

The Effect of Group Counseling on the Level of Depression and Anxiety in a Sample of Women in the Menopausal Stage in Jordan

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Abstract

The study aimed to identify the impact of the group counseling program on the degree of anxiety and depression program in a sample of women in the menopausal stage in the city of Amman, Jordan, the study sample included 22 ladies in the menopausal stage, 11 women of the experimental group and 11 women of the control group, where the application of anxiety scale characteristic and Beck-Depression scale on the members of the two groups as a pre-test, then applied counseling program on the experimental sample for a period of 12 weeks, without any procedures with control group, after that has been re-apply the measure again as a post-test, statistical analysis showed positive impact in reducing the level of anxiety and depression in the experimental sample belonging to the group counseling program. The study concluded that the recommendation of the need for awareness of the nature of the menopausal stage and provide specialized psychiatric services contribute to overcoming the psychological effects associated with it.

Key words: Anxiety; Depression; Menopause

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INTRODUCTION

Ageing is an important part of all human societies reflecting not only the biological changes that occur, but

also reflecting cultural and societal conventions, aging women often find themselves either ignored, pitied, or feared which is why most women are very concerned with the ageing factor. The effect of ageing is seen more in middle age women because they are neither fully old nor are they young. They are still compromising with the fact that “age” is slipping out of their hands. Middle age is a phase of transition from young age to old age and this fact of finally accepting age is quite stressful for many (Goswami, 2013).

According to the fact that the system of world’s population has been changed and life expectancy has been increased, one third of women’s life is passed, on average, on postmenopausal periods. Because of the fact that women play various roles in life, considering their life quality and mental health is an effective step for strengthening family and community foundations. The various findings indicate a prevalence of menopausal related depression and anxiety, since large economic and emotional costs are imposed by depressed and agitated patients, and they do irreparable harms to themselves and their own community. The word “menopause” is derived from a Greek word as “names” (meaning female) and “pauses” (meaning pause), Menopause is concerned with stopping the ovulation and is generally occurred in 47-53 years old. Estrogen deficiency resulted from it causes hot flashes, sleep disorders, and cognitive-emotional disorders. The osteoporosis, dementia and cardiovascular diseases risks are subsequently increased in postmenopausal women. The depression during menopause is attributed to empty nest syndrome. When the hormones secretion is changed and estrogen is reduced during menopause, the physiological interaction is disordered and causes a series of physical ailments (Charmchi & Khalatbari, 2011).

A wide array of symptoms and signs are observed in women during menopause which include: hot flushes, excessive perspiration, mood swings, depression, anxiety, insomnia, urinary symptoms like frequency, vaginal

dryness, backache, muscle weakness, joint pain, memory loss, dental problems, skin changes and hirsutism. Many of the above symptoms are age related and aggravated by stresses of life. A caring gynecological nurse must adopt a holistic approach and tender advice regarding diet, lifestyle and relaxation techniques to alleviate menopausal symptoms (Jayabharathi & Judie, 2015).

There is a psychogenic symptoms: trouble sleeping, lack of energy, difficulty in concentration, nervous tension, feelings of sadness. Down heartedness are among the most frequently reported symptoms of the menopausal transition, as hot flushes, sweats. Few studies have combined psychosocial and biomedical models to seek an explanation as to why menopausal symptoms such as these are problematic for some but not all women during menopausal transitional (Bliss, 2005).

Middle-aged women must understanding of health problems, and access to health care, social factors, education, and employment. On the other hand, several of the chronic diseases, such as hypertension, arthritis, heart disease, and diabetes, occur in the middle-aged women. Therefore, women must be empowered to take decisions concerning their health. Empowerment is a person's right, along with which comes the responsibility of seeking education and support, utilizing available health care resources, and practicing active self-care of oneself. Most interventions for menopause women have focused on: educational intervention, physical activity, exercise, improving a healthy diet, stress management, healthy behaviors, preventing certain diseases and osteoporosis (Yazdkhastis et al., 2015).

