



***RELATIONSHIPS BETWEEN BULLIES, VICTIMS AND MENTAL HEALTH
AMONG ADOLESCENTS IN MALDIVES***

AISHATH NASHEEDA

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By

AISHATH NASHEEDA

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in
Fulfilment of the Requirements for the Degree of Master of Science**

April 2016

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DEDICATION

This thesis is dedicated to my daughter,
Luyoo,
my biggest cheerleader,
you are the reason for me to embark on this venture.



Abstract of the thesis presented to the senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree Master of Science

**RELATIONSHIPS BETWEEN BULLIES, VICTIMS AND MENTAL HEALTH
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By

AISHATH NASHEEDA

April 2016

Chairman : NorlizahChe. Hassan, PhD
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The main purpose of this research is to examine the relationships between bullies, victims and mental health among adolescents in Maldives. The study investigates the types of bullying and victimization common among adolescent boys and girls. The study also investigate the types of mental health among adolescents in Maldives. Furthermore, this study also investigates the moderating effects of gender and age on the relationship between bullies, victims and mental health among adolescents in Maldives.

The research adopts a cross sectional quantitative survey method. Adolescents Peer Relation Inventory (APRI) for bullying and Mental Health Index (MHI38) were used as research instruments. A total of 460 survey questionnaires were analyzed in this study. The target group of this study were adolescents between 11 to 16 years. Data were collected from 8 different schools from three provinces in Maldives. Descriptive data were analyzed using IBM SPSS version 22 and inferential analysis were done using AMOS version 20.

Findings on descriptive analysis of bullying behavior indicated that 84% males and 76% females bully others. Verbal bullying is the most common type of bullying among males and females. Findings on victimization suggests that 85% of adolescents have been targets to all forms of bullying. Fifty five percent of adolescents report weak or poor emotional relationships with significant others in their life, while 37% reveals they have low positive affect. The global mental health index of the adolescents in Maldives suggest 24% have poor psychological wellbeing.

Findings on the relationship between bullying others and mental health revealed a non-recursive relationship whereby, bullying others and mental health have significant

negative relationship (-.96) and mental health and bullying others have a significant positive relationship (.96). This finding suggests that individuals with poor mental health end up being bullies. Likewise, findings on victimization and mental health reveal that being targets to bullying have a significant positive relationship with mental health. The notion supports biopsychosocial model of stress, as bullying is a stressful event which leaves the individual very vulnerable and helpless. Thus, these feelings will cause negative thoughts which will affect their mental state. Thus, the relationship of bullying and mental health phenomena can be explained in light with Biopsychosocial model. However, findings on moderating factors on the relationship revealed that age and gender does not moderate on this relationship.

This research will serve as a platform for school authorities and policy makers in developing effective intervention strategies to reduce bullying, victimization and mental health concerns.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Master Sains

HUBUNGAN ANTARA PEMBULI, MANGSA DAN KESIHATAN MENTAL DALAM KALANGAN REMAJA DI MALDIVES

Oleh

AISHATH NASHEEDA

April 2016

Pengerusi : Norlizah Che. Hassan, PhD
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Tujuan utama kajian ini adalah untuk mengkaji hubungan antara pembuli, mangsa dan kesihatan mental dalam kalangan remaja di Maldives. Kajian ini mengkaji jenis buli dan penganiayaan biasa dalam kalangan remaja lelaki dan perempuan. Kajian ini juga mengkaji jenis kesihatan mental dalam kalangan remaja di Maldives. Tambahan pula, kajian ini juga mengkaji kesan moderator jantina dan umur kepada hubungan antara pembuli, mangsa dan kesihatan mental dalam kalangan remaja di Maldives.

