

**Socio demographic Determinants of Women's Adjustment to Midlife Crisis in Selected
Local Government Areas in Oyo State, Nigeria**

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Certification

This thesis entitled “**Sociodemographic Determinants of Women's Adjustment to Midlife Crisis in some selected Local Government areas in Oyo state, Southwest, Nigeria**” was carried out by **Gbadamosi, Oluseyi Folakemi** with Matric Number **LCU/PG/001271** in the Department of Sociology, Faculty of Management and Social Sciences, Lead City University, Ibadan, Oyo State Nigeria.

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Dedication

This project is dedicated to God Almighty and the memory of my departed mother, Mrs Abimbola Oladele.

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I am grateful to God Almighty for the gift of life and the grace to pursue and complete this project. To Him alone be the glory, honour and adoration. I want to appreciate the management of Lead City University for the opportunity given me to achieve this goal. I am also highly indebted to a number of people who in one way or the other have contributed to the successful completion of this work. First and foremost, my profound and sincere gratitude goes to my supervisor, Dr. J. Adebuseyi and to the amiable Lecturers in the Department of Psychology, Sociology and Criminology; Prof A.I Odebiyi, Dr. O. Mayungbo, Dr. R. Akingbade, Dr. J. Ayodele, Dr. A. Ojo, Dr. O. Falase, Dr. N. Eleje, Dr. B. Adesanya and Mr. L. Morakinyo who despite their tight schedules gave this work a critical and adequate attention. I am indeed grateful to you all. Worthy of note is the unflinching support of Prof. O. Campbell, Dean, Faculty of Management and Social Sciences, Lead City University from inception of this project till completion. I say a very big thank you. Mrs. B. Elaturoti of Library Department, Lead City University, I appreciate you. My research assistants, Mr. Fola Idowu and Mrs. Busola Osin as well as my colleague, Mr. Enoch Danbaba, thanks for your input. To my friends, Prof. B. Otegbayo and Dr F. Kolude, I am very grateful. I appreciate my wonderful and amazing parents; my father, Mr. L. Oladele for his words of encouragement/prayers and my mother, Mrs. A. Oladele of blessed memory, who passed-on a week into the commencement of this Programme. My profound gratitude goes to my lovely siblings, Dr. T. Oladele, Mrs. B. Adeyemi, Mrs. S. Ajayi, Arch. D. Oladele and Dr. K. Yusuf for their unending support. I really appreciate my dear husband, Dr. D. Gbadamosi and my wonderful children, Ifedolapo, Engr. Abiodun and Oluwadamilare for their understanding and cooperation throughout the course of this work. God bless you all.

“Even though the above mentioned institutions and persons have assisted in the process of this research work, I alone stand responsible for the errors, if any, found in the work”

Abstract

The main objective of this study was to examine the factors that influenced the adjustment of women in some selected local government areas of Oyo state, Southwest, Nigeria during their midlife crisis. Also, it described the sociodemographic factors and support systems in dealing with psychosocial issues associated with midlife crisis. This study was anchored on Erikson's Psychosocial Theory and Levinson's Stage-crisis view. Cross sectional research design was adopted while multistage and purposive sampling techniques were used to select the local governments and the participants for the study. Data were collected using structured questionnaire divided into sections, administered to One hundred and sixty-five (165) women. Hypotheses were tested using descriptive statistics and One-way ANOVA. Findings revealed that onset of midlife crisis among women was significant. Specifically, the experience is significant among women aged 45 to 54 at 55.76%. Income status has significant impact among the women during midlife crisis [$F(4,160) = 21.726, p < .01$]. Participants with higher income (above #200,000) adjusted better. Participant who received support system from immediate family significantly adjusted better than those who received support from other support systems $F(3,161) = 12.417, p < .01$. This study was able to establish that age of onset, higher regular income and adequate system of support from the immediate family were significant factors towards adjustment during midlife crisis among women in Oyo state, south west Nigeria. This study recommended that women experiencing mid-life crisis should be offered adequate systems of support.

Keywords: Women, Local Government, Southwest, Midlife Crisis, Sociodemographic Factors, and Support Systems.