Some women may mentally have an abnormal reaction to menopause, while others may be affected to depression. The severity and weakness of this depression depends on physical, cultural and mental factors. The conclusion of some researches show that more than 50% of women believe that menopausal period is an unpleasant experience, and a considerable numbers of them consider it as a significant changes occurred in life, and many postmenopausal women are not affected to side effects of menopause. Because of the fact that many women are not scared of being pregnant, they feel more comfort than before menopause. Some women are affected to depression and anxiety, but this symptom is usually a poor compliance with stress which makes the person ready for menopausal syndrome. The rate of depression and anxiety prevalence in menopause is indicated differently in different experiments. In some research, it is questioned whether increasing depression prevalence is simultaneous with menopause (Charmchi & Khalatbari, 2011).

Women who have experienced negative life events such as the death of a loved one, illness and marital crises had higher scores on psychological morbidity tests. High levels of stress have also been found to account for the negative mood. How women cope, and their personality type, are factors which must also be

taken into consideration in the menopausal woman who presents with depression and anxiety, and on the other hand Women who experience low or unstable self-esteem often experience feelings of depression or anxiety, and are vulnerable to health problems (Deeks, 2003).

When people is anxious, they experience physical feelings and worrying thoughts. This can make it hard to do even simple tasks and so they begin to avoid things. Often the person does not understand why they feel as they do. When they are relaxed they can see that their worries are over the top, but when the anxiety builds up they feel overwhelmed once again. When anxiety is out of control, people describe having thoughts such as: I can't cope, I'm going mad, I'm going to die, People suffering from anxiety often avoid things, e.g. going out alone or chatting to people. They usually do this because they think that they will cope badly, they will panic or make a fool of themselves. By avoiding the situation, they feel better. But in the long term avoidance always makes the problem worse. This is because more and more anxiety gets associated with the avoided thing and so it gets harder and harder to face up to it (Baty, 2005).

Women with climacteric symptoms: hot flushes, night sweats and these symptoms could be associated with sleep disturbances, which in turn can increase reports of anxiety and depressive symptoms. Biopsychosocial and partner factors have a significant influence on middle-aged, and most antidepressants can have a negative effect on sexual response. And this will be shown that women with high levels of depressive symptoms have poorer cognitive function than non-depressed women. At present, the relationship between psychiatric symptoms and hormonal changes such as estrogen decrease has not been clearly found. Stress, educational level, socioeconomic factors and partner status may influence the prevalence and clinical course of both menopause symptoms and depressive disorders (Llaneza et al., 2012).

Generalized anxiety disorder is one of the most common psychiatric disorders, affecting a high percentage of human beings around the world. This emotional disorder possesses marked gender differences and occurs more often in women than in men, in a proportion of 2:1. Accompanying the reproductive cycle of women are significant fluctuations in plasma and brain steroid hormone concentrations, including estradiol, and progesterone. These hormonal changes are related to some illnesses and with the development of anxiety and mood swings occurring in the premenstrual and postpartum period, and particularly during the menopause. Menopause is a clinical term used to indicate the cessation of the woman's reproductive ability that occurs naturally, natural menopause includes specific periods related to the physiological and hormonal changes produced by ovarian failure, it is usually a natural stage that occurs to women in midlife, during their late 40s or early 50s, indicating the end of the reproductive period in the woman. During the

menopause transition years, women experience changes in the production of ovarian hormones. Which are associated with significant changes in the physiological, emotional, and affective processes (Rodríguez-Landa et al., 2015).

Cognitive behavioral therapy is a well-researched treatment for anxiety, depression, and sleep problems with strong evidence for its efficacy. Recently CBT is effective in reducing the impact of hot flashes and night sweats, menopausal symptoms. In these trials, CBT was found to be effective for pre- and postmenopausal well women.

Women play an important and central role in society in general and the family in particular. And their enjoyment of mental health is reflected positively on the social efficiency and the performance of their roles in the family and society. Thus the need psychological care for women in general and women stand out in the menopausal stage, in particular the fact that women in this stage play more role in the family: her role as a Mother, wife and mother in law, grandma.

The importance of this study to shed light on the psychological effects experienced by women in the menopausal stage resulting from hormonal system associated changes to this stage. Because women enjoy the psychological and social competence is reflected positively on the interaction of family and marital and increases the efficiency of these social bunting contribute to create a sense of family and community to the needs of women in the hope phase which could lead to provide the necessary support to them.

This study aimed to find a role of counseling services in overcoming the psychological implications of the entry of women to the stage of the age of hope by answering the following questions:

- i. What is the impact of group counseling program on the degree of anxiety in a sample of women in the menopausal stage in the city of Amman (capital of Jordan)?
- ii. What is the impact of group counseling program on the level of depression program in a sample of women in the menopausal stage in the city of Amman (capital of Jordan)?