Buli dan kesan ke atas pelbagai aspek kesihatan mental seperti kemurungan, kebimbangan dan penyakit somatik telah dikaji secara intensif di seluruh dunia. Walau bagaimanapun, tidak banyak kajian yang telah dijalankan ke atas mana-mana aspek buli di Maldives. Oleh itu, tujuan utama kajian ini adalah untuk mengkaji buli (pembuli dan mangsa buli) dan isu-isu kesihatan mental remaja di Maldives. Kajian ini mengkaji beberapa jenis tingkah laku buli (pembuli dan mangsa buli) yang biasa dalam kalangan remaja lelaki dan perempuan. Kajian ini juga mengkaji kesan moderator jantina dan umur keatas hubungan antara buli (pembuli dan mangsa buli) dan isu-isu kesihatan mental. Selain itu, buli, penindasan ke atas mangsa buli dan aspek kesihatan mental diselidiki dari perspektif Biopsikososial.

Kajian ini menggunakan kaedah tinjauan kuantitatif cross sectional. *Adolescents Peer Relation Inventory (APRI)* untuk buli Indeks Kesihatan Mental (MHI38) telah digunakan sebagai instrumen kajian. Sejumlah 460 borang soal selidik telah dianalisis dalam kajian ini. Kumpulan sasaran kajian ini adalah remaja antara 11 hingga 16 tahun. Data dikumpulkan dari lapan buah sekolah yang berbeza dari tiga wilayah di Maldives. Data deskriptif dianalisis menggunakan IBM SPSS versi 22 dan analisis inferensi telah dilakukan dengan menggunakan AMOS versi 20.

Hasil analisis deskriptif tingkah laku buli menunjukkan bahawa 84% lelaki dan 76% perempuan membuli orang lain. Buli secara lisan/verbal adalah jenis buli yang paling biasa dilakukan dalam kalangan lelaki dan perempuan. Dapatan pada mangsa buli menunjukkan bahawa 85% daripada remaja telah menjadi sasaran untuk semua bentuk buli. Dapatan kajian juga menunjukkan bahawa 78% daripada remaja di Maldives mempunyai kawalan emosi yang rendah berbanding dengan apa sahaja jenis masalah kesihatan mental yang lain seperti keresahan (23%) dan kemurungan (24%). Lima puluh lima peratus daripada remaja melaporkan hubungan emosi yang lemah dengan orang lain yang penting dalam hidup mereka, manakala 37% mendedahkan bahawa mereka mempunyai kesan positif yang rendah. Indeks kesihatan mental global remaja di Maldives mencadangkan 24% mempunyai kesejahteraan psikologi yang lemah.

Penemuan pada hubungan antara membuli yang lain dan kesihatan mental mendedahkan satu hubungan yang bukan rekursi yang mana, membuli yang lain dan kesihatan mental mempunyai hubungan negatif yang signifikan (-.96) dan kesihatan mental dan membuli yang lain mempunyai hubungan positif yang signifikan (0.96). Dapatan ini mencadangkan bahawa individu yang mempunyai kesihatan mental yang lemah berakhir menjadi pembuli. Begitu juga, penemuan pada penganiayaan dan kesihatan mental mendedahkan bahawa menjadi sasaran buli mempunyai hubungan positif yang signifikan dengan kesihatan mental. Tanggapan ini menyokong teori Biopsikososial bahawa buli adalah satu tekanan yang menjadikan individu lemah dan tidak berdaya. Oleh itu, perasaan ini akan menyebabkan fikiran negatif yang akan memberi kesan kepada keadaan mental mereka. Oleh itu, fenomena hubungan buli dan kesihatan mental dapat dijelaskan selaras dengan teori tekanan Biopsikososial. Walau bagaimanapun, dapatan faktor moderator mendedahkan bahawa umur dan jantina tidak menjadi moderator dalam hubungan ini.

Kajian ini akan menjadi platform untuk pihak sekolah dan pembuat dasar dalam membangunkan strategi intervensi yang berkesan untuk mengurangkan buli, penindasan dan masalah kesihatan mental.

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The thesis is submitted to the Senate of the Universiti Putra Malaysia and has been accepted as fulfillment of the requirement for the degree of Master of Science. The members of the supervisory committee were as follows:

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CHAPTER 1

INTRODUCTION

1.1 Background of Study

Although, research on bullying has been conducted for more than two decades, in Maldives, bullying captured the public and media attention when a 15 year old boy committed suicide due to repeated bullying from primary to secondary school (“Police Commence,” 2009). One out of five students in Maldives says that they have been bullied in school (World Bank, 2014).

