

**KEPUASAN HIDUP, STRATEGI MENGATASI STRES & KONSUMSI MEDIA
SELAMA PANDEMI COVID-19 DI INDONESIA**

**LIFE SATISFACTION, COPING STRESS STRATEGIES & MEDIA CONSUMPTION
DURING COVID-19 PANDEMIC IN INDONESIA**

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Abstrak

Pandemi COVID-19 adalah krisis kesehatan global dan menyebabkan adanya tekanan psikologis. Penelitian ini bertujuan untuk mengidentifikasi bagaimana hubungan antara strategi koping stres dan kepuasan hidup selama pandemi COVID-19 di Indonesia. Di sisi lain, penelitian ini juga bertujuan untuk mengidentifikasi bagaimana konsumsi media selama pandemi. Dari 24 April hingga 6 Mei 2020, kami melakukan survei online menggunakan teknik snowball sampling kepada 200 orang Indonesia. Pengukuran penelitian ini menggunakan skala BriefCOPE, Satisfaction With Life Scale, dan sebuah survey untuk mengukur konsumsi media. Hasil penelitian menunjukkan bahwa responden memiliki tingkat kepuasan hidup dalam kategori sedikit puas selama pandemi COVID-19. Kepuasan hidup berkorelasi positif dengan emotion-focused (positive reframing, religion) dan berkorelasi negatif dengan dysfunctional coping (denial, behavioral disengagement, self-blame). Di sisi lain, hasil survey menunjukkan bahwa 79% responden menunjukkan peningkatan konsumsi media sosial sejak pandemi. Tidak ada perbedaan yang signifikan pada tingkat kepuasan hidup diantara responden yang mengalami peningkatan konsumsi media dan yang tidak. Aktivitas yang paling banyak dilakukan adalah mencari hiburan (77,5%), berkomunikasi dengan orang lain (74,5%), dan mencari berita terbaru tentang COVID-19 (64,5%). Temuan-temuan ini dapat digunakan untuk merancang intervensi psikologi selama pandemi COVID-19 dan sebagai rujukan dalam membuat promosi kesehatan masyarakat melalui media berdasarkan gaya hidup dan karakteristik responden.

Kata Kunci: strategi koping, COVID-19, kepuasan hidup, konsumsi media

Abstract

The COVID-19 pandemic as a global health crisis may lead to psychological distress to some people. This study aims to identify the correlation between coping stress strategies and life satisfaction during the COVID-19 pandemic among Indonesians. Furthermore, this study also has the objective to identify the way people consume media during this pandemic. From 24 April to 6 May 2020, the researchers conducted an online survey using snowball sampling techniques towards 200 Indonesian people. The measurements of this study used Brief COPE, Satisfaction with Life Scale, and a survey to measure media consumption. The results showed that the respondents had a level of life satisfaction in the slightly satisfied category during the COVID-19 pandemic. Life satisfaction was positively correlated with emotion-focused (positive reframing, religion) and negatively correlated with dysfunctional coping (denial, behavioral disengagement, self-blame). On the other hand, the result of the survey showed that 79% of respondents reported have an increase in social media consumption since the pandemic. There was no significant difference in life satisfaction between respondents who experienced an increase in media consumption and those who did not. The most current media activities were looking for entertainment (77,5%), communicating to others (74,5%), and searching for COVID-19 updates (64,5%). These findings can be used to formulate psychological interventions during the COVID-19 pandemic and as a reference in making public health promotion through media following the characteristics of respondents' lifestyle and sociodemographic.

Keywords: coping strategies, COVID-19, life satisfaction, media consumption

INTRODUCTION

The World Health Organization stated that Novel Coronavirus Diseases (COVID-19) is a global pandemic. COVID-19 was originally known as "2019 Novel Coronavirus (2019-nCoV) Pneumonia" originating from a market in Wuhan, Hubei Province, China at the end of December 2019. On 7 January 2020, the Chinese Center for Disease Control (CCDC) was identified 2019-nCoV became Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). SARS-CoV-2 was transmitted to fellow humans through close physical contact, such as sneezing, coughing, or touching an object that has been contaminated with a virus. Infected individuals can cause severe respiratory problems and lead to death that requires intensive care. On 23 January 2020, seeing the magnitude of the risk of spread and the health effects of COVID-19 led the government to apply strict regional quarantine to Wuhan and several regions in China to prevent and control the spread of the virus. Since 27 January 2020, the Chinese government has determined that COVID-19 was an emergency condition for health throughout mainland China. (Li, et al., 2020).

