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Community based study on cultural practices on rest, diet and hygiene among mothers after delivery in Ramanagara district, Karnataka, India

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ABSTRACT

Background

The traditions and cultural practices on lack of proper and adequate nutrition in right and inadequate proportions, maternity care and risk of infections due to unhygienic personal care practices plays an important determining factor for high morbidity and mortality. On the other hand, there could be good and safe cultural practices in maternity care.The objective of this study was to explore the cultural practices on rest, diet and hygiene among mothers after delivery in rural areas of Ramanagara district Karnataka.

Methods

The community based, cross sectional, descriptive and exploratory study was done in selected villages among mothers who has baby of less than two years irrespective of their childbirth order. Direct interviewing of subjects at their door steps for necessary and relevant information collected using the pre-tested, semi open-ended questionnaire. Data was analysed in SPSS software version 23.

Results

Nearly 60% of the mothers completed their first childbirth and 61.6% of the babies were aged less than 12 months. Nearly 50% of subjects took rest for less than 30 days and 25% took rest for more than 180 days. 52.8% started attending work between 31 to 180 days post childbirth. Strict vegetarian diet was the nutritional habit among 46%. Nearly 20% of total subjects did not avoid any food item. The prevalence of use of disposable type of sanitary pads only and both reusable types were 13.8% and 1.6% respectively. The use of sanitary pads has no relationship to their educational or occupational status.

Conclusion

The cultural practices during postpartum period on rest, diet and hygiene were beneficial to the health of the mothers in the community. The village level health workers play a good role in continuation of healthy, beneficial cultural practices by good motivation to the family members immediately after delivery.

Keywords: Postpartum, Rest, Delivery, Sanitary Napkin, Practices, Diet, Cultural

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INTRODUCTION

The cultural practices across the world on care of mothers after delivery determines not only the survival of new born to infancy, but also the health conditions of the mother. The women during this period are vulnerable for high risk group morbid conditions because of numerous exciting cultural practices that exist. Such cultural practices depend on geography, weather, availability of food items, diet habits, diseases prevalence, water availability . These influence in accepting the practice as habits. . Certain practices could be harmful to both the mother and new born due to social political influence. In some situations, it may lead to long term consequences on the health of the mother. Restful maternity care is a fundamental right of every child bearing women. [1] Maternity care providers are aware of local values, beliefs and traditions in respect of care of pregnant and post-natal mothers in their communities with widespread casteism, sub casteism. The first 40 days after childbirth traditionally is looked as a time for rest and recuperation for postnatal mothers often confining them at home in India.[2,3] Taking adequate rest by postnatal mothers help in early recovery but there are customs which are related to going outdoors during the same period.Deeply rooted cultural beliefs and customs on food and rest are believed to be crucial for both mother and baby' health and wellbeing.[3] The guidelines for postnatal care of mothers as harmful and beneficial practices have been highlighted by WHO.[4] This included not only food items in the cultural acceptable diet but also on bedrest, physical activity and perineal hygiene measures.[5] Few cultural practices on the basic requirement of drinking water is allowed in restricted quantity per day but they encourage the mother to eat more foods in quantity rather than focussing on quality .[2,3,5] The trend has changed from the use of regular clothes or sanitary pads by women in postpartum period to the specific sanitary pads designated as maternity pads. The disposal of single-use sanitary pads are issues among rural communities . The unhygienic practices of perineal care lead to reproductive tract infections(RTI) and risk of infertility as a consequence.[6] The present study was conducted with an objective to explore the cultural practices in rest, diet and hygiene among mothers after delivery in rural area of Karnataka

Methods and materials

Study design: It is a descriptive, cross sectional, community based and explorative study.

Study area: This study was conducted in rural community Kanakapura taluk of Ramanagara district of Karnataka in the year 2016. This district is neighbor to southern part of Bangalore city. The ten villages under the Sathanur hobli in Kanakapura taluk was selected as study area. The main occupation is agriculture, horticulture, sericulture and floriculture. The villages are accessible government and private health care facilities in the taluk and referred to Bangalore city for higher care if needed. Majority villagers speak only Kannada language.

Selection of subjects:

Inclusion criteria: Mother who is having a child aged less than two years. The youngest child in case of more than one child to the mother.

Exclusion criteria: The mother or care taker not available at the time of interview or who is not willing to share the required information.