Key words:

Anxiety

Anxiety is a normal experience, which although unpleasant, is harmless. Symptoms are: Feeling nervous or on edge, an increased heart rate, shortness of breath, a dry mouth, trembling, sweating, nausea, light-headedness and thinking that something bad is going to happen. Although unpleasant, anxiety can actually be very helpful. In fact, it can warn and protect us when we are in danger. Anyone feels anxious standing on the edge of a cliff without any barriers. The feeling of anxiety motivates to move away from the edge, or be very careful if remaining on the edge. Therefore, anxiety alerts to possible danger and prepares the body to respond to the danger. This is known as the “fight-or flight” response (Brosan et al, 2010).

Depression

The word depression is used to describe a range of moods from low spirits to a severe problem that interferes with everyday life. The experience of depression is an overwhelming feeling which can make you feel quite unable to cope, and hopeless about the future. Depressed person faced difficulty sleeping or getting up, may feel overwhelmed by guilt, and may even find thinking about death or suicide (Borrill, 2000).

Menopause

Menopause, the time when a woman stops having menstrual periods, is not a disease or an illness for most women, menopause is a normally occur between age range 48-55 years. Quality of life, it encompasses several constructs including physical functional emotional social and cognitive variables (Moustafa & others, 2010).

Menopause known as “change of life”, it is a normal part of a woman’s life. It is a point in time of the last menstrual cycle, the last period. The years leading up to that last period, when women might be experiencing menopausal symptoms like changes in their monthly cycles or hot flashes, are called the menopausal transition. It is a common mistake to use the word menopause to describe this whole transition (National Institutes of Health, 2008).

1. LITERATURE

Larroy et al.’ study (2015) show the high percent of Spanish women complaining of these symptoms, lead to research more in depth to find a successful treatment. Objectives: To investigate the effects cognitive behavioral techniques on Spanish woman suffering from menopausal symptoms. Methods: 53 women ages from 42 to 55 years were assigned to experimental or control group. Experimental groups were trained in three different centers depending on the women’s location; therefore it was an incidental sample. Each group experienced anxiety and depression symptoms assessed by the Hospital. They applied Anxiety and Depression Scale (HADS). Experimental group attended during eight weeks a full training on behavioral-cognitive techniques. Results: Experimental group showed a significant reduction on BKMI ($t_{27}=8, 71; p<0.001$), anxiety ($t_{27}=6.11; p<0.001$) and depression ($t_{27}= 3.41; p< 0.001$) symptoms, control group did not exhibit any reduction. Therapist effects were also tested, no differences were found.

Another study by Joyce et al. (2014) was a longitudinal analysis of data from the multi-site Study of Women’s Health Across the Nation (SWAN), a study of menopause and aging. Women were 42-52 at study entry. The outcome was high anxiety, a score of 4 or greater on the sum of four anxiety symptoms rated according to the frequency in the previous 2 weeks from 0 (none) to 4 (daily) (upper 20%). Covariates included socio demographics, health factors, stressors,

and vasomotor symptoms (VMS). Results show that a Women with low anxiety at baseline were more likely to report high anxiety symptoms when early or late premenopausal or postmenopausal compared to when they were premenopausal (odds ratios ranged from 1.56 to 1.61), independent of multiple risk factors, including upsetting life events, financial strain, fair/poor perceived health, and VMS. Women with high anxiety at baseline continued to have high rates of high anxiety throughout the follow-up but odds ratios did not differ by menopausal stage. Women with high anxiety premenopausal may be chronically anxious and not at increased risk of high anxiety at specific stages of the menopausal transition. In contrast, women with low anxiety premenopausal may be more susceptible to high anxiety during and after the menopausal transition than before.

