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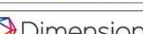
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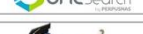



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THE RELATIONSHIP LEVEL OF SELF-MEDICATION KNOWLEDGE WITH RATIONALITY OF DRUG USE IN ADOLESCENTS
Muhammad Cariefzi Zahdffa Kusuma, Meiyantri Meiyantri

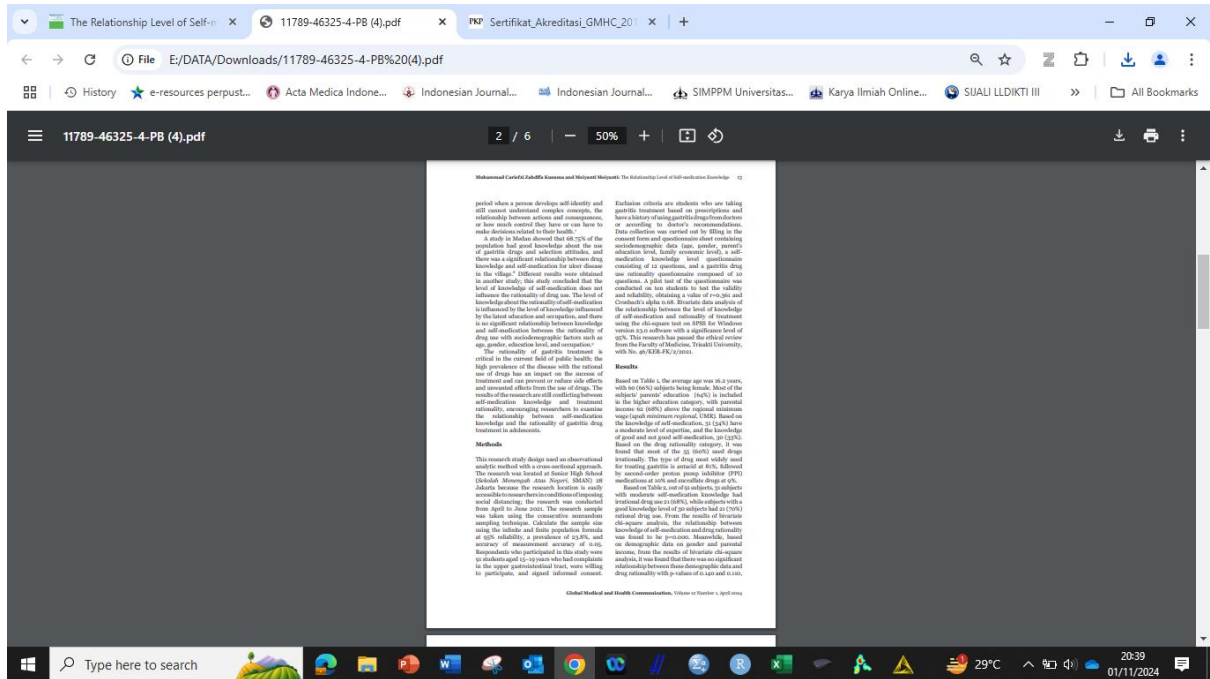
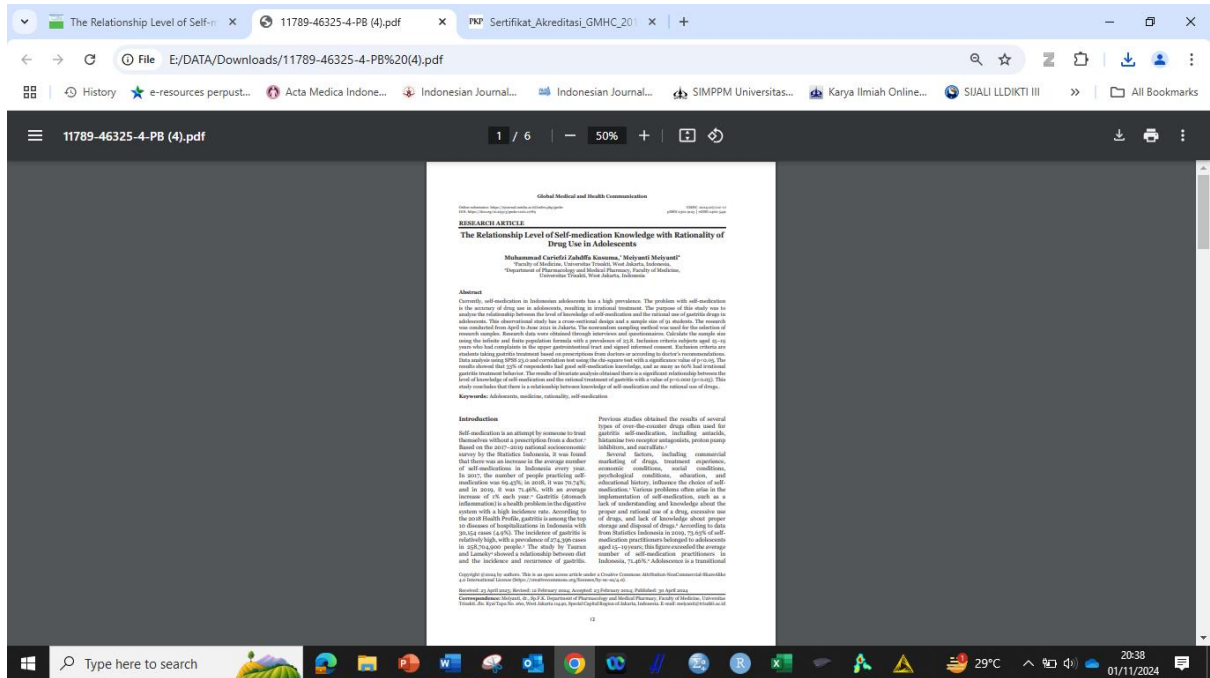
Abstract
Currently, self-medication in Indonesian adolescents has a high prevalence. The problem with self-medication is the accuracy of drug use in adolescents, resulting in irrational treatment. The purpose of this study was to analyze the relationship between the level of knowledge of self-medication and the rational use of gastritis drugs in adolescents. This observational study has a cross-sectional design and a sample size of 91 students. The research was conducted from April to June 2021 in Jakarta. The nonrandom sampling method was used for the selection of research samples. Research data were obtained through interviews and questionnaires. Calculate the sample size using the infinite and finite population formula with a prevalence of 23.8. Inclusion criteria subjects aged 15–19 years who had complaints in the upper gastrointestinal tract and signed informed consent. Exclusion criteria are students taking gastritis treatment based on prescriptions from doctors or according to doctor's recommendations. Data analysis using SPSS 23.0 and correlation test using the chi-square test with a significance value of $p < 0.05$. The results showed that 33% of respondents had good self-medication knowledge, and as many as 60% had irrational gastritis treatment behavior. The results of bivariate analysis obtained there is a significant relationship between the level of knowledge of self-medication and the rational treatment of gastritis with a value of $p = 0.000$ ($p < 0.05$). This study concludes that there is a relationship between knowledge of self-medication and the rational use of drugs.