Sample size; All women with the above inclusion criteria in the selected villages were selected and the sample size of 550 was obtained.

Sampling method: Purposive sampling technique was used for selection of subjects and aimed to collect information among all subjects who were eligible as per the inclusion criteria.

Data collection tool: The pre-tested, semi open-ended questionnaire was used for data collection. The questionnaire was in English language.

Data collection method: Direct interviewing of the mothers or care takers of subjects at their door steps was followed. The interview was non-biased but, in few situations, interviewer prompted to get information when necessary on certain variables related to cultural practices. The interviewer asked question in the local language and translated to English to fill the questionnaire.

Variables: The contents of the questionnaire include socio demographic information of the family, age, mother weight, occupation and literacy of the subject, type of family, care taker in the postpartum period, place and type of delivery, childbirth order,

birth weight , age and sex of the eligible child, duration of bed rest after child birth , rest before going for work, diet preferences and restrictions, types of sanitary napkins used after delivery .

Data analysis: The collected information was entered in MS excel sheet and analysed using SPSS software version 23.The necessary cross tables were prepared with independent and dependent variables and analysed using appropriate statistical tests.

Meaning of the terms

Childbirth /Birthing order: Selection of childbirth order of the subjects were done irrespective of the previous birthing orders children were alive or dead. Previous history of abortions in the mother was excluded for birthing order consideration. The study considered only childbirth order (parity), not pregnancy order (gravida).

The mother in this study as mentioned in inclusion criteria is considered as subject and the same term is used in results and discussion.

Results

Table 1 shows the number of mothers who completed their first two childbirths before their age of 25 years were 316 accounting to 57.5% compared to 202(36.7%) between 25 to 30 years. The finding is that 59.6%, 31.6% and 8.8% of mothers had babies in first , second and third childbirth order or above respectively. More than one-year aged babies were 61.6% .Two thirds of the babies of second and third or more childbirth orders were aged above one year of age.

The birth interval of less than 12, 12-36 and more than 36 months from their previous childbirth were 4%, 78.2% and 17.8% respectively. Nearly 95 % of mothers had birth interval of more than 12 months. Mothers were weighing between 51 to 70 kg irrespective of their childbirth orders were 72.9% and 15.6% were weighing more than 70 kg. The presence of various high-risk factor conditions at their time of delivery was 17.1%. The mothers in their third pregnancy onwards had higher prevalence accounting to 22.9%. The differences in presence of high-risk factors and childbirth orders were statistically not significant. Around one fourth of the mothers had undergone caesarean section (25.8%) and the prevalence of caesarean section after second childbirth was 43.5%. The difference in the proportion of caesarean section and birth orders was statistically significant ($p<0.05$)

The mothers who took bed rest or limitation of their daily work after childbirth for less than 30 and more than 90 days were 6% and 57.1% respectively. Nearly 17% of the subjects took bed rest of less than 30 days after their third childbirth compared to 10.4% for above 181 days. Nearly 17 percent of the mothers took rest for more than 180 days.

Table1 Characteristics Of Study Subjects And Rest After Delivery

Variables		Childbirth Orders			Total	P-Value
		1	2	≥3		
		N (%)	N (%)	N (%)	N (%)	
Age group of the mother in Years	<25	254(77.4)	61(35.1)	1(2.1)	316(57.5)	0.0010
	25-30	69(21.1)	101(58)	32(66.6)	202(36.7)	
	>30	5(1.5)	12(6.9)	15(31.3)	32(5.8)	
Age of the Babies in Years	≤1	136(41.5)	58(33,3)	17(35.4)	211(38.4)	0.185
	>1	192(58.5)	116(66.7)	31(64.6)	339(61.6)	
Birth interval in months	≤12	-	5(2.9)	4(8.3)	9(4)	0.159
	12-36	-	136(78.2)	38(75)	174(78.2)	
	>36	-	33(19)	6(12.5)	39(17.8)	
High Risk Pregnancy	Yes	50(15.2)	33(19)	11(22.9)	94(17.1)	0.305
	No	278(84.8)	141(81)	37(77.1)	456(82.9)	
Type of Delivery	Vaginal	256(78)	119(68.4)	33(68.8)	408(74.2)	0.041
	Caesarean Section	72(22)	55(31.6)	15(31.3)	142(25.8)	
Weight of the mothers	≤50	49(14.9)	12(6.9)	2(4.2)	63(11.5)	0.006
	51-60	108(32.9)	48(27.6)	14(29.2)	170(30.9)	