Daniel Olweus in early 1970s, pioneered research on bullying and peer victimization (Hong & Espelage, 2012). (Hong & Espelage, 2012)(Hong & Espelage, 2012) Since then, research on bullying have been conducted around the world including countries like, Canada, Norway, Denmark, Finland, Germany, Switzerland, Australia, England, Scotland, Ireland, Spain, Italy, Sweden, Japan, Malaysia, China and the United States (Cook, Williams, Guerra, Kim, & Sadek, 2010; Dake et al., 2003; Smith, Ananiadou, & Cowie, 2003).

With the increase in student suicides and school shootings, bullying has become one of the hot topics in schools across the world. According to Cook et al. (2010) around 70% to 80% of school children and 30% of young people have experienced some form of bullying; as victims, bully or a witness. Bullying may have started as a harmless “just having fun” behaviour at early stages of our school life and then later developed into much severe attacks and then elevated into harmful and life changing events (Guerra, Williams, & Sadek, 2011). It is not only the individuals who are targets of bullying, but those who bully others as well as those who witness bullying incidents are also at risk of developing long term health problems. Hence, the most excruciating fact about bullying is that not many of us realize that bullying is a serious offense and how it can take a toll on an individual’s mental health and wellbeing.

Bullying is a repeated emotional, and physical aggressive intentional behavior targeted at an individual to assert power (Australian Human Rights Commission, 2014; Boyle, 2005; Dake et al., 2003; Frieden, Sosin, Spivak, Delisle, & Esquith, 2012).

Being bullied is associated with poor psychological well-being of an individual and it creates insecurity and insecure environment with negative self-worth and respect (Boyle, 2005; Frieden et al., 2012; Houbre, Tarquinio, Thuillier, & Hergott, 2006; Swearer, Espelage, & Napolitano, 2009). Such that individuals who have experienced bullying often have difficulty in concentrating in school, high rate of absenteeism, low performance, and difficulty in social and emotional adjustment. These individuals experience low self-worth and may develop anxiety of going to school, eventually

leading them to drop out of schools (Dake et al., 2003; Swearer et al., 2009). They also pretend to be ill to avoid confrontation with bullies and often gets absent to school (Luxenberg, Limber, & Olweus, 2015).

Additionally, victims of long term bullying has negative influence on their health (McWhirter, McWhirter, McWhirter, & McWhirter, 2013), whereby many perceived themselves as incompetent (Houbre et al., 2006) and experience feeling of sadness, anxiety and depression (Boyle, 2005; Frieden et al., 2012) eventually leading to suicide.

Mental health includes psychological and social wellbeing. It has a huge influence on how we think, feel and behave. A good state of mental health and wellbeing is required for an individual to carry out day to day functions. Mental health is important at every stage of an individual's life. According to World Health Organization (2004) mental health is a state of healthiness whereby a person has the ability to realize his or her potential, perform and contribute well to the society.

Research also revealed that individuals involved in bullying are in danger of developing mental health problems. Individuals who have being bullied undergo emotional stress including feeling of powerless, being angry and frightened. Studies suggest that victimization to bullying can become a risk factor for depression and are associated with behavioural, emotional and psychosocial problems among adolescent children (Kaltiala-Heino, Fröjd, & Marttunen, 2010; McWhirter et al., 2013). However, according to Rivers, Poteat, Noretand Ashurst (2009), victims are not the only ones who suffer but bullies as well as by standers lives are at stakes. These findings suggest that it is not only the perpetrators, victims, but individuals witnessing bullying incidents experience common mental health implications.

Furthermore, early adolescence is a crucial period as individuals go through psychological and social turmoil. Usually this period is described as stress and storm period, whereby, almost every child goes through this phase in the process of becoming an adult. Thus, it is not surprising that many adolescents attempt to negotiate their transition from childhood to adulthood through aggressive behaviour. In doing so, many adolescents do not view aggression as a negative behaviour. Pellegrini and Long (2002), suggest that bullying maybe a way in which adolescents manage peers, establish relationship as they make their shift into adulthood.

