

Street-based Female Sex Workers and Their Vulnerabilities: A Study in the Municipalities of Bangladesh

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Abstract:

The World Health Organization (WHO) estimated that 79.3 million people have been infected with HIV since the pandemic began; 36.3 million died, and nearly 37.7 million people were living with HIV by the end of 2020. The risk groups, including sex workers and injecting drug users, remain to be expanding gradually around the globe. Street-based sex workers (SBSWs) and their clients might have contributed to the increasing rate of sexually transmitted infections (STIs) and the human immunodeficiency virus (HIV) among people in Bangladesh and even worldwide. Both qualitative and quantitative methodologies were used in this research. SBSWs sexual conduct, perceptions of STIs and HIV/AIDS, knowledge of HIV/AIDS and prevention methods (i.e., condom-usage behavior) were studied in this research using a cluster sampling methodology. Data shows that the median age of sex workers is around 25 years old, which represents the youth group of people. The study came with the findings that a majority (75%) of the female sex workers were married at one point of their lives; and 86% of them had sex with clients within the last 24 hours where 41% of them never used condoms, while half of them mentioned that the customers were uninterested in using condoms during sexual intercourse. All these findings clearly indicate the linkage and sources of multiple forms of vulnerabilities.

Keywords: Street-based Sex Workers, Sexual Behavior, HIV/AIDS, STIs, Bangladesh

INTRODUCTION

In Bangladesh, the HIV epidemic is still under control among the general population, with a prevalence of less than 0.1%, whereas HIV prevalence among the most at-risk groups, such as sex workers, injecting drug users, and others, is 0.7%, which is higher than the general rate, even though the actual rate of HIV positive people are unknown (Mondal et al., 2009). HIV/AIDS is prevalent among female sex workers, injectable drug users, and males who have sex with men all over the world (Figuerola et al., 2008). Female sex workers and their partners are seen as a conduit for STIs and diseases to reach the public (Alary & Lowndes, 2004; El-Bassel, et

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al., 2001; Piot & Laga, 1988). Female sex workers who work off the streets (in brothels, hotels, and residential areas) are much less likely to become infected, mainly because they can control the sexual transaction to some extent and has the ability to insist on the usage of condoms (El Bassel et al., 1997; El Bassel et al., 1999; Witte et al., 1999; Wada et al., 2000). On the other hand, due to low condom use, lack of negotiation with the authorities, and their high-risk behavior, female street-based sex workers are the most at risk of being infected with HIV/AIDS, resulting in more threats to new clients (Nessa et al., 2005) and other people. Thus, most countries aimed at street-based female sex workers as their primary concern of HIV prevention programs (Nagelkerke et al., 2002; Panos Institute, 1992; Pegacao, 1991; Schoeof, 1993) since they are the most vulnerable group among sex workers. Knowledge about HIV/AIDS is a significant issue in the prevention of HIV/AIDS (UNAIDS, 2004). In terms of intervention in facilities, street-based sex workers are mostly denied, as they are traceless in most of the cases. The HIV epidemic in Asia and the Pacific varies throughout the region. For example, new HIV infections in South and South-East Asia are decreasing, whereas in East Asia, they are rising. Across all countries, affected populations are vulnerable and being left behind. Eighteen countries in the region still criminalize same-sex activities, while drug detention centers punish people who use drugs and deny them access to HIV treatment and harm reduction methods. The Vietnamese most at-risk population has a high level of knowledge regarding STIs, HIV/AIDS (Vian et al., 2012) compared to commercial sex workers in Bangladesh (Rahman, Wali-ul, & Fukui, 1998). Moreover, Kanda et al., (2009) stated that Sri Lankan construction workers have very little knowledge about HIV/AIDS. A study was conducted among female sex workers of India, which revealed that almost 99% of the respondents have misconceptions about HIV prevention (Hemalatha et al., 2011). In addition, it was seen that even though female sex workers in China have a very good knowledge about HIV/AIDS, most of them do not use condoms during sexual intercourse (Hesketh, Zhang, & Qiang, 2005). Furthermore, female sex workers in India with proper knowledge use more condoms than those without knowledge (Hemalatha et al., 2011). Although various effective intervention projects have been carried out in various parts of the world by governments and non-governmental organizations in order to reduce the spread of HIV/AIDS, in Bangladesh, the steps are at a minimum level, and intervention projects for street-based sex workers are at a very low level and are only concentrated mostly in urban areas. For these reasons, street-based sex workers in Bangladesh are the focus of this paper and their knowledge on HIV-AIDS and STIs and their practical application in nine specific municipalities in Bangladesh.

