

Exploring User-Centered Counseling in Contraceptive Decision-Making: Evidence from a Field Experiment in Urban Malawi

Mahesh Karra, Kexin Zhang

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November 10, 2020

Motivation

- ▶ Family planning service provision is a **bidirectional** process, where:
 1. clients have a set of prior beliefs (fertility/spacing/method...)
 2. providers guide clients to realize their preferences and achieve desired outcomes (fertility-related or others)
- ▶ The contraceptive prevalence rate has been increasing in Malawi, from 46.1% (MDHS 2010) to 59.2% (DHS 2015-16)
- ▶ In spite of this increase in CPR, are women using the “right methods” that reflect their preferences?
 - ▶ Around 37% discontinued their contraceptive methods in less than 12 months, which suggests that frictions exist in women's realization of their ideal method

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 - ▶ Counselors introduce all FP methods following the FP 'Kulera' counseling flipchart as specified by MOH [▶ Family Planning Flipchart](#)
 - ▶ Aim of this approach: to achieve "informed choice" - clients informed about all possible methods
- ▶ How well does such a counseling approach do in helping women make informed decisions?
 - ▶ **Informed decisions**: update beliefs and preferences and act on these updated preferences
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This Paper

- ▶ Tests a **user-centered counseling approach** aimed to help women **identify** and **realize** their true preferences for contraceptive methods
- ▶ Implements a RCT to examine the role of user-centered counseling on clients' **concordance between stated and revealed preferences**
- ▶ Investigates two channels through which user-centered information provision affects concordance between stated and revealed preferences: **male involvement** and **tailored counseling**

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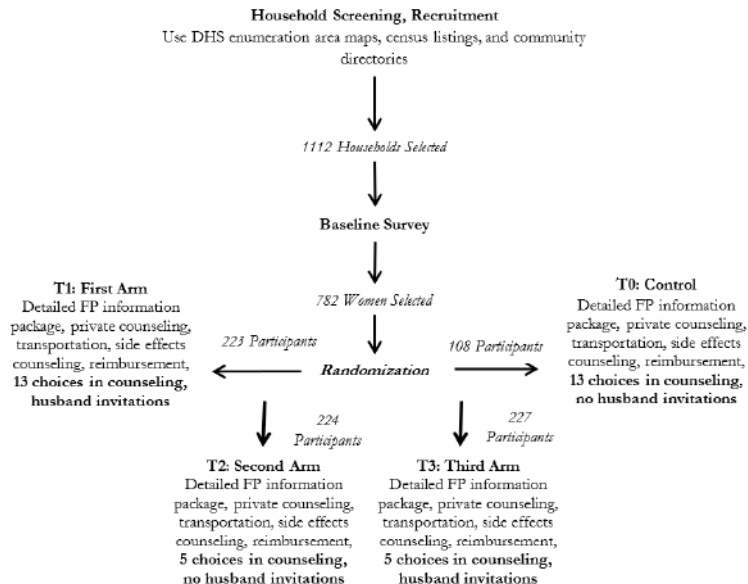
Preview of Results

- ▶ Women **who received the short counseling procedure** were:
 - ▶ **slightly more likely** to change their stated ideal method over time
 - ▶ **less likely** to have picked up their stated ideal method at follow-up
 - ▶ **more unsatisfied** with their currently used method at follow-up

Preview of Results, Cont'd

- ▶ Women **who were encouraged to invite their husband to counseling** were:
 - ▶ **less likely** to change their ideal method from counseling to follow-up
 - ▶ **more likely** to switch from their currently used method to another method from counseling to follow-up (marginally significant)
 - ▶ **more likely** to pick up their stated ideal method at follow-up
 - ▶ **not more satisfied** with their current method at follow-up

Experiment Design



Two Interventions

	No Husband	Husband
Long Counseling	T0: 108	T1: 223
Short Counseling	T2: 224	T3: 227

- ▶ **Husband Invitation option** to let the woman choose whether to invite her husband to the FP counseling session
 - ▶ differs from existing studies on male involvement
 - ▶ ⇒ provides the “option” to invite husband rather than “inform them” they were assigned to receive couple counseling

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Two Interventions, Cont'd

▶ Tailored Short Counseling Procedure

1. **elicits woman's preferred method attribute and the rank of attributes** if more than one attribute was chosen

