



IRAN-TURKEY COMPARISON IN CONCERNING THE RIGHTS AND NEEDS OF CHILDREN WITH DISABILITIES

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Abstract:

Raising a child with a lifelong disability requires time, attention, and the development of skills to assist the child to be healthy and participate in usual childhood activities. Caring needs may include providing medical care, education, and support. The study aimed to determine the educational system and support systems for children with disorders in Iran and Turkey and to establish the similarities and differences between these two countries. The research is a descriptive method that consonant with the nature and type of study, which a comparative study is, has been done in four stages description, interpretation, proximity, and comparison. This study analyzed the national education system of Turkey and the Iranian educational system. The data was collected through a checklist that included different data on various dimensions studied. The researchers collected the data via correspondence, the Internet, and books. Data collection was in line with the designed questions. The results of this study are as follows: the two countries are somewhat similar in terms of various financial, cultural, and educational support. But the crucial point of this research is to identify people with the disorder and the educational method. In Turkey, children are identified and referred to the relevant organization from birth and are monitored and controlled from then on. The children would be recognized from delivery in Iran, but screening children before joining the school is at the age of six. The study approved that Turkey's education system is more

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coordinated than Iran, as once a child is diagnosed with a disorder, the children's education initiates and, the children take re-assessment tests every year, and based on the results of these tests, skills which there is a defect and what needs to be done is written.

Keywords: disability, education, health care, Iran, Turkey

1. Introduction

Disability is a "*complex, dynamic, multidimensional and controversial situation*" (WHO, 2011). The International Classification of Performance, Disability, and Health (ICF) put people with disabilities have at least one problem in three areas. These problems can as any problems or changes in body function, activity limitations, and participation limitations (WHO, 2011; Üstün, Chatterji, Bickenbach, Kostanjsek, & Schneider, 2003). Developmental disabilities include complex group disorders that cause physical impairments, intellectual disabilities, speech disorders, and medical conditions. People with disabilities experience impairment (e.g., visual impairment) because of a health condition (e.g., glaucoma). Contextual factors, both at the individual (e.g., age, sex) and extensive societal level (e.g., access to health services, attitudes towards disability), play a crucial role in an individual's experience of the impairment.

People with disabilities have some health, social, and education issues. Most people with disabilities have poor health well-being (Seelman, 2011). These people need to access the same general healthcare services. So, people with disabilities also may require specific healthcare services related to their impairment (Banks, Kuper, & Polack, 2017). Disability pattern in each country is under the influence by health conditions and socioeconomic factors (Kondo et al., 2009). Evidence on access to rehabilitation services is sparse, however, there is supposed to be limited capacity to meet the demand for these services in low- and middle-income countries (LMIC). However, as is recognized in the WHO's World Report on Disability, global data on unmet needs for rehabilitation services is highly sparse (Seelman, 2011). A cross-survey revealed that people with disabilities were at risk of attending college, unemployment, having three or more children, having excellent or good self-health, and having a spouse. People with disabilities were also consistently at greater risk of having health insurance and living below the poverty line. Disability prevalence estimation varied between surveys from 2009 to 2014 (range 11.76%-17.08%) (Lauer & Houtenville, 2018). Children with disability make immeasurable contributions to their schools and communities. However, these children continue to be left behind at school, experiencing poorer educational outcomes than their peers without disabilities (De Bruin, 2019). Developmental disabilities are sometimes diagnosed at birth. But generally, they are not easily specified until ages three to six. For these students, their school experiences can play a pivotal role in the success, security, and independence they enjoy as adults. People with disability are less likely to participate in the workforce and enjoy a weekly median income of less than half of those

without disabilities. Being referred to as a “special needs student” or “disabled child” is likely to make a young person feel he or she has challenges that cannot be overcome (Nilholm, Almqvist, Göransson, & Lindqvist, 2013).

According to the World Health Organization (WHO), in 2021 there were more than one billion people suffered at least one kind of disability in 2010, and more than 10 million people were added to this population each year (WHO, 2011), hence, 15% of the global population, live with a disability, with 80% living in low- and middle-income countries (LMICs) (Seelman, 2011). The World Health Organization (WHO) states that there is an inconsistency in the reporting of disability prevalence between developed and developing countries. Developing countries report less due to differences in measurement and data collection (WHO, 2011).