The Indonesian government announced the first case of COVID-19 on 2 March 2020. Since the announcement, the number of positive cases of infection, death, and cure has increased every day. According to the Indonesia government report until 24 January 2021, the number of confirmed cases in Indonesia has reached 989.262 and 27.835 deaths. Several policies issued by the Indonesia government, companies, and community were to reduce the spread of COVID-19, such as the application of large-scale social restrictions, online learning activities carried out at home, quarantine initiatives by local communities, the termination of employment by several companies, work from home, and closing some public places to avoid crowds.

The COVID-19 pandemic in Indonesia has an impact on health, social, economic, political, public security, discrimination, and stigmatization against infected people, doctors, and nurses who work in the hospital. There have been many pandemics and disease outbreaks recorded in history before COVID-19, namely Hong Kong Flu, Spanish Flu, SARS, Ebola, Zika, and H7N9. These pandemic crises were also associated with negative impacts on the economy, health, political, social disruption, society, and security of national and global communities (Qiu, Rutherford, Mao & Chu, 2017).

Facing the COVID-19 pandemic as a largescale infectious disease, people have increased psychological pressures to adapt and protect themselves. According to Behavioral Immune System theory, people are likely to develop negative emotions and negative cognitive assessment for disease avoidance or self-protection (Terrizzi, Shook & McDaniel, 2013). Therefore, the COVID-19 pandemic has psychological impacts, especially in negative emotions and cognition. This pandemic was lead to additional negative emotions, such as stress, anxiety, depressive symptoms, denial, anger, fear (Wang, et al., 2020; Torales, O'Higgins, Castaldelli-Maia & Ventriglio, 2020), and decrease life satisfaction as well (Li, Wang, Xue, Zhao & Zhu, 2020). On the other hand, the uncertainty of COVID-19 carrier increased anxiety level and public fear that may lead to

discrimination and stigmatization (Mowbray, 2020). Long-term psychological stress may reduce immune functioning as well (Morey, Boggero, Scott & Segerstron, 2015). During the COVID-19 pandemic, managing psychological stress is important to maintain people's well-being through coping stress.

Sarafino (2006) argued that coping stress is the process by which individuals make an effort to neutralize or reduce stress. Lazarus and Folkman (1984) stated that stress consists of three processes. First, the primary appraisal is the perception of a stressor to ourselves. Second, the secondary appraisal is the process of thinking about how to respond to the stressor. Third, coping is the process of executing the response.

There are two sources of stressors, namely biogenic and psychosocial stressors. Biogenic stressors occur when the body reacts with a substance (caffeine, drugs), environmental conditions (extreme temperatures), and disease. Psychosocial stressors occur when individuals act on something perceived as a threat from an experience, situation, or condition (Everly & Lating, 2002). The psychosocial stressor can be cognitively perceived as not dangerous until it can adversely affect an individual's well-being (Lazarus & Folkman, 1984). In this study, the COVID-19 pandemic is a biogenic and psychosocial stressor that affect an individual's well-being, such as life satisfaction.

The pandemic and the impact of COVID-19 are stressors both biogenic and psychosocial that require coping stress strategies to maintain individual well-being. Lazarus & Folkman (1984) classified coping stress into two, namely approach coping and avoidance coping. Approach coping or problem-focused coping is a problem-solving behavior that focuses on the problem. This coping strategy is analytical, logical, seeking information, and trying to solve problems positively. On the other hand, avoidance-picking or emotional focused coping is the problem-solving behavior that focuses on emotions. Avoidance coping is used to regulate emotional responses to stress or problems encountered. Carver (1997) is divide coping stress into three group strategies, namely emotion-focused (emotional support use, positive reframing, humor, acceptance, religion), problem-focused (active coping, instrumental support use, planning), and dysfunctional coping (self-distraction, denial, substance use, behavioral disengagement, venting, self-blame).

