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Factors Influencing Postnatal Monitoring in the Bafang Health District (West Region-Cameroon)

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Abstract

Background: Maternal health remains today, one of the major public health concerns in developing countries. Maternal deaths and newborn deaths usually occur within 48 hours of delivery. In Cameroon, despite all the initiatives set up by the Ministry of Public Health to reduce the mortality rate, the situation remains alarming in terms of postnatal consultation; this is much more felt in the West region of Cameroon, which is one of the most affected regions because 43.1% of women who give birth in hospitals do not return to postnatal consultation and this rate is higher than the national average with a value of 21.5%. Objective:This work aims to determine the factors influencing postnatal follow-up in the Bafang Health District. Methodology: This is a cross-sectional descriptive study for analytical purposes, carried out in the Bafang Health District between January 1 to November 30, 2017. Our study population consisted of all women of childbearing age living in the Bafang Health District during the study period. The variables studied were sociodemographic characteristics, socio-cultural characteristics and the provision of care. Results: Analysis carried out during this study, it appears that, the person who informs the women on the dates of rendez-vous during the CPoN (OR = 2.92; [95%CI = 1.16-7,]; p-value = 0.02), women who think the appropriate period of postnatal follow-up is 6 weeks postpartum (OR = 4.27, [95%CI = 1.47-12.39], p-value = 0.00) and those who massage the abdomen after childbirth (OR = 2.62, [95%CI = 1.34 - 5.12], p-value = 0.00) are more likely to have knowledge about follow-up postnatal. While women who have no knowledge of postnatal follow-up (OR = 0.18, 95%CI = 0.07-0.45, p-value = 0.00) are less likely to have more knowledge. Conclusion: Lack of knowledge of the existence and importance of postnatal consultation (CPoN), traditional practices are the factors that influence postnatal follow-up in the Bafang Health District. A good and effective care for women after childbirth requires increased awareness campaigns at the hospital level as well as in community settings.

Keywords: Influencing factors; Postnatal follow-up; Bafang health district; West region; Cameroon.

1. Introduction

Maternal mortality is still a public health problem despite efforts at both international and national levels [1]. In Cameroon, it is responsible for 782 deaths per 100,000 live births [2]. Maternal mortality includes the perinatal and postnatal period. The postpartum period is poorly considered by health professionals and the lack of follow-up during this period is the root of many complications. Despite the pain and discomfort, a long-awaited birth marks the end of pregnancy and the beginning of a new life. However, birth is also a critical moment for the health of the mother and the child. Problems can arise so that if they are not treated quickly and effectively, they can lead to complications and even the death of the mother and / or child. Government policies and programs in Cameroon have so far ignored this critical period, impeding efforts to achieve the Sustainable Development Goals (SDGs) for maternal and child survival, including the SDGs 3 [3]. It is possible, however, to promote these goals by integrating postnatal care for newborns and their mothers, a realistic strategy for reducing the mortality and disability rates of mothers and their newborns [4]. The 2005 World Health Organization (WHO) report indicates that about 529,000 women die each year from pregnancy and childbirth-related causes. Of these, 95% occurred in Africa and Asia, 4% in Latin America and the Caribbean, and 1% in other parts of the world. It should be noted, however, that the greatest number of mothers and newborns die during this period.

During the first few days of pregnancy, however, care coverage is at its lowest level and the minimum quality of care during this period [5]. Good post-natal care, both at home and in consultation with reference institutions, is critical to reducing maternal and newborn mortality and facilitating the adoption of key healthy behaviors that have long-lasting benefits. The level of recourse to obstetric care in Cameroon is still very worrying. With regard to

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postnatal care, it is found that among women who did not give birth in a health facility, nearly two thirds did not receive any postnatal follow-up (66%). In contrast, about one-third of women (34%) who did not deliver in a health facility did a consultation to monitor their health and that of their newborn. The majority of these women (29%) followed the recommendations by visiting the clinic within two days of delivery [2]. In general, the same source reveals that in the region, a maternal mortality rate is high, that is, 3 deaths per 20 live births in the West, and moreover, 43.1% of women who give birth in hospitals do not benefit from any postnatal care and no one knows why. It is in this concern of explanations that the present work proposes to investigate the factors influencing postnatal follow-up in the Bafang Health District.