Almost 2,700,000 Iranian people suffer from different types of disabilities (Ghaderi, Yarahmadi, & Ghavami, 2017). In addition, most of them are not receiving contributions from supportive organizations (Soltani, Khosravi, & Salehiniya, 2015; Veisani, Delpisheh, Moradi, Hassanzadeh, & Sayehmiri, 2017). Given Iran's commitment to achieving universal health coverage and the emphasis on providing care for people with disabilities, as well as the country's need for rehabilitation services, planning to provide safe and quality rehabilitation services tailored to the needs of society is essential (Goodarzi, Vaziri, & Akbari, 2020). The Welfare Organization is a government agency under the Ministry of Welfare and Social Security of Iran that provides services to disadvantaged people (Goodarzi et al., 2020). The social organization helps people with disabilities (the blind, the deaf, the needy with mental, the physically disabled, and spinal cord injuries). Although also supports the other population (the elderly, chronic mental patients, normal children, self-employed and female-headed households, orphans, street and abused children, asylum-seeking girls, women asylum seekers, socially disadvantaged women, addicts, people at risk of social harm like women seeking a divorce, children at risk of child abuse, dysfunctional families, people who have attempted suicide, etc.) (SWO, 2018). According to the Iran law, special education (i.e., education of students with special needs) is the responsibility of the Special Education Organization of Iran. It is under the Ministry of Education (Alikhani Dadoukolaei, Chizari, Bijani, & Abbasi, 2021).

According to the 2011 national census data (most recent disability statistics), 4,882,841 (6.6% of the total population) people in Turkey have at least one disability (Aydemir-Döke & Emir-Öksüz, 2018). Additionally, the most recent disability prevalence in Turkey appears lower than the average prevalence in the world reported to be 15% (W. h. organization, 2011). The first school for the education of students with special, a part of the Istanbul Ticaret Mektebi (Istanbul Trade School), was needed starting in 1889 at the Istanbul (Melekoglu, Cakiroglu, & Malmgren, 2009). After that, The Ministry of National Education attempted to improve the provision of special education that was making a new institution, the Guidance and Research Center (RAM; Rehberlik ve Arastırma Merkezi), for guidance and research purposes in special education in 1955 in the capital of Turkey, Ankara (Sahin, 2005).

In a systematic review by Tess Bright et al. (2018) on access to rehabilitation for people with disabilities, authors found that access to hearing-specific services ranged from 0 to 66%. For visual impairment, this was 0 to 82%, physical 0 to 93%, mental 0 to 97%, and any disability-related services was 5 to 80%. Despite the variation, overall, access was low; however, there were some outlier studies showing high coverage (Bright & Kuper, 2018). The first step in change and impact in supporting people with disabilities is to analyze the current situation and be aware of the current resources available to provide rehabilitation and educational services, and infrastructure and rehabilitation service providers are one of the main sources of rehabilitation services. The article focuses on children with disabilities and the kinds of services and supports this population in health and education.

2. Methods

A type of qualitative research method was a documentary analysis which was used in this study (Creswell, 2012). The data were derived from documentary analysis of education, health care, and support for children with disabilities from websites and books in Iran and Turkey. The application of documentary research methods involves the exploration of documents that comprise information on the issue under investigation. The researchers collected the data from 3 key sources: a review of published literature and six websites. And also, another research method was a descriptive method that in accordance with the nature and type of study is a comparative study, was done in four stages description, interpretation, proximity, and comparison. This method was the method of comparison. The statistical population was the national system of Turkey and Iran. The information of this study was collected through several checklists that included various data on various dimensions to study. We collected the data through e-mail, the internet, and books. In this research, data collection was done in line with the designed questions.

- 1) How are people with disorders diagnosed?
- 2) How does the government support the people?
- 3) What schools can people with disabilities go to?

3. Healthcare Services

In Iran, three organizations, the Ministry of Health, the Welfare Organization, and the Special Education Organization, work directly together to help create an environment for people with physical and mental disorders to live in the same way as other people in society. Meanwhile, the baby is born; the centers affiliated with the Ministry of Health control them. The health centers under the Ministry of Health screen children from birth to the age of two and give them health cards. In this stage, if children are unusual from other infants in terms of some physical dimensions or reflexes, they are sent to the welfare organization. Based on that, health care services are classified into three sections timely

identification and screening, referral of screening cases, and final diagnosis and treatment and rehabilitation interventions (Figure 1).

