

Menopause transition experiences and coping strategies among Ibo women in a selected community in South eastern Nigeria - A qualitative study

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Abstract

Purpose: Menopause is a maturational process that can be asymptomatic but severe physical and psychological changes can impact negatively on the quality of life in some women. The study explored selected Nigerian Ibo women's menopause transition experiences, impact on quality of life, and coping strategies as their experiences has been understudied.

Materials and Methods: A community-based qualitative study was done with 15 purposively selected rural women aged 45 years and above. Through audio-taped two focus group discussions (FGD) and an in-depth interview, data were collected, transcribed and content analyzed using the thematic deductive approach.

Results: Four themes emerged: perceived menopausal meaning, distressing symptoms experienced, self-care/coping, and desired anticipatory information needs. Menopause was perceived as the beginning of getting old but freedom from messy blood stains and fear of pregnancy. Distressful symptoms impact negatively on the quality of life. Symptom management was based on trial and error. Inadequate information was received from women's meetings prior to menopause and from health workers and friends when symptoms had already become distressing.

Conclusion: Menopause transition among Ibo midlife women in the selected community brought a feeling of freedom from monthly wetness but gave way to distressing symptoms that reduced quality of life. Structured education and information sharing before menopause will enable women to know what to expect and how to manage symptoms thereby improving quality of life.

Keywords: *Coping, Experiences, Ibo Women, Menopause, Midlife, Quality of life.*

Résumé

Objectif : La ménopause est un processus de maturation qui peut être asymptomatique mais de graves changements physiques et psychologiques peuvent avoir un impact négatif sur la qualité de vie de certaines femmes. L'étude a exploré les expériences de transition à la ménopause de femmes nigérianes Ibo sélectionnées, l'impact sur la qualité de vie et les stratégies d'adaptation, puisque leurs expériences ont été sous-étudiées.

Matériels et Méthodes : Une étude qualitative basée dans la communauté a été réalisée avec 15 femmes rurales sélectionnées à dessein et âgées de 45 ans et plus. Grâce à l'enregistrement audio de deux discussions de groupe focus (FGD) et d'un entretien approfondi, les données ont été collectées, transcrites et le contenu analysé à l'aide de l'approche thématique déductive.

Résultats : Quatre thèmes ont émergé : la signification perçue de la ménopause, les symptômes pénibles ressentis, les soins personnels/l'adaptation et les besoins d'information anticipés souhaités. La ménopause était perçue comme le début du vieillissement, mais comme libération des taches de sang et la peur de la grossesse. Les symptômes pénibles ont un impact négatif sur la qualité de vie. La gestion des symptômes était basée sur des essais et des erreurs. Des informations inadéquates ont été reçues des réunions de femmes avant la ménopause et des agents de santé et des amis lorsque les symptômes étaient déjà devenus pénibles.

Conclusion : La transition à la ménopause chez les femmes Ibo en mi-vie dans la communauté sélectionnée a apporté un sentiment de liberté vis-à-vis de l'humidité mensuelle, mais a cédé la place à des symptômes pénibles qui ont réduit la qualité de vie. Une éducation structurée et le partage d'informations avant la ménopause permettront aux femmes de savoir à quoi s'attendre et comment gérer les symptômes, améliorant ainsi la qualité de vie.

Mots clés: *Faire face, Expériences, Femmes Ibo, Ménopause, Mi-vie, Qualité de vie.*

Introduction

Menopause describes the changes that a woman goes through as part of aging and maturation marking the

permanent end of the menstrual periods [1-4]. According to [5], menopause is a normal part of aging and maturation and marks the permanent end of the monthly menstrual periods. A woman can only say that she has entered menopause when she did not see her menstrual periods for one year (12 consecutive months) [3]. Ibraheem et al [1] opined that menopause commonly happens anytime between the ages of 45 and 55 worldwide but in rare cases, menopause can occur in the early thirties of a woman's life and sometimes as late as when a woman is in her sixties [5]. However, the process of declining hormone levels prior to menopause according to [6] has been referred to as perimenopause during which a woman experiences irregular monthly periods. Usually menopause is natural and is a gradual process but premature or early menopause can be the result of genetics, autoimmune disorders, or medical therapy like treatment for cancer and surgical interventions such as hysterectomy and ovarian failure [4].