2. Methodology

This is a cross-sectional analytical descriptive study of women who gave birth in hospitals in the Bafang Health District. The survey was spread over an 11-months period from January to November 2017. Individuals were selected according to the random sampling technique of convenience. Was included in the study, all women with children who came for pediatric consultations, having given birth to at least one child in the Health District of Bafang and having at least one child under 02 years old. Was not included, all women having no children, whose last child is over 02 years old and unwilling to answer the questionnaires.

The theory of social representation and that of reasoned action were also used in this study to better explain the results obtained. The data collected using standardized data sheets (questionnaires) were entered with CSPro 6.0 software, data processing and analysis were done with SPSS 20.0 software and Microsoft Excel 2016. The variables studied were sociodemographic and economic characteristics, level of knowledge of post natal follow-up, traditional post-natal care practices natal and the characteristics related to the offer of care. All of these variables were based on women's knowledge of post natal follow-up in the interest of determining why they were not followed after delivery. The bi-varied analysis were carried out using the chi-square test. Thus, we took the bilateral p less than 5% for results considered significant. The P value was calculated by the Fisher test (or corrected chi2 test) which was used to compare the proportions. The Odds Ratio and its 95% confidence interval were used to establish the risk relationship. A binary logistic regression that allowed us to cross the dependent variable that is knowledge about postnatal follow-up of women; knowledge or not; independent variables and estimate Odd Ratio (OR). The variables included in the final model were:

- The variables selected at the significance level of $p < 0.05$ in the bi-varied analysis
- Variables recognized as significant in the literature review

Relative risk was considered statistically significant if the 95% confidence interval (CI) excludes the value 1.

3. Results

The results in Table 1 show the association between socio-demographic and economic characteristics and knowledge about postnatal care. After the chi-square test, we did not observe any significant variables after analyzing the collected data.

Table 2 shows women's level of knowledge about postnatal follow-up. After analyzing the various data, we noted a certain number of results presented below according to the indicators studied:

3.1. Person Who Informs About Appointment Dates

After analyzing the data, women who are informed of the CPoN “postnatal consultations” appointment dates by a midwife have 1.07 times more opportunity to know about postnatal follow-up (OR = 2.07; P Value = 0.046).

3.2. 6 Weeks after Childbirth

Women who think that the appropriate period for postnatal follow-up is 6 weeks postpartum are 9.4 times more likely to have knowledge of postnatal follow-up (OR = 10.4, P Value = 0.000).

3.3. I do not know

Women who have no idea about the appropriate periods for postnatal consultations are 0.9 times less likely to know about it (OR = 0.1, P Value = 0.000).

3.4. Awareness of Maternal danger Signs during Postpartum

Opportunities for women who identify fever in the mother (OR = 2.1, P Value = 0.002); Hypertension (OR = 2.4, P Value = 0.005); Breast infection (OR = 2.1, P Value = 0.015); Pain, edema and redness of the calf (OR = 1.9, P Value = 1.573) as a sign of danger during the postpartum period to have knowledge of postnatal follow-up are respectively 1.1; 1.4; 1.1; 0.9.

3.5. Difficulty Suckling or Drinking

Children whose mothers identify that the difficulty to suck or drink during the neonatal period is a sign of danger because they may affect their health for lack of nutrition have 0.8 times more opportunity to be followed by the knowledge of these mothers on postnatal follow-up (OR = 1.8, P Value = 0.101).

3.6. Fever or Hypothermia in Children

Women who experience fever or hypothermia as a sign of danger in children during the postnatal period have 1.3 times more opportunities to learn about postnatal care (OR = 2.3; P Value = 0.001).

3.7. Icterus in Children

Mothers who know that jaundice is a sign of danger for the child after birth are 1.2 times more likely to have knowledge about the follow-up of the woman and child after delivery (OR = 2.2; P Value = 0.005).

3.8. Diarrhea and Vomiting

Women who identify diarrhea and vomiting as a sign of danger in children after birth are 1.3 times more likely to have knowledge of postnatal follow-up (OR = 2.3, P Value = 0.001).

3.9. Blood in Stool

Women who know that the presence of blood in the baby's stool after birth is a warning sign have 0.8 times more chance of knowing the follow-up of the woman and child after delivery (OR = 1.8; P Value = 0.018).

