young girls to engage in sexual relationships, trading their bodies for cash. UNICEF (2020) corroborates this fact, claiming that there is sufficient evidence to support the view that economic insecurity leads to sharp rises in intimate partner violence and the exposure of adolescent girls to sexual exploitation, harassment, and other types of GBV.

## **Conclusion**

These young rural women's experiences in the context of COVID-19 and the resulting lockdown and restriction measures suggest that they have experienced unprecedented emotional, psychological, physical, financial, and socioeconomic pressures. The young women perceived the rules and regulations put in place to prevent the spread of COVID-19 as detrimental to them in a number of ways, as we have shown. While governments ensured that measures to curb the spread of the pandemic were in place,

setting up protocols to protect women under these conditions was neglected. Thus, we argue that women's interests were not taken into consideration and that this led to an escalation of the already-chronic trends of sexual exploitation and hardship.

Carrying out this research has shifted our perceptions about our students. We recognize the need for increased empathy, since we cannot teach in a bubble divorced from the everyday reality of our students. We now also appreciate the value of positioning ourselves as a community of care by trying to be much more constructive in helping our students not only achieve academically, but also survive the unprecedented crisis of COVID-19.

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