



## RESEARCH ARTICLE

### CRITICALLY ANALYSIS OF THE FERTILITY LEVEL OF THE MUSLIM RELIGIOUS LEADERS (IMAMS) AND THEIR VIEWS ON THE PRACTICES OF FAMILY PLANNING METHODS: A STUDY IN RURAL AREAS OF MURSHIDABAD DISTRICT, WEST BENGAL

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#### ABSTRACT

The higher fertility rate of Muslims than Hindus gives birth to social tensions and political concerns in India. The government of India followed ante-natal population policies where Muslims are not the exception. In India, a large section of the common people believed that the religion Islam had a significant positive role in the higher fertility rate of Muslims. Even a rumour had been believed by a section of Indian people that soon Muslims will be exceeding Hindus by number in India. Therefore, it is important to identify the views of Muslim religious leaders on the uses of various modern family planning methods to control the fertility rate of Muslims. Qualitative interviews were conducted with 180 local Muslim religious leaders whose ages ranged from 27 – 72 years. The local Islamic religious leaders are selected for an interview through multi-stage purposive convenience sampling. The result shows that all the Muslim religious leaders considered permanent methods of contraceptives i.e., sterilization (Both male and female sterilization), and abortion is strictly prohibited in Islam. However, there is controversy among the leaders regarding the use of various temporary modern contraceptives. The study also suggests that Islamic religious leaders are more comfortable with the word 'birth spacing' instead of 'birth control'.

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## INTRODUCTION

The state of West Bengal is an important state of Eastern India which extends from 85° 50' to 89° 50' east longitudes and from 21° 38' to 27° 10' north latitudes (Khan & Anwaruzzaman, 2021). Hinduism and Islam are the two main religious communities both in the country (India) and in the state (West Bengal) and their share of the population is 79.80 percent and 14.23 percent respectively in the country and 70.54 and 27.01 percent respectively in the state West Bengal (Census of India, 2011). According to the Census of India (2011) data, the Total Fertility Rate (TFR) of the state of West Bengal is 1.68, which is below replacement Level (2.1). However, problems have arisen because of the differential fertility rate of different religious groups in the state particularly between Hindu-Muslim people. The TFR of Hindu people (1.5) is below the replacement level but the TFR of Muslims (2.2) is above the replacement level (Ghosh, 2018). In the state of West Bengal between the census years 2001-2011, the share of the Hindu population to the total population decreases by around 1.93 percent; whereas for Muslims it increases by around 1.78 percent. The higher fertility rate of Muslims is not welcome by a major section of non-Muslim Indians and among them, a major portion believed that the religion Islam is significantly responsible for the higher fertility of Muslims in the country (Bhagat & Praharaj, 2005). The role of religion is very

important in our daily life and decision-making process (Schieman, 2011). Although the decision to childbirth once considered the personal choice of the couple, now several countries are trying to control the fertility rate of their people to achieve the optimum population ratio (Srinivasan, 2007; Khan, 1984; Mazzocco, 1988; Kwankye & Cofie, 2015; Warwick, 1986). The Government of India launched a government-supported family planning program in the year 1952 to follow an ante-natal population policy (Bhende & Kanitkar, 2015; Srinivasan, 2007; Wang, 2019). The adoption of ante-natal population policies can successfully help to reduce the overall fertility rate of the people of the country but the fall of fertility of Hindu people is observed as higher than Muslims (Ram, 2012; Dharmalingam, Rajan, & Morgan, 2014; Dharmalingam & Morgan, 2004; Bhagat & Praharaj, 2005; Borooah, 2004; Jeffery & Jeffery, 2000). The higher fertility rate of Muslims than Hindus gives birth to communal and anti-secular kinds of rumour like 'Muslims soon will outnumber Hindus in India' which in many cases responsible for the social and political tension in the society and hindered the positive effect of development (Shariff, 1995; Pasupuleti, Pathak & Jatrana, 2016; Jeffery & Jeffery, 2000; Mistry, 2005; Jeffery & Jeffery, 2002). A majority-minority conflict was raised between Hindu-Muslims in India because of the higher fertility rate of Muslims than Hindus (Bhagat & Praharaj, 2005). Although the high fertility rate of the Muslims in West Bengal