▶ Survey Question - Eliciting Top Attribute ▶ Eliciting Top Attribute

2. counsels women on methods mapped to the most preferred attribute

▶ Method-Attribute Mapping

▶ Flipcharts

▶ Eligibility Criteria

▶ Balance Tables

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Post Counseling Services

- ▶ Following counseling, women receive a **bundle of free FP services** for one month starting from the counseling day
- ▶ Three Components:
 1. free transportation to the Good Health Kauma Clinic
 2. coverage of all **FP-related expenditure** incurred during the service period
 3. Free mobile credit to women to make appointments by phone with field manager / taxi driver

▶ ID cards

▶ Private taxi

▶ the Good Health Kauma Clinic

Summary Statistics

Summary statistics	Mean	N	Std. Dev.
Age	26.1	781	4.51
Total number of children	2.1	777	1.07
Desired Num. of Children	3.5	775	.85
Education	1.34	781	.53
Currently working	.56	781	.5
First cohabitation age	18.04	755	2.67
Lived w/ men once or more	.83	775	.38
Current/Ever Contraceptive usage	.99	777	.11
Current Use	.87	777	.33
Top 1 Attribute	.53	777	.5
Weight to top 1 attribute	16.54	777	4.42
Intention to switch methods	.37	679	.48
Husband Supportiveness towards Contraception	1.4	774	.91

Note: Currently working refers to women's working status at the baseline. First cohabitation age refers to the age at which women started to live with her (first) husband. Top attribute refers to whether the top method attribute is effectiveness or not. Weight to top attribute refers to the number of beans (out of 20 beans) the woman assigned to their top method attribute. Intention to switch methods is woman's answer to the question, "if you had the choice to switch to another method, would you like to switch?" Husband approval towards contraception refers to the question, "on a scale of 1 to 5, with 1 being strongly supportive and 5 being strongly opposed, how do you believe your husband feels towards using family planning methods?"

Empirical Framework

$$Y_i = \alpha + \beta_S \cdot Short_i + \mathbf{X}_i\gamma + \varepsilon_i \quad (1)$$

$$Y_i = \alpha + \beta_H \cdot Husb_i + \mathbf{X}_i\gamma + \varepsilon_i \quad (2)$$

where:

- ▶ Y_i : outcome variable of interest - Δ stated ideal method, Δ used method, uptake of ideal method, and concordance of current use and the ideal method
- ▶ $Short_i$: short counseling treatment, i.e., tailored counseling
- ▶ $Husb_i$: husband invitation treatment, i.e., the option to invite husband to receive counseling
- ▶ X_i : a vector of baseline control variables - women's age, contraceptive use, chosen method attribute, total number of children, working status, ethnicity (Chewa or others)
- ▶ Area fixed effects are controlled and standard errors are heterogeneity-robust

Results - Short Counseling

- ▶ Women who received short counseling were:
 - ▶ **slightly but not significantly more likely** to change their stated ideal method from counseling to follow-up by 7.8 percent ▶ Short Ideal Method Change
 - ▶ **less likely** to have picked up their stated ideal method at follow-up by 16.8 percent ▶ Short Counseling Uptake
 - ▶ **more unsatisfied** with their currently used method at follow-up by 12.1 percent
 - ▶ ⇒ their relative inability to act on their change in preferences (in spite of increased access from FP package)

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 - ▶ **more likely** to switch from their currently used method to another method from counseling to follow-up by 25.4 percent (marginally significant) ▶ Husband Current Method Change
 - ▶ **more likely** to pick up their stated ideal method at follow-up by 17.0 percent, but were **no more satisfied** with their current method at follow-up ▶ Husband Uptake of Stated Ideal Method
▶ Husband Switching Intention

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Discussion

- ▶ While both interventions seek to **prioritize women's preferences**, and move closer towards the goal of “helping women make informed choices on FP”, neither approach likely gives strictly preferred outcomes
- ▶ While short counseling encouraged women to (slightly more) freely express and change contraceptive preferences over time, **preferences were hardly realized**

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Discussion, Cont'd

- ▶ While encouraging women to invite their husbands motivated them to realize their preferences, it **discouraged women's expression of true preferences**
 - ▶ Women's stated preferences, conditional on inviting their husbands, have internalized husband's preferences
 - ▶ \Rightarrow may lead to a deviation of stated ideal method from their personal preferred contraceptive method.