Several studies found that a correlation between coping stress strategies and psychological outcomes. Shakeri, et al. (2015) revealed that quality of life was positively correlated with avoidance-oriented coping and negatively correlated with emotion-oriented coping among cancer patients. Tuasikal and Retnowati (2018) found that problem-focused coping had no significant correlation with depression tendency and emotion-focused coping had a positive correlation with depression tendency among college students. Yovanca, Evanyta, and Febrayosi (2019) found that problem-focused coping and emotion-focused coping had positively correlated with subjective well-being among nurses.

The psychological impact and pressure arising from the COVID-19 pandemic were to make an individual need to evaluate his life. This evaluation can be done positively when the individual can manage the perceived stress. A general assessment of all aspects of life is named life satisfaction and a cognitive component of subjective well-being (Diener, Emmons, Larsen & Griffin, 1985).

Better life satisfaction decreases the risk of depression, anxiety, and stress (Ghazwin, et al., 2016; Kumar, Shaheen, Rasool & Shafi, 2016). Life satisfaction also has a positive correlation with resilience, namely the ability of individuals to adapt and bounce back from the difficulties (Akbar, et al., 2014; Kapila & Kumar, 2015; Aboalshamat, et al., 2018). Also, restricted social activities make individuals are used other media to communicate. The Global Web Index in March 2020 was surveyed 2.218 people in the U.S. and 1.726 in the UK about media and news consumption during the pandemic. The findings showed that 68% of respondents use the internet to find the latest information about COVID-19 and media consumption has increased since the pandemic, especially in video-based communication. Information from the government and WHO were became a reference for reliable information during the pandemic.

Based on previous research, the purpose of this study is to identify how the relationship between coping stress strategies on life satisfaction during the COVID-19 pandemic among Indonesian. Adaptive stress coping strategies will help individuals have life satisfaction during many pandemic stressors and vice versa. This coping strategy is essential to know to maintain and improve individuals' well-being during the COVID-19 pandemic. Individuals who use problem-focused coping and emotional-focused coping have a positive correlation on life satisfaction in the midst of the COVID-19 pandemic; and those who use dysfunctional coping have negative correlation on life satisfaction. Lifestyle and social interaction patterns also are turning into one of the stressors that arise during the pandemic. Individuals also adapt to technology in their daily activities to get information about COVID-19 and do other things, such as work, college, socialization, and entertainment. Referred to the survey above, the researchers will also explore media consumption during the pandemic among Indonesian. The results of exploring media consumption can be a reference in health promotion and information during the pandemic.

METHOD

Respondent

The number of respondents was 200 Indonesian (71 males and 129 females) aged 19-70 years old during the COVID-19 pandemic. From 24 April to 6 May 2020, we conducted an online survey using snowball sampling techniques. Researchers used an online questionnaire due to the social distancing policy implemented by the government. Respondents filled out the questionnaire voluntarily.

Table 1. Demographic of respondents ($n = 200$)

Variable	<i>n</i>	%
Age (mean = 28.51;SD = 9.51)		
19-24	114	57
25-39	65	32.5
40-55	15	7.5
>55	6	3
Sex		
Male	71	35.5
Female	129	64.5
Educational level		
Junior high school	2	1
Senior high school	45	22.5
Diploma	6	3
Bachelor's degree	111	55.5
Master's degree	35	17.5
Doctorate's degree	1	0.5
Stay at home/work from home		
Yes	163	81.5
No	37	18.5
The average number of hours staying at home/work from home per day to avoid COVID-19		
0-9 hours	11	5.5
10-19 hours	60	30
20-24 hours	129	64.5

Measurements

Sociodemographic data were collected on age, gender, education level, stay at home/work from home, and the average number of hours staying at home per day to avoid COVID-19. The author also conducted a survey that consists of the information about media consumption by the generation (boomer, Gen X, Gen Y, and Gen Z) by adapting several questions from a survey conducted by the Global Web Index, such as media used during pandemics and activities performed. Life satisfaction measured using Satisfaction With Life Scale (SWLS) developed by Diener, Emmons, Larsen, and Griffin (1985). SWLS has 5 items using a Likert scale moving from "strongly disagree" (1) to "strongly agree" (7). The coping stress strategies measured using The Situational Version of the Brief COPE (Monzani, Steca, Greco, D'Addario, Cappeletti, and Pancani, 2015) which refers to Carver's (1997) theory. COPE Brief has 28 items to measure 14 coping stress strategies where each stress coping strategy is represented by 2 items. The range of answers using the Likert scale moves from "never" (1) to "always" (4). The measured stress coping strategies were self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame.