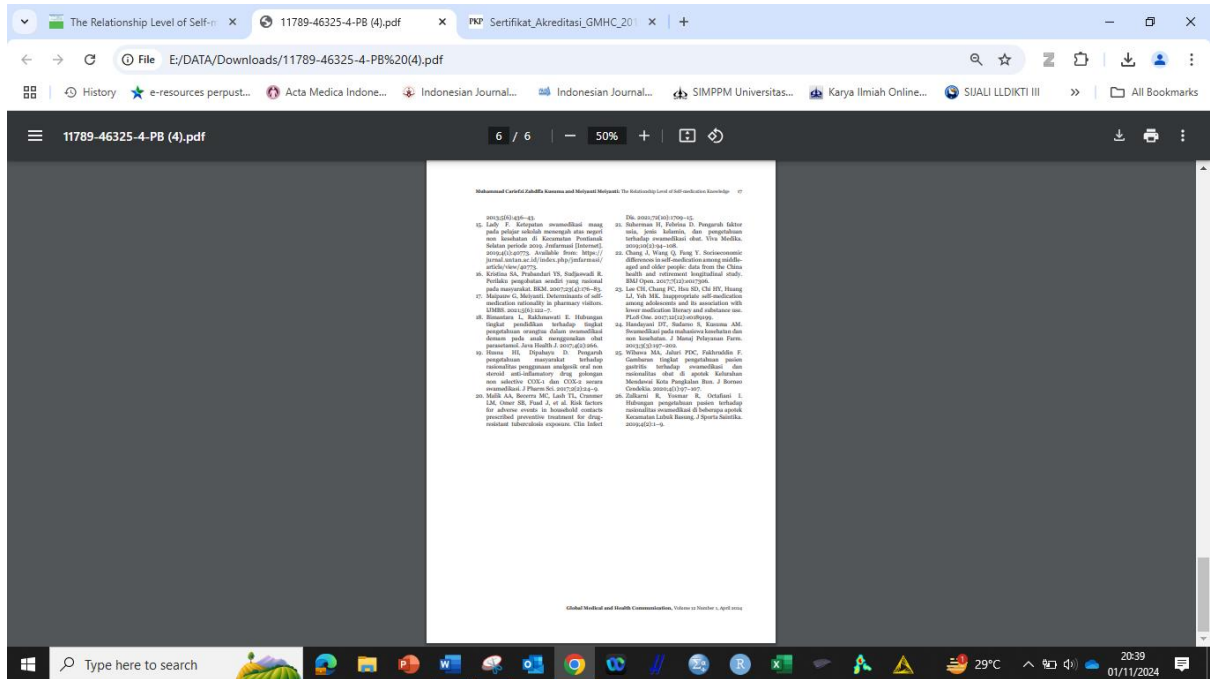
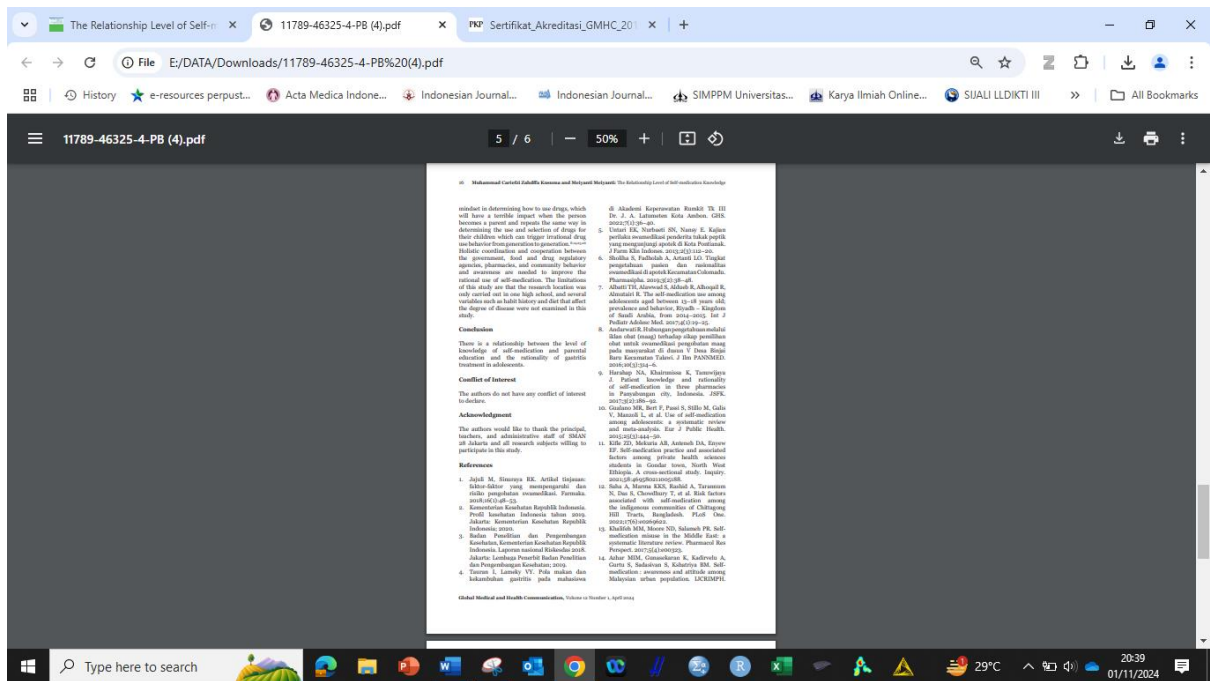
Keywords
Adolescents; medicine; rationality; self-medication