Turkey, like Iran, has institutions affiliated with the Ministry of Health and Social Aid regarding growth and development processes in the postnatal period. When the relevant units observe any abnormal changes in the developmental processes, they refer the children to the hospital. The Ministry of Health affords treatment and care fees for disabled individuals. The healthcare boards are responsible for issuing medical reports for the determination of disability reports that individuals are disabled. If individuals have more than one disability, the health boards determine the percentages of these disabilities and the validity period of the healthcare report. The committee also indicates the loss of whole-body function in the individual. After the initial examination by the group in the hospital and confirmation of the disorder, it is sent to the Guidance and Research Center. After referring the children to this center, this center is responsible for controlling their physical and mental health status, and the educational system, and supporting them throughout their life (Figure 2).

2. Education Services

2.1 Educational Evaluation

The parents, legal caretakers, or teachers of children with disabilities can apply to evaluate review the children's educational evaluation of the guidance at the Guidance and Research Center (Beytekin & Kaynar, 2021). The counseling centers have been in every province and district that these centers run under the Ministry of Education. The special education boards evaluate these individuals by using objective and standardized tests according to the characteristics of the individuals. The committee handles the individual's disabled health board report, mental, physical, spiritual, and social development characteristics and competencies of academic discipline, educational performance, needs, duration of benefiting from educational services, and individual development report. The board procedures a special education evaluation board report about the persons who are determined to need special education according to the educational evaluation and diagnosis results and directs these individuals to the appropriate educational environment and special education service. Institutions providing services on special education organized at most one-year education curricula for these students. The educational institution renews the expired curriculum when necessary. Guidance research centers evaluate individuals with health problems in their environments (Figure 2).

In Iran, children with disorders from the age of 0 to 5 are the responsibility of the State welfare organization and from the age of 5 when children enter preschool and at the age of 6 supported by the Special Education Organization under the Ministry of Education ((SEOI), 2017). Before going to school, parents can monitor their children's movement and reactions, and they can also see a child development specialist, child psychologist, child neurologist, or health center. In Iran, before starting school, they use

the process of physical health assessment programs and the readiness of students to enter school and preschool to identify and diagnose (SEOI, 2017). Screening is done before school starts, the child first goes to the primary school of the place of registration with the parents and pre-registration is done and there is an appointment to attend the assessment base. Initial assessments and screening are performed and the results of the assessments are recorded in the system by the database officials. The child who needs a specialized referral will be referred to specialized centers for further evaluation, and then the child will be referred to comprehensive health service centers to complete the vaccination card (SEOI, 2017) (Figure 1).

2.2 Special Education Approving with the Level of Education

In Turkey, The Ministry of Education carries out the early childhood services of 0-36 month's old children in need of special education. Educational services include informing and supporting the families of these children. Pre-school education is compulsory for children with special education needs who have completed 36 months. Education services continue the education of these individuals at all types and levels by integrating them. The Guidance and Research Center may open special education institutions or special education classes for these individuals. In addition, supplementary education activities can be organized outside of formal education hours for students in need of special education studying at public special education schools. Special education students who cannot complete their primary or secondary education programs can continue to open education schools. In addition, individuals who have completed their education age can continue their education in open-education schools. The Guidance and Research Center provides non-formal education services for individuals in need of special education to gain knowledge and skills in vocational, technical, social, or cultural fields and adapt these individuals to live (Beytekin & Kaynar, 2021). Besides, the Ministry of Education makes these individuals productive individuals. In Iran, most rehabilitation services for children 0 to 4 years old are provided only by the educator or by the parents. But families can turn to private institutions for educational services for a fee (SEOI, 2017).

2.3 Kind of Educational Services

After screening, children are sent to regular, integrated, and special schools, depending on the type of disorder and intelligence, motor, behavioral, social, and emotional characteristics of the child in both countries, the Special Education Organization and RAM follow the normalization approach and their goal is for students to study with ordinary people because students should not be done in special space and greenhouse, but these people should be in a space normal taught. Based on the results of the tests that are performed, children with a certain level enter special schools. Teachers use the standard booklet to assess educational, social, cultural, motor, speech, and language prerequisites and go to first grade after preparation (SEOI, 2019; Müdürlüğü, 2018).