The present study by Mushtaq (2011) titled *Post-menopausal Women: A Study of Their Psycho-physical Changes With an Impact on Family* in Srinagar city was conducted on 100 post-menopausal women. The study focused on the physical and psychological changes in post-menopausal women, the effect of these changes on their family and the coping strategies used by women after menopause random sampling technique was used to select the sample. A self-designed questionnaire was used to collect the data. Most of the women experienced hot flashes before the onset of menopause. Majority of women also experienced night sweats, fatigue and decrease in sex drive. For most of the women sex formed an important part of their life and majority of them were satisfied with their appearance. A large percentage of post-menopausal women received emotional support from their family members. Most of the women experienced leucorrhoea and vaginal dryness as well. Majority of women believed that there was not any effect of menopause on their families and the approach of family members was positive towards them even after menopause. Also, for most of the women their husbands had a positive attitude towards them. Majority of women were considered whenever decisions were made in their families. Most of the women considered menopause as a normal stage. Also majority of women revealed that menopause accelerates the aging process. Further, most of the women had not undergone Follicle Stimulating Hormone test (FSH). Majority of women had not taken anti-depressants or any stress reduction technique. Also, most of the women did not experience any change in dietary habits.

This study by Moustafa et al. (2010), the study aim to assess the impact of menopausal symptoms on quality of life among women's in Qena city. Study sample was 250 menopausal women. Data was collected through a questionnaire to collect necessary data. The study was conducted at out patient's clinics of Qena university and general hospitals. the study results revealed that mean age of women was (53.6±6.5), more than half (67.2%) was illiterate, majority of women (80.8%) as

a house wife more than three-fourth of women (77.8%) had poor quality of life with severe menopausal rating syndrome, found that the majority of women (84.4% & 78.8%) had physical effect & social effect on quality of life respectively. there are a positive strong correlation between menopausal symptoms and there was statistical significance difference, conclusion is menopause causes decrease in quality of life and a positive correlation between menopausal symptoms and quality of life.

Elavsky and McAul (2010) purpose to examined the contribution of personality factors to the reporting of menopausal symptoms in the context of a 4-month randomized controlled exercise trial. Symptomatic middle-aged women ($N = 164$ M age = 49.9, $SD = 3.6$) completed measures of menopausal symptoms, personality, physical activity, fitness and body composition assessment at the beginning and end of a 4-month randomized controlled trial involving walking and yoga. After controlling for baseline values, psychological symptoms at the end of the trial were associated with trait anxiety ($\beta = .47, p < .001$) and changes in fitness ($\beta = -.20, p < .01$); vasomotor symptoms with optimism ($\beta = -.18, p < .05$) and changes in fitness ($\beta = -.15, p = .053$); and sexual symptoms were associated with changes in fitness ($\beta = -.16, p < .05$). Personality characteristics partially explain symptom reports during menopause however improvements in physical parameters such as fitness may reduce reported symptomatology.

2. METHOD

Study included of 22 ladies in the menopausal stage, and ages ranged between 45-55, from Amman city in Jordan were divided the sample into two groups, each group involve 11, first group is experimental, another one control group, initially was applied state anxiety scale characteristic and Beck depression scale on all members of the study, this is pre-test, then applied group counseling program on the experimental group, and noting intervention for the control group, when three months later (the period of application of the group counseling program) has been re-apply the standards again on both experimental and control groups.

3. TOOLS

(a) Trait Anxiety Inventory (TAI) is an introspective psychological inventory consisting of 20 self-report items pertaining to anxiety affect. The (TAI) was constructed by Charles Spielberg, R. L. Gorsuch, and R. E. Lushene, Their goal was to compile a set of items that could measure anxiety in trait. Feelings of unease, worry, tension, and stress can be defined as anxiety. Feelings of anxiety may occur in stressful situations such as when confronted with an important test or interview, or may be associated with psychological disorders such as obsessive

compulsive disorder or generalized anxiety disorder, trait anxiety (A-Trait) can be defined as a relatively enduring disposition to feel stress, worry, and discomfort.

(b) Beck Depression Inventory (BDI), created by Aaron T. Beck, is a 21-question multiple-choice self-report inventory, one of the most widely used psychometric tests for measuring the severity of depression. Its development marked a shift among mental health professionals, who had until then, viewed depression from a psychodynamic perspective, instead of it being rooted in the patient's own thoughts, the BDI has been developed in different forms, including several computerized forms.

(c) Group counseling program: Included 12 session, two hours per session, the regular meetings once a week, the program's goal to help women in the menopausal stage in overcoming the symptoms of anxiety and depression associated with the menopausal stage, procedures contained in the counseling program based on the counseling principles derived from fundamental theories, rational emotive theory, self-centered theory, behavioral theory, cognitive theory, it is indicative that the methods used is: Emotional catharsis, refute irrationality ideas, cognitive reconstruction, practice problem-solving techniques, and relaxation training.