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The Relationship Level of Self-Medication Knowledge with Rationality of Drug Use in Adolescents

Muhammad Cariefzi Zahdha Kusuma, Meiyanti*

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Abstract

Currently, self-medication in Indonesian adolescents has a high prevalence. The problem with self-medication is the accuracy of drug use in adolescents, resulting in irrational treatment. Antacid drugs are one of the drugs that are widely used in self-medication to treat gastritis. The purpose of this study was to analyze the relationship between the level of knowledge of self-medication and the rational use of gastritis drugs in adolescents. This study is an observational study with a cross-sectional design with a sample size of 91 high school students. The research was conducted from April to June 2021, located at SMAN 25 Jakarta. The nonrandom sampling method was used for the selection of research samples. Research data were obtained by interview and questionnaire. Data analysis using SPSS and correlation test using the chi-square test with a significance value of $p < 0.05$. The results showed that 33% of respondents had good self-medication knowledge, and as many as 60.4% had irrational gastritis treatment behavior. The results of bivariate analysis obtained there is a significant relationship between the level of knowledge of self-medication with the rational treatment of gastritis with a value of $p = 0.000$ ($p < 0.05$). This study concludes that there is a significant relationship between knowledge of self-medication and the rational use of drugs.

Keywords: adolescents, medicine, rationality, self-medication

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Self-medication is an attempt by someone to treat themselves without a prescription from a doctor.¹ Based on the 2017-2019 national socio-economic survey by the Central Bureau of Statistics, it was found that there was an increase in the average number of self-medication in Indonesia every year. In 2017 the number of people practicing self-medication was 69.43%, in 2018 it was 70.74%, and in 2019 it was 71.46% with an average increase of 1% each year.² Gastritis (inflammation of the stomach) is one of the health problems in the digestive system with a high incidence rate. According to the Indonesian health profile in 2011, gastritis occupies the list of the 10 most common diseases of hospitalized patients in the hospital with an incidence rate of 30,154 hospitalized patients.³ According to WHO, the incidence of gastritis in Indonesia is quite high with a prevalence of gastritis cases as high as 40.8% with 274,395 cases out of 238,452,952 total Indonesian population.⁴ Previous studies obtained the results of several types of Over counter (OTC) drugs often used for gastritis self-medication including antacids, histamine 2 receptor antagonists, proton pump inhibitors, and sucralfate.⁵

The choice of self-medication is influenced by several factors including commercial marketing of drugs, treatment experience, economic conditions, social conditions, psychological conditions, education, and educational history.⁶ Various problems often arise in the implementation of self-medication such as a lack of understanding and knowledge about the proper and rational use of a drug, excessive use of drugs, and lack of

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knowledge about proper storage and disposal of drugs.⁶ According to data from BPS in 2019, 73.63% of self-medication practitioners belonged to adolescents aged 15-19 years, this figure exceeded the average number of self-medication practitioners in Indonesia which was 71.46%.⁷ Adolescence is a transitional period, a time when a person develops self-identity and still does not have the capability to understand complex concepts, the relationship between actions and consequences, or how much control they have or can have to make decisions related to their own health.⁸

A study in Medan showed that 68.75% of the population had good knowledge about the use of gastritis drugs and selection attitudes and there was a significant relationship between drug knowledge and self-medication for ulcer disease in the village.⁹ Different results were obtained in another study, this study concluded that the level of knowledge of self-medication has no influence on the rationality of drug use. The level of knowledge about the rationality of self-medication is influenced by the level of knowledge influenced by the latest education and occupation, and there is no significant relationship between knowledge and self-medication between the rationality of drug use with sociodemographic factors such as age, gender, education level, and occupation.⁹

The rationality of gastritis treatment is very important in the field of public health today, the high prevalence of the disease with the rational use of drugs has an impact on the success of treatment and can prevent or reduce side effects and unwanted effects from the use of drugs. The results of the research are still conflicting between self-medication knowledge and

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treatment rationality, encouraging researchers to examine the relationship between self-medication knowledge and the rationality of gastritis drug treatment in adolescents.

Methods

This research study design used an observational analytic method with a cross-sectional approach. The research was located at SMAN 28.Jakarta and was conducted from April to June 2021. The research sample was taken using the Consecutive nonrandom sampling technique. Calculation of the sample size using the infinite & finite population formula at a level of 95% reliability, a prevalence of 23.8%, and accuracy of measurement accuracy of 0.05. Respondents who participated in this study were 91 students, aged 15-19 years, who had complaints in the upper gastrointestinal tract and were willing to take part in the study and signed informed consent. Exclusion criteria are students who are taking gastritis treatment based on prescriptions and have a history of using gastritis drugs from doctors or according to doctor's recommendations. Data collection was carried out by filling in the consent form and questionnaire sheet containing sociodemographic data (age, gender, parent's education level, family economic level), a self-medication knowledge level questionnaire consisting of 12 questions, and a gastritis drug use rationality questionnaire consisting of 10 questions. Bivariate data analysis of the relationship between the level of knowledge of self-medication and rationality of treatment using the Chi-square test on SPSS for Windows version 23.0 software with a significance

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level of 95%. This research has passed the ethical review from the Faculty of Medicine, Trisakti University with No. 46/KER-FK/2/2021.