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Multiple comparisons showing a least significant difference (LSD)
of adjustment to midlife crisis across social support

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List of Acronyms

Abbreviation	Meaning	Page
CDC	US Centre for Disease Control and Prevention	4
NCRB	National Crime Records Bureau – India	5
NGO	Non- Governmental Organization	8
SES	Social Economic Status	22
MIDUS	Midlife in the United State	37
AARP	American Association of Retired Persons	38
ENS	Empty Nest Syndrome	42
HRT	Hormone Replacement Therapy	45
PMS	Premenstrual Syndrome	51
SWAN	Study of Women’s Health Across Nations	71

Chapter One

Introduction

1.1 Background to the Study

A midlife crisis is described as a period of self-doubting in the life of persons usually within the age of forty-five to sixty-five years¹. This stage in the life of an individual is referred to as a psychological crisis. Common occurrence during this period of psychological crisis are the process of ageing on one hand and events such as unexpected mortality of parent(s), child or loved ones, and loss of self-esteem on the other hand. Consequently, any of these events may result to feelings within individuals of intense depression, remorse, and high levels of anxiety, or the desire to achieve youthfulness or make drastic changes to their current lifestyle or feel the wish to change past decisions and events¹. The term 'Midlife Crisis' was coined by Elliott Jaques in 1965². An individual going through midlife crisis is found to exhibit some of the following signs, exhaustion, self-doubting, low self-esteem, anger, frustration, day dreaming, loneliness, excessive cravings for material possession and affair with the opposite sex².

Most people glide through the phase without making major life changes, but for others it is more complicated. It could bring about emotional stress that could lead to psychosocial issues and the need for psychotherapy. Both genders experience Midlife Crisis. Midlife crises last about three to ten years in men and two to five years among women. Apart from age-related challenges during midlife, other issues associated with job, spousal relationships, grown children as well as aging or death of parents can also trigger the onset of midlife crisis. It affects male and female differently since their experience of stressor differs.

For men, midlife crisis is mostly triggered by work related issues. Whereas, experience of midlife crisis in women may be caused by self-assessment of their functions as caregivers and women leaders in their communities³. Men during their middle age experience more stressful work environment and work stress⁴. Notwithstanding, it is uncommon for men to deal with their mental stress or psychological symptoms. Also, men seldom seek help from their family or friends and it is believed that this may have its origins in middle childhood socialization process. Notably, socialization of males frowns against expression of their emotions. It is considered as time wasting or strange occurrence when males display their emotions openly.

The intensity in experience of midlife crisis may vary from one individual to another. Whereas, some individuals adapt to changes accompanying middle age such as physical, sexual and professional changes, others do not adjust in the same manner. On the whole, adjustment to changes by people during middle age results in complete wellness. When people fail to adjust, it has negative consequence on their mental health⁵. Poor adjustment could also result to a crisis among family members⁶. A study found that the level of stress is proportional to the impact on experience of midlife crisis. Therefore, midlife crisis can vary in intensity from person to person because of the adjustment capabilities of the individuals following the situations that they experience⁷.

A research also concluded that each decade of life is characterized by describing frequent occurrences or situations peculiar to those age periods⁸. It was observed that a crisis can begin in a person's early 20s, when they usually try to map out their whole life, and that the later age period, between 50 and 60, may be a time of

illness or even the thought of death. Such a deadline may convince a middle-aged person that his or her life needs to be lived as expected⁸. However, midlife crisis is a controversial issue. While some people believe in it, others think it is a myth. For people experiencing a midlife crisis, the experience is very real. It is stressful for some people while for others it could mean a smooth transition. For those who experience stressful episode, they were among the people who believe that a lot of time has passed and that mortality is inevitable. Such persons view physical decline as a negative event and become stressed seeing that they are below their expectation in life course. This stressful situation may bring about feelings of grief and signs of depression within an individual.

Those who differ on the concept of midlife crisis believe that midlife crisis is common among individuals with certain tendencies on self-doubting and distinct personality traits. Also, they believe that some people during middle age, usually between forty to sixty years are healthy, emotionally stable and comfortable financially. Notwithstanding the foregoing, some people experience stress despite the fact that it is a transition period⁹. Midlife for women is a phase in their life course that brings about some sort of psychosocial changes. Although stressful, some studies reveal that women at this stage exhibit tendency towards drastic reduction in stress perception but rather engage in optimistic attitude. In the present era, certain adjustments and difficulties are linked to challenges in the middle age. Some of them are tough for both males and females, while others are comparatively harder for women. Middle age duties stem from alterations inside the body, environmental stress, and mostly, demands or responsibilities overwhelmed upon individuals as a result of their obligations and aspirations. A detailed review of adults' challenges in midlife included the death of parents &

encountering subsequent sadness. Encouraging children to progress into adulthood, trying to adjust without children at home and accommodating adult children who return home to live also are not without their attendant consequences during midlife.