2.3.1 Home Educational Service

In Turkey, the Ministry of Education provides school-age children with health problems special education services in the home. There is a condition that these children cannot benefit from formal education for at least twelve weeks (Müdürlüğü, 2018). In Iran, people who have file in welfare centers use this service as people who are not trainable. This training is only for students who have physical mobility problems and the number of days and hours depends on the region and province in which they live (SEOI, 2019).

2.3.2 Educational Service at the Hospital

The Ministry of Education offers educational services to children by obtaining the written opinion of parents and physicians. They provide the education with combined classroom practice. The teachers give the students who cannot come to the classroom education in the children's rooms. Education specialists plan the program, taking into consideration the illness and educational environment of the students. The education program is no less than ten lesson study hours per week (Müdürlüğü, 2018). In Iran, conditions are different for children hospitalized in each region and province (SEOI, 2017).

2.3.3 Full-time Inclusion/Integration Education

At this part, both countries, Individuals with special education needs can continue their school in all types and levels through integration with the special education evaluation board report. These individuals can continue their schooling with their peers full-time in the same class or part-time in special education classes. Pre-school education students can continue their education through inclusion/integration. Educators should create an individual education plan development division at the schools where teaching is conducted through inclusiveness/integration. Educators cooperate with the individual education plan development office on issues that concern students who learn through inclusion/integration in the student behavior evaluation board and the award and discipline board (Asamoah, Tam, & Cudjoe, 2021).

In Turkey, Students attend the education program implemented in their enrolled schools. Educators schedule an individualized education program based on the curriculum that students attend. Schools that implement full-time inclusion/integration education place an equal number of students in classes, considering the developmental characteristics of individuals with special educational needs. Schools implementing this program decide not to exceed two students in each branch. However, the educators can increase the number of students following the needs of the schools that implement the combined class application. Schools that implement full-time inclusion/integration programs make suitable environment arrangements for students with special education needs and design an education classroom. Students can repeat a grade once in primary school, according to the written request of the student's parent and the decision of the individualized education program development unit. Otherwise, there is no class repetition (Karal, 2021).

In Iran, some children also go to integrated and inclusive schools (along with regular students) and with the cooperation of special teachers appointed by the Special Education Organization. Determining the amount of assistance needed for each student according to her needs or his needs is the responsibility of the administration expert and the opinion of the liaison teacher, a liaison teacher is a person who, solves the problems of education and rehabilitation of students of the integrated method, perform all or part of their working hours in ordinary schools. The number of students in a class is statistically proportional to the incidence of disabilities, for example, the number of students with disabilities in each class is at least one person and a maximum of there. On the other hand, under such a program, students with disabilities receive their education alongside classmates of the same calendar age as them. The primary responsibility for educating students with disabilities rests with regular classroom teachers and other regular education staff. Therefore, in such a program, special education staff and other related services (such as speech and language physiotherapists) play a supportive role. They help exceptional students to recognize their abilities and use them correctly. Children with a disorder with a higher range go to centers under the auspices of the Exceptional Education Organization (SEOI, 2017).

2.3.4 Education Support Services

In Turkey, the school administration opens education support service classrooms at grade levels and educators determine the curriculum and weekly lesson hours. Educators conduct student training taking care of students' the educational performance and dealing with each student separately in the education support room (Karal, 2021).

In Iran, the schools' educators are responsible for monitoring and control. However, only teachers send an annual report to the Special Education Organization, and there is a sub-group in the Special Education Organization for each disorder that reviews cases.

3. Rights Granted to People with Disabilities

State institutions or companies provide free or discounted services to people with disabilities or their families. These services can be standard or depend on the disability of the person with disabilities in both countries they have the same situation. The Ministry of Labor and Social Security pays a certain percentage of fees for the materials (diapers, wheelchairs, orthoses, prostheses, hearing aids, probes, and more) that are reported by the medical units (SWO, 2018).

In Turkey, a person with disabilities as a first-time owner can benefit from tax reductions or exemptions when purchasing new vehicles. And also, they do not pay value-added tax on education fees, all kinds of equipment fees related to their profession, and also types of equipment for their daily lives (walking sticks, typewriters, embossed keyboards, audiobooks used by the visually impaired). They can use the car parks for free. If, after starting any job, they become disabled at a particular rate and lose their

working power, they get the right to disability retirement. However, for disability retirement, they must complete at least ten years of insurance. If the children with disabilities ages are over 18 and have a disability of more than forty percent, they can receive a salary within the necessary conditions. In addition, parents who take care of the disabled can also receive a wage under certain conditions. They can use public transportation for free like buses, metro, and railways, and also Turkish Airlines provides forty percent or more disability discounts. Private sector workplaces with fifty or more employees must employ at least three percent disabled personnel; however, this rate is four percent in public workplaces (Müdürlüğü, 2018).