Data Analysis

Data analysis was used Pearson correlation analysis technique with IBM SPSS Statistic 21.0 to find out the correlation between coping stress strategies and respondents' life satisfaction during the COVID-19 pandemic. Then, the researchers also mapped the survey results to see how respondents' media consumption during the pandemic.

RESULT & DISCUSSION

Reliability Analysis

The internal consistency for the Brief COPE and SWLS were presented in Table 4. There were eight subscales of Brief COPE that have adequate internal consistency, namely denial, use of instrumental support, behavioral disengagement, positive reframing, planning, acceptance, religion, and self-blame. SWLS had adequate internal consistency as well (see Table 2). Researchers used these findings for subsequent correlation tests.

Table 2. Internal Consistency of Brief COPE's subscales and SWLS

Variable	α	Numbers of items
Self-distraction	.446	2
Active coping	.505	2
Denial	.751*	2
Substance use	.529	2
Emotional support	.588	2
Instrumental support	.788*	2
Behavioral disengagement	.744*	2
Venting	.541	2
Positive reframing	.635*	2
Planning	.646*	2
Humor	.580	2
Acceptance	.605*	2
Religion	.760*	2
Self-blame	.750*	2
SWLS	.878*	5

*Adequate internal consistency >0.6 (Azwar, 2012)

Coping Stress Strategies and Life Satisfaction

The results showed that most of the respondents were committed emotion-focused coping during the COVID-19 pandemic, namely acceptance ($Mean = 6.900$; $SD = 1.134$), religion ($Mean = 6.395$; $SD = 1.493$), and positive reframing ($Mean = 6.105$; $SD = 1.229$). Then, the respondents were used problem-focused coping, such as planning ($Mean = 5.875$; $SD = 1.359$) and instrumental support ($Mean = 4.665$; $SD = 1.350$). Dysfunctional coping strategies were the coping style that respondents did rarely, namely self-blame ($Mean = 2.580$; $SD = 0.984$), denial ($Mean = 2.475$; $SD = 0.895$), and behavioral disengagement ($Mean = 2.425$; $SD = 0.882$). Also, the respondents had a level of life satisfaction in the slightly satisfied category ($Mean = 22.690$; $SD = 6.340$) (see Table 3).

Table 3. Descriptive Statistics ($n = 200$)

	Scales	Mean	SD
Emotion-focused coping	Acceptance	6.900	1.134
	Religion	6.395	1.493
	Positive reframing	6.105	1.229
Problem-focused coping	Planning	5.875	1.359
	Instrumental support	4.665	1.350
Dysfunctional coping	Self-blame	2.580	0.984
	Denial	2.475	0.896
	Behavioral disengagement	2.425	0.882
Life satisfaction		22.690	6.340

The results of correlational analysis were positively and significantly correlated between life satisfaction and positive reframing ($r = .140$; $p < .05$) and religion as well ($r = .164$; $p < .05$) during the COVID-19 pandemic. Emotion-focused also the most stress coping strategy used by respondents, such as acceptance, religion, and positive reframing. These findings supported by Garcia, Pena, Włodarczyk, Carrasco, and Reyes (2018) who found that acceptance, positive reframing, and religion positively correlate with life satisfaction. Also acceptance and positive reframing negatively correlate with perceived stress. Eryilmaz (2015) found that individuals who carry out religious activities have a positive correlation with life satisfaction. Akhyar, et al. (2019) also found that religiosity is a predictor of life satisfaction.

Individuals who use religion as a coping stress strategy see the COVID-19 pandemic was more positive. This can be seen from a significant correlation between religion and positive reframing as coping stress strategies. Positive reframing was reassessing the problem positively to overcome emotional distress from the stressors compared to overcoming the problem itself (Carver, 1997). Tugade and Fredrickson (2004) revealed that individuals who can found a positive meaning will be able to bounce back from adversity. Positive reframing also predicted an individual's resilience (Rice & Liu, 2016).