Midlife crisis could be cumbersome for men because they find it difficult to renege on their usual roles. This may suggest why the period of midlife crisis for men is between three to ten years. On the other hand, experiences of midlife crisis among women occur usually during their phase of transition through the life course. For women, stressful relationship and hormonal change are key factors towards their experience of midlife crisis. Menopause for women can be overwhelming. During this phase, an imbalance in estrogen and progesterone level is usually accompanied with physiological changes. These physiological changes result in sleep disruption, mood swing and low libido¹⁰. At this stage, women are known to become broody. They become pensive at their tangential roles as mothers, care-givers and community leaders. Bereavements and career swap for women can also contribute to such feelings¹¹.

Following from above is the assertion that Midlife is the period of handling transitions and challenges, and the inability to cope up with these changes can lead to a “crisis” situation, generally known as a midlife crisis. The available data given by the U.S. Center for Disease Control and Prevention (CDC) reveal that suicide rates have increased by 50 percent from 2000 to 2016 among females, while in males; suicidal rates have increased by 21 percent over within the same period. Also, within the years, 2000 and 2016, females between the age of 45-64 years of age have a high rate of suicide¹². The CDC report in 2016 stated that the

rate of suicide committed by women aged 45-64 years in 2014 rose to 63 percent when compared with the figure for the year 1999. Again, in every age group, the study found that the rate at which women commit suicide is growing faster than men, the largest being middle-aged women and this is worrisome. In another publication, the CDC reported that in 2014, women between the ages of 40-59 have the highest depression rate¹³. Furthermore, in India, National Crime Records Bureau (NCRB) reported an average of 381 suicide deaths per day in 2019, resulting in a total of 139,123 deaths during the year. Suicide rates was reported to be highest among women aged 40-49 years and men over 60 years of age¹⁴. It was observed that the most common causes of stress in middle-age suicide are criminal/judicial issues prevalent in men in adapted analyses, while health and family issues were more prevalent among women¹⁵.

1.2 Statement of the Problem

At this juncture, it is apt to state that, unforeseen and drastic changes encountered by an individual during midlife are termed a midlife crisis. Consequently, this event, when not handled properly could result to psychosocial issues/ depression or suicide for certain people. Additionally, it was observed that studies carried on midlife crisis focused mainly on the areas that triggered the onset of the crisis in midlife women. Some of these triggers include, Hormonal changes associated with menopause, bereavement, empty nests, marital adjustment and health issues in the western nations while in African countries limited research have been carried out, even on these triggers. In Nigeria, the study carried out was on counselling the women to embrace positive attitude and shun behavior that could negatively affect their productivity in the day to day running of the economy of a

nation. While it is very important to study the risk factors that seem to trigger the onset of midlife crisis, very little research have been done on factors that enabled women to adjust within the period in which the crisis lasted. This becomes necessary because occurrence of midlife crisis is just a phase in a life time. It has been mentioned above that midlife crisis in women lasts for between two to five years.

Even with the study carried out on the three ethnic groups in Southeast Asia, most of the socio-demographic determinants that enabled women to cope during their midlife crisis were not explored. Again other researchers have focused mainly on the triggers of midlife crisis and the attendant consequence as it were but this study intends to go beyond and fill a gap. This research will be looking at the coping mechanism and adjustment strategies adopted by women in other culture apart from the western world, with specific reference to some of the socio-demographic parameters as they affect a sample of women in Oyo State, Southwest of Nigeria.

1.3 Aim and Objectives of the Study

Main objective of this research is to examine factors that influenced adjustment capabilities of women in Oyo State, during their midlife crisis. Furthermore, this study's aim is to describe the socio-demographic factors and support systems responsible for their transition through this phase without succumbing to negative consequences of psychosocial issues and other fatalities such as suicide. This research therefore looked at the specific objectives which are to:

- i. establish the period of onset of midlife crisis in women.

- ii. examine the influence of income status of women as they affect their adjustment during Midlife crisis.
- iii. appraise the effect of religion affiliations on adjustment of women during their midlife crisis.
- iv. assess the influence of support system(s) on adjustment of women during their midlife crisis.

1.4 Research Questions

The under listed research questions were raised so that the study could be anchored upon it.

- i. What is the age of women at the onset of midlife crisis?
- ii. What is the effect of income status on women' adjustment to midlife crisis?
- iii. What is the influence of religious affiliations on women's adjustment to midlife crisis?
- iv. What is the influence of support systems on women's adjustment during their midlife crisis?

1.5 Hypotheses

Based on the variables of this study, these alternate hypotheses were formulated for the research work.

H_{a1}: Age of women will significantly influence onset of Midlife crisis.

H_{a2}: Income will have a significant influence on women's adjustment to midlife crisis.

H_{a3}: Religious affiliations will have significant influence on adjustment of women during their midlife crisis.

