

Suicidal Ideation among In-School Adolescents in Enugu State, Nigeria: A Qualitative Approach

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Abstract

The study was aimed at determining suicidal ideation among in-school adolescents in Enugu state, Nigeria. Case study design was employed to execute the study. The population for the study was 149,028 in-school adolescents in public secondary schools owned by Enugu State Government and the sample for the study was 24 participants. Focus group discussion was utilized to generate data. The qualitative data obtained were transcribed and utilized for discussions. Results from the study indicated that suicidal ideation was high among the in-school adolescents and was higher among the older group than at younger age. From the findings it was suggested that suicide education be initiated in secondary schools in Enugu state to prevent suicide idea from arising among the in-school adolescents. Additionally, as in-school adolescents grow older, school health educators in conjunction with guidance counselors should maintain surveillance on them to prevent suicidal ideation from progressing to attempted or completed suicide.

Key words: suicidal ideation, suicide, in-school adolescents, and qualitative approach

Introduction

The rising wave of suicidal ideation is a source of worry to many people. Adolescents' involvement in thought about suicide is calamitous since a lot of time and energy are lost in so doing. Suicidal ideation means persistent thought of killing oneself. Brown (2014) viewed suicidal ideation as any self-reported thoughts of engaging in suicide related behaviour. Ugwuoke (2016) defined suicidal ideation as an individual's obsession with the idea of killing him or herself. The author suggested that suicide thoughts should not be ignored. This is because Gvion and Apter (2013) were of the view that suicide, which is the final act of suicidal behaviours, starts with ideation.

Suicide is an intentional death inflicted on an individual by him or herself. According to Knight (2009), the individual causes his own death may be by shooting, hanging, poisoning, cutting and so on. However, the author stated that suicide could be indirect: omitting to what is necessary to escape death.

Adolescents are vulnerable to suicide thought because they are in a period of transition from childhood experiences to adulthood. Adolescents have peculiar psychosocial challenges that put them at the risk of suicide thought. Berk (2004) asserted that it is the internal stresses and the social expectations accompanying these challenges that give rise to self-doubt and disappointment in almost all adolescents including those in schools.

In-school adolescents are in primary, secondary and tertiary institutions. However, the majority of in-school adolescents in Nigeria are in secondary schools (Dangbin & Samuel, 2011). According to Olaniyan (2011), adolescents in secondary schools were aged 12-17 years. Consequently, they were the focus of this study. In primary schools they were likely to have acquired varieties of behaviours and attitudes that impacted on suicide. Probably, some had actually contemplated suicide. This may be because of their teachers' inability to provide them with the continuing desired nurturing relationship they had at home (Fawole, 2000). The absence of intimate relationship between the teachers and students which was also observed by Fawole might have been occasioned by the impersonal nature of these large secondary schools.

Adolescence is a turbulent period in one's life. Onohwosafe (2011) stated that it is characterized by stress, tension and worry. The worry would possibly suggest suicide for the individual as a solution or escape when faced with a problem. Moreover, as many of the adolescents move to secondary school very far away from home, the experience to some of them might have marked their separation from the tutelage of the family and the beginning of individuation. In the school, a lot of them were exposed to multiple academic programmes. Knight (2009) showed that such intellectual over stimulation can induce suicide. This is because when the child fails to measure up, he feels shame and may seek a way to escape by considering suicide. Some other in-school adolescents who are also prone to suicide, according to Okafor and Okafor (1998), were exceptional children who do not want any taint on their academic records. Minor academic setback often impelled such persons to contemplate suicide. Suicide education could check suicidal ideation among in-school adolescents.

Unfortunately, suicide education was not placed on top of Nigeria's educational agenda. This, according to Olasebikan, Gabakau and Dachia (2000), was because many teachers were ill-prepared for teaching health education in the course of their training. As a result, there was absence of essential education which leads to lack of health promoting behaviours in the country generally, the authors concluded. As a matter of fact, Fawole (2000) revealed that in such sensitive areas as suicide, teachers were usually not at ease to deal with the emotions, feelings, attitudes and values of students through health promotion.