Report released by United Nations Children's Fund (UNICEF)(2011), on the status of children around the world revealed that around 20% of adolescents have behavioural problems and mental health problems. Among these mental health issues, depression and suicides are common between 15 to 19 year olds. Individual's mental health and wellbeing is related to social issues such as violence, child abuse, substance abuse, bullying, family issues, educational failures and poverty(United Nations Organization, 2003).

One of the most important issues in bullying is the effect it has on the victim's mental health. Once an individual's mental health is threatened due to bullying it not only affects the individual but it also affects the family and the community. The price that the family and the community have to pay becomes costly. An individual's life becomes at stake and as a result many things can go wrong. For example shooting in a campus, taking innocent lives, or harming oneself. Therefore, it is crucial to recognize the types of bullying and its effects on individual's mental health. Identifying types of bullying may lead to understanding how bullying effects individual's bodily state triggering them to react aggressively or submissively, the physical and emotional reactions and the state of wellbeing. Knowing and understanding how biology, psychology and social factors interact when engaged in bullying behaviour will encourage adolescents to seek help to better adjust to the school environment. When an individual is psychologically healthy, they blossom and develop into healthy young people.

Therefore, bullying has become an increasing prevalence concern for parents, teachers, school authority and students around the world. Hence, it is important to educate school children in order to prevent bullying. Bullying is a serious problem in schools and long term effects of bullying are associated with anti-social behavior such as truancy, stealing and drug abuse (Paul, 2014).

1.2 Problem Statement

Fighting, bullying and extortion are rapidly increasing in the schools of Maldives ("Police Commence," 2009). Violence among students is common in secondary schools in Maldives. Since 2008, there has been a steady increase in the number of domestic violence, rape, bullying and sexual harassment cases. Most of these are target towards young girls and women (Madhok, 2012). Survey conducted by Advocating the Rights of Children, (ARC) (2012), revealed that 61% of Maldivian adolescents between 11 to 13 years reported being bullied while 80% witnessed bullying incidents. Ministry of Education (2009), reports about 37% of Maldivian students have been bullied on one or more occasions.

1.2.1 Knowledge Gap

Although, general surveys conducted on bullying in Maldives suggest that bullying is prevalent in Maldives, no research has been carried out on any aspect of mental health and bullying in Maldives. Moreover, mental health issues are prevalent in Maldives such that a nationwide survey conducted in 2003 reported 29.1% with mental health issues, with 5% reporting anxiety and depression (World Health Organization, 2014). This being the most recent study conducted in Maldives on mental health, the prevalence rate is only likely to be on the rise as suicide among youth are increasing (World Health Organization, 2014). Therefore, this study fills the gap in the literature on bullying and effects on mental health of adolescents in Maldives. Since, bullying and mental health are not well-researched topics in Maldives, young people are not aware of bullying or the effects of bullying on one's mental health even when it

happens. Even if they are aware, most of them do not have a clue on how to seek help on this matter.

1.2.2 Theoretical Gap

Intensive research on bullying has drawn up explanations on various theories such as sociocultural perspective, social information processing and developmental theories and effects on academic and various aspects of health. But little research has explored bullying and mental health using a biopsychosocial model. The model focuses on how bullying is associated with biological, behavioural, psychological and social factors and the health of an individual (Kumpulainen et al., 1998; Kuyendall, 2012; Rex-Lear, Knack, & Jensen-Campbell, 2012).

1.2.3 Practical Gap

Thus, it is crucial that school authorities understand that bullying take place in school setting and several health conditions are related to bullying. There are no established school policies on bullying in Maldives and often teachers and school counselors are at a loss on how to go about in handling bullying cases. Additionally, there is neither a central authority to initiate mental health issues nor a policy or a legislation on mental health in Maldives (World Health Organization, 2014). Therefore, this research will help in establishing a platform for policy makers to work on legislations and policies for bullying as well as mental health issues. This research will help in educating school authorities; teachers and counselors on bullying interventions and mental health services.

1.3 Main Research Objective

This research seeks to examine the relationships between bullies, victims and mental health among adolescents in Maldives. Research indicates that bullying is more prevalent among adolescents (Cook et al., 2010). To limit the focus of this research, children between the 11 to 16 years were selected.