OBJECTIVES

This study was conducted to find out the sexual behavior of the street-based sex workers, their perception about STIs and HIV/AIDS, and knowledge about possible preventive measures against HIV/AIDS, more specifically, condom-use behavior. In addition to that, their differential forms of vulnerabilities were also explored in the nine municipalities in Bangladesh.

METHODOLOGY

Given the nature of street-based sex workers' business, their mobility and mode of operation, and techniques have to be adopted to gather relevant information. The quantitative method was employed primarily for collecting survey data to address the research objectives, while qualitative information about street-based sex workers was collected from different sources, including street-based sex workers, brokers or pimps, and those who are knowledgeable about this setting because of their own occupation and they worked in the respective localities. Strict ethical standards were upheld and observed. Any person involved in the research process were not harmed (physical, social, economic, psychological, and others) during the study. Respondents were informed about the study's objective in advance, and their agreement was either obtained verbally (for those who could not write) or written (for those who could write) in the questionnaire before the interview proper. The study also did not require any ethical approval from any governing authority. The quantitative data were analyzed using Statistical Packages for the Social Sciences (SPSS), while the qualitative data were analyzed under the thematic analysis categories.

STUDY AREAS AND SAMPLING TECHNIQUES

The survey was conducted in nine selected municipalities in Bangladesh namely: Chittagong, Sylhet, Cox's Bazar, Noakhali, Tecknaf, Comilla, Feni, Chandpur, and Barishal. The survey employed a cluster sampling approach with number sampling units per cluster without replacement. The participants were identified and selected based on the data of different Drop in Centre (DIC) working in those localities. The sample size was 542, and this number was considered with the desired level of confidence and acceptable errors. Survey was conducted in all the nine projected municipalities. The magnitude of the cluster sampling design was also brought under consideration. In this particular case, to be sure that the actual 'p' is within the determined range, researchers chose $p=0.5$. This always maximizes the sample size (on the basis of p, holding S.E. constant). A confidence level of 90% and an error level of $\pm 5\%$ were taken into account for determining the required sample size. For a confidence level of 90%, the standard error (S.E.) estimate is 1.645. The sample size of the survey was determined through the formula: $n = (z/\text{standard error})^2(P)(1-P)$ (a).

As mentioned, the survey employed a cluster sampling approach. Therefore, adjustment of the calculated sample size was required to address its design effect. From the worldwide survey experience, the adjustment range for cluster sampling is 1.50 to 3.00.

As a part of the quantitative method, in the survey a structured questionnaire was used for the data collection and as a part of the qualitative method; the key informant interview and observation were conducted, which was reviewed with the field investigators.

FINDINGS AND DISCUSSION OF THE STUDY

Save the Children Australia (2011) investigated to predict the number of sex workers in Dhaka and discovered that there were 11,320 sex workers in the city, most of them were on the streets. 'Floating' sex workers, who had arrived to Dhaka hoped for employment as domestic assistant or as garment factory workers. They were assaulted before joining sex work and/or sold to brothels or hotels by pimps who frequently lured them with promises of a job or marriage (Alam & Faiz, 2012).. Those who had been raped or sold felt 'spoiled,' and perceived themselves as having little alternatives other than sex employment. Because of the stigma linked to sex work, it was difficult for a woman to sell sex once she had done so.

The result depicts the estimated number of sex workers per Drop in Centre (DIC) area, and the highest number of sex workers was identified in Tecknaf, (372), and the lowest in Noakhali (135). The total number of sex workers of all DICs is estimated to be 3,103 by head counting and 4,266 through key informant interviews. The variation is obvious, as the method of estimation is -37% or +27%. Irrespective of the size of DIC areas, the average number of sex workers per DIC is estimated to be 258 by actual counting and 355 from key informant interviews. In this article, four implementing organizations operating in those locations were used to distribute sex workers and their depth of knowledge, application status, and other information from nine Bangladeshi towns. The Development Organization of the Rural Poor (DORP), the Alliance for Cooperation and Legal Aid Bangladesh (ACLAB), Nari Moittree (NM), and Nari Unnayan Shakti are the four organizations (NUS).