Results

Based on the table data, the average age was 16.2 years, with 60 (65.9%) subjects being female. Most of the subjects' parents' education is included in the higher education category with parental income as much as 62 (68.1%) above the regional minimum wage (UMR). Based on the level of knowledge of self-medication, 31 (34%) have a moderate level of knowledge, and the level of knowledge of good and bad self-medication is 30 (33%) each. Based on the drug rationality category, it was found that most of the 55 (60.5%) used drugs irrationally. The type of drug most widely used for the treatment of gastritis is Antacid 81.3%, followed by the second-order proton pump inhibitor (PPI) drugs at 9.9% and sucralfate drugs at 8.8% (Table 1)

Based on Table 2, out of 91 subjects, 31 subjects with moderate self-medication knowledge had irrational drug use 21 (67.7%), while subjects with a good knowledge level of 30 subjects had 21 (70%) rational drug use. From the results of bivariate chi-square analysis, the relationship between knowledge of self-medication and drug rationality was found to be $p=0.000$. Meanwhile, based on demographic data on gender and parental income, from the results of bivariate chi-square analysis, it was found that there was no significant relationship between these demographic data and drug rationality with p values of 0.140 and 0.100, respectively. A total of 58

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Table 2. Self-medication Knowledge, Gender, Education and Income of Parent with Medication Rationality

Variable	Medication rationality			p
	Yes n (%)	No n (%)	n (%)	
Self medication knowledge				
Good	21 (70)	9 (30)	30 (100)	0.000 [*]
Moderate	10 (32.3)	21 (87.70)	31 (100)	
Poor	5 (15.7)	21 (84.3)	26 (100)	
Gender				
Male	9 (30.3)	22 (70.6)	31 (100)	0.14
Female	27 (42)	33 (58)	60 (100)	
Parental education				
Low	8 (14.4)	43 (75.8)	53 (100)	0.024 *
High	28 (45.3)	30 (54.6)	58 (100)	
Parents' income				
≤ UMR	8 (27.5)	21 (72.5)	29 (100)	0.11
> UMR	28 (45.1)	31 (54.9)	59 (100)	

* p < 0.05

Discussion

The prevalence of self-medication in this study was found to be 35.4%, this prevalence is lower than the prevalence of gastritis self-medication in other countries. Previous researchers conducted meta-analysis research and obtained results, in general, more than 60% of adolescents take medicine without consulting a doctor, and this is developing into a trend in various countries. Some of the factors causing the high rate of self-medication are due to the easy access to the drugs needed, especially over-the-counter drugs, and limited over-the-counter drugs without any standardization of over-the-counter drug sales. The location and geographical conditions of the place of residence affect access to self-medication, and limited transportation facilities and health facilities will increase the prevalence of

information and medicines used, this can affect the rationality of self-medication.¹⁵

This study shows that there is a significant relationship between the level of parental education and the rationality of self-medication. Similar research results obtained by previous studies say that the higher the parent's education, the better the level of parental self-medication knowledge. The role of parents, especially mothers, is very important in the development of children, starting from physical, mental, psychosocial, and spiritual development, besides that mothers also play a central role in determining health care or selecting medicines to be used in the household.¹⁶ The level of public knowledge will affect the behavior of drug use.

Various factors cause the use of drugs to be irrational, including a low level of knowledge so that it is easily tempted by advertisements and drug promotions, limitations to seeking drug information through social media or the internet from trusted sources, reluctance to read the information on medicinal products consumed, especially indications and how to use drugs. When doing self-medication, knowledge of drug selection according to the disease and how to use it will have an impact on safe and rational self-medication and will not have an impact on the emergence of adverse effects from drug use or waste of medical expenses.^{14,17,18}

Based on the characteristics of education level, in other studies, it was found that people with low education levels correlated with low knowledge of self-medication, so this group usually chose to see a doctor rather than do self-medication. The higher a person's education, the more likely they are

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drug packaging contains information on active ingredients, dosage, how to use, duration of use, and side effects of the drug. In contrast to other researchers, it is said that the living environment, community conditions, and the active role of pharmacists or other health workers affect the rationality of self-medication even though the level of knowledge of self-medication is still low.

In addition, the limited knowledge of the community and the low interest of the community in exploring drug information is the biggest factor in the emergence of errors in treatment. The limited information causes people to easily follow the direction of treatment through commercial information such as advertisements without confirmation from health care providers.^{13,14}

Poor self-medication behavior is feared to trigger irrational drug use behavior, especially if the culture has been embedded in a person's mindset in determining how to use drugs which will have a very bad impact when the person becomes a parent and repeats the same way in determining the use and selection of drugs for their children which can trigger irrational drug use behavior from generation to generation.^{5,15,16,17} Holistic coordination and cooperation between the government, food and drug regulatory agencies, pharmacies, and community behavior and awareness are needed to improve the rational use of self-medication. The limitations of this study are that the research location was only carried out in one high school and several variables such as habit history, and diet that affect the degree of disease were not examined in this study

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Conclusion(s)

There is a significant relationship between the level of knowledge of self-medication, and parental education with the rationality of gastritis treatment in adolescents.