1.4 Specific Research Objectives

The specific objectives of this research are as follows:

1. To identify types of bullying behaviour among adolescents in Maldives
2. To identify types of victimization behaviour among adolescents in Maldives
3. To identify the common types of bullying behaviour among male and female adolescents in Maldives
4. To identify the common types of victimization behaviour among male and female adolescents in Maldives

5. To identify types of bullying behavior among preteens and teens in Maldives
6. To identify types of victimization behaviour among preteens and teens in Maldives
7. To identify the types of mental health problems among adolescents in Maldives.
8. To investigate the non- recursive relationship between bullies and mental health among adolescents in Maldives.
9. To investigate the relationship between victims and mental health among adolescents in Maldives
10. To investigate the moderating effects of gender on the non-recursive relationship between bullies and mental health among adolescents in Maldives.
11. To investigate the moderating effects of gender on the relationship between victims and mental health among adolescents in Maldives.
12. To investigate the moderating effects on age on the non-recursive relationship between bullies and mental health among adolescents in Maldives.
13. To investigate the moderating effects of age on the relationship between victims and mental health among adolescents in Maldives.

1.5 Research Questions

To facilitate in the investigation of this research the following research questions are formulated.

1. Is there a common type of bullying behavior among adolescents in Maldives?
2. Is there a common type of victimization behaviour among adolescents in Maldives?
3. Is there any common type bullying behaviour among male and female adolescents in Maldives?
4. Is there any common type of victimization behaviour among male and female adolescents in Maldives?
5. Is there any common type of bullying behaviour among preteens and teens in Maldives?
6. Is there any common type of victimization behaviour among preteens and teens in Maldives?
7. Is there a common type of mental health problem among adolescents in Maldives?
8. Is there a significant non recursive relationship between bullies and mental health among adolescent in Maldives
9. Is there a significant relationship between victims and mental health among adolescents in Maldives?
10. Does gender moderate the non- recursive relationship between bullies and mental health among adolescents in Maldives?
11. Does gender moderates the relationship between victims and mental health among adolescent in Maldives?
12. Does age moderate the non-recursive relationship between bullies and mental health among adolescents in Maldives?
13. Does age moderate the relationship between victims and mental health among adolescents in Maldives?

1.6 Hypotheses of the Study

This research underpins the following hypotheses:

- H1: There is a non-recursive relationship between bullies and mental health among adolescents in Maldives.
- H2: There is a significant relationship between victims and mental health among adolescents in Maldives.
- H3: Gender does not moderate the non-recursive relationship between bullies and mental health among adolescents in Maldives
- H4: Gender does not moderate the relationship between victims and mental health among adolescents in Maldives
- H5: Age does not moderate the non-recursive relationship between bullies and mental health among adolescents in Maldives.
- H6: Age does not moderate on the relationship between victims and mental health among adolescents in Maldives

1.7 Significance of the Study

1.7.1 Knowledge and Practical Contribution

This research is important for schools in Maldives, for number of reasons. Firstly, due to the fact that few studies has been carried out on bullying in Maldives. These studies only states that bullying do take place. This is a known fact as few school children had taken their lives due to prevalent issue. Secondly, it is important to strengthen the counselling services that the schools provide in order to provide adequate support and guidance that is required for victims. In doing so, students learn to stand up for themselves and avoid bullying behaviour. Both bullies and victims have poor psychological adjustments than those who are not bullies.

Thirdly, it is important to increase awareness and eliminate stigma and discrimination about mental health wellbeing and mental health disorders in Maldives, so that young people are encouraged to seek professional help before it is too late and take charge of their lives. Examining the role of bullying and its effects on mental health among adolescents in Maldives will lead to understanding the need for sensitization, developing intervention strategies and better school policies on school bullying as well as mental health problems in Maldives. It will also enable the community, parents, school staff and students to disseminate basic information about what bullying is and the negative effects it has on the individual mental health. Sensitization may lead to understanding of why some children do not report or stand up to being bullied, why some children bully others and why some bystanders do not report bullying incidences. This reluctance attitude may change with the support of parents, school administration and positive attitude of peers in Maldives.