Socio-demographic characteristics and literacy level of street-based sex workers

The study reveals that most sex workers are young (15 to 24 years old); the mean and median age is 25 years. Out of the total sex workers, 62% are 20 to 29 years old, and one-sixth of them were under 19 years of age. On the other hand, 22% of them are 30 to 39 years old.

A majority of these women (75%) who are sex workers mentioned that they were married at some point in their lives, and half of them (50%) are now married. Out of the total sample population, around 26% of the sex workers were never married, while 21% are currently divorced.

The demographic data on sex workers reveals that most sex workers were young and divorced who treated sex work as their main source of income. Due to economic difficulties, married women were also involved, and some became victims of fraudulence who were forced into the trade.

Their age, marital status, and involvement in sex work activities, either forcibly or willingly, make them more vulnerable towards long term trauma and social and economic insecurity. As they grow older their demand in the sex market falls; thus, their income also decreased. Younger and attractive girls always attract more clients. If they wish to return to a regular life at a certain stage of their life, they are often faced with stigma by the society by being tagged as “bad women”. Therefore, they were left with no choice except to suffer in the horror of the sex market.

Table 1. Level of Literacy and School Attendance of the Surveyed Sex Workers

Level of school attendance and literacy	Sex workers under the organizations				
	DORP	ACLAB	NM	NUS	Percentage
Never attended in school	76	64	71	76	72
Primary level	19	25	19	21	21
Secondary level	5	11	8	3	7
Above secondary level	0	0	2	0	1
Literacy level (Capable of reading and writing simple Bangla)	9	30	18	21	20
No. of observation	139	132	140	131	N=542

Table 1 reveals that 72% of the sex workers never attended school and 21% only reached primary level education. Only seven percent went to high school. However, attendance in school does not always mean that they can read and/or write thoroughly. Only 20% reported that they can read and write simple Bangla. Because of their low level of literacy, they had no choice but to engage in informal work, including house maid, street selling, peddling, begging, cooking, babysitting, drug dealing, among others. The formal job market requires a higher level of literacy, skill, and a good network, but most of the time, they have none of these. Thus, the choices of joining in sex services, such as street, brothel, or hotel-based are basically either to earn easy money or as victims of fraudulence. Not only because of their literacy and education level, they are more vulnerable to HIV/AIDS and sexually transmitted infections (STIs) due to lack of common awareness of transmission and safe sex behavior. Their vulnerabilities towards HIV/AIDS also increased because of lack of access to information and health services

Sexual behavior, status of condom uses, and the perception of street-based sex workers

Among the sex workers interviewed, majority (86%) of them replied that they had sex with clients within 24 hours, and the average number of clients they served involved at least two persons in the last 24 hours. Their average number of sexual intercourse three times a day, whereas the rest (14%) had sex three times or more. The main causes of variances in daily sex involvement vary depending on their age, youngness, looks, enticing power, and health status. Workers who are younger and have a more appealing appearance attract more clients than those who are older and less smart. During the in-depth interview with the pimps/brokers, the girls aged 15 to 24 that have a fair skin complexion are more in demand, and the clients want to hire them for an overnight stay in their places because clients perceive them as energetic, healthy, and more capable in pleasing clients compared to aged women. Young girls (15 to 24) are more in demand to clients aged 20 to 45 years old. They also mentioned that middle-aged women (25 to 35 years old) are mostly hired by clients aged 30 to 50 years old. Considering the experiences of the sex workers, they believe that these aged women know how to make their clients happy rather than young girls who are less- experienced.

Among the respondents in all nine Bangladeshi municipalities under four organizations, about 59% replied that they used condom during their last sexual intercourse with their partner, whereas about 41% did not use condom either to get more money from their clients or they were unable to stop their clients from having sex

without a condom. The following chart shows the status of condom used by the surveyed sex workers in different organizations.