Table 3 shows the association between traditional practices and knowledge of postnatal care. From this table, it appears that indicators of traditional practices considered in our study, we can note that only the indicator “massage the belly” (OR = 1.7, P Value = 0.031) is significant and is associated with knowledge of postnatal care. Thus, we can say that, women whose main culture is to massage the belly after delivery are 0.7 times more likely to be educated on the knowledge of postnatal follow-up.

Table 4 shows that women who have already attended CP_ON awareness sessions are 3 times more likely to have knowledge of postnatal follow-up (OR = 4, P Value = 0.000). On the other hand, women who do not attend postnatal consultations because they do not have the time are 1.7 times more likely to have knowledge of postnatal care (OR = 2.7, P Value = 0.028). In addition, we note that Raising women's awareness of postnatal follow-up by making them understand the importance would be 0.7 times more likely to be an effective way for them to have knowledge about postnatal follow-up (OR = 1.7; P Value = 0.042).

The result of the multi-variable analysis of the binary logistic regression for the knowledge on the post-natal follow-up amongst the respondents compared to the significant variables retained during the tests of the associations, shows that the variables Person who informs about the dates of meetings (P Value = 0.022), 6 weeks postpartum (P Value = 0.007), I do not know (P Value = 0.000), Massaging the belly (Value = 0.004) significantly associated with postnatal care knowledge after adjusting other characteristics. The person who informs the women of the appointment dates during the NPC gives them the opportunity to be twice as knowledgeable about the knowledge of the postnatal follow-up (OR = 3, CI 95%: 1,16-7,30). Women who think that the appropriate period for postnatal follow-up is 6 weeks postpartum are 3.3 times more likely to have knowledge about postnatal follow-up (OR = 4.3, 95% CI: 1.47 -12.39). Women who have no idea about the appropriate periods of postnatal follow-up are 0.8 times less likely to know about the existence of postnatal follow-up (OR = 0.2, 95% CI: 0.07- 0.45). Finally, women who massage their belly after delivery are 1.6 times more likely to have knowledge of postnatal care (OR = 2.6, 95% CI 1.34-5.12) (Table 5).

4. Discussion

The objective of this study was to determine the factors influencing postnatal follow-up in the Bafang Health District. At the outset of this study, we thought that the standard of living (occupation) is one of the factors influencing postnatal follow-up in the Bafang Health District. However, we found that the standard of living that was assessed in our study across the woman's profession has no effect on the low utilization of postnatal care services in this district. Unlike a study conducted by Valérie [6], the association between household socioeconomic level and maternal health service utilization in particular, is that the resource mobilization power of this indicator is likely to influence the health behaviors of individuals. In fact, household income does not only make it possible to bear direct costs related to the use of health services, indirect costs (transport), but also can constitute a means of access to information (television, radio, newspapers) [6]. Numerous studies have shown that direct costs are the main criteria that patients consider in their decisions to use biomedical health services and, in many cases, they increase the inequalities between rich and unhealthy households [6]. Overall, the lack of affordable maternity care may also play a role in reducing the demand for postpartum care. Women and families may perceive this care as an additional, non-essential financial burden. In many low-resource countries, the demand for postnatal care is much lower than that for antenatal care and childbirth care [6]. However, our study tells us that, just like standard of living, family income does not influence postnatal care. We have thought that marital status influences postnatal follow-up in that women who are married are more motivated with the support of their spouse to follow up after giving birth than those who are not. But our study reveals that there is no relationship between marital status and postnatal care. Yet, according to LeGrand and Mabacke [7], unmarried women, teenagers still attending school at the time of pregnancy tend to have a lower follow-up of their obstetric care than other women.

This study reveals that the age of parity does not influence the postnatal follow-up despite the experience that a woman can acquire from her numerous pregnancies. While according to Valérie [6], parity influences attendance at health services in general and postnatal follow-up, particularly in the sense that women with little experience in maternity may be more inclined to seek help from medical personnels.

This study shows us that traditional practices such as massaging the woman's womb after childbirth influence postnatal follow-up (OR = 2.6, 95%CI = 1.34-5.12, P Value = 0.004). Following certain information collected from participants, We can say that women massage their belly after delivery to clean it and rid it of bad blood resulting from childbirth and also to give back to the woman the shapes she lost by the weight of motherhood in order to prepare her body for another possible pregnancy which according to them is not done in hospital. We can therefore say that the representations that women make of postnatal follow-up have a great influence on this one. Belly massage is one of the many practices that occur after childbirth depending on the cultures and beliefs of each region or even each country.