4. RESULTS

Results related to the first question: What is the effect of counseling program on the degree of anxiety among a sample of women in menopausal stage?

To answer this question was extracted arithmetic means and standard deviations to measure the state of

Table 2
ANCOVA Analysis of Anxiety Scale

Source of variation	Sum of squares	Degrees of freedom	Average squares	P value	Statistical significance	(η^2)
Pre measurement	14.867	1	14.867	.301	.590	.016
Post measurement	310.453	1	310.453	6.282	.021*	.248
The error	938.951	19	49.418			

Note. * statistically at the level of ($\alpha \leq 0.05$).

Table 2 shows that statistically significant differences at the level ($\alpha \leq 0.05$) between the performance of the experimental group and control group of the anxiety scale attributable to the indicative program and to find out those who return differences were extracted averages adjusted between the experimental and control groups, and Table 3 shows these averages.

Table 3
Averages Differences in the Experimental and Control Group

Group	Average SMA	Standard error
Experimental	32.286	2.405
Control	41.714	2.405

anxiety between the experimental and control groups of women in the menopausal stage on before and after measurement to measure anxiety.

Table 1 shows these averages and standard deviations to measure anxiety among the experimental group and the control on pre and post measurement:

Table 1
Averages and Standard Deviations of Anxiety Among the Experimental Group and Control Group on Pre and Post Measurement

Groups	Pre		Post	
	Average	Standard deviations	Average	Standard deviations
Experimental	53.91	11.004	32.91	3.448
Control	40.27	7.538	41.09	9.137
Total	47.09	11.551	37.00	7.934

Table 1 shows average of the performance of women in the experimental group on the total score of the scale of concern was (53.95 shows) on tribal measurement and (32.91) on the telemetric, and the arithmetic average of the performance of women in the control group, which amounted to (40.27) on the tribal measurement and (41.09) on the telemetric, this indicates the presence of morphological differences in anxiety among women in the age of hope between the experimental group and the control and knowledge of those who return differences were conducting joint one-way analysis of variance (one way ANCOVA) and Table 2 how this analysis shows

Table 2 is results of common one-way analysis of variance (one way ANCOVA) for measuring the dimensional scale anxiety among the experimental and control groups.

Results in Table 3 show that the differences were in favor of the experimental group, where the average arithmetic modified experimental group (32.286) and is less than the arithmetic average of the control group (41.714), and this shows that the differences in favor of the experimental group, meaning that the program indicative contributed to reducing anxiety at menopause women in the experimental group.

To see the impact the size of the ETA square expense (η^2), with volume effect Indicative Program on the total score to measure anxiety and as the volume effect of the measure (0.248) and thus can be said that 24.8% of the variation in the anxiety scale between the experimental group and the control returns to the indicative program,

and this effect of average size demonstrates the effectiveness of the program in reducing anxiety in women at the age of hope.

Results for the second question: What is the effect of counseling program on the degree of depression on a sample of women in the menopausal stage?

To answer this question was extracted arithmetic means and standard deviations to measure depression among the

experimental group and the control group of women at the age of hope on before and after measurement to measure depression.

Table 4 shows these averages: In Table 4, arithmetic means and standard deviations to measure depression between the experimental and control groups on Pre, Post measurement.

Table 4
Arithmetic Means and Standard Deviations of Depression Between the Experimental And Control Groups on Pre and Post Measurement

Groups	Pre		Post	
	Average	Standard deviations	Average	Standard deviations
Experimental	34.73	9.971	9.09	4.460
Control	14.36	5.221	10.55	5.007
Total	24.55	12.997	9.82	4.687

Table 4 shows the arithmetic average of the performance of women in the experimental group on the total score of the scale depression was (34.73) on the tribal measurement and (9.09) on the telemetric, and the arithmetic average of the performance of women in the control group, which amounted to (14.36) on the tribal measurement and (10.55) on the telemetric, this indicates the presence of morphological differences in depression among menopausal women between the experimental

group and the control group, and to be knowledge of those who return differences were conducting joint one-way analysis of variance (one way ANCOVA) and Table 5 shows this analysis:

Table 5 shows the results of the joint one-way analysis of variance (one way ANCOVA) for measuring the dimensional scale for depression between the experimental and control groups.