Conclusions / Next Steps

- ▶ It would be necessary to further explore the **trade-off** women face between
 1. **making independent decisions** to reflect their individual preferences, and
 2. **incorporating their husband's / family's preferences** to make “jointly / socially better-off,” but not necessarily “individually better off”, decisions
- ▶ The current sample size is too small to allow for the examination of interaction effects
- ▶ Additional research is warranted to better understand women's true preferences expressed without husband's participation

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Related Literature

▶ Family Planning Counseling

- ▶ Ali, Cleland, and Shah (2012), Kim, Kole, and Mucike (1998), Simmons, Baqee, Koenig, and Phillips (1988), Sultan, Cleland, Ali (2002), Douthwaite and Ward (2005), Barber (2007), Ceylan, Ertem, Saka, and Akdeniz (2009), Lee, Parisi, Akers, Borrero, and Schwarz (2011), Weaver, Frankenberg, Fried, Thomas, Wheeler, and Paul (2013)
- ▶ ⇒ Conducts a randomized controlled trial to understand factors that affect concordance of women's preferences and choices

▶ Cognitive overload, attribute salience, the Paradox of Choice

- ▶ Hensher (2006), Hogarth and Einhorn (1992), Deck and Jahedi (2015), Bordalo, Gennaioli, and Shleifer (2012), Thaler, Sunstein, and Balz (2010), Delavande (2008)
- ▶ ⇒ Provides evidence on the role of attribute salience in choice-making in the family planning realm

Related Literature, Cont'd

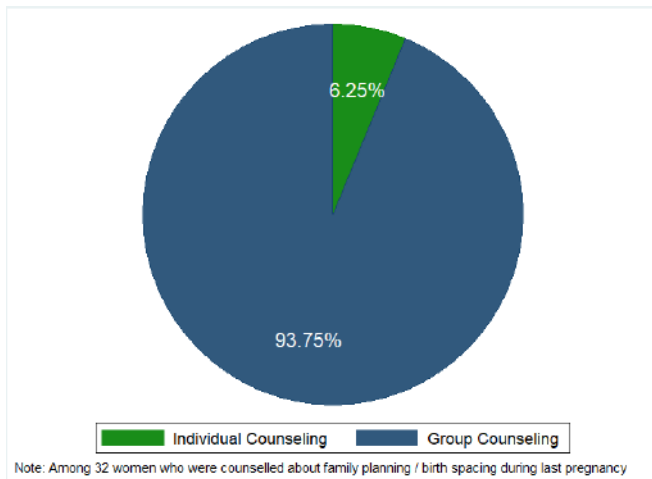
▶ **Male Involvement in Family Planning Counseling**

- ▶ El- Khoury et al. (2016), Wang et al. (1998), Terefe and Larson (1993), Shattuck et al. (2011), Ashraf et al. (2014), and McCarthy (2015)
- ▶ ⇒ **Leaves it up to the woman whether to invite husband to the counseling session rather than coerce couples to receive the counseling**

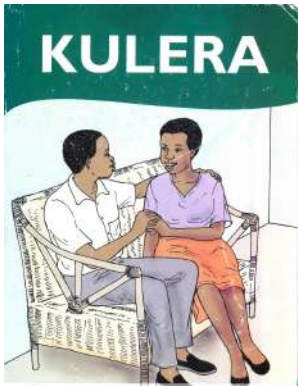
▶ **Choice range and switching intention**

- ▶ Curtis and Blanc (1997), Steele and Chloe (1997), Ali, Cleland, and Shah (2012)
- ▶ ⇒ **Investigates two channels through which information provision affects concordance between stated and revealed preferences, i.e., male involvement and tailored counseling**

Counseling Practice in Malawi



The Recommended FP Counseling Practice



◀ Go Back

- ▶ MOH, RHD
- ▶ Counselors introduce all 13 methods following the order in the flip chart
 - ▶ Male/Female Sterilization
 - ▶ IUD
 - ▶ Implants
 - ▶ Injectables
 - ▶ Pills/ECP
 - ▶ Male/Female Condoms
 - ▶ Standard Days Method
 - ▶ Two-Day Method
 - ▶ Rhythm Method
 - ▶ LAM

Survey Question for Eliciting Top Method Attribute

In choosing a contraceptive method, what feature(s) would be most important to you? CHOOSE ALL THAT APPLY.