According to Brahima [8] in Mali, women drink hot water until the 40th day. This reduces the bleeding after delivery. But there are women who drink fresh water and this increases the risk after delivery. Overall, the lack of affordable obstetric care also plays a role in reducing the demand for postpartum care. Women and families may perceive this care as an additional, non-essential financial burden. Indeed, in many low-resource countries, the demand for postnatal care is much lower than that for prenatal care and childbirth care [9]. However, based on the results obtained from this study, affordability does not appear to be a determining factor in postnatal consultations in Bafang Health District.

The results of a study done in 2013 in Mali shows us that half of the respondents found the waiting time > 1h during the postnatal consultation which for her was "long" and they were not satisfied with the progress of the CPoN. Their main reasons are related to poor reception, lack of consideration for the mother-newborn couple, long waiting times and poor communication [10]. While in our study the reception as well as the waiting time does not influence the postnatal follow-up. At the end of this study, it appears that most women do not know that there is a follow-up of the woman and the child after childbirth, neither the appropriate periods for the postnatal consultations. Women think that the appropriate period for CPoN is 06 follow weeks after delivery (OR = 4.3, 95%CI = 1.47-12.39, P Value = 0.007) all simply because this period corresponds to the date of appointment for vaccination of the baby. A study conducted in Mali in 2013 reveals that CP_ON is very rare. When women are asked to come and do CPoN only, they do not come. Thus, women come [mainly] for the vaccination of the baby [8]. The proportion of women who have no idea about the existence of postnatal follow-up as well as the appropriate periods of CPoN is also significant (OR = 0.2, 95%CI = 0.07-0.45, P Value = 0.000). This ties in with Nassiri [10] study in Morocco that found that 81% of women do not know about the existence and periods of postnatal care offered by health centers. Thus, women's ignorance about the existence and periods of postnatal follow-up is a determining factor, since many participants said they were not followed after delivery because they were unaware since health staff do not pass the information. In the same vein, Betty and Kazembe [11] in her Malawi study in 2011 found that lack of guidance from health workers is a factor that prevents women from coming to postnatal counseling (29.2%, n = 45) [11].

Referring to the theory of social representation, it can be said that women's ignorance about postnatal follow-up has provoked a set of cognitive constructs of communities around this notion. That is, the representations women make about postnatal care depend on what they know about it. To change this cognitive construct of women on CPoN, we must begin by modifying their knowledge by explaining its importance. This is the central core that should affect the peripheral kernels (set of manifestations with respect to it). As Christian Guimelli [12] shows, a modification of one of the elements of the nucleus will have the effect of radically transforming the representation. This study revealed other results that were significant and demonstrate the factors influencing postnatal follow-up in Bafang Health District. It has been noted that there is a significant relationship between the person who informs women of the dates of appointments at CPoN and the postnatal follow-up. Because when this information is provided by the midwife, there is more chance that the woman is aware of the existence of the postnatal follow-up and to go there (OR = 3; 95%CI = 1,16-7,00 P Value = 0.022). This is similar to a study conducted by Franke [13] at the School of Midwives in Metz where he identified that midwives who perform prenatal examinations also mostly perform postnatal consultations in patients they are already following up. This ultimately allows them to provide comprehensive follow-up of the patient into the postpartum and to extend the trust relationship that has developed [13]. Practicing the postnatal examination is, again, for these midwives an opportunity to continue the continuity of their overall support. In the same vein, the study conducted by Nassiri [10] in Morocco shows that postnatal care depends on several factors including prenatal care, the procedure and place of delivery and attendance at IEC sessions “Information-Education-Communication” that are done by midwives during pregnancy.

5. Conclusion

Maternal and child health remains a real public health problem, especially for developing countries. The present study showed that, the lack of knowledge of the existence and importance of CPoN, traditional practices are the factors that influence postnatal follow-up in the Bafang Health District. Thus, a good mastery of these factors will allow the public power, to set up in the Health District more particularly that of Bafang, a good and effective maternal care after their delivery. This is to ensure better postnatal follow-up in women.

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Competing Interests

The authors declare no competing interests.