In Iran, Welfare Organization is one of the organizations supporting people with disabilities. Adaptation and accessibility, health service, sport and culture, entrepreneurship and employment, housing, culture, public awareness, and judicial support are some supporting that it has provided financial facilities, livelihood, and administrative and working support, but in this study, the educational part is more noticed. It is an obligation that the Welfare Organization help the care of people with severe, and multiple disabilities in the family after providing educational services and counseling to families to pay nursing or assistance to the guardian, or spouse of these people to act. Care services for people with disabilities can also be provided through affiliated centers or with the support of non-governmental organizations (private, cooperative, charitable, and non-governmental organizations).

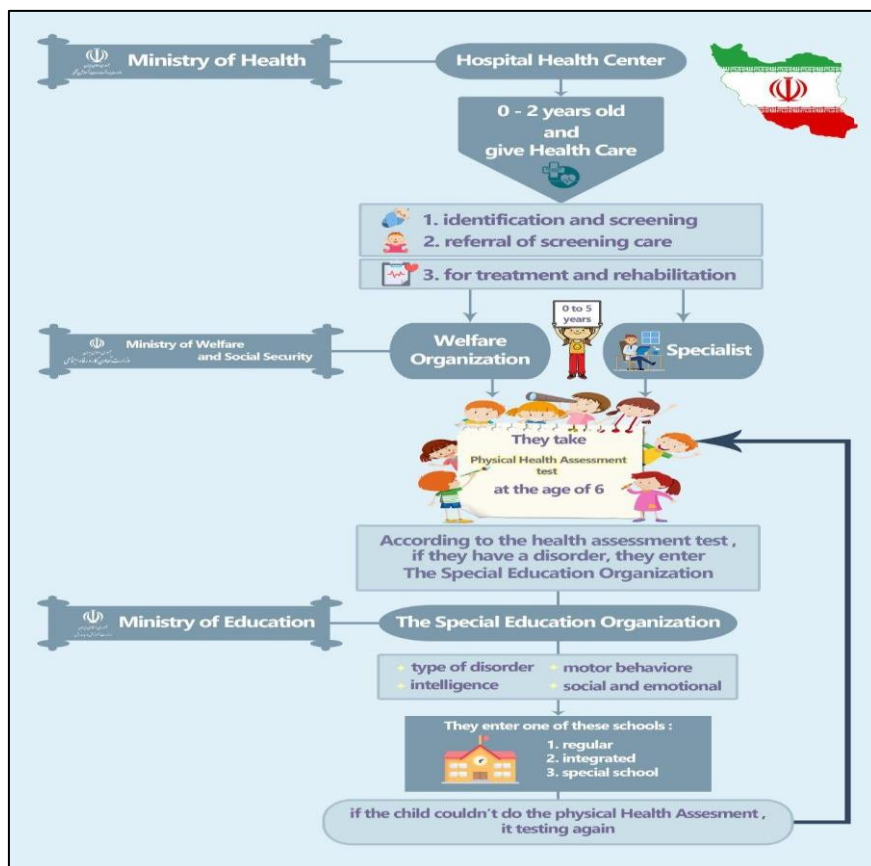


Figure 1

The amount of allowance for payment of nursing or work assistance is paid in proportion to the type and severity of disability of a person. The number of these people in the family, and based on the usual costs of maintenance and care for people with disabilities. The planning and budget organization is based on inflation annual and payment grants to non-governmental rehabilitation centers, the budget is determined and approved by Cabinet. Children at the age of 6 are screened by the Ministry of education together with the Ministry of Health. Children with disabilities are sent to appropriate schools for these children under the supervision of the Exceptional Schools Organization, depending on the type and severity of the disorder. In Iran, government-run schools are free, and there are semi-public ad private schools that people pat to attend (SWO, 2018).