Health promotion involves motivating individuals to find solution to their health challenges. According to Nwana (2000), health promotion and health education were synonymous. When health promotion in the form of suicide education is overlooked, the only way left for in-school adolescent in secondary schools, when faced with distressing situation might be suicidal ideation.

However, Ugwuoke (2016) showed that suicide thought among in-school adolescents in Enugu state was low. The author also indicated that suicide thought was higher among older students than their younger counterparts. According to the author, suicidal ideation was more preponderant among the older in-school adolescents on account of their longer exposure to factors that induce suicide. Nock, Holmberg, Photos and Michel (2007) had earlier reported that suicidal ideation starts at the age of 13-14 on the average. Mba (2011) also found low prevalence of suicidal ideation among university students in South Eastern Nigeria. Similarly, Ene (2000) had earlier reported low level of suicidal ideation among senior secondary school students in Enugu urban. In United State of America (USA) the situation was different. For instance, the National Center for Injury Prevention and Control-USA (2012) reported that 15.8 per cent of students in grades 9-12 seriously considered suicide during the 12 months preceding the survey. In Trinidad, South Africa, China amongst other places, adolescent suicide was also high (Procope-Beckles, 2007; Soreff, 2013).

The reason for increasing rate of suicide in the world was likely to be a result of less attention being paid to the problems confronting the adolescents. This neglect often throws up a gamut of psychological reactions in them. According to Cleary (2005), negative psychological stressors were the major cause of the increasing rate of suicide among adolescents. Psychological theory of suicide which was propounded by Freud (1957) indicated that suicide results from failure to adjust to life's stresses and strains. On the other hand, the sociological theory on suicide postulated by Emile Durkheim (1858-1917) attributed suicide to social conditions. He hypothesized that suicide rates vary inversely with the degree of social integration of the groups of which the individual formed part of. Social integration is partly a function of age in Igbo culture.

Age was included in the present study based on empirical evidence which showed that suicidal behaviours were associated with it. Although Soreff (2013) indicated that suicide was increasing among the adolescents, Moscicki (1995); Chou, Hang, Lee, Tsia, Chen, and Chou (2003) stated that the acts have traditionally been associated with adults. It is possible that the adolescents' suicidal ideation was to some extent acquired from the school as they climbed the class ladder. Studies by Ene (2000); Mba (2011); Ani and Ugwuoke (2014) and Ugwuoke (2016) on suicidal acts in this part of the world relied heavily on quantification methods. Nonetheless, qualitative approach could also provide insight into the meaning of suicide in the area.

Qualitative approach entails a detailed study of participants' experiences in a natural setting. Williams, Unrau, and Grinnell, Jr. (2005) posited that qualitative method provides the human depth that allows for a richer understanding of a given phenomenon. The authors maintained that the participants' experiences and priorities dictate the direction of such study. They also showed that in qualitative method; randomization, reducing data to numbers and testing of hypothesis are not emphasized. Owing to the paucity of qualitative researches on suicide in Enugu state, the approach was adopted in this study. Focus group discussion (FGD), interview, observation can be used to obtain data required for the execution of a qualitative study.

FGD was utilized for this study. This is because it is suitable for generating data from a group of persons discussing a sensitive topic such as suicidal ideation (Oji & Chukwuemeka, 1999). FGD is preferable to observation in this study since suicide thought is not easily observed. Similarly, interview was not utilized to obtain data in order to avoid variations that could arise from variations across the many interviewees in the present study.