While some women are asymptomatic, others respond to menopausal changes differently such that about 75% undergo various physical and psychological changes that impact their quality of life and 25% may need medical advice [7; 8]. Studies have reported hot flushes, night sweating, joint and muscle pains~ poor memory and loss of concentration, decreased libido, vaginal dryness, frequent urinary tract infections, dysuria, and urinary incontinence [9-11]. Osteoarthritis, osteoporosis, and back pain have led to impairments in mobility and activities of daily living (ADLs) that reduced the quality of life resulting in hospitalizations and dependency [14]

Women spend a third of their life after menopause but this can be a struggle when they live with debilitating symptoms such as urinary incontinence, muscle, and joint pains. Menopause challenges among Ibo women have been understudied [9,13] and rural dwellers have poor knowledge, misconceptions, and poor health-seeking attitudes during menopause [14]. There is a paucity of recently published literature particularly qualitative studies on Ibo women's experience at menopause and their self-care coping activities. Studying this selected rural Ibo women's experience at menopause will add to existing knowledge about what women worldwide experience at menopause and any variation among this selected group will help in planning group-specific health promotion intervention programmes for them. More so multifaceted factors have been found to influence responses to menopause such as culture, educational level and residing in either developed or developing countries therefore what might be regarded as

distressing in a particular cultural setting may not be distressing in another region [9]

Materials and methods

Study design

The study was a phenomenological community-based qualitative study using two Focus Group Discussions (FGDs) and an in-depth interview. Focus Group Discussion according to [15] is a type of in-depth interview accomplished in a group, whose meetings present characteristics defined with respect to the proposal, size, composition, and interview procedures. The research design helped in bringing out in-depth insights on the selected Ibo midlife women's perspectives of the meaning of menopause, distressing menopause symptoms, self-care management of symptoms, and information needs. The research questions were: what were the typical rural Ibo women's experiences during the menopause transition, including the severity and impact on quality of life~ what self-care activities were used to alleviate distressing symptoms and; what was the extent of information needs about menopause issues?

Study setting

The study was conducted at a rural settlement previously used for coal miners at Obed Camp in Enugu North Local Government Area of Enugu state, Southeastern Nigeria. It is a swampy area located at the base of Enugu Ngwo hills. Occupants are of middle to low-income classes that are predominantly traders, commercial tricycle transporters, farmers, and a minority being in government employment. The available primary health center in the locality is nonfunctional but there is the presence of a traditional birth attendant.

Sample size and Sampling

Midlife women aged 45 years and above, of Ibo ethnic extraction and who were at different menopause transition phases were purposively recruited from the four churches located in the settlement with the help of the women leaders that collected the phone numbers of willing midlife women. The first available consenting 8 women participated in the first FGD. The typical size of a focus group discussion is between 6 to 12 participants excluding researcher; although smaller (mini) groups can be informative, giving all participants enough time and opportunity to share [15-16]. The second FGD involved 6 women after which no new information was noted from the data collected at the first FGD. But to confirm data saturation, a separate in-depth interview was done

with a woman that did not participate in the FGD. The women were chosen based on their homogenous demographic characteristics of age, being within perimenopausal and post menopausal status, residence at Obed camp, having natural menopause, and willingness to participate. Those with asymptomatic menopause, who had induced menopause from gynecological surgery or chemotherapy, and those who were not willing to participate were excluded. The final number was determined when data saturation was achieved. The sample size was fourteen (14) respondents for two FGDs and one (1) for in-depth interviews

Data collection

Semi-structured FGD and in-depth interview guides were developed to guide data collection. The women were contacted through their phone numbers that were collected by the women leaders, and time and venue for the study communicated. The study was conducted at the arranged Obed camp community town hall. The Moderator introduced the purpose and the rules guiding the study and oral informed consent was obtained from the participants. Consent to audio record the discussion was sought from the participants and identification numbers were given with which the participants would identify themselves instead of their names. All interviews were tape recorded using a digital audio recorder and transcribed verbatim after each discussion. Hand written notes were also taken to support the recorded data. Branching questions were used to get more in-depth information despite the already prepared question guides until no new insights emerged. Each discussion lasted for 60-90 minutes and clarifications made before termination of the meeting.