and the country is well documented (Census of India) dispute is raised behind the reasons for this higher fertility rate of Muslims. On one hand, a large number of demographers, population scientists, geographers, sociologists, etc. observed the socio-economic backwardness and demographic characteristics of the Muslims as their high fertility level (Bhat, 2005; Yurtseven, 2015; Mistry, 2005; Bhat & Zavier, 2005). On the other hand, a small group of demographers who are popularly known as 'Saffron Demographers' used demographic data to fulfill their non-demographic particularly political purpose, blamed on religious identity as the high fertility rate of Indian Muslims (Anwaruzzaman, 2010). Besides, some previous studies also supported that religious women or couples have comparatively higher fertility than non-religious (Hayford & Morgan, 2008; Bein, Mynarska, & Gauthier, 2021).

Many demographers and social scientists consider religion to have a strong role in influencing the fertility rate, while others think otherwise (Hayford & Morgan, 2008; Jeffery & Jeffery, 2000; Iyer & Weeks, 2020; Yoo & Agadjanjan, 2021; Baudin, 2015). According to Rajan (2005), in India, the demographic conflict between the two big religious communities of the country, i.e., Hindu and Muslim have been partly created by the non-demographers. Therefore, it seems that the confusion regarding the role of religion Islam behind the high fertility rate of Muslims is not wiped out clearly from society; still, the issue is largely responsible for the disturbance of communal harmony.

To identify the role of religion Islam in the higher fertility rate of Muslims it is important to find out the role of Muslim religious leaders behind the higher fertility rate of Muslims. Because it is observed through previous studies that Muslim religious leaders have significant impacts on the decision-making (family planning) of Muslims especially in rural areas (Egeh, Dugsieh, Erlandsson, & Osman, 2019; Yeatman & Trinitapoli, 2008; Hamri, 2010; Underwood, 2000; Chalem *et al.*, 2023; Hossain & Hossain, 2023; Barro & Bado, 2021).

However, the previous studies that tried to highlight the hidden factors for the higher fertility rate of Muslims in the state of West Bengal did not show much interest in exploring the impact of religious leaders on the high fertility rate of Muslims in the state. West Bengal is a state where a large proportion of Muslims receive education from religious institutions like Madrasas and among this population, the impact of religious leaders (Imams) is may also very significant (Aleaz, 2005; Saha, 2020). It is believed by a major section of common people (non-Muslims) of the state of West Bengal that the Muslim religious leaders are pro-natalist and against the practices of modern contraceptives. Hence, it seems very important to enlighten the views of Muslim religious leaders on the practices of family planning methods to identify the role of religion Islam behind the higher fertility rate of Muslims in the state of West Bengal.

## Objectives

Two main objectives are triggering the present study, such as

- To find out the views of Muslim religious leaders on traditional family planning methods.
- To find out the views of Muslim religious leaders on modern temporary family planning methods.
- To find out the views of Muslim religious leaders on sterilization and abortion.

## METHODOLOGY

The study is mainly conducted based on primary data which is collected through field survey. To sample only secondary data is used i.e., Census of India 2001 and 2011. Six sample CD blocks namely Farakka, Samserganj, Raghunathganj – I, Raghunathganj – II, Suti – I, and Suti – II of Murshidabad district have been selected for the field survey (Fig. 1). Sampling is conducted by a multi-stage purposive convenience sampling method. According to Census of India (2011) data there are 19 districts in West Bengal among which the highest concentration of Muslim population is found in the district of Murshidabad (66.27 percent) which is in other hand also considered as one of the socio-economically backward districts in West Bengal as well as in India (Das, 2020; Sk, 2023; Basu, 2019). Census of India, 2011 data also reveal that the TFR of the Muslims of the district Murshidabad (2.41) is also quite high than the state average (1.68). Therefore, in the present study, the district Murshidabad is selected as for study area. Now the selection of sample CD blocks is done based on two things i.e., Muslim concentration and the growth rate of the Muslim population. Muslim concentration is calculated based on the Census of India (2011) data, and the growth rate of the Muslim population is calculated between the census years 2001 and 2011. Those CD blocks are selected as sample CD blocks where the concentration of the Muslim population is  $\geq 50$  percent and the growth rate of the Muslim population is  $\geq 30$  percent. It is important to mention that in the present study statutory town's population is not considered. The religious heads of the local mosques who had religious madrasah educational attainment background are selected based on convenience. The primary data have been collected in the year 2023-24, through field survey by using pre-designed survey schedule. A qualitative interview study has also been conducted to understand the overall views of Muslim religious leaders on the practices of family planning methods among Muslims. Those religious leaders are selected as respondents who are presently married and the total sample size is 180 (30 respondents from each sample CD block).