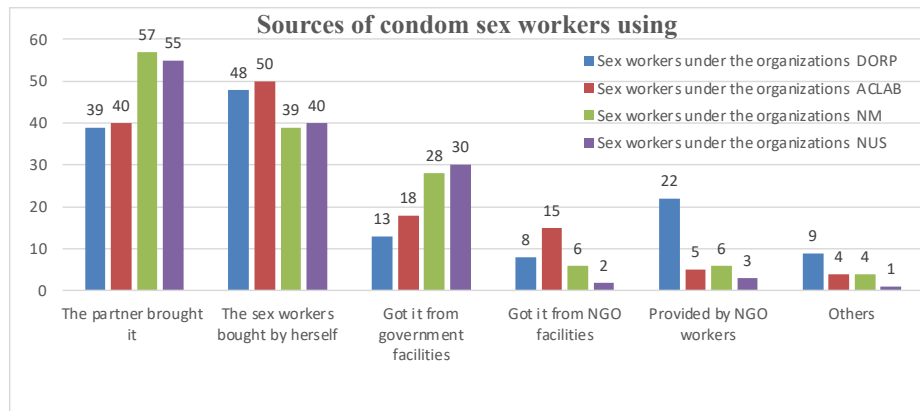


Figure 1. Sources of Condom Used by Surveyed Sex Workers

Figure 1 shows that both the qualitative and quantitative data reflects that of those who used condoms, the sources and percentage in terms of organizational areas varies. The source of condoms includes either from customers who brought condoms or from the sex workers. A very insignificant number of the sex workers received condoms from NGOs and government agencies. Government and NGOs are distributing condoms countrywide to sex workers as part of the campaign of minimizing the prevalence of HIV/AIDS and STD s. However, since street-based sex workers are not traceable in most cases, they were not fully reached by government and NGO services.

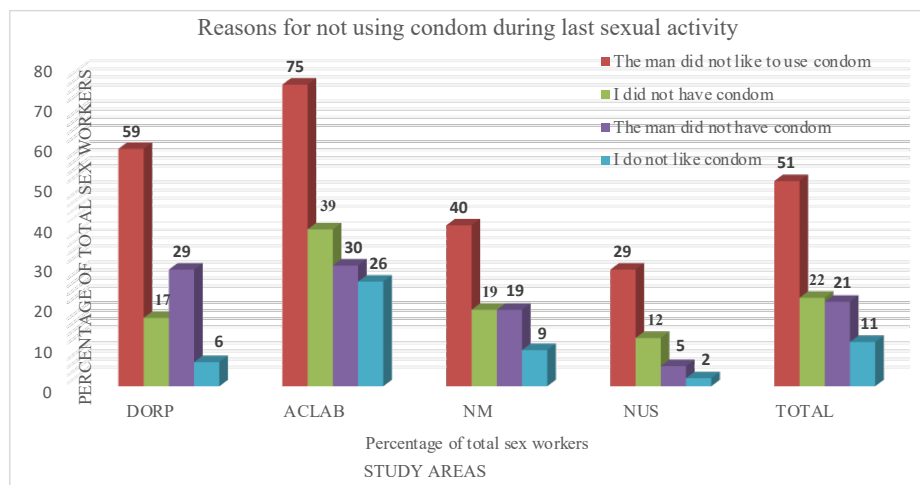


Figure 2. Reasons for Not Using Condom During Last Sexual Activity

Figure 2 reveals that when the sex workers were inquired about the reasons for not using condoms the last time they had sex, 51% of them mentioned that the customers did not like or did not want to use condoms. Additionally, the in-depth interview reflected that, sometimes, the sex workers come in negotiation of using condoms to have extra money, as their clients believe that without a condom, they get full satisfaction. The sex workers mentioned that either of the customers (21%) or the sex workers (21%) did not have any condom in their reach during the sexual intercourse. Another 11% of the sex workers, mostly older workers, mentioned

that they simply dislike condom, and when they were further questioned in the in-depth interview, they stated that using condom make them uncomfortable and itchy, especially in their private area.

It was seen that only 22% of the t sex workers, who have some level of literacy, were very confident that condom use could protect them from sexually transmitted infection and diseases, whereas a great portion (mostly uneducated) are very unaware about the effectiveness and advantages of using condom appropriately. They are also not confident about the condom's effectiveness. While 50% of them were somewhat sure that condoms may protect them from disease transmission, and around 30% of the sex workers were unsure. Their level of knowledge also varies because of the intervention of the NGO and governmental programs and seminars where they come to know about safe sex behavior.