- EFFECTIVE AT PREVENTING PREGNANCY
- CAN BE USED WITHOUT ANYONE ELSE KNOWING
- PROTECTS AGAINST STI/HIV
- DURATION OF EFFECT / LASTS LONG
- NO RISK OF HARMING HEALTH
- NO EFFECT ON REGULAR MONTHLY BLEEDING
- NO UNPLEASANT SIDE EFFECTS
- SHOULD NOT BE HORMONAL
- LOW COST
- EASILY AVAILABLE AT THE CLINIC
- CAN BE USED FOR A LONG TIME WITHOUT NEED TO VISIT CLINIC OR RE-SUPPLY
- WILL BE ABLE TO GET PREGNANT WHEN I WANT
- NO NEED TO GO TO A CLINIC TO OBTAIN THE METHOD
- NO RISK OF INFERTILITY
- NO NEED TO REMEMBER USING THE METHOD
- WANT TO TRY SOMETHING NEW / TIRED OF OLD METHOD
- MY DOCTOR RECOMMENDED IT TO ME
- MY HUSBAND WANTED ME TO USE THIS METHOD
- OTHER WOMEN IN MY FAMILY HAVE USED THIS METHOD
- FRIENDS HAVE USED THIS METHOD
- DOES NOT INTERRUPT SEX
- OTHER
- DON'T KNOW
- REFUSED

Eligibility Criteria for Recruitment

- ▶ 782 women in Lilongwe that:
 1. were married
 2. were between the ages of 18 and 35
 3. lived in the city of Lilongwe (permanent residents)
 4. were currently non-pregnant and did not give birth in the 6 months prior to the initial screening
 5. had neither been sterilized nor have had a hysterectomy
 6. had given birth to at least one child (one live birth) in their lifetime
 7. lived with their husbands at the time of the screening

Eliciting Top Attribute

- ▶ Eliciting Women's most valued attribute about contraceptive methods
 - ▶ 20 Counters to be allocated across at most 3 attributes



Short Counseling - Attribute-Method Assignment

FLIP CHARTS - ATTRIBUTES AND METHODS		
FLIP CHART COLOUR	METHODS	ATTRIBUTES
BLUE	<ol style="list-style-type: none"> 1. Sterilization 2. IUD 3. Implants 4. Injectables 5. Pill 	<p>Effective at preventing pregnancy</p> <p>Duration of effect/lasts long</p>
PURPLE	<ol style="list-style-type: none"> 1. LAM 2. Two-day method 3. Rhythm Method 4. Standard Days Method 5. Condoms 	<p>No risk of harming health</p> <p>No effect on monthly bleeding</p> <p>No unpleasant side effects</p> <p>Low-cost</p> <p>No risk of infertility</p> <p>Non-hormonal</p> <p>No need to go to the clinic to obtain</p>
PINK	<ol style="list-style-type: none"> 1. Condoms 2. Two-day method 3. Rhythm Method 4. Standard Days Method 5. IUD 	<p>Immediate return to fertility</p>
YELLOW	<ol style="list-style-type: none"> 1. condoms 	<p>Protects against HIV/STI</p>
GRAY	<ol style="list-style-type: none"> 1. IUD 2. Implants 3. Sterilization 4. Pills 5. Injectables 	<p>WANT TO TRY SOMETHING NEW / TIRED OF OLD M</p> <p>MY DOCTOR RECOMMENDED IT TO ME</p> <p>MY HUSBAND WANTED ME TO USE THIS METHOD</p> <p>OTHER WOMEN IN MY FAMILY HAVE USED THIS M</p> <p>FRIENDS HAVE USED THIS METHOD</p> <p>EASILY AVAILABLE AT CLINIC</p>
ORANGE	<ol style="list-style-type: none"> 1. Sterilization 2. IUD 3. Implants 4. Injectables 	<p>No need to remember to use</p>

Balance Table: Short Counseling

	All	Short	Long	Difference
Age	26.10	26.11	26.08	-0.03
Total No. of Children at BL	2.10	2.06	2.15	0.08
Desired number of children	3.50	3.49	3.50	0.01
Education	1.34	1.33	1.37	0.04
Currently working	0.56	0.57	0.56	-0.02
First cohabitation age	18.04	18.05	18.01	-0.04
Lived w/ men once or more	0.83	0.82	0.83	0.01
Current/Ever use of FP	0.99	0.99	0.99	0.00
Current use of FP	0.87	0.88	0.87	-0.00
Top attribute is effectiveness	0.53	0.53	0.53	0.00
Weight to top attribute	16.54	16.59	16.46	-0.13
Intention to switch methods	0.37	0.38	0.34	-0.04
Husband supports FP	1.40	1.42	1.38	-0.04
Observations	782	451	331	782

Note: Currently working refers to women's working status at the baseline. First cohabitation age refers to the age at which women started to live with her (first) husband. Top attribute refers to whether the top method attribute is effectiveness or not. Weight to top attribute refers to the number of beans (out of 20 beans) the woman assigned to their top method attribute. Intention to switch methods is woman's answer to the question, "if you had the choice to switch to another method, would you like to switch?" Husband approval towards contraception refers to the question, "on a scale of 1 to 5, with 1 being strongly supportive and 5 being strongly opposed, how do you believe your husband feels towards using family planning methods?"