Methods

The case study design was used for the study. The design is suitable for in-depth understanding of an individual or a group (Nworgu, 2006). The study was conducted in Enugu state, an Igbo society of South East, Nigeria. Record from Enugu state Post Primary Schools Management Board-PPSMB (2015) showed that the state was divided into six Education Zones and had 291 public secondary schools. Some of the secondary schools were exclusively for boys or girls whereas the majority of them were co-educational. Only insignificant number of the schools had boarding facilities. As a result, most of the in-school adolescents attended school from either their parental homes or rented apartments in the communities where the schools were located. Privately owned secondary schools and federal government owned ones existed alongside the state owned secondary schools.

The choice of Enugu state was necessitated by findings that some levels of suicide thought and suicide attempt existed among senior secondary school students in the area (Ene, 2000; Ugwuoke, 2016). Moreover, it had been shown that factors known to precipitate suicidal behaviours were universal (New, 2012; Ani & Ugwuoke, 2014).

The population for the study was 149,028 in-school adolescents in secondary schools owned by Enugu State Government (PPSMB, 2014). Purposive sampling procedure was employed to draw 24 participants from schools in Agbani, Awgu, Enugu and Nsukka Education Zones. There were two rural, two urban, one boys', one girls', and two mixed schools. Twelve of the participants were selected based on their self-destructive records as was shown in each of the guidance counselors' logbooks while the other 12 participants had no such records. However, none of the participants was aware of the reason for their choice. Purposive sampling technique was adopted to achieve adequate representation of the schools based on location and type and to ensure that participants with suicidal ideation and those without suicide thought were involved in the study.

'Suicidal Ideation Focus Group Discussion' (SIFGD) was utilized to generate data. A researcher-constructed 'Suicidal Ideation Focus Group Discussion Guide' (SIFGDG) was utilized to facilitate the groups' discussions. The SIFGDG which was constructed by the researcher after an extensive review of the related literature on the subject had ten open ended statements.

The face validity of the instrument was obtained through the judgment of five experts in health education, psychology, sociology/anthropology, and science education. The draft copies of the SIFGDG were given to the experts to examine the contents and language so as to establish the suitability of the items in achieving the purpose of the study. Their observations and corrections guided the final construction of the instrument that was utilized for data collected.

The reliability of the SIFGDG was established by inter rater agreement of the transcript of its trial-run conducted in a school in Ebonyi state. The recorded data were given to an expert in qualitative research methodology to code the responses. The expert agreed with the researcher on specifically identified sets of categories of responses obtained from the various questions on the SIFGDG. As the inter rater agreement was high, the instrument was utilized for collecting data. Inter rater agreement was established by comparing the number of categories of responses agreed upon with the total number of categories of responses.

Method of Data Collection

In order to gain access to the schools, the researcher secured the state education commissioner's approval. The approval helped the researcher a lot in securing places conducive enough to conduct FGs. The researcher engaged three (male=1: female=2) physical and health education teachers in secondary schools in the state as research assistants. The teachers were relatively young so as to eliminate bias which could arise due to disparity in age between the discussants and facilitators (Gochros, 2005). The research assistants had appropriate communication skills but were trained to desensitize them regarding suicidal behaviours; to build rapport with discussants; conduct the focus groups without deviating from the theme; manipulate the audio visual aids and record the proceedings of discussions amongst others. These measures improved the trustworthiness of the data. One FG was conducted each day in second term of the school calendar for year 2015. During the period, there were no major schools' programmes like examinations or inter house sports. Two focus groups were exclusively for boys (i.e., FG1 in a boys' & FG2 in a co-educational school). Similarly, FG3 and FG4 were conducted for girls in a girls' and a co-educational school respectively. According to Gordman and Klouda (1989), the same sex composition of the participants for FG enables individual members of the group to express themselves freely especially where sensitive issues like the present one is involved. The essence of multiple focus groups was to obtain comprehensive data on suicidal ideation of in-school adolescents from different backgrounds. There were six participants per FG and this was in accordance with Werner and Bower's (1988) recommendation that 6-12 participants make such discussion exciting and the group manageable.