Health status, knowledge of STIs, HIV/AIDS and health-seeking behavior

Most of the sex workers (N=334) reported having at least one type of gynecological symptoms, like vaginal discharge, ulcer, infection in perinea area, itching-irritation in the vaginal area, pain in the lower abdomen, and burning sensation during urination. Among those who had problem/s, about half of the respondents mentioned having pain in the lower abdomen. Around 30% mentioned problems, like menstrual irregularity (that may not be sexually related), enlargement of glands, warts in the vulva, and others. The similar findings were also reflected in the previous studies (Desai et al., 2003; Ndoyeet et al.; 1998). The in-depth interview revealed that most of their diseases and health-related sufferings influence their level of knowledge and literacy rate. Aside from their level of awareness and daily livelihood practices, a compromised health makes them susceptible to HIV/AIDS, STDs, and other gynecological health crises. Most of the time they ignore their diseases or just take normal medication to be cured from the local dispensary without taking consultancy from specialized doctors. They also rely on traditional healing methods (Kabiraj), most of which are not scientifically proven, that instead bring other health difficulties. The qualitative findings found that most of these women have very poor reproductive practices. It appeared that even when they had STI-related conditions, they did not seek treatment immediately. They were also less likely to receive treatment for syphilis, which was also observed in the United Kingdom (Jeal & Salisbury, 2007). Abortions were not very uncommon, and some of them had abortions more than once. Their lack of access to health services was related to both financial situation and conditions related to services that were provided in health facilities. Many of them did not perceive the need for consultations with health care providers.

Though most of the sex workers mentioned during the interview that they heard about HIV/AIDS, their knowledge regarding transmission of HIV/AIDS was limited. A majority have many misconceptions about the transmission of both AIDS and STIs. Some sex workers engage in unprotected intercourse when the customer offers significantly more money, or when some sex workers are desperate for money to buy drugs due to their addiction. In Vietnam, approximately one-third of the women engaged in sex work are drug addicts, with 20% of them injecting narcotics daily (Tran et al., 2004; Tuan et al., 2004).

Table 2. Status of Health and STI Prevalence

STI prevalence	Sex workers				
	DORP	ACLAB	NM	NUS	TOTAL
Sex workers with gynecological problems	83	80	79	92	334
Sex workers without gynecological problems	56	52	61	39	208
No. of observation	139	132	140	131	542
**Sex workers suffering from different gynecological problems					
Pain at lower abdomen	66	48	41		56
Menstrual problems	59	26	31		24
Enlargement of glands	24	43	23		19
Warts at the vulva	23	14	33		27
Unusual vaginal discharge	32	45	7		9
Ulcer at the vulva	25	25	19		15

Burning during passing urine	23	23	9	24
Pain during sexual intercourse	24	27	10	9

** Multiple responses were counted, as most of them were suffering from more than one gynecological issue.

To protect sex workers from STI, it is essential to make them aware by addressing what makes them susceptible to STDs through seminars, news papers, social media, among others, so that they can rectify themselves and practice a healthy lifestyle and proper behavior. Figure 3 below explains the respondent s’ perception regarding the transmission of STI and HIV/AIDS.