H_{a4}: Support systems will significantly influence adjustment of women during their midlife crisis.

1.6 Significance of the Study

This shall be an additional scholarly material that would contribute to data on age of women at the onset of midlife crisis. It would also contribute to data on sociodemographic variables that influenced women's adjustment. Furthermore, it would highlight the aspect of support systems that enabled women in Oyo State to adjust during their midlife crisis as different from other cultures in the western societies. This is important because midlife crisis experience could be regional, cultural and ethnic in nature. It would also assist government in formulation of policies that would address the psychosocial issues among women. The findings of this study would also enable federal government to establish agencies and support systems that would take care of specific needs of women close to their communities and local government areas. This will complement the existing ones at the federal level where they are available.

Furthermore, the data gathered would inform the need for government at state level to budget for intervention fund and make infrastructure available for religious organizations and non-governmental organizations (NGOs) saddled with the responsibilities of taking care of psychosocial issues of these women in the area of counselling and provision of support system as appropriate. Also, for women, through this study, they would no longer suffer from avoidable psychosocial issues and mental health issues because they would maximize the

provision of psychosocial support systems available within their localities. Thereby, they would feel free to talk to health practitioners and therapists during their midlife crisis.

1.7 Scope of the Study

This study investigated midlife women who were resident in Oyo State. Women aged 45 to 65 years with diverse educational and socio-economic backgrounds were recruited for the study from eight (8) local government areas within Oyo state. They are; Category A: Urban – Ibadan North (Agodi Gate), Ibadan North-East (Iwo Road), Ibadan North-West (Dugbe/Onireke), Ibadan South-West (Ring Road) and Category B: Ibadan Less City – Akinyele (Moniya), Egbeda (olodo), Lagelu (Iyana Offa) and Ido (Ido, Apete) local government areas.

1.8 Limitations of the Study

The outbreak of pandemic of COVID 19 which brought the whole world to a standstill and its attendant consequences on restriction of movement and gathering of people affected data gathering. The researcher also encountered the following constraints in the course of this work, data constraint, financial constraint, limited information due to the type of research work, time constraint and retrieval of questionnaires from the participants coupled with uncooperative attitudes of some of the participants.

1.9 Operational Definition of Terms

For the purpose of this study, the following definitions will be adopted.

Women: These are women, single/married/divorced/separated/widowed who are within the age bracket of 45 to 65years.

Midlife/Middle age: the central period of a person's life between around 45 and 65 years old.

Midlife crisis: Experience of middle-aged women who exhibit signs such as; feeling unfulfilled in life, intense feeling of nostalgia, chronic reminiscence about the past, feeling of boredom and emptiness and meaninglessness, dramatic changes in behavior or appearance, marital infidelity or constant thought about infidelity, negative attitude about the future and a feeling of loss.

Demographic Variables: These are; age, educational status, income status and religious affiliation.

Support System: A network of people who provide an individual with practical and emotional support.

Immediate Family: Father, Mother, Husband, Wife, Son, Daughter, Sisters, Brothers and other civil unions recognized by law.

Significant Others: Peers, Colleagues and Friends.

Endnotes

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Chapter Two

Literature Review

2.1 Conceptual Review

Conceptualization in the context of this study refers to both clarification and the exploration of key concepts. The purpose of this study is to explore mid-life crisis in women and the effect of some socio-demographic variables as they influence their adjustment during mid-life crisis.

2.1.1 Some Definitions of Age

Age means the time of the existence of an individual from the point of birth to a particular period in question¹. Also, other dictionary definition of age states that it is a phase in human existence that is determined by duration of years from birth. Again age is described by a specific land mark in terms of mental and physical attainments with legal connotation². The conceptualization of age is used to explain the period of existence of an individual from birth within an instance in time. Additionally, age is termed as measurement of time that has gone past since the inception of birth to a specified time, usually, for data collection purposes.

2.1.1.1 Difference between Chronological Age and Biological Age

Human beings have 2 kinds of ages termed chronological age and biological age. Chronological age is used to describe the exact duration of time an individual has being in existence. Chronological age which is measured by duration of days, months, or years an individual has existed is constant. Chronological age is rarely affected by circumstances surrounding a person's indulgent on balanced living.