Conflict of Interest

The authors do not have any conflict of interest to declare.

Acknowledgment

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RESEARCH ARTICLE

The Relationship Level of Self-medication Knowledge with Rationality of Drug Use in Adolescents

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Abstract

Currently, self-medication in Indonesian adolescents has a high prevalence. The problem with self-medication is the accuracy of drug use in adolescents, resulting in irrational treatment. The purpose of this study was to analyze the relationship between the level of knowledge of self-medication and the rational use of gastritis drugs in adolescents. This observational study has a cross-sectional design and a sample size of 91 students. The research was conducted from April to June 2021 in Jakarta. The nonrandom sampling method was used for the selection of research samples. Research data were obtained through interviews and questionnaires. Calculate the sample size using the infinite and finite population formula with a prevalence of 23.8. Inclusion criteria subjects aged 15–19 years who had complaints in the upper gastrointestinal tract and signed informed consent. Exclusion criteria are students taking gastritis treatment based on prescriptions from doctors or according to doctor's recommendations. Data analysis using SPSS 23.0 and correlation test using the chi-square test with a significance value of $p < 0.05$. The results showed that 33% of respondents had good self-medication knowledge, and as many as 60% had irrational gastritis treatment behavior. The results of bivariate analysis obtained there is a significant relationship between the level of knowledge of self-medication and the rational treatment of gastritis with a value of $p = 0.000$ ($p < 0.05$). This study concludes that there is a relationship between knowledge of self-medication and the rational use of drugs..

Keywords: Adolescents, medicine, rationality, self-medication

Introduction

Self-medication is an attempt by someone to treat themselves without a prescription from a doctor.¹ Based on the 2017–2019 national socioeconomic survey by the Statistics Indonesia, it was found that there was an increase in the average number of self-medications in Indonesia every year. In 2017, the number of people practicing self-medication was 69.43%; in 2018, it was 70.74%; and in 2019, it was 71.46%, with an average increase of 1% each year.² Gastritis (stomach inflammation) is a health problem in the digestive system with a high incidence rate. According to the 2018 Health Profile, gastritis is among the top 10 diseases of hospitalizations in Indonesia with 30,154 cases (4.9%). The incidence of gastritis is relatively high, with a prevalence of 274,396 cases in 258,704,900 people.³ The study by Tauran and Lameky⁴ showed a relationship between diet and the incidence and recurrence of gastritis.

Previous studies obtained the results of several types of over-the-counter drugs often used for gastritis self-medication, including antacids, histamine two receptor antagonists, proton pump inhibitors, and sucralfate.⁵

Several factors, including commercial marketing of drugs, treatment experience, economic conditions, social conditions, psychological conditions, education, and educational history, influence the choice of self-medication.¹ Various problems often arise in the implementation of self-medication, such as a lack of understanding and knowledge about the proper and rational use of a drug, excessive use of drugs, and lack of knowledge about proper storage and disposal of drugs.⁶ According to data from Statistics Indonesia in 2019, 73.63% of self-medication practitioners belonged to adolescents aged 15–19 years; this figure exceeded the average number of self-medication practitioners in Indonesia, 71.46%.² Adolescence is a transitional

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period when a person develops self-identity and still cannot understand complex concepts, the relationship between actions and consequences, or how much control they have or can have to make decisions related to their health.⁷

A study in Medan showed that 68.75% of the population had good knowledge about the use of gastritis drugs and selection attitudes, and there was a significant relationship between drug knowledge and self-medication for ulcer disease in the village.⁸ Different results were obtained in another study; this study concluded that the level of knowledge of self-medication does not influence the rationality of drug use. The level of knowledge about the rationality of self-medication is influenced by the level of knowledge influenced by the latest education and occupation, and there is no significant relationship between knowledge and self-medication between the rationality of drug use with sociodemographic factors such as age, gender, education level, and occupation.⁹

The rationality of gastritis treatment is critical in the current field of public health; the high prevalence of the disease with the rational use of drugs has an impact on the success of treatment and can prevent or reduce side effects and unwanted effects from the use of drugs. The results of the research are still conflicting between self-medication knowledge and treatment rationality, encouraging researchers to examine the relationship between self-medication knowledge and the rationality of gastritis drug treatment in adolescents.