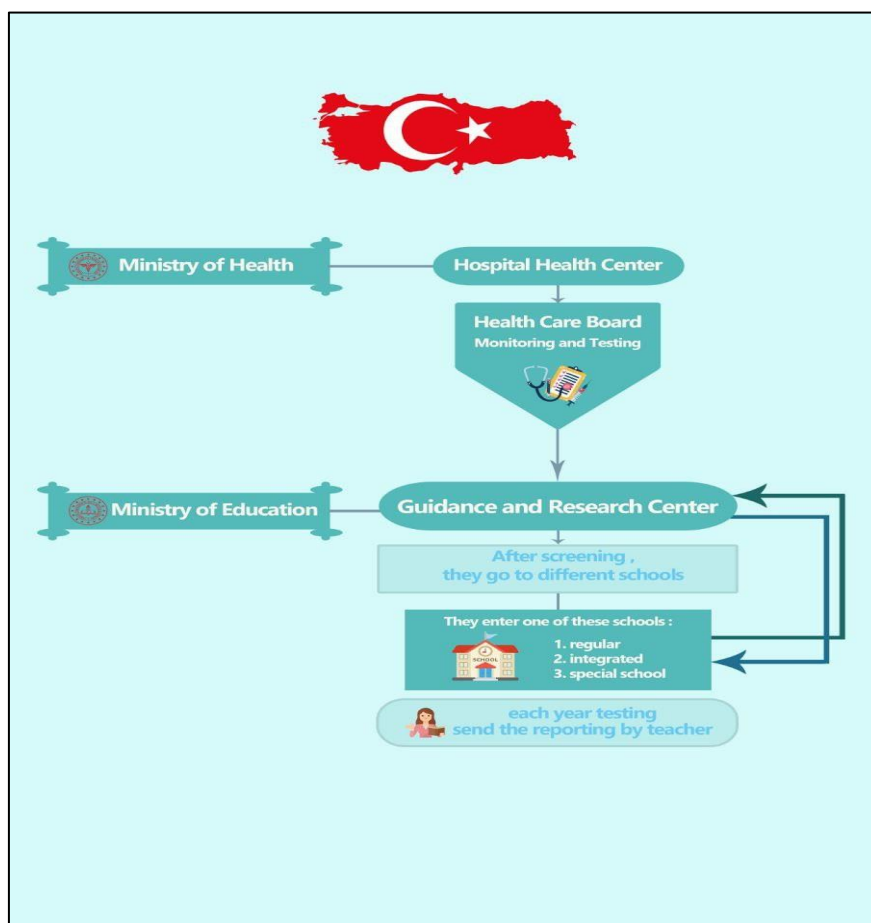


Figure 2

3. Discussion

Given the increasing population of people with disabilities, it is strikingly crucial to pay attention to how these people become in terms of health, social, and education. The study bedded three main questions asking identifying people with disabilities, their government support, and their education system in two developing countries such as Iran and Turkey.

A child health assessment system is effective in diagnosing and predicting problems that affect people in the community and their health (Akrami, Malekpour, & Abedi, 2021). Some disorders are diagnosed at birth and some are identified by tests that detect a series of disorders in the hospital. In both countries, the first diagnosis is made in hospitals and centers affiliated with the Ministry of Health. But the remarkable point is that in Turkey, after diagnosis and approval, the group that is in the hospital is referred to The Guidance and Research Center and in Iran, they are referred to the Welfare Organization. The goal of the RAM is important Organization at Turkey to play an active role in the guidance and psychological counseling services in education for all individuals and monitoring individuals with special needs within the education system to progress in all areas of development (Müdürlüğü, 2018). This organization is responsible for supporting people with disabilities from infancy and throughout life, and the physical, psychological and educational reports of all people with disabilities are sent to this center, where the files and reports submitted are reviewed (Kekeç & Esra, 2020). The state welfare organization is one of the government-supporting entities used general budgets help people with disabilities and deprived persons in Iran (Goodarzi et al., 2020). The difference that was clear in these two countries was the referral of individuals to different institutions. In Turkey, the government established a separate organization helps these people, but in Iran, the organization was responsible for supporting dissimilar groups.