On the other hand, biological age is used to depict the likelihood of the age of an individual. Biological age is also known as physical/physiological age. The determining factors for biological age include nutrition, life style, habits in terms of hygiene, recreation and sleep among others. The rate at which an individual age is outside his/her control because it is mostly the function of his/her genetic components. Apart from the genetic components, studies reveal that aging is also influenced by extrinsic factors such as stress, smoking, diet, trauma and loss. Human beings age differently. The rate of aging varies from one person to another. While some age very quickly, others experience gradual aging. The main difference between chronological age and biological age as highlighted by some gerontologists is that chronological age is titled towards numerical age without recourse to the extrinsic factors of aging that is reflected in biological age³. Apart from chronological age and biological age, individuals age differently. Hence we have biological aging, social aging and psychological aging. Nowadays, as a result of technological innovations, environmental conditions, good nutrition, educational advancement, human beings tend to live longer. As such, it is not uncommon to see people in their eighties and even nineties around. However, length of years is not a guarantee for a worthwhile living. While some people are healthy and less dependent, others may be nursing one ailment or the other. Again some older adults are active in community service, whereas others may not be visible within their communities.

2.1.1.2 Aging

Aging basically occurs in four dimensions. They are chronological aging, biological aging, psychological aging and social aging. Chronological aging refers

to the period of time an individual has existed from the point of birth⁴. A person who is sixty-five years old is chronologically older than another person who is fifty-five years old. The foregoing notwithstanding, biological, psychological, or social age do not follow in that order. For biological aging, an individual begins to experience gradual loss of cell and the immune systems become compromised. In severe cases, organ failure may occur as a result of dysfunctional tissues and body's coping systems. Therefore, biological aging slows down the body's metabolic process. Biological aging is synonymous with physical aging.

For social aging, relationships and roles do not remain the same as people age. Usually, individuals take up new roles and responsibilities as they advance in age. For some, they become parents/grandparents, retiree/old citizen and community leader. Each role comes with societal expectations because the social age is defined within the context of the society. Therefore, it may seem odd for a woman in her 60s to put on an attire of a 16-year-old within some communities or among the society. Furthermore, older people are seldom expected to be found in roles viewed as exclusive reserve for young people within the context of social age.

Psychological aging deals more with intellectual capacity. This involves aging process that could affect individual's memory, personality, coping skills, intelligence and learning. Generally, as people age they tend to need a longer time to respond to issues or things. It may be safe to link such impairment to a function of their sense of hearing or sight. Again, it may be as a result of noise pollution within their environment, ill-health, stress or depression. Psychological aging is noticeable when adults retire from work and suffer empty nest syndrome. Often times adults' physical activities decline and they depend on others to live

meaningful life. Older adults are targets of abuse because they are frail looking and may experience loneliness due to loss of their close associates.

2.1.2 Education and its Importance

Education means a shift or change in a person's conduct of life. It also connotes the upgrading of someone's ability to make a choice out of available option. Education equips an individual with the capacity to make choice in any situation he/she is confronted with. Education is not designed to meet economic investment purposes only, it transverse across every aspect of human endeavor. Education is also seen as a fulcrum upon which the leading of a meaningful life rests upon. The aim of education is to empower both young and old to become active participants in the transformation of their communities and societies at large. One of the important roles of education is to enable people to solve problems in the society. Hence, it is observed that the ever growing population seems not satisfied with their basic educational attainment. Therefore, most people strive to get secondary or tertiary education in order to be relevant in the society. A lot of resources, in form of time, finances and sometimes health is deployed by individuals to acquire higher educational qualification. This becomes necessary because people have realized that educational attainment is viewed as a passport for their living a fulfilling life in future⁵.

Educational Attainment

Educational attainment refers to the highest level of education that an individual has completed. This is distinct from the level of schooling that an individual is attending. Educational attainment is also referred to as the peak in terms of educational achievement of an individual.

2.1.3 Support System

A support system is referred to as a group of people who offer care, support and respect to persons in times of need. Usually, these individuals are within the sphere of influence of those people in need. A support system may include friends, neighbor, family members and colleagues at work. They are within reach and sometimes residents of same community. They are individuals a person has a cordial relationship with. They affirm their support and unalloyed loyalty to enable people achieve their goals. Support systems improve the overall well-being of an individual. However, it takes deliberate effort to build a network of support system. Building such network with workmate, friends and other associates has direct impact; positively/negatively on happiness and sense of belonging of an individual. Also, the network of friends has significant influence on the person's self-esteem. It affords the individual a coping mechanism during turbulent periods of midlife life⁶.

Importance of Support System

Seasons of life come with its responsibilities and roles. Therefore, during adulthood, work, marriages and parenting and other relationships may grow dim. During this period, an individual may not have regular contact with the people he/she grew up with. Nowadays, many people have jobs that isolate them. For example, working remotely has tremendous impact on being isolated. Also aging brings about many changes in the life of an individual including self-care. During adulthood, self-care becomes less frequent than youthful days. Activities such as physical, emotional, psychological tasks take a back stage. At this stage, a healthy support system becomes imperative. This would enable the aged to cope with the

aforementioned activities. With vibrant support system, issues of isolation and loneliness seldom occur. Often, a strong support system influences social connection and promotes feelings of well-being.