	61-70	119(36.3)	90(51.7)	22(45.8)	231(42)	
	>70	52(15.9)	24(13.8)	10(20.8)	86(15.6)	
Bed Rest in days after Delivery	1-30	14(4.3)	11(6.3)	8(16.7)	33(6)	0.003
	31-90	110(33.5)	71(40.8)	22(45.8)	203(36.9)	
	91-180	144(43.9)	68(39.1)	13(27.1)	225(40.9)	
	≥181	60(18.3)	24(13.8)	5(10.4)	89(16.2)	
Days of Rest in days Before Working	1-30	106(32.3)	60(34.5)	25(52.1)	191(34.7)	0.003
	31-90	84(25.6)	65(37.4)	13(27.1)	162(29.5)	
	91-180	90(27.4)	32(18.4)	6(12.5)	128(23.3)	
	≥181	48(14.6)	17(9.8)	4(8.3)	69(12.5)	
Tubectomy	Yes	1(0.3)	60(34.5)	20(41.7)	81(14.7)	0.001
	No	327(99.7)	114(65.5)	28(58.3)	469(85.3)	
Type of Food Consumed	Vegetarian	147(44.8)	87(50)	21(43.8)	255(46.4)	0.503
	Mixed	181(55.2)	87(50)	27(56.2)	295(53.6)	
Total N (%)		328(59.6)	174(31.6)	48(8.8)	550(100)	

The mothers who attended their work or occupation between 31 to 180 days after delivery were 290(52.8%). More than 180 days as an excuse from working or occupation after their first childbirth was 14.6% and decreased with further childbirth orders. Mothers after their third childbirth were reported for working within 30 days were 25, accounting to 52.1%. However, the difference in rest days before working and the childbirth orders is statistically significant ($p<0.05$). The prevalence of mothers who underwent sterilization operations was 14.7% and one mother had undergone t ubectomy after her first child birth. The number of mothers who accepted sterilisation after third childbirth was 20(41.7%). The differences in prevalence between t ubectomy and childbirth orders was statistically significant ($p<0.0001$). Around 46% of the mothers were in the habit of a vegetarian diet. However, the differences were not statistically significant. Table 2 shows that during first three months after delivery 108(19.6%) mothers did not avoid any food items whereas 74(13.5%) avoided 3 or more food items. The differences in proportions of food items avoided by mothers and type of delivery and birth orders were statistically significant ($P<0.05$) respectively.

The proportion of illiterate mothers avoiding food was higher compared to mothers of other educational status . At least one food item was avoided by 36.9% irrespective of literacy status. The prevalence of avoiding 2 or more food items was 30.9% and 27.5% among subjects who had childbirth vaginally and caesarean section. The proportion of mothers who delivered male babies and avoided at least one type of food item was 82.4% whereas it was 78% for female baby births. However, the difference was statistically not significant ($P>0.05$).The mothers who avoided food items after their first childbirth was 84.2% compared to 75.3% and 72.9% of their second and third or more childbirths respectively. There was not much difference in avoiding food items with respect to the presence of high-risk factors.

Table 2 Number of Food items Avoided within Three Months after Delivery

Variables		Number of Food items avoided					
		Nil N (%)	1 N (%)	2 N (%)	≥3 N (%)	Total N (%)	P value
Educational Status of mother	Primary	28(23.1)	36(9.8)	33(27.3)	24(19.8)	121 (100)	0.186
	Secondary	72(19.2)	143(38.1)	116(30.9)	44(11.7)	375(100)	
	Degree	3(18.8)	9(56.3)	2(12.5)	2(12.5)	16(100)	
	Illiterate	5(13.2)	15(39.5)	14(36.8)	4(10.5)	38(100)	