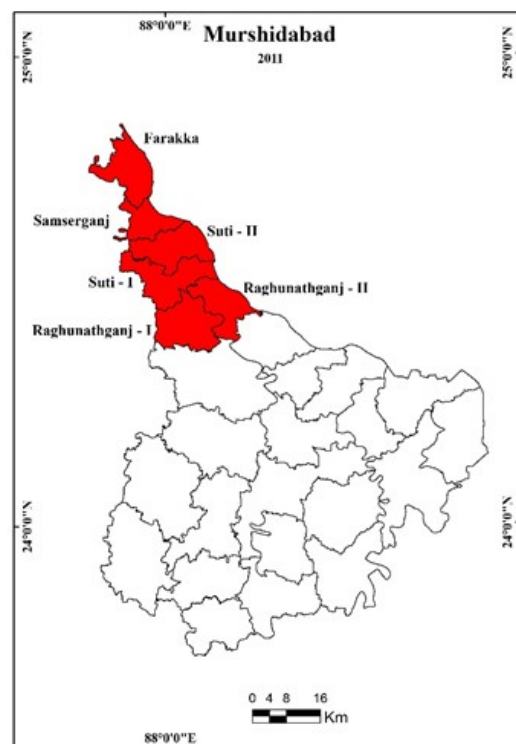


Fig.1.

## RESULT AND DISCUSSION

### Demographic and Socio-Economic Backgrounds of the respondents:

The previous studies shows that there is a strong correlation between the fertility rate of the people and their socio-economic background. Therefore, it seems very important to highlight on the demographic and socio-economic background of the respondents. Table – 1 shows the overall demographic profile of the respondents from which the basic socio-economic background of the respondents is revealed. The table shows that the overall fertility rate of the respondent imams is quite high (4.93 live births/respondent couples) and the use of modern contraceptives are very less popular among them (10.56 percent). High percentage of religious leaders have been belonged from joint family system (59.44) which may promote high fertility rate for them. It is derived through the analysis of field survey data that a section of Muslim religious leaders (9.44 percent) believed that the total number of children should be ‘up to God’ and they are not using any kinds of traditional as well as modern contraceptives, which in turn increase their overall fertility rate. Among various socio-economic factors of fertility, the educational attainment level is considered as the important one.

crucial impact on the fertility (Khan & Anwaruzzaman, 2021). Because of that the data of the educational attainment level of the religious leader’s wives are also collected and analysed in the present study. The average modern secular educational attainment level of the respondent imam wives is observed higher (4.09 years) than their husband (1.86 years). A negative correlation is observed between the fertility level of the respondent couple and the average modern secular educational attainment level of the respondent imam wives. The average number of family size of the respondent religious leaders are quite high i.e., 6.73 and this significantly lower down the per capita monthly income of the respondent families (Rs 1165.57/ family member). The percentage of respondent Muslim religious leader families fall in BPL (Below Poverty Line) category is 26.11. In a number of previous studies, the wastages of conception i.e., all kinds of death of live births under the age of 6 years is also considered as a significant positive impact on high fertility rate and in present study it is also quite high (41.71 per thousand live births). The percentage of institutional delivery and C-section delivery is observed to be quite poor among the respondent couples i.e., 47.19 percent and 4.74 percent; which may have strong relation with their high fertility level.