Table 5
ANCOVA Analysis of Depression Scale

Source of variation	Sum of squares	Degrees of freedom	Average squares	P value	Statistical significance	(η^2)
Pre measurement	15.675	1	15.675	.686	.418	.035
Post measurement	1.291	1	1.291	.057	.815	.003
The error	433.962	19	22.840			

Table 5 shows that there were no statistically significant differences at the level of ($\alpha \leq 0.05$) between the performance of the experimental and control on the depression scale attributed indicative program. This means that the degree of depression on the dimensional measurement women at menopause from the experimental group and the control group were similar.

Are there differences in the performance of the experimental group on depression on before and after

measurement scale?

To answer this question was extracted averages, standard deviations, and the value of *T*. samples correlated to depression scale experimental group on before and after measurement and the following table shows the results:

Table 6 is arithmetic means and standard deviations and test “*t*” of the samples correlated measurement tribal and posttest experimental group on depression scale.

Table 6
Arithmetic Means and Standard Deviations and Test “*T*” of the Experimental Group of Depression Scale on Pre and Post Test

Group	Measurement	Number	Average	Standard deviation	<i>T</i> value	Degrees of freedom	Statistical significance
Experimental	pre	11	34.73	9.971	6.717	10	.000
Experimental	post	11	9.09	4.460			

Table 6 shows statistically significant differences in the degree of depression among after and before measurement in the experimental group and the

differences were in favor of telemetric a mean less any differences that the program contributed to the reduction of depression among women in menopause.

DISCUSSION

The above analysis shows that the study aimed to identify the impact of the counseling program on the level of anxiety and depression in a sample of women in the menopausal stage.

To answer the first question: What is the effect of group counseling program on anxiety level among a sample of women in the menopausal stage?

The results of the statistical analysis show positive impact the group counseling program, the anxiety level decreased among women in the experimental group as a result of the application of the program and this shows the effectiveness of the procedures applied, Because the anxiety associated with general state to cause and course of life and how we interact with those events and happenings, The therapeutic interventions indicative of cognitive, behavioral and humanistic attitude work to reduce anxiety symptoms, and the sample of this study Women who are educated and they have a history of public jobs, so They are able to change and development and therefore They were positively with the counseling program.

To answer the second question: What is the effect of group counseling program on depression level among a sample of women in the menopausal stage?

Statistical Analysis showed a significant differences Between the experimental group on the pre- test results and post-test results, This is a positive indication of the procedures applied in the counseling program and its important role in reducing the symptoms of depression.

In addition to the symptoms of depression as a type of mood disorders requires specialized psychological interventions.

As for the study Larroy et al. (2015), it was similar with the current study, the research methodology, based on the style of experimental research, he also used a similar style of therapeutic based on cognitive-behavioral therapy.

The study by Joyce et al. (2014), it worked to measure the degree of anxiety among a sample of women in the menopausal stage and this is very similar to the current study, But they differ from the current study did not use it in the method a therapeutic.

The study by Mushtaq (2011) was similar with the current study, it focused in the study of the psychological impact of menopausal symptoms, and differed from the current study, he touched on the role of the family in reducing the symptoms of this stage.

In the study conducted by Moustafa et al. (2010), questionnaire was used as a source of data, and has not applied to any therapeutic method, But this study was similar in its focus on the symptoms caused by menopausal stage.

The study conducted by each of the Elavsky & McAul (2010), it was similar to the current study focused on the study of trait anxiety, There were different than in

employing fitness to reduce anxiety and not counseling interventions.

RECOMMENDATION

(a) Prepare an integrated program to raise awareness of the nature of the menopausal stage and includes the involvement of individuals and the relevant authorities of the doctors, nurses, psychologists and social workers addition to employ the media to this program.

(b) Employing social service centers to provide specialized psychiatric services for women in the menopausal stage.

(c) Conducting extensive studies on large samples of women in the menopausal stage in order to improve psychological and health services for women at this stage.

(d) Raise awareness of the importance of change of diet and lifestyle as they have detrimental impact on their physical and mental wellbeing and make the whole experience less traumatic as well as making the symptoms a great deal less unbearable. As these changes will prove useful not just during the menopausal stage but the post-menopausal too.

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