The ability to cope with stress by seeing adversity positively can make individuals accept the COVID-19 pandemic as a situation that must be faced. Acceptance is an ability to accept the reality of a stressor, in this case, the COVID-19 pandemic (Carver, 1997; Carver, Scheier & Weintraub, 1989). The ability to cope with stress supports individual to adjust to the environment (Bhaskar, Rudrama & Komala, 2014). The positive social adjustment has a positive correlation with life satisfaction and a negative correlation with stress as well (Smojver, Zivcic & Jakovic, 2010; Sanjuan, Ruiz & Perez, 2011; Nema & Bansal, 2015).

In other hand, life satisfaction were significantly and negatively correlated with denial ($r = -.176$; $p < .05$), behavioral disengagement ($r = -.259$; $p < .01$), and self-blame ($r = -.273$; $p < .01$). The findings for using instrumental support, planning, and acceptance were no significant correlation found on life satisfaction during the COVID-19 pandemic. Dysfunctional coping strategies rarely did during pandemic, namely substance use, denial, behavioral disengagement, and

self-blame during the pandemic. These findings also supported by Garcia, Pena, Wlodarczyk, Carrasco, and Reyes (2018) who found that denial, behavioral disengagement, substance use, and self-blame were negatively correlated on life satisfaction and positively correlated with perceived stress.

Table 4 were presented the intercorrelation between coping stress strategies with adequate internal consistency variables. Denial were positively correlated with other three coping stress strategies, namely use of instrumental support ($r = .145$; $p = .041$), behavioral disengagement ($r = .404$; $p = .000$), self-blame ($p = .210$; $p = .003$) and negatively correlated with acceptance ($r = -.378$; $p = .000$). The instrumental support were positively correlated with positive reframing ($r = .142$; $p = .044$), planning ($r = .251$; $p = .000$), religion ($r = .166$; $p = .019$), and self-blame ($r = .230$; $p = .001$). Behavioral disengagement were negatively correlated with positive reframing ($r = -.292$; $p = .000$), acceptance ($r = -.399$; $p = .000$), religion ($r = -.220$; $p = .002$), and positively correlated with self-blame ($r = .483$; $p = .000$). Positive reframing were positively correlated with planning ($r = .531$; $p = .000$), acceptance ($r = .415$; $p = .000$), and religion ($r = .454$; $p = .000$). Planning were positively correlated with acceptance ($r = .357$; $p = .000$) and religion ($r = .477$; $p = .000$). Acceptance were positively correlated with religion ($r = .468$; $p = .000$) and negatively correlated with self-blame ($r = -.164$; $p = .020$). Then, religion was negatively correlated with self-blame ($r = -.167$; $p = .018$).

Table 4. Intercorrelations Between Coping Stress Strategies

Coping strategies	1	2	3	4	5	6	7	8
Denial (1)	-	.145*	.404***	-.064	.070	-.378***	-.126	.210**
Instrumental support (2)		-	.124	.142*	.251***	.017	.166*	.230**
Behavioral disengagement (3)			-	-.292***	-.048	-.399***	-.220**	.483***
Positive reframing (4)				-	.531***	.415***	.454***	-.138
Planning (5)					-	.357***	.477***	.021
Acceptance (6)						-	.468***	-.164*
Religion (7)							-	-.167*
Self-blame (8)								-

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Respondents (81.5%) were aware of the threat of spread from the COVID-19 pandemic, making them choose to stay at home/work from home and at most for 10-24 hours. In other words, the majority of respondents did not carried out denial and behavioral disengagement as coping stress during the pandemic. This was indicated by the negative correlation between acceptance with

denial and behavioral disengagement (see Table 5). Less denying and making an effort to deal with the COVID-19 pandemic were made respondents able to coping stress adaptively. Carver (1997) argued that if individuals deny the reality of the stressor will allow the event to become more serious.

Acceptance was allowed individuals to accept reality without much regret during the pandemic. This acceptance did not make individuals blame themselves for their misfortune due to the pandemic. The results showed that there was a negative correlation between acceptance and self-blame as coping stress strategies (see Table 5). Not using self-blame as coping stress was encouraged individuals to be more adaptive during the pandemic. Rice and Liu (2016) found that less use of self-blame as coping is predicted greater resilience.