Each discussion was conducted in well-lit corners of halls devoid of distractions in the selected schools. Seats were provided for all participants and the research team. The guidance counselors' offices were deliberately avoided to prevent any negative effect they might have on the participants. The researcher facilitated the discussions involving FG1 and FG2 while the assistant recorded the proceedings. The two female research assistants facilitated and documented the proceedings of FG3 and FG4. Regrettably, the participants did not give consent to the use of audio tapes to record the proceedings despite all assurances of their anonymity. Therefore, both the facilitators and recorders made extra effort to document all vital verbal and non-verbal cues of the participants both mentally and in writing. At the end of each discussion which lasted for 20-30 minutes, the documenter read out the records of discussions to make sure that they represented the participants' views on each of the statements in the SIFGDG. The qualitative data that were collected were used for data analysis.

The data from FG1, FG2, FG3 and FG4 were harmonized and a transcript representing the views of the participants on each of the questions on the SIFGDG was obtained. Here the resultant verbal and non-verbal data

were manually transcribed by the researcher with the aid of his assistants. Coleman and Unrau (2005) supported personal transcription of qualitative data to enable the researcher to master them. The resultant data were formatted and given to an expert in qualitative data analysis for review. The resultant units of information were used for discussions. In each FG, discussants were identified with numbers in order to ensure anonymity of both participants and data. For example, participant two in FG1 was identified as FG1 B₂ while participant six in FG3 was identified as FG3 G₆.

Results and Discussion of Findings

In response to what suicide thought was, the participants in the FGs, reluctantly, reported that suicidal ideation was thinking about ending one's life. The lukewarm attitude of the discussants to the subject matter was due to the fact that suicide was a taboo in the area (Mba, 2011; Ugwuoke, 2016). At the end of the discussions the participants confessed that they had never at any time before discussed suicide openly in the school or elsewhere. This confirmed earlier reports that behaviour change communication was lacking in such sensitive areas like suicide in Nigerian schools (Fawole, 2000; Olasebikan, Gabakau & Dachia, 2000). As per suicidal ideation in their individual lives, fifteen of the discussants admitted having at one time or the other considered committing suicide. This, according to them, was because of the abundance of suicide inducing factors in the area. In response to what precipitated suicide thought, failures in examination, loss of breadwinner of the family, spiritual attack, painful and incurable disease, relationship breakdown, and hopelessness in life were identified as predictors.

Across the four FGs, participants pinpointed failure in examination as a cardinal precipitant of suicide thinking: it makes an individual lose his or her self-worth among peers. In the emotionally laden words of participant FG1 B₃ unburdening his heart regarding his past suicide thinking said... 'I just felt like melting away or ending my life when I failed my promotion examination in first year in my first secondary school while my colleagues made it'. 'I avoided even my close friends for many months....' 'My parents had to secure my transfer to the present school'. It would be proper to note that in the area of the present study failure in examination entailed enormous economic loss to the student and the family. Discussants in FG3 and FG4 were specific that teenage pregnancy and rape could bring unbearable shame to the extent that suicide ought to be considered by the victim. FG4 G₅ was emphatic when she said, '...I cannot live with the humiliation of unwanted pregnancy'. This finding is not surprising since it confirms that suicide in part arouses from psychological factors (Freud, 1957).

This result corroborated the report by Ani and Ugwuoke (2014) that factors that precipitated suicide abound in the location of the study. This finding also agreed with Soreff (2013) that suicide thought was high in USA. The concordance between this finding and the results in USA was, possibly, as a result of assurances of confidentiality of the participants in the present study which made them open up. The reluctance of young children in the location of the study to freely express their thought was typical of Nigerians, especially children, who were reserved in such topics. This was unlike their Americans counterparts that were acclaimed for their free expression of thought and feelings even on very sensitive issues like suicidal ideation,