Methods

This research study design used an observational analytic method with a cross-sectional approach. The research was located at Senior High School (*Sekolah Menengah Atas Negeri*, SMAN) 28 Jakarta because the research location is easily accessible to researchers in conditions of imposing social distancing; the research was conducted from April to June 2021. The research sample was taken using the consecutive nonrandom sampling technique. Calculate the sample size using the infinite and finite population formula at 95% reliability, a prevalence of 23.8%, and accuracy of measurement accuracy of 0.05. Respondents who participated in this study were 91 students aged 15–19 years who had complaints in the upper gastrointestinal tract, were willing to participate, and signed informed consent.

Exclusion criteria are students who are taking gastritis treatment based on prescriptions and have a history of using gastritis drugs from doctors or according to doctor's recommendations. Data collection was carried out by filling in the consent form and questionnaire sheet containing sociodemographic data (age, gender, parent's education level, family economic level), a self-medication knowledge level questionnaire consisting of 12 questions, and a gastritis drug use rationality questionnaire composed of 10 questions. A pilot test of the questionnaire was conducted on ten students to test the validity and reliability, obtaining a value of $r=0.361$ and Cronbach's alpha 0.68. Bivariate data analysis of the relationship between the level of knowledge of self-medication and rationality of treatment using the chi-square test on SPSS for Windows version 23.0 software with a significance level of 95%. This research has passed the ethical review from the Faculty of Medicine, Trisakti University, with No. 46/KER-FK/2/2021.

Results

Based on Table 1, the average age was 16.2 years, with 60 (66%) subjects being female. Most of the subjects' parents' education (64%) is included in the higher education category, with parental income 62 (68%) above the regional minimum wage (*upah minimum regional*, UMR). Based on the knowledge of self-medication, 31 (34%) have a moderate level of expertise, and the knowledge of good and not good self-medication, 30 (33%). Based on the drug rationality category, it was found that most of the 55 (60%) used drugs irrationally. The type of drug most widely used for treating gastritis is antacid at 81%, followed by second-order proton pump inhibitor (PPI) medications at 10% and sucralfate drugs at 9%.

Based on Table 2, out of 91 subjects, 31 subjects with moderate self-medication knowledge had irrational drug use 21 (68%), while subjects with a good knowledge level of 30 subjects had 21 (70%) rational drug use. From the results of bivariate chi-square analysis, the relationship between knowledge of self-medication and drug rationality was found to be $p=0.000$. Meanwhile, based on demographic data on gender and parental income, from the results of bivariate chi-square analysis, it was found that there was no significant relationship between these demographic data and drug rationality with p -values of 0.140 and 0.110,

Table 1 Subject Characteristics

Variables	Mean±SD	n=91 (%)
Age (year)	16.2±0.7	
Gender		
Male		31 (34)
Female		60 (66)
Parental education		
Low		33 (36)
High		58 (64)
Parents' income		
≤UMR		29 (32)
>UMR		62 (68)
Self-medication knowledge		
Good		30 (33)
Moderate		31 (34)
Poor		30 (33)
Rationality of medication		
Yes		36 (40)
No		55 (60)
Type of drug		
Antacid		74(81)
Sucralfate		8 (9)
Proton pump inhibitor		9 (10)
Self-medication		
Yes		32 (35)
No		59 (65)

Note: UMR: regional minimum wage

respectively. A total of 58 subjects had parents with a high level of education; in this group, 30 (52%) were categorized as irrational drug use, but in the low education level group, as many as 33 subjects obtained 76% of this group used

irrational drugs. The results of the chi-square bivariate analysis showed that parental education is significantly related to drug rationality with a value of $p=0.024$.

Discussion

The prevalence of self-medication in this study was 35%, which is lower than that of gastritis self-medication in other countries. The systematic literature review and meta-analysis results showed that more than 50% of adolescents take medicine without consulting a doctor.¹⁰ Some of the factors causing the high rate of self-medication are due to the easy access to the drugs needed, especially over-the-counter drugs, and limited over-the-counter drugs without any standardization of over-the-counter drug sales. The location and geographical conditions of the residence affect access to self-medication, and limited transportation and health facilities will increase the prevalence of self-medication.^{11,12} Another factor causing the high prevalence of self-medication is the pharmacist's role as a drug seller is very active compared to the pharmacist's role as a health service provider.^{7,10} People practice self-medication because of the high cost of treatment, limited health insurance coverage, previous experience with the disease, lack of trust in health workers, avoiding loss of work time, and avoiding long waiting times to consult a doctor.^{13,14}