Life Satisfaction & Media Consumption

The results showed that 79% of respondents reported have an increase in social media consumption since the pandemic. Mostly the respondents were used text feature (94%), video call (48%), and phone call (42%) on communication. Respondents were also reported that playing video games (96%), watching online videos (81%), and listening to music through the streaming platform (62,5%) as the highest media consumption during the pandemic. The most current media activities were looking for entertainment (77,5%), communicating to others (74,5%), searching for COVID-19 updates (64,5%) (see Table 6). Additional analysis with a comparisson tests were also conducted to see the difference on life satisfaction level between the respondents who had an increase in using of media consumption and those who did not. The result showed that there was no significant differences on life satisfaction between this categories ($t = .698$; $p = .531$).

Table 5. Media Consumption during the COVID-19 pandemic ($n = 200$)

	Boomer (> 55 years old; $n = 6$)	Gen X (40-55 years old; $n = 15$)	Gen Y (25-39 years old; $n = 65$)	Gen Z (<25 years old; $n = 114$)
Increase of social media consumption since the pandemic				
Yes (158; 79%)	2	15	54	87
No (42; 21%)	4	0	11	27
Social media feature				
Text (188; 94%)	6	15	62	105
Phone call (82; 42%)	1	8	24	49
Video call (96; 48%)	1	6	35	54
Media consumption during the pandemic				
Video games (192; 96%)	6	15	63	108
Online video (162; 81%)	1	7	50	104
Broadcast TV (32; 16%)	0	0	5	27
Book/literatures (45; 22,5%)	2	11	17	15

Online streamings (69; 34,5%)	0	1	21	47
Livestreams (14; 7%)	0	1	2	11
Music streaming (125; 62,5%)	1	8	37	79
Online press (9; 4,5%)	0	0	2	7
Physical press (2; 1%)	0	0	1	1
Podcast (12; 6%)	0	0	3	9
Radio (13; 6,5%)	0	1	5	7
Meeting platform (15; 7,5%)	0	2	6	7
None of these (1; 0,5%)	0	0	0	1
Current media activities				
Searching for COVID-19 updates (129; 64,5%)	6	9	40	74
Looking for entertainment (155; 77,5%)	1	7	53	94
Cummmunicating to others (149; 74,5%)	0	11	49	89
Reducing stress (91; 45,5%)	2	4	30	55
Learning new stuff (113; 56,5%)	0	8	40	65
Doing some work (104; 52%)	0	12	39	53
None of these (2; 1%)	1	0	0	1

The results showed that most of respondents reported an increase in social media consumption since the pandemic. Most media consumption was by playing video games, watching online videos, and listening to music. Based on these activities it can be seen that respondents mostly do emotional-focused coping which overcomes stress due to the pandemic with a fun activity. Emotion-focused coping is temporary because individuals who use this coping strategy on social media do not directly face the problem but will be very effective to reduce pressure on very stressful conditions (Runtu & Kurniawan, 2017). This was supported by the finding that respondents using media to looking for entertainment and communicating with others.

The information from the results in table 6 can be used as a reference in making public health promotion by considering media consumption patterns during the pandemic, for example, the features and media platforms that are most frequently used. According to Yom-Tov, Shembekar, Barclay, and Muenning (2018), effectiveness in health promotion ads can improve when considering lifestyle and sociodemographic characteristics. Online promotion can also change the behavior of healthy living in the community. The limitation of this research was that not

all subscales of coping stress strategies have a good internal consistency so not all subscales can be tested for correlation analysis with life satisfaction. Then, the number of respondents in each generation was different so it is not strong enough to describe the pattern of media consumption behavior when viewed by age generation

CONCLUSION

It can be concluded that coping stress strategies was positively correlated with better life satisfaction during the pandemic COVID-19, namely emotion-focused coping (positive reframing, religion). On the other hand, life satisfaction was negatively correlated with dysfunctional coping (denial, behavioral disengagement, self-blame). These findings can be used to formulate psychological interventions during the COVID-19 pandemic among Indonesian. Increased media consumption and patterns that are formed can be used as a reference in making public health promotion through media following the characteristics of respondents' lifestyle and sociodemographic.

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