**Table 1. Demographic Profile of the Respondents**

Sl. No.	Demographic Attributes	Data (2023-24)
1	Total Number of Respondent Muslim Religious Leaders (Imam)	180
2	Average Religious Educational Attainment Level of the Respondent Imams (Year of Madrasah Schooling)	9.66
3	Average Modern Secular Educational Attainment Level of the Respondent Imams (Year of Modern Secular Schooling)	1.86
4	Average Religious Educational Attainment Level of the Respondent Imams Wives (Year of Madrasah Schooling)	3.64
5	Average Modern Secular Educational Attainment Level of the Respondent Imams Wives (Year of Modern Secular Schooling)	4.09
6	Percentage of Imams having Joint Families	59.44
7	Muslim Religious Leaders Couples Who have ever Used Any Modern Contraceptives (%)	10.56
8	Muslim Religious Leaders Couples Who Adopted Sterilization (%)	0.56
9	Average Number of Live Births per Respondent Couple	4.93
10	Average Age at Marriage of the wives of Respondent Imams (years)	19.06
11	Child marriage for the Respondent Imams Wives (%)	28.33
12	Average Age Gap between Husband-Wife (Years)	4.34
13	Average number of family size	6.73
14	Infant Death Rate	23.68
15	Wastage of Conception (All deaths of live births under the age of 6 years per thousand live births.)	41.71
16	Institutional Delivery (%)	47.19
17	C-Section Delivery rate (%)	4.74
18	Work participation rate among respondent imam wives (%)	0.00
19	BPL (Below Poverty Line) Card Holder Families (%)	26.11
20	Average monthly per capita income of the respondent families (Rs)	1165.57

The present study shows that the respondent religious leaders i.e. imams are mainly received education from two fields (one is religious madrasa education and another is modern secular education). Average religious educational attainment level of the respondent imams (year of madrasah schooling) is quite high (9.66 years) compared with average modern secular educational attainment level of the respondent imams (1.86 years). Although the main reason behind receiving of madrasah education of the respondent imams is religion (78.33 percent), the role of long distance of modern secular educational institutions from home (8.33 percent) and poor economic conditions of the family (13.33 percent) also important. In previous studies it is already revealed that the educational attainment level of married women has very

The field survey data bring out the facts that the religious leaders are on an average 4.34 years elder than their wives and 28.33 percentage of marriage of the respondent wives have been taken place as child marriage which in further promotes higher fertility rate.

**Role of Various Socio-Economic Factors Behind the Low Use Rate of Modern Contraceptives and Higher Fertility Level among Muslim Religious Leaders:** Beside the religious factor in the present study focus is also given to find out the other various factors that are responsible for low use rate of modern contraceptives and higher fertility level among Muslim Religious Leaders. Based on field survey data (2023-24) a multiple regression analysis has been conducted to asses

the influence of some selected factors ('Birth at Home', 'Experience of Child Death', 'Above Middle Level Modern Secular Educational attainment of Married Muslim Women, 'Family Type', 'Per-capita Monthly Income') on the total number of live births (fertility level) of the couple of Muslim Religious Leaders. In this model, it is noticed that in combination with all the five independent variables accounted for 84.40 percent of the variability in the total number of live births of the respondent religious leader couples. Here,  $R^2 = 0.844$ , adjusted  $R^2 = 0.839$ ,  $F(5, 174) = 188.231$ ,  $p < 0.001$  (Table - 2). This multiple regression model clearly exhibits that the independent variables of the present study ('Birth at Home', 'Experience of Child Death', 'Above Middle Level Modern Secular Educational attainment of Married Muslim Women, 'Family Type', 'Per-capita Monthly Income') have statistically significant influence on the fertility level of the Muslim religious leader couples. The value of beta is observed to be statistically significant for all the four independent variables (Table - 3). The highest beta value is observed against the independent variable 'Per-capita Monthly Income' (beta = -0.459,  $p < 0.001$ ), which indicates that poor economic conditions of the families of Muslim religious leaders have significant positive impacts on their higher fertility level as well as social backwardness.