Type of Delivery	Vaginal	69(16.9)	156(38.2)	126(30.9)	57(14)	408(100)	0.058
	Caesarean Section	39(27.5)	47(33.1)	39(27.5)	17(12)	142(100)	
Gender of the Baby	Male	48(17.6)	94(34.4)	87(31.9)	44(16.1)	273(100)	0.135
	Female	60(21.7)	109(39.4)	78(28.2)	30(10.8)	277(100)	
Childbirth Order	1	52(15.9)	123(37.5)	100(30.5)	53(16.2)	328(100)	0.001
	2	43(24.7)	68(39.1)	49(28.2)	14(8)	174(100)	
	≥3	13(27.1)	12(25)	16(33.3)	7(14.6)	48(100)	
High Risk Pregnancy	Yes	19(20.2)	32(34)	30(31.9)	13(13.8)	94(100)	0.935
	No	89(19.5)	171(37.5)	135(29.6)	61(13.4)	456(100)	
Total	N (%)	108(19.6)	203(36.9)	165(74)	74(13.5)	550(100)	

The prevalence of using disposable type sanitary pads only was 13.8%, but use of both reusable and disposable types was 15.6% as depicted in **Table 3.** Illiterate mothers were using clothes or reusable clothes in higher proportion compared to mothers of other educational status. Mothers who graduated never used disposable type pads or napkins. The differences between the use of types of sanitary pads and educational status of the mothers was statistically significant (P<0.01). The mothers who had childbirth by caesarean section used the disposable pads more often(16.2%) though the margin of difference was minimum(13%) for vaginal delivery. The use of disposable pads only, by women after their childbirth orders of 1 and 2 were around 14 percent each followed by clothes only was among 70% of them. Homemakers who used the disposable pads only were 18.6% compared to use of different combinations were 17.2% among all other occupations. The difference in the use of type of pads and occupations of the mothers was highly statistically significant (p<0.001).

Table 3 Sanitary Pads Use by Women During Postpartum Period

Variables		Disposable pads only N (%)	Clothes only N (%)	Disposable and Clothes N (%)	Total N (%)	P value
Mother's Educational Status	Primary	27(22.3)	80(66.1)	14(11.6)	121(100)	0.015
	Secondary	48(12.8)	265(70.7)	62(16.5)	375(100)	
	Degree	-	12(75)	4(25)	16(100)	
	Illiterate	1(2.6)	31(81.6)	6(15.8)	38(100)	
Type of Delivery	Vaginal	53(13)	297(72.8)	58(14.2)	408(100)	0.138
	Caesarean Section	23(16.2)	91(64.1)	28(19.7)	142(100)	
childbirth Order	1	47(14.3)	231(70.4)	50(15.2)	328(100)	0.283
	2	25(14.4)	121(69.5)	25(14.4)	174(100)	
	≥3	4(8.3)	36(75)	8(16.7)	48(100)	
Occupation of the Mother	Home Maker	76(18.6)	262(64.2)	70(17.2)	408(100)	0.001
	Farming	-	77(89.5)	9(10.5)	86(100)	
	Working	-	35(87.5)	5(12.5)	40(100)	
	Self-Occupation	-	14(87.5)	2(12.5)	16(100)	
Total	N (%)	76(13.8)	388(70.6)	86(1.6)	550(100)	

DISCUSSION

There are different cultural practices on safe, good and hygienic aspects during the postpartum period in India. The cultural practices mainly focused on the health of the child rather than the improvement of mother's health status. Most of the factors are related to the diet and restriction of food items. There are numerous habits or practices that exist among different sections of society in Karnataka based on caste, religion, gender of the child, birthing orders, available and seasonal food items , customs and belief . The literacy status is high among females in rural areas of Karnataka even though many women are involved in agriculture work or non-domestic occupation. The present study was carried out with an intention to know the cultural practices in the families of rural community on factors like rest, diet and hygiene during post-delivery or post-partum care among 550 subjects from ten villages in Ramanagara district. The details regarding type of delivery, place of delivery, duration of hospital stay , initiation of breast feeding, prelacteal feeding, low birth weight baby prevalence and mean birth weight of the new-borns were available as cultural factors in determining in the new born care in the same area.[7]

Age of the children:

The average age of the babies was 11.3±0.9 months among aged less than one year and 14.4±1.5 months among more than one-year age. Most of the subjects in this study had given birth one year ago as their first pregnancy outcome.

Birth interval: The childbirth interval was calculated for subjects who had two or more birthing irrespective of live or currently child is no more/dead. The birth interval of less than 12 months was 4% and nearly 96% of the mothers had delivered with a gap of more than 12 months. The reasons for such gap was not elicited and it may be attributed to practice of family planning methods or contraceptive derives etc in addition to extended duration of breast feeding to their babies irrespective of sex of the babies as observed in study.[8] The higher proportion of mothers had birth interval of more than 36 months after their second childbirth in this study.