Antacid is the type of drug most widely

Table 2 Self-medication Knowledge, Gender, Education, and

Variables	Yes (n=36)	No (n=55)	Total (n=91)	P
Self-medication knowledge				
Good	21	9	30	0.000*
Moderate	10	21	31	
Poor	5	25	30	
Gender				
Male	9	22	31	0.14
Female	27	33	60	
Parental education				
Low	8	25	33	0.024*
High	28	30	58	
Parents' income				
≤UMR	8	21	32	0.11
>UMR	28	34	59	

Note: * $p<0.05$, UMR: regional minimum wage

consumed to treat gastritis complaints. The results of this study are no different from previous studies; antacids ranked first in self-medication; this is because antacid class drugs are a class of over-the-counter drugs, easily available at relatively affordable prices so that they become the drug of choice, especially among adolescents.¹⁵ The results of this study show that there is no significant relationship between gender and the rationality of drug use. The same thing was also obtained by other researchers before; a study by Albati et al. concluded no relationship exists between gender and self-medication behavior in adolescents aged 13–18 years.⁷ Other researchers concluded that sociodemographic factors such as age, gender, occupation, and level of occupational knowledge were significantly related to self-medication behavior.¹⁶ Other researchers concluded that there was a relationship between gender and rationality of drug use. This is because women are more actively involved in the health of family members than men. In addition, mothers tend to provide stocks of certain drugs at home. Women have a higher level of socialization to exchange health information and medicines used; this can affect the rationality of self-medication.¹⁷

This study shows a significant relationship between parental education level and self-medication rationality. Similar research results obtained by previous studies say that the higher the parent's education, the better the level of parental self-medication knowledge. The role of parents, especially mothers, is vital in the development of children, starting from physical, mental, psychosocial, and spiritual development; besides that, mothers also play a central role in determining health care or selecting medicines to be used in the household. The level of public knowledge will affect the behavior of drug use.¹⁸

Various factors cause the use of drugs to be irrational, including a low level of knowledge so that advertisements and drug promotions easily tempt it, limitations to seeking drug information through social media or the internet from trusted sources, reluctance to read the information on medicinal products consumed, especially indications and how to use drugs. When doing self-medication, knowledge of drug selection according to the disease and how to use it will have an impact on safe and rational self-medication. It will not have an impact on the emergence of adverse effects from drug use or waste of medical expenses.^{16,19,20}

Based on the characteristics of education level, other studies found that people with low education levels correlated with low knowledge of self-medication, so this group usually chose to see a doctor rather than do self-medication. The higher a person's education, the more likely they are to do self-medication because they can seek medical advice and drug information through mass media and the internet from reliable reference sources.²¹

The results of this study showed no significant relationship between the economic level and rationality of drug use. In contrast to the study in China, it was concluded that low-income groups tend to self-medicate using limited over-the-counter drugs compared to prescription drugs. This may be due to the high cost of medication.²² Economic level is usually aligned with education level. High education and high economic level groups usually have higher health care, more accessible access to health facilities, and tend to have health insurance.

This study found that the level of knowledge of self-medication was significantly related to the rationality of drug use. The results of a survey conducted by Lee et al.²³ said that respondents with low levels of self-medication knowledge, poor health behaviors such as smoking, and alcohol consumption tend to carry out irrational self-medication practices such as adolescents who consume alcohol and smoking are related, and more likely to carry out irrational self-medication practices. According to indications, the level of education and knowledge about the disease and drugs affects the rationality of treatment. Various means can be used to obtain drug information, and consultation with pharmacists in pharmacies can improve treatment rationality. Alternative, practical, cheap, and effective treatment is the reason for the increasing prevalence of self-medication continuing to increase.^{8,24} Knowledge about drugs can be obtained through drug packaging, which contains information on active ingredients, dosage, how to use, duration of use, and side effects of the drug. In contrast to other researchers, it is said that the living environment, community conditions, and the active role of pharmacists or other health workers affect the rationality of self-medication even though the knowledge of self-medication is still low.

Poor self-medication behavior is feared to trigger irrational drug use behavior, especially if the culture has been embedded in a person's

mindset in determining how to use drugs, which will have a terrible impact when the person becomes a parent and repeats the same way in determining the use and selection of drugs for their children which can trigger irrational drug use behavior from generation to generation.^{8,14,25,26} Holistic coordination and cooperation between the government, food and drug regulatory agencies, pharmacies, and community behavior and awareness are needed to improve the rational use of self-medication. The limitations of this study are that the research location was only carried out in one high school, and several variables such as habit history and diet that affect the degree of disease were not examined in this study.

Conclusion

There is a relationship between the level of knowledge of self-medication and parental education and the rationality of gastritis treatment in adolescents.

Conflict of Interest

The authors do not have any conflict of interest to declare.

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