After the variable 'Per-capita Monthly Income' the second highest beta value is observed against the independent variable 'Family Type' (beta = 0.296,  $p < 0.001$ ), which indicates that the joint family system or high number of family members have crucial positive impact on the total number of live births or fertility level of the respondent Muslim religious leader couples. The above middle level of modern secular educational attainment level of the wives of Muslim religious leader is observed to be significant (beta = -0.115,  $p = 0.001$ ) and have negative impact on the fertility level of the Muslim religious leader couples. This indicates that with the increase of the popularity and attainment level of modern secular education among the wives of Muslim religious leaders the fertility level of the Muslims could be fall down. The incidents of child death (death of child within the age group of 0-6 years) and birth at home is observed to be significant positive impact on the fertility level of the respondent Muslim religious leader where the value of beta is 0.190 and 0.217 respectively ( $p < 0.001$ ). This indicates that the maternal health services at present is not good enough among Muslims. This further suggests that with the increase of the quality and availability of maternal health services among married Muslim women the high fertility level of the Muslims can be lower down significantly.

**Table 2. ANOVA Table for Multiple Regression Model Showing the Influence of various Socio-Economic factors on the Fertility of Muslim Religious Leaders**

ANOVA					
	Sum of Squares	df	Mean Square	F	Sig.
Regression	565.510	5	113.102	188.231	< 0.001
Residual	104.551	174	0.601		

**Views of Muslim Religious Leaders regarding various methods of Contraceptives:** The views of Muslim religious leaders (Imams) on various methods of fertility and the use of various traditional and modern contraceptives by respondent couples are discussed below under three sub-sections. Such as

**Perception of Muslim religious leaders regarding traditional contraceptive methods:** The present study shows that Muslim religious leaders possess a positive attitude toward

all kinds of traditional contraceptive methods. No single Muslim Religious Leader opposed the practices of any traditional contraceptive methods. According to these religious leaders, all kinds of traditional contraceptive methods that have no adverse impacts on the health of the couple are allowed in Islam. In the present study it is observed that a large proportion of the respondent imam couples (68.33 percent) followed various methods of traditional contraceptive only to control their number of children. Therefore, it seems very important to highlight the perception of Muslim religious leaders (imams) on various types of traditional contraceptive methods.

**Table 3. Coefficients Values of the Independent Variables of the Multiple Regression Model Showing the Influence of various Socio-Economic factors on the Fertility of Muslim Religious Leaders**

Coefficients				
Independent Variables	Standardized Coefficients	t	Sig.	Collinearity Tolerance
Birth at Home	0.217	5.752	< 0.001	0.628
Experience of Child Death	0.190	5.908	< 0.001	0.863
Above Middle Level Modern Secular Educational attainment of Married Muslim Women	- 0.115	- 3.350	0.001	0.765
Family Type	0.296	8.814	< 0.001	0.797
Per-capita Monthly Income	-0.459	-11.118	< 0.001	0.525

**Withdrawal method (coitus interruptus):** The Muslim religious leaders suggest that among various traditional contraceptive methods, the withdrawal method (coitus interruptus) is best and it was also prevalent during the time of the prophet Muhammad (SAW). The withdrawal method helps to prevent pregnancies and increase birth spacing. According to them the companions of the prophet Muhammad (SAW) were used to practice the withdrawal method and the prophet did not forbid his companions from the withdrawal method although the prophet knew about it. Several articles also suggest that the prophet Muhammad (SAW) did not forbid the withdrawal method (Wani & Anjum, 2019; Ajani, 2013). The husband can use this withdrawal method as a contraceptive when the wife has no issue with this. If the wife does not agree to the withdrawal method, then the husband has no right to follow this contraceptive method. The success of this method depends on great practices and mistakes of a moment can lead to the result of pregnancy. In the present study it is observed that all the respondent imam couples (100 percent) are practised the withdrawal method i.e., coitus interruptus for at least one time as a method of family planning. The percentage of imam couples who are only followed withdrawal method to control their number of children is 57.78.