Rest after delivery: Most of the others took bed rest for 31 to 180 days was 77.4% irrespective of the birthing order. There is an inverse relationship on taking rest for less than 30 days and more than 180 days after childbirth among the subjects. However, 18.3% of the mothers took strict bed rest after their first birthing. The higher proportion of mothers took bed rest for more than 181 days after their first childbirth attributed to Caesarean section or high-risk conditions in their health.

The differences between taking bed rest after delivery and different childbirth orders were found to be statistically significant ($p<0.05$). The studies highlighted about rest tan 56% of women in coastal regions of Karnataka and 67% of women in Kurnool, Andhra Pradesh in postnatal period avoided household work.[2,3,4,9,10] These are influenced by the socio-economic status and educational status. In this study it was observed the prevalence of 17% among mothers had one or more high risk morbid conditions. The presence of one or more high risk conditions were 15.2%, 19% and 23.9% in their first , second and third orders. The differences in presence of high-risk factors and birth orders were statistically not significant ($p>0.05$). Mother's age: Most of the mothers had delivered their first babies after their age of 25 year suggesting average age at marriage was above 20 years. There were only two pregnancies below the age of 19 years in this study. Study conducted in Mangalore, Karnataka on cultural practices during pregnancy and postpartum period depicted 49% of the subjects were in the age group of 25-29 years.[10] Most studies included mothers in the age group of 17 to 38 years of age.[9,10,11] Most of the mothers were weighing in the range of 51 to 70 kg irrespective of their order of childbirth was 72.9%. The mother's weight at the time of delivery was 50 kg or less and 71 Kg or more was noted in 11.5% and 15.6% respectively. Nearly 48% of the subjects weighed between 51 to 70 Kg their first childbirth, reflecting the nutritional status of the mothers in primi gravida.Rest before assuming to work: Generally, it was observed that maternity leave as criteria among mothers who are availing facilities if they are employed in

government or private sectors. This is not applicable to the mothers who are home makers and agriculturists. The present study highlights the issue of rest or leave after delivery and before their routine work , labour or occupations where majority were from agricultural background and home makers.

Around 35% of the mothers after first childbirth started working within 90 days compared to 71.8% of mothers in second and 82.6% among third childbirths. However, the differences in rest before working and childbirth orders was statistically significant ($p<0.05$).

The duration of rest after delivery are different for various castes . in some castes and communities, the mother should not leave the house for minimum of 30 days focusing of nutrition and health status of the them and child.[11] The period of rest in post natal period is around 30-40 days among Chinese, 3 weeks among Japanese and Mayans.[9,10,12] Nearly 35% of the subjects reported to duty within 30 days after their childbirths in the present study. It is a common practice of childbirth migration of women in India. Most of the mothers will take rest in postpartum period for a month or more in their maternal homes.[10,11,12]