Balance Table: Husband Invitation

	All	Husband	No Husband	Difference
Age	26.10	26.22	25.93	-0.30
Total No. of Children at BL	2.10	2.14	2.04	-0.10
Desired number of children	3.50	3.47	3.54	0.07
Education	1.34	1.35	1.34	-0.01
Currently working	0.56	0.56	0.57	0.02
First cohabitation age	18.04	18.05	18.02	-0.03
Lived w/ men once or more	0.83	0.84	0.81	-0.03
Current/Ever use of FP	0.99	0.99	0.98	-0.01
Current use of FP	0.87	0.87	0.88	0.00
Top attribute is effectiveness	0.53	0.53	0.53	0.00
Weight to top attribute	16.54	16.61	16.44	-0.17
Intention to switch methods	0.37	0.35	0.39	0.05
Husband supports FP	1.40	1.40	1.40	0.00
Observations	782	450	332	782

Short Counseling -Ten Flip charts

- ▶ All flipcharts corresponding to all “top attributes”

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ID cards

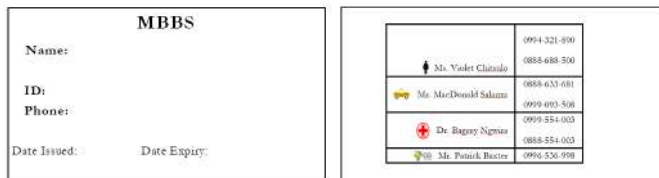


Figure 1: Women's ID cards for picking up services

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Private Taxi



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The Good Health Kauma Clinic



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Short Counseling - Ideal Method Change

Table 1 Pre-Counseling and Follow-up Ideal Methods

	Unadjusted ITT	Compliance	Controls ITT	Compliance	More Controls ITT	Compliance
Short Counseling (1 = Yes)	0.0320 [-0.0470,0.111]		0.0305 [-0.0492,0.110]		0.0340 [-0.0467,0.115]	
Short Counseling (1 = Yes)		0.0438 [-0.0350,0.123]		0.0392 [-0.0404,0.119]		0.0397 [-0.0409,0.120]
Observations	629	629	628	628	627	627
Adjusted R ²	-0.001	0.000	-0.002	-0.001	-0.007	-0.007
Mean Outcome in Control	0.438	0.431	0.438	0.431	0.438	0.431

Note: The dependent variable is a dummy taking the value of 1 if the follow-up ideal method differs from the pre-counseling ideal method. Area fixed effects are included, and heteroscedasticity-robust standard errors are presented.

* $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$

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Short Counseling - Uptake of Stated Ideal Method

Table 3 End of Counseling Ideal Method and Follow-up Current Method

	Unadjusted ITT	Compliance	Controls ITT	Compliance	More Controls ITT	Compliance
Short Counseling (I = Yes)	0.0895** [0.0113,0.168]		0.0815** [0.00534,0.158]		0.0709** [-0.00582,0.148]	
Short Counseling (I = Yes)		0.0949*** [0.0169,0.173]		0.0856** [0.00959,0.162]		0.0760** [-0.000621,0.153]
Observations	639	639	638	638	637	637
Adjusted R²	0.006	0.007	0.071	0.071	0.075	0.076
Mean Outcome in Control	0.423	0.420	0.423	0.420	0.423	0.420

Note: The dependent variable is a dummy taking the value of 1 if the follow-up current method differs from the end-of-counseling ideal method women wanted to pick up at the clinic. Area fixed effects are included, and heteroscedasticity-robust standard errors are presented.

* p < 0.1, ** p < 0.05, *** p < 0.01

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Short Counseling - Switching Intention

Table 2 Current Method and Ideal Method at the Follow-up Session

	Unadjusted ITT	Compliance	Controls ITT	Compliance	More Controls ITT	Compliance
Short Counseling (1 = Yes)	0.0755** [-0.00201,0.153]		0.0669** [-0.00848,0.142]		0.0674** [-0.00898,0.144]	
Short Counseling (1 = Yes)		0.0841** [0.00686,0.161]		0.0727** [-0.00256,0.148]		0.0743** [-0.00209,0.151]
Observations	637	637	636	636	634	634
Adjusted R²	0.004	0.006	0.060	0.061	0.054	0.055
Mean Outcome in Control	0.556	0.551	0.556	0.551	0.556	0.551

Note: The dependent variable is a dummy taking the value of 1 if the follow-up ideal method differs from the follow-up current method. Area fixed effects are included, and heteroscedasticity-robust standard errors are presented.