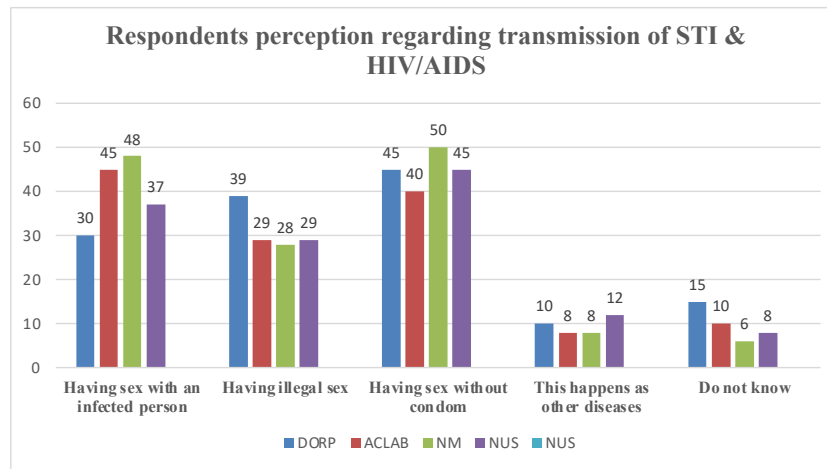


Figure 3. Knowledge about the modes of STI, HIV/AIDS infection

A majority (70%) of the sex workers under the investigation in this research mentioned that they have heard about STI and HIV/AIDS from different online (social media, satellite TV and so on) and offline platforms (peers, books, newspaper, seminar and others). More than half of the sex workers who has knowledge about STIs and HIV/AIDS believed that having intercourse with an infected individual could lead to STIs and HIV/AIDS. A large number of them also believed that using a condom would prevent them from contracting STIs during sex. Almost a quarter (25%) of the respondents stated that any type of unprotected sex (oral, anal, or vaginal) could lead to STIs or HIV/AIDS. On the other hand, a small segment of them stated that they have no knowledge or awareness of how STIs and HIV/AIDS are transmitted.

Globally, it is seen that there is a high prevalence rate of HIV/AIDS among female sex workers because of their multiple sex partners of whom mostly are injecting drug users and their practice of unsafe sexual activities. In contrast with the global trends and nature, HIV prevalence rate in Bangladesh is somewhat lower (0.1%) than the masses. Although HIV prevalence for most at-risk groups (sex workers and injecting drug users) exceeds the general rate (0.7%).

Multidimensional forms of vulnerabilities of street-based sex workers

Abuse, violence, and vulnerability characterize prostitution or selling sex, demonstrating that it is inherently exploitative (Waltman, 2011). As abolitionists, Barry (1984) and Jeffreys (1997) stated that sex work arises because of women's inferior status in the society. They feel that it is fundamentally violent. Scholars, like Brozovics (2018), Keep (2016), and Overall (1992), more or less take a somewhat different view; they argued that while sex work is not always violent, it should be eliminated since it is linked to patriarchy and capitalism. They claimed that it exists for the advantage of males and that embracing "prostitution" as "work" leads to societal imbalances. Sariola (2010) stated that focusing on whether women should or should not sell sex is elitist.

According to scholars (Brody et al., 2021; Dourado et al.; 2019; Kempadoo & Doezema, 1998; King et al., 2013), abolitionist ideas contribute to the stigmatization of sex workers by ignoring women's power to make choices. Similarly, according to Comte (2014), several studies have identified women who chose sex work and feel empowered by it, indicating that sex work is not inherently repressive. He pointed out that men's experiences working in sex work are frequently left out of the discussion, despite the fact that they suffer identical challenges to women sex workers, undermining the notion that sex work is mainly about males oppressing women.

Street-based sex workers are forced to the outside of society as a marginal group of people: victims of social exclusion; their labor is criminalized; many of them are homeless and destitute; and most of them are subjected to different forms of violence, mental illness, and addicted to drugs. Sex workers on the streets face a variety of vulnerabilities, and they have a long history of abuse. Police, underworld figures, clients, prominent brokers, and others are among those who often mentally and physical torture sex workers. Clients may subject themselves to physical torture for a variety of reasons, such as when sex workers are unable to meet their demands. Clients with overt sexually transmitted diseases, those who refused to wear condoms, and those who engaged in anal intercourse made street sex workers feel unsafe. Clients transported them outside of town where they were exploited, maltreated, and physically mistreated and sometimes killed them.

Most of the street-based sex workers are disconnected from their family; and thus, they live a life in one form of isolation. A significant number of them also have no contact with their parents, as this is regarded as a very shameful and sinful profession in a traditional society like Bangladesh. Thus, to uphold the family status, their parents disconnect ties with them just to avoid stigmatization and to uphold their status in the neighborhood.