The total prevalence of adopting sterilization operation was 14.7% and one mother has undergone Tubectomy after the first child birth. The number of mothers accepted as sterilisation after second childbirth was 34 compared to 43.5% after third childbirth. The difference between tubectomy and birth orders was statistically significant ($p<0.0001$). One in four births after the first childbirth order was caesarean section (21.9%) in this study. The prevalence of caesarean section was as low as 2.2% in rural Rajasthan and parts of Uttar Pradesh , it is as high as 50% in parts of Kerala state.[3,4,5,6] The prevalence was around 27% in our neighbour country Bangladesh.[12-16] The higher proportion of mothers took bed rest after their first birthing attributed to Caesarean section or high-risk conditions in their health. Food choices: Around 46% of the mothers were strict vegetarians. The choice of vegetarian diet was nearly 50% among all subjects. However, the differences were not statistically significant. Diet: Most women had increased their diet intake during postnatal period but also imitation in consumption of selective food items like water, milk, ghee, curd, brinjal(eggplant), mango papaya etc. There could choice of choosing type of food during post-natal period especially for non-vegetarian food items in different proportions for choosing to consume eggs, meat or chicken could be deliberate or rituals.[2,10] There are few studies analysing on classifying foods as hot and cold food items the mothers should avoid during post-partum period.[9] This is not necessarily related to the temperature of the food items either as cooked , raw ,stored or how spicy.[9,16] Table 2 shows the mothers did not avoided any food items was 19.6% whereas 13.5% of subjects avoided 3 or more types of food items during first three months after delivery. At least one food item was avoided by 36.9% of the subjects in the present study. The differences in types of food items avoided by mothers and type of delivery and birth order were statistically significant ($P<0.05$) respectively. The mothers who delivered male babies avoided at least one type of food items was 82.4%.The new mothers were given special diet during post-natal period consisting of rice, meat, special spices, milk, ghee, butter, fish etc.[2,10] In some communities in Burma and Turkey , mothers were adhered to food restrictions , traditionally during post-natal period water to drink was also not given for three days after giving birth.[9,17] Asian cultures are rich in traditions during post-partum care and most commonly followed by them irrespective of their country.[17]Literacy status determines the awareness about the importance and use of each food item. The strict follow of cultural practices could be the reason for high prevalence among illiterate mothers avoiding food items compared to degree or higher qualified women. More than half of mothers with their degree as education level avoided at least one type of food items.The good quality nutrients are available in food items as qualitative to the mothers if they consume in adequate amount. Education level determines intake of food items based on their knowledge and awareness about the nutritive content of food and consumption in quantities.Four out of 25 mothers after their first childbirth avoided food items compared to 6 out of 25 among other childbirth orders. The differences in the food items avoided by mothers in different birthing orders was found to be statistically significant ($p<0.001$). Around 25% of the subjects avoided intake of

dals(lentils) among primary and high school educated subjects as observed in this study. The other commonly food items such as green leafy vegetables, dairy and bakery products were avoided among mothers with irrespective to their educational status. Sanitary pads: Majority of the mothers use reusable clothes only in Indian situation convenience , easily available, reusable, to clean, economical as well as culturally acceptable as practices by elderly women in their families. The present study highlights the prevalence of use of disposable type sanitary pads only was 13.8%. The illiteracy and poverty combined could be as important financial risk factors for use of disposable pads in this study. It is commonly assumed that the educated and working women will use disposal type of sanitary pads looking into their socio educational financial background. But in this study, it was observed a greater number of literate and home makers used the disposal type . The subjects who delivered by caesarean section used disposable pads showed higher prevalence, suggestive of recommendations in the hospital by medical or para medical staff during their hospital stay. After hospital discharge they used both clothes and disposable type pads was 19.7%. Even though the clothes were commonly used by women as sanitary pads but it was higher among subjects delivered vaginally. However, the difference in use of different types of pads and type of delivery was found to be statistically not significant ($p>0.05$). Similarly, child birth orders did not make any differences in using the disposable type which clearly reflects the tradition of clothes are still under practice irrespective of the orders of childbirth. The prevalence of using combination of clothes and disposable pads after their third delivery or more was 16.7%. This may be attributed to their better economic conditions, literacy levels, and occupational status of the family. The differences in the use of type of pads and childbirth orders was statistically not significant ($p>0.05$). Family care giver are responsible for safe motherhood including the practice of hygiene during post delivery period. Many studies support that the women are aware of the importance of perineal hygiene but they did not practiced it.[3,6,16] Around 52% of the mothers delivered male babies in the study conducted at tertiary care centres showed bias in hygiene or sanitary practices.[18] Study conducted at Mangalore finds 59.5% of mothers in post natal period were following unhygienic practices,[17-19]) similarly unhygienic practices were found in tribal women in Maharashtra and few communities in Vishakhapatnam Andhra Pradesh.[3,5,17,18]

Limitations:

The present study did not focus in detail about specific cultural practices existing when there was twins or triplets, gestation period and maternal infections. The study did not assess the nutritional status of the mothers. .

Conclusion

The cultural practices during post-partum period on rest, diet and hygiene were beneficial to the health of the mothers. There were no harmful traditions or cultural practices followed. The village level health workers play a good role in continuation of healthy, beneficial cultural practices if they motivate family members or care givers after childbirth irrespective of birth order or gender.

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Author contributions:

KNP played a key role in every stage from conception of the study to manuscript , data collection analysis. PM worked on study design, data collection, analysis and manuscript revisions. MMB worked on data collection, supervision in field, manuscript preparation and revision.

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