Secondary data review

Secondary data through further literature review helped in providing more in-depth understanding on women's experience of menopause transition worldwide and self-care actions taken to handle distressful symptoms in order to compare with the selected rural Ibo ethnicity. Also midlife women's information and education needs regarding menopause which was one of the questions the study intended to explore were reviewed further.

Method of data analysis

Each interview was transcribed verbatim within 48 hours and transcripts filed and stored where only the researcher has the access. Content analysis was done manually using deductive thematic approach according to [16-17]. Data were closely examined and read many times and various phrases were highlighted in different colours describing the feelings

and ideas expressed by the participants. Similar phrases were grouped together and labeled and codes were formed from the labels as seen in table 2. Within -and across -case analysis was conducted on the codes to compare for similarities and differences. Then codes were organized into different categories and subcategories which finally led to four themes being formulated. The authors reviewed the agreed themes, merged some and modifications made where necessary to address the research objectives.

Ethical considerations

The Health Research Ethics Committee of University of Nigeria Teaching Hospital Enugu approved the study (NHREC/05/01/2019B-FWA00002458-1RB00002323). The Councilor representing the Ward where the settlement is located was also approached and his approval was obtained. The women leaders were consulted who helped to recruit the women. Informed consent was obtained from women that consented to participate after explaining the purpose of the study. Confidentiality and autonomy of opinion were assured. Consent to audio-record the responses was also obtained.

Results

Socio-demographic characteristics

A total of 15 women were involved in the interviews; 5(33.3%) were within 55-59years with a mean age of 56years, they were predominantly Christians (n=15; 100%), 9(60%) still had living spouses while 5(33.3%) were widowed and 14(93.3%) were in monogamous marriages. Of the fifteen (15) women, 6(40%) had only primary education, 3(20%) had secondary and 6 (40%) had tertiary education, predominantly traders (n=8~53.3%), five were in government employment, one (1) was a seamstress and one (1) a Traditional birth attendant (TBA). Respondents' mean ages at menarche and at last menstrual period were 14.4years and 49.3years respectively. They were at different menopause transition stages, 3(20%) reported missing their periods for exactly 12 months while 12(80%) were postmenopausal; six (6) respondents had 1-4 children while 9(80%) had more than five children (Table 1).

Theme 1: Perceived meaning of menopause (Table 2)

Participants perceived menopause as the beginning of getting old with freedom from monthly wetness and messy blood stains on clothes and fear of pregnancy. They described menopause as signifying aging but on a positive note, the end of watching your back for blood stains and Table 1: Socio demographic characteristics of respondents n=15

Table 1: Socio demographic characteristics of respondents n=15

Variables	Frequency	Percentage (%)
<i>Age: 45-49</i>	3	20
50-54	4	26.6
55-59	5	33.3
e"60	3	20
Mean age = 56years		
<i>Marital status</i>		
Married	9	60
Widowed	5	33.3
Divorced	1	6.7
<i>Educational background</i>		
Primary	6	40
Secondary	3	20
Tertiary	6	40
<i>Religion</i>		
Christianity	9	100
Islam	-	-
<i>Type of marriage</i>		
Monogamy	14	93.3
Polygamy	1	6.7
<i>Occupation</i>		
Trading	8	53.3
Tailoring	1	6.7
Government employment	5	33.3
Traditional birth attendant	1	6.7
<i>Age at menarche</i>		
10-14	8	53.3
15-19	7	46.7
Mean age at menarche = 14.4years		
<i>Age at last menstrual period</i>		
40-44	1	6.7
45-49	6	40
50-54	6	40
55-59	2	13.3
Mean age at last menstrual period =49.3years		
<i>Menopause status</i>		
Peri-menopausal (still having irregular menses)	-	-
Menopausal (not seen menses for 12months)	3	20
Post menopausal (stopped menstruating for more than 2years)	12	80
<i>Number of children</i>		
1-4	6	40
5-10	9	60

dress up and go without carrying sanitary pads around. The participants unanimously agreed that they desired monthly menses to stop.

'You can wear pants freely and not be afraid of wetness and people watching your back for you' (Participant #H, TBA, 57years)

'I think this is part of getting old and when it's time reaches, it will happen. For me I'm happy about more messy blood stains' (Participant #O, civil servant, 48years)

Theme 2: Distressing symptoms experienced

In this section the reported distressful symptoms were categorized under the following major subthemes:

Physical disorganization

Participants despite positive attitude towards cessation of monthly periods, lamented that menopause comes with lots of trouble, some of which can be severe, affecting daily activities. Distressing symptoms were reported to impact negatively on the women's quality of life.