**Breast Feeding:** According to the local Muslim religious leaders in the holy book of the Quran the word 'breast feeding' is mentioned several times which is evident that it is very important in Islam. According to the religious leaders' continuous breast feeding prevents the women from getting pregnant. Many articles also support that breast feeding prolonged infertility or child spacing (McNeilly, 1997; Saadeh & Benbouzid, 1990; Howie, 1991) and hence helps in not getting pregnant. According to the views of local Muslim religious leaders in the study area minimum of two years of

continuous breast feeding may work as a good method to increase the birth space between two successive children. However, a woman can get pregnant during breast feeding but the chances of getting pregnant are quite low during continuous breast feeding. Therefore, to avoid pregnancy and increase gap periods between two successive children it is advisable to practise withdrawal method (coitus interruption) along with breastfeeding. The study shows that around 20 percent of Muslim religious leaders suggest that breast feeding before intercourse significantly reduces the chances of getting pregnant for a woman. In the present study all the imam couples have given importance on breast-feeding to prolonged the post-partum infertility as well as to secure good health of their child.

**Safe Period:** The Muslim religious leaders also considered the 'safe period' as an effective method of contraceptives. They mentioned that intercourse during the time of menstruation is 'Haram' (strictly prohibited) according to Islam. However, the couple can follow the 'safe period' method for contraception. The problem with the 'safe period' method mainly is for those women who have irregularities in the menstruation cycle and unawareness. This method is completely safe for the health of women and is not prohibited in Islam. In the present study it is observed that a major proportion of the imam couples (52 percent) have lack of proper knowledge about 'safe period' method and considered the withdrawal method as more reliable for traditional family planning method. According to them the 'safe period' method is riskier than withdrawal method.

**Perception of Muslim religious leaders regarding modern temporary contraceptive methods:** The Muslim religious leaders are divided into three groups regarding the acceptance of various modern contraceptives. The first group (6.67 percent) considered that all kinds of modern temporary contraceptive methods (contraceptive pill, condom, IUD, contraceptive injection) are accepted in Islam. The second group (48.33 percent) considered that only some selective modern contraceptives are allowed in Islam. The last group i.e., the third group (45 percent) mentioned that all kinds of modern temporary contraceptives are prohibited in Islam (Fig. 2).

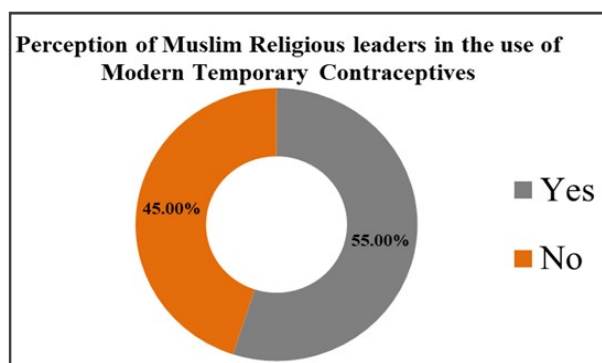


Fig. 2.

Among various temporary modern contraceptives, the contraceptive pill (oral pill) is considered accepted in Islam by the highest percentage of Muslim religious leaders (55 percent). On the other hand, among various temporary modern contraceptive methods, contraceptive injection is supported by the lowest number of Muslim religious leaders (6.67 percent) and opposed by most of the religious leaders (83 percent). After the oral contraceptive pill, the next popular (among

Muslim religious leaders) method of modern temporary contraceptives is condoms (23.33 percent). Around 18.33 percent of Muslim religious leaders considered that IUDs can be used as contraceptives but if only it does not affect the health conditions of the women (Fig. 3). According to Muslim religious leaders, the discussion with health professionals (preferably Muslim health professionals) is significantly important before choosing modern temporary contraceptive methods to avoid negative health consequences.

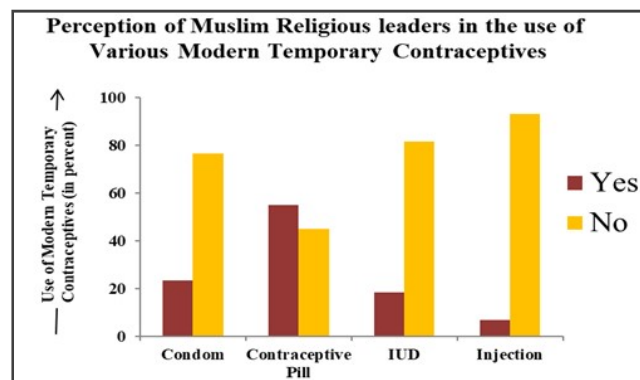


Fig. 3.