According to various research (Alam & Faiz, 2012; CARE Bangladesh, 2004; Haque, 2011; Moral & Tahmina, 2004; Ullah, 2005), human rights violations, significant stigma, and violent situations are all too typical for sex workers in Bangladesh, Clients and police officers have both been shown to be violent offenders (Haque, 2011; Ullah, 2005). Because they contradict the gendered conventions of honour/dishonour (Pheterson, 1993) enforced by patriarchal discourses (Bourdieu, 1999) and the social construction of gender, society still considers prostitutes to be deviants (Bourdieu, 1999; Piscitelli, 2005; Scott, 1995). Prostitutes are prone to marginalization, discrimination, and stigmatization as a result of these discourses.

Although at the very beginning, many of these female sex workers started working in textile manufacturers. Some of them develop sexual relationships with their male bosses while working, either forcibly or willingly, to get some advantages in the industries, and subsequently they also developed relationships with sex brokers at one point when they feel to earn more money in exchange of money. Some sex workers began their careers as maids in hotels or in residents, where they progressively built sexual relationships with various people before deciding to pursue this job as a means of supplementing their income. Many sex workers stated that they maintain contact with their families while concealing their current occupation. They may pose as service providers to other family members on occasion. Street-based sex workers often face physical and mental torture by different groups of influential people. In most of the cases, the following categories of people take chances to do mental and physical torture i.e., police, underworld people, clients, influential brokers, and others. Sometimes clients inflict physical torture for various reasons (i.e., if the sex workers could not satisfy the sexual demand of the clients). Street-based sex workers also felt risky if the clients had overt sexually transmitted diseases, if they did not want to use condom, and sometimes if clients also force them to have anal sex. Sometimes, when police took them under custody, sex workers receive maltreatment. Clients also took them outside of town where sex workers were exploited, maltreated, and physically abused.

CONCLUDING REMARKS and FURTHER RECOMMENDATIONS to MAKE A DIFFERENCE on THE LIFE of SBSWs

It is commonly known that sex workers must manage dangers in their jobs, such as the possibility of assault and various forms of vulnerabilities connected with their profession. While sex workers are widely recognized as a stigmatized group, there is a potential gap regarding looking into how stigma and other forms of vulnerabilities manifests itself in various legal contexts, how it affects sex worker safety, and how it might be reduced. The

criminalization of street-based sex work in Bangladesh labels sex workers as deviant people and makes them more vulnerable to violence and stigma.

Sex workers began their careers as a result of various incidents that started from illiteracy which denied their access in the formal job market. Following illiteracy, debt, economic crisis, family crisis, rape victims, physical and mental torture by husbands, stepmothers, or husbands who subsequently divorced them simply because they disliked them; or disharmony due to the husband's drug addiction and fraudulence, play a significant role in accepting them as a sex worker. Street-based sex workers maintain some relationship with the law enforcing agency for the interest of their business in exchange of money or sometimes with their services. This relationship is usually maintained with the help of brokers. Street-based sex workers provide tolls in different layers of power structure, including police, underworld gang leaders, pimps, hotel managers, slum leaders, drug addicted people, among others. Thus, at the end of the day they are hardly able to keep some portion of their income in their pockets. Multilevel vulnerabilities do not give them space to live a life with freedom or happiness. Their sufferings are carried out through their lives.

They are a vulnerable group of people, and although being citizens of the state, their rights to receive assistance from the society and the state are routinely infringed. These marginalized individuals are not well-served by state programs, and their sufferings are not alleviated as a result. As a result, they live in a marginal way, with no assistance from the state or any other institution. It is necessary to secure their access to healthcare and educational sectors, as well as formal and non-formal job sectors. The stigma attached to the profession and those involved with it needs to be removed.

This study is recommending a significant intervention for street-based sex workers to increase their knowledge concerning STIs and HIV/AIDS that will pose a positive influence on their sexual behaviors. In order to make this happen different government and non-government agencies, including national and international level, must need to be involved in organizing seminars, workshops and in promoting awareness by raising advertisements using different platforms, like television, newspapers, social media, and other local means. Along with these, various policy-level programs must be in action to make this vulnerable group aware, knowledgeable, and literate enough to make a difference in their future lives and contribute to society in the same way as the mainstream group of people do, regardless of their career. Decriminalization of sex work as a profession should also be regarded a necessary and initial step to avoid different forms of violence. Finally, to ensure a safer society for all sex workers, a continuing action must focus on addressing stigmatizing narratives as well.

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