This finding, however, disagreed with Ene (2000) and Ugwuoke's (2016) results of low levels of suicide thought among secondary school students in Enugu state. According to the authors, the low level of suicidal ideation was partly due to reduced level of loneliness among the students. The difference in their results and the present one was likely to be due to the qualitative method adopted in this study. The use of questionnaire in their studies might have provided the respondents an opportunity to 'fake good' unlike in the present study where the respondents frankly expressed themselves. However, the selection of 50% of the participants based on their history of self-destructive behaviour might have been responsible for the high level of suicidal ideation expressed in the present study. Nonetheless, the result from the present study corroborated the sociological theory on suicide enunciated by Emilie Durkheim (1858-1917) since the finding suggested that in-school adolescents in Enugu state were no longer protected by family and community social networks. This speculation was in consonance with experiential evidence which showed that extended family system in the area was undergoing disruptions.

On whether suicidal ideation was higher among older or younger in-school adolescents, the participants agreed that suicidal ideation increased with age. For instance, many of the discussants who reported that they had expressed suicide thought indicated that it arose in their higher classes. Only a few of them, typified by the participant whose ideation commenced due to failure in promotion examination in the first year in his previous secondary school, entertained the thought at younger age. The result was not extraordinary since suicidal tendency had been traditionally found to be adult behaviour (Moscicki, 1995). The finding was also consistent with Ugwuoke (2016), who found that suicide thought was higher among older in-school adolescents in Enugu state. The finding is not astounding because the impact of the social and emotional factors which Durkheim (1858-1917) and Cleary (2005) respectively showed to trigger suicidal acts were likely to increase as the in-

school adolescent grew older and advanced to higher classes. Older adolescent's societal expectation grew sharply from childhood in Enugu state to the extent that many of them were already heads of households. Since the average age of onset of suicidal ideation is 13–14 years as shown by Nock, Holmberg, Photos and Michel (2007), it is logical that older in-school adolescents in senior classes imbibed higher suicidal ideation than their JSS counterparts.

A well-articulated health promoting behaviour in secondary school could have countered such suicidal ideation among the older students but Okafor and Okafor (1998) lamented that there was no suicide education programme for any category of Nigerians. At secondary school level, the situation was the same (Olasebikan, Gabakau, & Dachia, 2000; Fawole, 2000). This is because Fawole revealed that in such sensitive areas, teachers were usually not at ease to deal with the challenge. Therefore, the recourse of the in-school adolescents in secondary schools to considering suicide when faced with distressing life events was not surprising. Health promotion programme amongst other interventions might have contributed to the dramatic reduction of suicidal ideation in USA (National Center for Injury Prevention and Control-USA, 2012).

The result from the present study disagreed with Mba (2011), who demonstrated that class level had no influence on suicidal ideation among university students in South Eastern part of Nigeria. Mba's finding could be attributed to no rigid policy on age for university education in Nigeria. This was unlike the policy in secondary education which clearly stipulated that it was for those aged 12-17 (Olaniyan, 2011).

Conclusions

Based on the findings from the study, the following conclusions were reached.

1. Suicidal ideation was high among in-school adolescents in Enugu state.
2. Suicidal ideation was higher among older in-school adolescents than the younger ones.

Recommendations

Based on the findings and the conclusions the following recommendations were made.

1. Suicide education should be initiated in secondary schools in Enugu state to prevent suicide idea from springing among the students.
2. As in-school adolescents grows older, school health educators in conjunction with guidance counselors should maintain surveillance on them to prevent suicidal ideation from progressing to attempted or completed suicide.

Limitations of the Study

Some sources of error that could have negatively affected the validity of the findings of this study were as follows.

1. Owing to purposive sampling technique utilized for the selection of the sample coupled with the inadequacy of the sample size of 24 participants, the findings in this study might not completely represent the views of in-school adolescents in Enugu state.
2. Since the investigation was self-report of lifetime suicidal ideation, problem of recall and even outright misinformation could have affected the discussions.

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