Table 2: Summary of findings

Codes	Subcategories	Sub Themes	Themes
i. Menopause signifies aging ii. the end of watching your back for blood stains iii. a time to dress up and go without carrying sanitary pads iv. desired monthly menses to stop v. can't get pregnant again	Beginning of getting old Freedom messy blood stains No fear of pregnancy	Aging Freedom	Perceived Meaning of menopause
i. scanty or very heavy menses preceding menopause ii. feeling angry and harsh at people iii. couldn't remember where I kept things iv. painful sex, v. inability to hold urine	body/joint stiffness and pains Forgetfulness/memory loss Incontinence of urine Sexual difficulties Tiredness/fatigue	Physical disorganization Cognitive challenges Sexual torture Urinary distress	Distressing symptoms experienced
i. taking bath several times in a day ii. stretching the joints and then dipping into hot water iii. Calling an older friend iv. praying for God's help v. to hospital when confused	Use of OTC drugs especially for joint pains Hot flush-alleviating strategies Massage with balms and hot water Spiritual activities Avoiding intimacy with partner Seeking medical help in rare occasion	Trial and error Non prescription treatment	Self-care/Coping
i. information sharing during women's conferences ii. did not receive any information iii. talked with a nurse in the neighborhood iv. information was inadequate and not detailed v. health workers should teach women early enough before menopause	Inadequate information received Sources are health workers and friends Symptoms had already become distressing before receiving information Education and information sharing before menopause	Inadequacy of information Ignorance about menopause	Desired Anticipatory Information Needs

'In fact this year I didn't understand what exactly was happening to my whole life' (Participant #F, Seamstress, 47years)

'This menopause affected all my household activities and concentration' (Participant #I, civil servant, 58years).

Participants also reported having to battle with irregular menses that skipped months before reoccurring again until it finally stopped. There was also the experience of increased frequency, scanty

flow or very heavy flow of the menses preceding menopause.

'Mine stopped for two months and started again but this time it flowed with much pressure for up to 7 days as if tap is flowing before it stopped' ((Participant #F, Seamstress, 47years).

Furthermore, participants reported experiences of hot flushes and sweating that disrupted night sleep, resulting to daytime sleepiness.

'The sweating is excess especially in the night that I go to bed naked yet my bed linens would

soak with sweat' (Participant #F, Seamstress, 47years)

'I sleep anywhere such that my children said that I scored 100% in sleeping off even when I am eating' (Participant #H, TBA, 57years)

Symptoms reported also entailed tiredness, fatigue, head turning/spinning, loss of stamina and reduction in strength for performance.

'When I sit at a spot, I will go to places and come back in my mind without stepping out due to tiredness and loss of strength to do anything' (Participant #A, trader, 52years).

The participants further reported bloating and weight gain especially fat distribution to the abdomen that protrudes the abdomen.

'When my menses stopped finally, it started disturbing me in my abdomen as if I am carrying heavy object in my stomach' (Participant #D, trader; 55years).

Majority reported muscle and joint pain and stiffness especially early in the morning. The pain was severe enough to hamper activities of daily living and mobility.

'When I wake up in the morning, my whole body would be heavy and the joints painful as if I did manual labor of carrying cement mixed with sand in my sleep' (Participant #A, trader, 52years).

'My muscles are stiff and painful and my knee joint would "lock" as if it is giving way. It is usually painful that one day I cried in the open yard, yes I cried and neighbors came to help stretch the leg' (Participant #F, Seamstress, 47years).

Psychosocial disruptions

Majority of the participants reported being irritable, tensed, feeling angry and harsh at people and wanting to be alone.

'I shout at my husband and children at slightest provocation quite unlike me and I kept blaming myself for making everyone around me uncomfortable by my irritable mood' (Participant #C, civil servant, 53years).

Majority unanimously reported that they have had falls as severe as falling into gutter or while walking and such falls can be shameful if it occurred in public places.

'I can be walking and any slightest missing of step; I will see myself on the ground. I even fell this morning before coming here; all that I knew

was that I saw myself on the ground' (Participant #G, trader, 64years).