* p < 0.1, ** p < 0.05, *** p < 0.01

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Husband Invitation - Ideal Method Change

Table 4 Pre-Counseling and Follow-up Ideal Methods

	Unadjusted ITT	Compliance	Controls ITT	Compliance	More Controls ITT	Compliance
Husband	-0.0706** [-0.149,0.00822]		-0.0772** [-0.157,0.00225]		-0.0745** [-0.155,0.00581]	
Husband		0.0116 [-0.0940,0.117]		0.0227 [-0.0828,0.128]		0.0164 [-0.0911,0.124]
Observations	629	629	628	628	627	627
Adjusted R ²	0.003	-0.002	0.003	-0.003	-0.003	-0.008
Mean Outcome in Control	0.496	0.454	0.496	0.454	0.496	0.454

Note: The dependent variable is a dummy taking the value of 1 if the follow-up ideal method differs from the pre-counseling ideal method. Area fixed effects are included, and heteroscedasticity-robust standard errors are presented.

* $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$

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Husband Invitation - Current Method Change

Table 5 Counseling and Follow-up Current Methods

	Unadjusted ITT	Compliance	Controls ITT	Compliance	More Controls ITT	Compliance
Husband	0.0443 [*] [-0.0149,0.104]		0.0430 [*] [-0.0160,0.102]		0.0386 [-0.0205,0.0977]	
Husband		0.0788 ^{**} [-0.00863,0.166]		0.0837 ^{**} [-0.00356,0.171]		0.0917 ^{**} [0.00394,0.179]
Observations	637	637	636	636	635	635
Adjusted R ²	0.002	0.004	0.034	0.038	0.028	0.033
Mean Outcome in Control	0.152	0.164	0.152	0.164	0.152	0.164

Note: The dependent variable is a dummy taking the value of 1 if the follow-up current method differs from counseling used method. Area fixed effects are included, and heteroscedasticity-robust standard errors are presented.

* $p < 0.1$, ** $p < 0.05$, *** $p < 0.01$

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Husband Invitation - Uptake of Stated Ideal Method

Table 7 End-of-Counseling Ideal Method and Follow-up Current Method

	Unadjusted ITT	Compliance	Controls ITT	Compliance	More Controls ITT	Compliance
Husband	-0.0865** [-0.165,-0.00808]		-0.0882** [-0.165,-0.0112]		-0.0889** [-0.166,-0.0117]	
Husband		.00981** [-0.200,0.00409]		-.0605* [-0.181,0.0204]		-.0769* [-0.180,0.0263]
Observations	639	639	638	638	637	637
Adjusted R ²	0.006	0.004	0.072	0.068	0.078	0.074
Mean Outcome in Control	0.524	0.491	0.524	0.491	0.524	0.491

Note: The dependent variable is a dummy taking the value of 1 if the follow-up current method differs from the end-of-counseling ideal method women wanted to pick up at the clinic. Area fixed effects are included, and heteroscedasticity-robust standard errors are presented.

* p < 0.1, ** p < 0.05, *** p < 0.01

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Husband Invitation - Switching Intention

Table 6 Current Method and Ideal Method at the Follow-up Session

	Unadjusted ITT	Compliance	Controls ITT	Compliance	More Controls ITT	Compliance
Husband	-0.0275		-0.0320		-0.0282	
	[-0.104,0.0495]		[-0.107,0.0429]		[-0.104,0.0475]	
Husband		-0.0334		-0.00616		-0.00209
		[-0.140,0.0733]		[-0.112,0.0997]		[-0.108,0.104]
Observations	637	637	636	636	634	634
Adjusted R²	-0.001	-0.001	0.057	0.056	0.051	0.050
Mean Outcome in Control	0.615	0.605	0.615	0.605	0.615	0.605

Note: The dependent variable is a dummy taking the value of 1 if the follow-up ideal method differs from the follow-up current method. Area fixed effects are included, and heteroscedasticity-robust standard errors are presented.

* p < 0.1, ** p < 0.05, *** p < 0.01

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