Author's Contributions

Linda J. D. Djeumo, Bassong Olga Yvonne Mankollo and Cedric F. Tchinda designed the study and participated in the data collection. Linda J. D. Djeumo made the statistical analysis of the data. Abel Fossi carried out the critical reading of the manuscript. Cedric F. Tchinda wrote the manuscript. All authors gave their approval for the publication.

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Table-1. Association between socio-demographic and economic characteristics and knowledge on postnatal follow-up of respondents

Variables	Categories	Knowledge on post-natal follow-up		OR (95%CI)	p-value
		YES(%)	NO (%)		
Age	> 30 years	58 (58,00)	42 (42,00)	1,03 (0,70-5,10)	0,890
	≤ 30 years	100 (57,14)	75 (42,86)		
Marital status	Married	130(58,56)	92 (41,44)	1,09 (0,60-1,90)	0,741
	Single	36 (56,25)	28 (43,75)		
Profession	Worker	59 (62,82)	38 (39,18)	1,1 (0,70-1,90)	0,494
	None Worker	107 (56,61)	82 (43,39)		
Number of living children	≥ 4	67 (58,77)	47 (41,23)	1,0(0,60-1,60)	0,838
	< 4	99 (57,560	73 (42,44)		
Occupation of spouse	Salaried	32 (60,38)	21 (39,62)	1,1 (0,50-2,00)	0,753
	None salaried	102 (57,95)	74 (42,05)		
Level of education	High	124 (60,49)	81 (39,51)	1,4(0,80-2,30)	0,182
	Low	42 (51,85)	39 (48,15)		
Residencial area	Urban	109 (57,98)	79 (42,02)	0,9 (0,60-1,60)	0,976
	Rural	57 (58,16)	41 (41,84)		
Means of transport	Transport	74 (56,06)	58 (43,94)	0,9 (0,50-1,40)	0,976
	Walk	83 (58,45)	59 (41,550		
Age of the last child	0-3 month	86 (58,90)	60 (41,10)	1,07 (0,60-1,70)	0,736
	≥ 3 month	80 (57,14)	60 (42,86)		

Table-2. Representation of the level of knowledge of women on postnatal follow-up

Variables	Categories	Knowledge on postnatal follow-up		OR (95% CI)	p-value
		YES (%)	NO (%)		
Information on appointment dates	YES	159(59,7)	107(40,23)	2,7(0,90-7,50)	0,047
	NO	6(35,29)	11(64,71)		
Person who informs about appointment dates	Mid-wife	144(62,7)	88(37,93)	2.07 (1,00-4,20)	0,046*
	Reading of hospital book	15(44,12)	19(55,88)		
Who told you about it	Health personnel	148(99,3)	1(0,67)	0,0(0,0O-217,70)	1,006
	Others	13(100,0)	0(0,00)		
directly after childbirth	YES	26(70,27)	11(29,73)	1,8(0,80-3,80)	0,106
	NO	140(56,2)	109(43,78)		
6 days after childbirth	YES	11(55,00)	9(45,00)	0,8(0,30-2,10)	0,774
	NO	155(58,2)	111(41,73)		
6 weeks after childbirth	YES	89(88,12)	12(11,88)	10,4(5,30-20,30)	0,000*
	NO	77(41,62)	108(58,38)		
I do not know	YES	41(31,54)	89(68,46)	0,1(0,06-0,10)	0,000*
	NO	125(80,1)	31(19,87)		
Vaginal bleeding	YES	139(57,6)	102(42,32)	0,9(0,40-1,70)	0,771
	NO	27(60,00)	18(40,00)		
Fever	YES	79(68,70)	36(31,30)	2,1(1,20-3,40)	0,002*
	NO	87(50,88)	84(49,12)		
Hypertension	YES	43(74,14)	15(25,86)	2,4(1,20-4,60)	0,005*
	NO	123(53,9)	105(46,05)		
Vaginal discharge	YES	19(61,29)	12(38,71)	1,1(0,50-2,40)	0,698
	NO	147(57,6)	108(42,35)		
Breast infection	YES	45(71,43)	18(28,57)	2,1(1,10-3,80)	0,015*
	NO	121(54,2)	100(45,74)		
Pain, edema and redness of the calf	YES	47(70,15)	20(29,85)	1,9(1,00-3,50)	0,035*
	NO	119(54,3)	100(45,66)		
Difficulty suckling or drinking	YES	108(64,2)	60(35,71)	1,8(1,10-3,00)	0,010*
	NO	58(49,15)	60(50,85)		
Fever or hyperthermia	YES	62(72,09)	24(27,91)	2,3(1,40-4,10)	0,001*
	NO	104(52,0)	96(48,00)		
Breathing fast or difficult	YES	120(59,4)	82(40,59)	1,2(0,70-2,00)	0,469
	NO	46(54,76)	38(45,24)		
Icterus	YES	52(72,22)	20(27,78)	2,2(1,20-4,00)	0,005*
	NO	114(53,2)	100(46,73)		
Diarrhea and vomiting	YES	67(71,28)	27(28,72)	2,3(1,30-3,90)	0,001*
	NO	99(51,56)	93(48,44)		
Blood in stool	YES	59(68,60)	27(31,40)	1,8(1,10-3,20)	0,018*
	NO	107(53,5)	83(46,00)		