Cognitive challenges

The most reported cognitive problems were forgetfulness, memory loss, and lack of concentration. *I lost two thousand naira (₦ 2000) recently because I was trying to keep it safe and couldn't remember where I kept the money later' (Participant #I, civil servant, 58 years).*

'I can finish clerking a client, after a while, I will start asking the person the same questions all over again, which is usually embarrassing but I will try to ask it in a jovial way so that they will not be offended' (Participant #H, TBA, 57years)

Sexual torture
Sexual difficulties that were reported in the study were loss of libido, painful sex, vaginal dryness, irritation and burning sensation.

'I don't have appetite or desire for that thing, the desire just disappeared' (Participant #A, trader, 52years).

'I hated sex with passion and avoided intimacy with my husband as if he committed any offense' (Participant #C, civil servant, 53years).

"Any food you are eating closing your eyes is not good food. My bladder and inside my vagina is so painful and feel hot, if possible everyone should stay on their own' (Participant #F, Seamstress, 47years).

Urinary distress

Participants also reported inability to hold urine, spilling urine on the legs before reaching the toilet and frequent urinary tract infections.

'I can't hold urine anymore and if I don't hurry immediately, then I will dribble the urine all over my body before reaching the toilet' (Participant #G, trader, 64years).

Theme 3: Self-care/coping strategies

The participants reported diverse actions they employed to relieve distressful menopause symptoms. The actions were grouped according to the sub categories of distressful symptoms as follows:

Self-care for Physical symptoms

The main coping strategies to alleviate hot flushes included wearing singlet, sleeveless blouses, taking bath several times in a given day with cold water. Taking cold yoghurt or water also relieved hot flushes.

'I was advised to bath with cold water instead of hot water and take cold yoghurt to manage hotness of body, but I'm finding it difficult with all these cold things' (Participant #F, Seamstress, 47years).

Self-care actions employed for joint pains and muscle stiffness were stretching the joints and then dipping into hot water, massaging the whole body with hot water and hot balm afterwards.

'Sometimes my fingers are heavy and the joints will feel as if heavy stones are tied to them that I cannot bend them even after stretching them; I usually dip them in hot water to get relief and massage them with balm' (Participant #A, trader, 52years).

Self-care for psychosocial issues

Calling an older friend to ask questions, praying for God's help and going to hospital to seek for help were the major actions taken to handle psychosocial issues associated with menopause.

'And your partner does not understand at all; he would say that you are wicked, starving him of sex and start being harsh to you but I visited an older member of our neighborhood and a nurse who explained everything to me' (Participant #F, Seamstress, 47years).

Self-care for memory loss, forgetfulness and lack of concentration

Participants reported the use of reminders such as keeping records with exercise book and asking for support from husbands and children.

'I even bought exercise book to keep record of money my patients give me if not I will start asking them to pay twice' (Participant #H, TBA, 57years)

Self-care for sexual and urinary difficulties

The main coping strategies reported were avoiding intimacy with husband, keeping legs apart and fanning to handle vaginal burning /irritation, and use of pi bucket at night. Nothing was done about urinary incontinence but health care workers were sometimes consulted for painful urination.

'I keep my legs apart and fan my vulva as it feels as if pepper is added to my vagina' (Participant #F, Seamstress, 47years).

Medication use

A majority of the participants reported using over-the-counter drugs to handle joint pain and laxatives for abdominal bloating. Only two of the participants reported that they got a prescription from doctors but did not know the names of the drugs. There was no report of use of Hormone therapy (HT).

'I bought drugs from chemist especially pain drugs for the night so that I can get up in the morning if not the pain will crush my whole body' (Participant #E, trader, 61years).

'I visit a shop owned by a nurse to buy pain drugs that I drink morning and night; I carry my pain drugs about and dare not allow it to finish' (Participant #N, trader, 53years).

Theme 4: Desired Anticipatory Information Needs

Participants reported receiving information during women conferences though the information was inadequate, others did not receive any information while others talked with health workers and friends when symptoms had already become distressing. They desired structured education and information sharing before menopause.

'Let health workers organize and teach women what to expect and what to do to manage menopause when it comes so that one can relax' (Participant #B, trader, 56years).