**Perception of Muslim religious leaders regarding sterilization, abortion & emergency contraceptive pill:** All the religious leaders confirmed that in normal situations any kind of permanent method of contraceptives (tubal ligation and vasectomy) is not accepted in Islam. In some selected situations only the sterilization contraceptive method is accepted by some Muslim religious leaders. According to 18.33 percent of leaders, when the pregnancy can put the life of the mother in danger then in these selected situations only the women can adopt the tubal ligation method with the consultation of a doctor (preferably a Muslim doctor). Abortion is not a way of contraceptive method but in some cases to avoid unwanted pregnancy (contraceptive failure, rape victim, defective fetus, etc.) and birth many people are forced to do abortions. But only 8.33 percent of Muslim religious leaders accepted abortion when the life of the mother was in danger only and 1.67 accepted abortion for rape victims (Fig. 4).

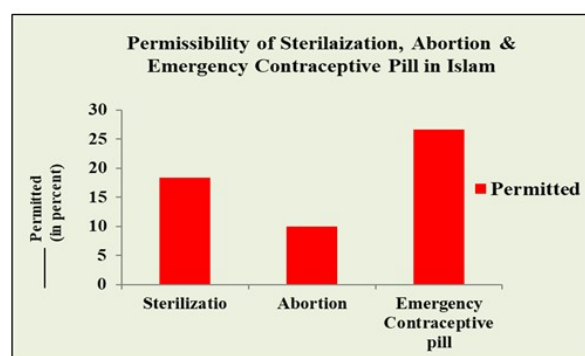


Fig. 4

The leaders also state that in any case the abortion should not be done after 120 days of conception. No Muslim religious leaders accepted abortion in case of fetus defection and contraceptive failure. A significant proportion of common people used to practice emergency contraceptive pills to avoid unwanted pregnancy. However, most religious leaders do not support the use of emergency contraceptive pills. Only 26.67 percent of Muslim religious leaders consider that emergency

contraceptive pills can be used to avoid unwanted pregnancy. According to them the emergency contraceptive pill/abortion pill should be taken as soon as possible after intercourse or confirmation of pregnancy and should not be taken after 40 days of conception.

## CONCLUSION

The above study suggests that Muslim religious leaders are more comfortable in using temporary modern contraceptives than permanent (sterilization). Therefore, promoting temporary modern contraceptives in Muslim-majority areas will appear more fruitful in reducing the high fertility rate of Muslims in the study area as well as in the country. The Muslim religious leaders do not prefer the term 'limitation of birth' rather they prefer the term 'birth spacing' in the application of family planning programmes. According to the Muslim religious leaders, the main purpose of using traditional as well as modern contraceptives is only increasing 'birth spacing' for the good rearing of the children and this will eventually reduce the fertility level of the Muslims. The limitation of children's numbers due to poverty is not accepted in Islam. Therefore, Muslims should not use any kinds of contraceptives to limit their number of children but can practice increasing birth spacing. Another important thing mentioned by the religious leaders is that sex determination and killing the fetus is strictly prohibited in Islam and practices of contraceptives are only allowed when both partners are agreed. Around 18 percent of Muslim religious leader couples used modern contraceptives at least once in a lifetime and the average number of children of the Muslim religious leaders is 3.93; which indicates that they are following either traditional or modern contraceptive methods. Only 11.67 percent of Muslim religious leaders have not used any kind of contraceptive method (traditional and modern) and have views that the child is a gift of God and the ultimate number of children is up to God. The Muslim religious leaders who are younger (below 45 years) have more positive attitudes towards the practices of contraceptives than older (above 45 years). The poor knowledge of Muslim religious leaders regarding various modern contraceptives is observed as a significant barrier to using modern contraceptives. In the end, it can be concluded that there are significant controversies prevailed among Muslim religious leaders regarding the use of contraceptives, and thus arrangement of special training for Muslim religious leaders regarding the practices of contraceptives can significantly change their views positively towards the practices of various modern contraceptives; this will finally successfully help in reducing the overall fertility level of the Muslims in the state.

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