1.7.2 Theoretical Contribution

Consequently, this study is important as scarce research have been conducted on bullying and its effects on over all mental health among adolescence with regard to biopsychosocial model of stress. The biopsychosocial model or the diathesis-stress model will help in understanding the interaction of biology, psychology and social factors with regard to bullies and victims and their mental health. Understanding the dynamic nature of biology, psychology and social factors in bullying scenarios will enable in developing bullying framework and intervention strategies.

1.8 Scope of the Study

This study is conducted in schools in Maldives. The target population of the study were adolescents between 11 to 16 years, who were in middle school and secondary schools. Samples were randomly selected from three (Northern, Southern and Male') provinces of Maldives.

The study accentuates on finding out the non-recursive relationship between bullying others and mental health. The study further investigates the relationship between victims and mental health among adolescents in Maldives. Gender and age of the study group is used as moderators to moderate the relationship between the non-recursive relationship between bullies and mental health as well as victims and mental health. Furthermore, the study also provides a theoretical framework of biopsychosocial model to understand bullying behaviour on individual overall health. Thus, the framework guides in describing the relationship between bullies, victims and their mental health. The theoretical framework is presented in chapter 2.

1.9 Conceptual and Operational Definitions

The following definitions were used to in order to clearly define the terms used in this research.

a. Bullying

Bullying is a negative, deliberate act of aggression directed towards an individual by one or more individuals over a period of time. It is abusive and asserts a power imbalance (Seixas, Coelho, & Nicolas-fischer, 2013; Thornberg, Rosenqvist, & Johansson, 2012).

In this research bullying is referred as repeated intentional exposure to physical (hitting, kicking, punching, pushing, fighting, crashing, throwing things or taking someone's belongings), verbal (name calling, insults, teasing, threats and use of abusive language), and relational/social (spreading rumours, excluding from social

group, texting, phone calls, spreading pictures and video clips on social networking sites, and other websites) aggression.

Bullying others is used for the intentional act of aggression directed towards peers. It could be any type of aggressive act directed towards others in a physical (hitting, pushing, crashing, damaging others property, throwing things at others), verbal (teasing, name calling, making rude remarks, starting rumours) or social way (ignoring others, excluding others from social groups and activities, got others friends to turn against each other, ridiculed). Therefore, individuals who carryout this act of violent are referred as bullies in this research.

Victimization is the term used for being bullied or targets to bullying by peers. It could be any types of aggressive act directed towards oneself in physical (hitting, pushing, crashing on to oneself, got things damaged by others, got things thrown by others), verbal (called names by others, teased, others made rude remarks, others started rumors about you) or social way (was ignored by others, was excluded from social groups and activities by others, was ridiculed by others. Individuals who are targets of bullying are referred as victims in this study.

b. Mental Health

A state of well-being, whereby individuals are able to perform better and make informed decision. It is also about rehabilitation of individuals affected with mental health disorders so that they can also be part of the society (WHO, 2014).

In this research mental health is termed as the individual's ability to enjoy life, feeling good about one self and having positive relationships with significant others (positive mental state). The inability to cope with normal stress, loss of emotional control, anxiety and depression (negative mental state).

c. Adolescents

UNICEF (2011), defines an adolescent as any individual who is between 10 to 19 years.

In this research, adolescents are individuals who are enrolled in any one of the schools in Maldives who are in grades 6, 7, 8 and 9 and between the ages of 11 to 16 years and currently studying in a school in Maldives. Adolescents have been divided into two groups (preteen and teen) for analysis purposes.

Children between 11 to 13 years are known as early adolescents as this is the onset of puberty and many other transitions in their life such as transition from primary to middle school and peer influence. Children between 14 to 17 years are referred as adolescents more often as they are believed to have reached physical, emotional as well

as more reasoning cognitive abilities (Curtis, 2015). Thus, in this study children between 11 to 13 years of age are referred as preteens and children between 14 and 16 years are referred as teens.

1.10 Summary

The chapter introduced the research. The chapter entailed the research background which set the research platform to formulate the research problem, research objectives and research questions. Research hypotheses were created based on research objectives and questions. The chapter concludes with research significance, scope and definitions of terms that were used in this research.



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