For most adults, isolation has been a contributory factor in the issues of depression. Specifically, for many people with crisis such as mental health issues, they recover when surrounded by good support system. The support system which composed of friends, religious leaders, families and other associates facilitates speedy recovery during crisis. However, feeling comfortable to express and relate what individual are passing through to the support system is very important. This is helpful when such support system is respected, reliable and trusted by the person in need of assistance. Also, research reveals that mental health of older adults; mostly women have been affected positively by enabling social support system. It is reported that during crisis, when surrounded by people trusted, the individual, will go a long way to manage daily challenges and more so during period of crisis⁷.

2.1.4 Income of Women

Income in simple terms is referred to as money received especially on a regular basis for work or through investment. Wikipedia definition refers to income as the amount of money, property and other transfer values received over a particular period of time by individuals or entities. Income also refers to compensation for services rendered, payment for products or items, returns on investments, pension distributions, gifts and countless other transfer of value⁸. There are different types of income. Income can be in form of wages, salary, commission, interest, investments, gifts, allowances, government payments among others. The

contribution of women towards ensuring better welfare for their family members cannot be overemphasized. Therefore, women play significant role in the well-being of their households through various income generating activities. These activities have been found to contribute in no small way to economic development of a nation. Women have been referred to as the world's highest unexplored natural resources. Also, women, specifically known for their economic potentials may not be adequately rewarded.

The foregoing is sequel to the fact that the method of income generating activity of women may not be visible as a form of economically active employment in the context of national account systems⁹. However, their contribution to the well-being of their household is of great importance. Also, women who lived in the rural area are more likely to be affected by poverty when compared with the women in the urban area⁹. For women who participate in income generating activities, they have better opportunities of being visible within their communities. They also perceive and see themselves as productive human beings. They are confident of their achievements and are more organized. Although income generating activities of women may be relatively small, it goes a long way towards sustenance of their family members. Income realized through such activities are usually deployed to provision of clothing, payment of fees, payment of medical bills and other household items⁹. Furthermore, when women participate in income generating activities, it is usually around their home. They engage in different activities but all are similar in nature. Majority of these income generating activities are within the traditional setting. Such activities are labour intensive and they require low capital. Therefore, income realized is also very limited. For example, a cross regional research conducted in Zimbabwe

among women in informal sector reveal that almost sixty-four percent of women have their businesses sited around their residence.⁹ Moreover, women seem to prefer siting their business places close to their homes because of their conflicting roles as mothers and care-givers. Some reasons adduced to impact of women's role in income- generating activities include a boost in their morale and self-esteem. In addition, they are also exposed to new ideas and innovations that could advance their knowledge¹⁰.

Income and Support Systems during Midlife

During midlife, low social economic status (SES) is linked to increased limited social resources, poor nutrition. Furthermore, vision impairment and a host of other health challenges have been associated with low social economic status. Above factors were said to have a significant effect on symptoms of depression among middle aged individuals. Some studies were conducted on older persons to examine how some measures of sociodemographic factors influenced their social economic status. The sociodemographic factors considered were educational attainment, occupation and income. Also, the effect of perceived emotional support was reported to have a significant effect on symptoms of depression among older persons. For older women, the impact was severe. Moreover, it is observed that when people receive adequate support system, it results in their overall psychological and emotional well-being. Support of friends and family tend to influence adjustment of individuals during challenges. With adequate support system, individuals exhibit less of depressive symptoms¹¹. The industrialization of Taiwan in the 1960s, with an increase in women's educational attainment, transformed the labor market with large numbers of women working

in factories. This social change disproportionately influenced women in different socioeconomic strata. The risk clustering model hypothesizes that women in lower SES are more deprived of social resources than those in higher SES, which may in turn make them more vulnerable to develop emotional distress in their later years. Surprisingly, scant research has taken a life-course perspective, in particular the risk clustering model, to explore the longitudinal impact of SES as well as perceived social support on depressive symptoms in older women¹².

Midlife crisis is a common occurrence in both men and women but it affects them differently. What brings about midlife crisis in men is not the same as that of women. During midlife, women experience changes in their life during post-menopausal period. The cessation of monthly period with the experience of hot flashes, and a number of illnesses are usually reported. A recent study reported that 1 in 5 women also experience mood alterations, and feel depressed during menopause. Lacks of interest in sexual activities are also common. For men, they become addicted to smoking and drinking, cravings for young girls is noticeable during their midlife crisis¹³.