Generally, Children and Youth with Special Health Care Needs (CYSHCN) are at increased risk for a chronic physical, developmental, behavioral, or emotional condition. And they need health and related services or an amount beyond that required for children (Newacheck et al., 1998). Facilities have been almost identical in both countries, such as jobs, health, social environments, and vehicles. Gathering information showed that they have not had a hundred percent support in terms of health. Providing the tools needed for these people, only part of the costs has been financially supported by the government. In Iran, there has been a gradual increase in the increase of single specialized offices. These specialized offices are physical rehabilitation offices, physiotherapy centers, occupational therapy offices, audiometry, optometry, speech therapy, technical orthopedics, and multi-specialized centers that provide comprehensive rehabilitation services. While comprehensive rehabilitation and daycare, and vocational training centers have grown less (Soltani, Takian, Sari, Majdzadeh, & Kamali, 2019). In the United States, people with disabilities as a group face significant inequalities in access to health care, particularly prevention, while health services may improve their health (Iezzoni, 2011). People with disabilities face similar challenges in the same situation as other people either more than they too need access to education, employment, healthcare services, and media support for societal participation (Alper & Goggin, 2017). In any field, people with disabilities do not have the same conditions as other people in society, and one of the reasons could be that they are known in society as vulnerable, weak, and in need of care. And one of the most important factors can be the environment around them. If the

environment is provided for them and facilitated based on their disability of these people, they can be fully capable of being social actors (Mietola & Vehmas, 2019).

Naturally, the Welfare Organization has an important supportive role for people with disabilities. These children enter the system of the Ministry of Education after reaching the age of 6. At the age of children across the country are screened to get ready to go to school. But all these children do not have any schooling in the institutions or in the centers of the Ministry of Education until this age. And most education is parent-centered. In Turkey, the Guidance and Research Center, authorized by the Ministry of Education, support everyone from the age of 0. And also, schooling for children 36 months is mandatory. All children in this country are evaluated and measured every year under the supervision of this organization. And by reviewing of the teachers' reports for each child and the evaluations, specific programs for each child are rewritten. A study stated that initial childhood education for all ordinary children and disabled children and special interventions were primarily provided in preschool (Björck-Åkesson & Granlund, 2004). In Sweden, preschool is optional from the age of 1 to 6. Yet most children attend the schools. Meanwhile, the education act, school rules, and national curricula incorporate comprehensive schools, but so far it has not been entirely concerned with the goals have been reached. In this country, these laws are controlled and guided by schools and municipalities (Nilholm et al., 2013). The study emphasized that children with disabilities attend standard or special schools depending on the type and severity of the disorder. In Turkey, as mentioned above, The Guidance and Research Center refers children to different schools based on annual assessments, and teachers start education based on the prescription that is sent to each child based on the strengths and weaknesses of the children. At the end of each year, they send a complete report to the Guidance and Research Center. In Iran, after screening for admission to schools, and sending children to schools based on the child's condition, teachers begin training. But the only difference is that the screening will not be repeated unless the test result is known or the child has not answered the test, the test will be repeated for up to two years. Control of the education system is vital. As Sweden more oversights and supervise, put more explicit standards, increased testing, and more governmental inspections of the work of municipalities and local schools (Nilholm et al., 2013).

3.1 Limitation

This study focused on the process of description, training, and related organizations in Iran and Turkey. It did not state the manner of training and interventions. Future studies need to the method of training and interventions. Although both countries use inclusion/integration in the education system, it needs to study the quality and knowledge of schools and teachers. The concept (of children with special needs) has been used in the developed country of Sweden for many years, but in 2010, there has not been enough knowledge about how this system run for these children entering kindergarten (Sandberg, Lillvist, Eriksson, Björck-Åkesson, & Granlund, 2010). Another limitation of this study is that it does not refer to each disorder separately and it referred to all

disorders in general. To identify and screen children with the disorder, tools have been used to diagnose the disorders that are not cited here. Another limitation is, the study did not state the COVID-19 pandemic situation because it has created an ongoing challenge, especially for those people and children with disabilities. And it did not mention the Government politics regarding people with disabilities in this stressful situation.

4. Conclusion

The study indicated that any organization for people with disabilities is very important. So, all the governments and individual establishments should support the organizations for training and educating these special children. Educating them in the field of sanitation health, and supporting their conditions to enter the community is essential. One of the most prominent issues is enriching the environment for disabled people. A family is the first environment for individuals so family members' training should be provided. The school is a second environment, especially for these people. In addition to the family members' training, peers' training and teachers' training is also quite critical in a convenient environment where people with disabilities can participate more easily. Besides, facilitating and enriching environments such as public transportation, sports centers, and even the education system can help them participate in the community.

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Conflict of interest statement

The authors declare that there are no financial or other relationships that might lead to a conflict of interest.

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