* = significants variables

Table-3. Association between traditional practices and knowledge about postnatal follow-up of women

Variables	Categories	Knowledge on postnatal follow-up		OR (95% CI)	p-value
		YES (%)	NO (%)		
Massage the belly	YES	69(66,35)	35(33,65)	1,7(1,00-2,80)	0,031*
	NO	97(53,30)	85(46,70)		
Tie the belly	YES	128(55,41)	103(44,59)	0,5(0,20-1,00)	0,064
	NO	38(69,09)	17(30,91)		
Strike with hot water	YES	21(50,00)	21(50,00)	0,6(0,30-1,30)	0,252
	NO	145(59,43)	99(40,57)		
More important practices	Strike with hot water	7(50,00)	7(50,00)	0,6(0,20-1,90)	0,477
	Tie the belly	130(59,63)	88(40,37)		
These practices can replace CPoN	YES	32(62,75)	19(37,25)	1,2(0,60-2,30)	0,444
	NO	132(56,90)	100(43,10)		

* = significants variables

Table-4. Data on the progress of the CPoN

Variables	Categories	Knowledge on postnatal follow-up		OR (95%CI)	p-value
		YES (%)	NO (%)		
Awareness sessions on CPoN	YES	76(72,35)	21(21,65)	4,0(2,20-7,00)	0,000*
	NO	89(47,34)	99(52,66)		
Why don't they come to CPoN	Don't have time	21(77,78)	6(22,22)	2,7(1,00-7,00)	0,028*
	Don't know	144(55,81)	114(44,19)		
To make people understand the importance	YES	137(61,16)	87(38,84)	1,7(1,00-3,10)	0,042*
	NO	29(46,77)	33(53,23)		
Inform about periods	YES	133(57,58)	98(42,42)	0,9(0,40-1,60)	0,743
	NO	33(60,00)	22(40,00)		
Talk about it in associations	YES	105(58,01)	76(41,99)	0,9(0,60-1,60)	0,989
	NO	61(58,10)	44(41,90)		

***** = significants variables

Table-5. Distribution of data after logistic regression

VARIABLES	OR	95%CI	p-value
Person who informs about appointment dates	3,0	(1,16 -7,30)	0,022*
6 weeks after childbirth	4,3	(1,47 - 12,39)	0,007*
I do not know	0,2	(0,07 - 0,45)	0,000*
Fever	0,6	(0,26 - 1,34)	0,212
Hypertension	0,6	(0,18 - 1,63)	0,284
Breast infection	0,9	(0,28 - 2,27)	0,688
Pain, edema, redness of the calf	1,0	(0,35 -2,47)	0,892
Difficulty suckling or drinking	1,1	(0,50 - 2,09)	0,937
Fever or hypothermia	0,9	(0,30 - 2,33)	0,739
Icterus	1,6	(0,55 - 4,95)	0,369
Diarrhea and vomiting	0,6	(0,22 - 1,58)	0,295
Blood in stool	1,6	(0,57 - 4,63)	0,352
Massage the belly	2,6	(1,34 - 5,12)	0,004*
Assist in awareness sessions on CPoN	2,0	(0,93 - 4,28)	0,075
To make people understand the importance	1,1	(0,49 -2,29)	0,876
Why they do not come to CPoN	1,4	(0,39 - 5,28)	0,581

***** = significants variables