2.1.5 Midlife

Midlife mostly referred to as the afternoon of life is a term used to depict a person's prime of life. Midlife has been the focus of study by many scholars. In particular, scholars of life span have come up with findings of events that occur during midlife. Some research findings also support the fact that some pertinent issues during midlife are not the same for everyone. The demands of midlife are different when compared with earlier age periods. The challenges of midlife could be overwhelming and may require adjustment in order to navigate life through

this season. Also, midlife plays a pivotal role in preparing individuals for old age, often referred to as the evening of life. However, it is evident that there is continuity throughout adulthood in many areas of life. Being consistent during midlife becomes a sort of foundation preparatory to the events of old age. The issues and occurrences during the course of midlife have attracted a lot of attention because of its variability from other age groups.

Nevertheless, it is possible to characterize midlife in broad strokes given that a key set of issues and challenges emerge during the middle years. There are some commonalities in the experiences of middle-aged adults even if the specific content and ways of dealing with them are quite diverse. The nature of midlife varies as a function of such factors as gender, cohort, socioeconomic status (SES), race, ethnicity, culture, region of the country, personality, marital status, parental status, employment status, and health status¹⁴.

“Thoroughly unprepared we take the step into the afternoon of life; worse still, we take this step with the false presupposition that our truths and ideals will serve us as hitherto. But, we cannot live the afternoon of life according to the program of life’s morning. What was great in the morning will be little at evening, and what in the morning was true will at evening have become a lie”¹⁵. The observed massive increase in the population of middle-aged adults and a good knowledge about this age period have led to the identification of midlife as a segment of the lifespan worthy of study in its own right. Attempt to distinguish the seasons of midlife from other seasons of life have been somewhat fuzzy. Rather, it has further created awareness on the need to maximize every season of life. When causes of aging are identified early during adulthood, it is very likely that

individuals could defer or avoid some practices that could trigger negative consequences of early aging. Given proper adjustment, it may be possible to defer or prevent biological, psychological, and social functioning that occur in later life. Tremendous progress was made over the past decade and the middle years were referred to as the “last uncharted territory in human development. It was also observed that despite the increase in research activity on midlife, still less is known about this period than about other age periods such as infancy, childhood, adolescence, or old age. It is important to study the middle years, not only because of the large numbers of adults currently in this stage, but also because this period covers a large portion of an individual’s lifespan. This period may have been understudied for so long because of assumptions that it is a quiet period with little change, that there is too much diversity and too little regularity to capture the midlife experience, or that middle-aged subjects are difficult to obtain for research because of their busy work and family schedules¹⁶.

2.1.6 Perceptions about Midlife

Midlife to many people may connote middle of life. It may also be referred to as being in the middle of a project or career. Again, being in the middle of life may be likened to being in the middle of the term or semester at school, in the middle of the summer, in the middle of a trip or vacation, or in the middle of a book.

When in the middle, it is natural to look back to see what has come before or to evaluate what has been accomplished and to look ahead to determine what comes next or remains to be done. During midlife, an individual becomes conscious of the fact that he/she has put in a lot of resources into his/her past years. Therefore, for such individual, the amount of investment in previous years could be the

yardstick for what to expect in later years. While some individuals engage in a self-assessment of times spent in the past, others may not ponder about their past. Those who seem to pause to evaluate their past are seen to be goal oriented. Therefore, their perception about midlife is that, it is a period that calls for sober reflection about the past with a view to setting new goals for the future. They believe that the time left is shorter and smooth transition to old age may suffer setback because of emotional issues.

The emphasis in midlife may be on what remains to be done. Although those who have reached midlife are aware that time is advancing, most assume there is still a substantial, but not an infinite, amount of time left. Presumably, there is still just as much time left as has gone by. Often, with life one doesn't know the endpoint, so the timing of the middle is an estimate. Whether one thinks midlife signifies that life is half over or half is still remaining could lead to different outcomes, as optimism research suggests. This predicament of being in the middle of life may be an impetus for change but not necessarily a crisis. In midlife, as in other life periods, one must make choices, and select what to do, how to invest time and resources, and what areas to change. To the extent that one has some control over outcomes, one also may take responsibility or blame when things do not go well¹⁷. A fatal accident, loss, or illness in midlife often leads to a major restructuring of time and may lead to assessment of priorities in life. Sometimes changes are precipitated by "wake-up calls." An event of someone who became sick, developed a chronic illness, or died in middle age can trigger a new appreciation for life. Leisure time typically takes a backseat in midlife, while an increasing amount of time is spent juggling multiple roles and achieving a balance of work and family with personal interests and health needs¹⁸.