'If possible let there be teaching for women on what to expect especially before they start experiencing it; it was what the nurse told me that relieved me, what you don't know is bigger than you' (Participant #F, Seamstress, 47years).

Discussion

Participants perceived menopause as the beginning of getting old with freedom from monthly wetness and messy blood stains on clothes and fear of pregnancy. Similarly, women in Muchanga *et al* [2] expressed a positive attitude towards the onset of menopause, 23.0% of women in Ibadan, Western Nigeria looked forward to a welcome relief from menses [3] while Alan *et al*, [18] reported of a respondent saying 'I felt relieved; I got rid of carrying pads'. Menopause ushers women into a new level of self-discovery, self-actualization, mentoring younger women and making input in community development though on the contrary, 54.1% of women in [19] held negative attitudes towards menopause transition due to the resultant distressing symptoms.

Most distressing symptoms in this study were muscle/joint stiffness and pains, forgetfulness/memory loss, incontinence of urine and sexual difficulties. Though menopause is a natural process of aging but studies within and outside Nigeria noted that physical and psychological changes resulted to distressing symptoms that hamper well-being and

reduce quality of life of midlife women [20-23; 10]. Participants reported that severe changes and distress during these periods led to negative impacts such as disrupted night sleep caused by hot flushes resulting to day time sleepiness, irritability that disrupted their family and social relationships. The joint pain was reported to be severe enough to hamper activities of daily living and mobility which invariably can account for the depressive mood, crying spells and being harsh to people. Vaginal dryness and loss of libido led to avoidance of intimacy with spouse which was reported to bring strain in relationship and family unhappiness.

Similarly, some studies in Nigeria noted that hot flushes and sweating occurred in 60% and 47% of women respectively while 74% had joint and body pains and 47.1% had vulval pruritus [24; 25]. Approximately 60% of midlife women in El Khoudary *et al* [10] reported problems with memory, 80% reported vasomotor symptoms and vaginal dryness that increased from about 19% in pre- and early perimenopause to 34% in postmenopause women that impacted negatively on quality of life.

The similarities and differences in the experience of symptoms showed that it varies from women to women worldwide which can be mediated by diverse socio-cultural and demographic factors.

The self-care actions were more of sporadic trial and error which may be because there is no published structured model or framework that specifically addresses this need. Coping strategies employed in this study were using non prescription over-the-counter (OTC) drugs especially for joint pains, massaging with balms and hot water, engaging in stretching exercises, engaging in hot flush-alleviating strategies, avoiding intimacy with partners and meditation among other methods. The finding is similar to report by Jack-Ideh *et al* [26] where women in a rural community in Niger Delta Nigeria used cold baths n=101(84.2%), wearing of light clothing n=87 (72.5%) for alleviating hot flushes and the use of a spiritual remedy such as prayer n=118 (98.3%). Aerobic and walking exercises were similarly reported by studies to be effective in improvement of vasomotor, mental, social, physical and sexual symptoms [27; 8] of which women in the present study only did stretching exercise and trekking to markets and farm.

Participants desired structured education and information sharing before menopause. Studies have shown that good knowledge affects attitude and practice of health promoting behaviours that relieve menopausal symptom [28-32] Because women spend

approximately a third of their lives after menopause, it is imperative to educate them on the challenges ahead and appropriate self-care actions to improve their quality of life [1-2; 33-34].

Limitations of the study

The study was done among a selected rural Ibo women and this may make it difficult to generalize the findings to represent the experiences of urban dwellers and other rural dwellers from other cultural context. Further studies are therefore suggested to widen the insight.

Recommendations

1. Structured education and information framework/model should be designed by healthcare givers especially those that attend to midlife women.
2. Wellness clinic where women should be taught health promotion activities that should enhance their wellbeing and quality of life during the menopausal stage.
3. Menopausal women should be encouraged to form social groups for support and sharing experiences
4. In order to improve the quality of life of this group of women, support should be given by the spouses, community and government through providing improved living conditions, financial support and provision for recreation and leisure.

Conclusion

The selected rural Ibo women in this study had positive attitude towards menopause but distressful symptoms impacted negatively on their quality of life. Coping strategies were sporadic and based on trial and error except for those that sought medical help. Need for information sharing to educate women on menopause issues at the premenopausal stage and development of health promotion group training to alleviate symptoms especially for rural dwellers is therefore imperative.

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