2.1.7 Subjective Age

The online Oxford English Dictionary states that the word “midlife” first appeared in Funk and Wagnall’s Standard Dictionary in 1895. It defined midlife as “the part of life between youth and old age.” The boundaries for midlife are unclear. There is no distinct demarcation. Subjective views of the midlife period show a wide age range. The most common conception is that midlife begins at 40 and ends at 60 or 65. Age 65 marks the commencement of old age period. Although most surveys report that 40 is the modal entry year while 60 is the modal exit year, however, there is tremendous variability in the expected timing of midlife. Those between ages 40 and 60 are typically considered middle-aged. Usually, a minimum of 10 years’ interval at both ends are still reckoned with as middle-age. Therefore, most people consider middle age to begin at 30 and end at 75. In a study conducted by the National Council on Aging, nearly half of the respondents ages 65 to 69 considered themselves middle-aged. In fact, one third of Americans in their seventies think of themselves as middle-aged. This pattern is similar to findings from a study of Boston-area adults. Half of the men and women between the ages of 60 and 75 considered themselves to be in middle age. As Americans live longer and remain healthier for a greater proportion of the lifespan, the upper end of midlife may be stretched further. Middle age does not necessarily signal the middle of the lifespan. In essence, it is not to be regarded as half of someone’s life span. It is not realistic to expect a 60-year old to live to 120. Rather, the upper end of the middle-age period. Therefore, it is defined as more of a sort of demarcation of when old age sets in. Many people believe the beginning of old age starts with a decline in physical health. Thus, those who are still relatively well functioning and healthy in their seventies may still consider themselves

middle aged. Research also shows that the subjective boundaries of midlife vary positively with age. Often, it is said that the older one is, the later the reported entry and exit years for the midlife period. This is tied to the notion of subjective age in which middle-aged adults typically report feeling about ten years younger than their real age in fact, feeling younger than one's age is associated with greater well-being and health.

Although midlife is a relatively long period, lasting from 20 to 40 years, it has not yet been divided into sub periods close to the young-old, old-old distinction used to describe later life. Given the expanding period of midlife, it may be useful to think about early and late midlife, as the experiences, roles, and health are likely to be largely different for those who are 30 to 40 and those who are 50 to 60 and beyond. During midlife, some events are bound to happen. The commonest being the issue of empty nest. Life events such as teenage children leaving home (the empty nest), becoming a grandparent, reaching career goals, or experiencing menopause are typically associated with becoming middle-aged. The timing of entry and exit into midlife may also be tied to social class. Those who are in lower socioeconomic status groups were found to report earlier entry and exit years for midlife. This could be related to social class differences in health status or to earlier transitions into life roles such as grandparent as well as retirement. Also, in a longitudinal study, those who said that middle age ends earlier than 60 years of age had higher risk for heart disease and other illnesses than those who expected middle age to end after age 70¹⁹.

2.1.8 Midlife Transition and Midlife Crisis

Some researchers have argued that the span of middle-age depends on the generation that is middle aged at a particular point in history. This is brought about by social and technological changes that could be observed with advances in medical science which may affect the upper limit of the middle-age stage and cohort studies that show that the shape of the life course is different depending on one's year of birth²⁰. It should also be noted in this regard that the midlife research studies done in the 1970s used subjects from the 'Silent' Generation'- parents of 'Baby Boomers' while the research conducted on middle-aged people in the late 1980s and early 1990s focused on the Baby Boomer generation - individuals born between 1945 and 1962²¹.

A major turning point in developing theory and research of midlife transition and midlife crisis was the establishment of The Research Network on Successful Midlife Development (MIDMAC) in 1990 by the John D. and Catherine T. MacArthur Foundation in the USA²². The researchers noted that there was abundant literature on early life, childhood and old age but surprisingly little attention was given to the middle years, despite middle age being the longest segment of the human lifespan. A team of 13 eminent researchers from a number of fields within social science was therefore assembled into a 'midlife network'. Substantial and significant research into midlife and midlife crisis was then undertaken²³. A national survey entitled Midlife in the United States (MIDUS), was conducted between 1995 and 1995 with the recruitment of over 7000 people across the USA to gather information and data, using a number of relevant measures. One of the major findings of the survey, in relation to midlife transition,

was that the emotional profiles of midlife adults were more influenced by context than that of young people²⁴. Beginning from age 30, a number of physical changes take place in the average person's body such as but not limited to; aerobic capacity decreases, muscle mass, bone density and muscle elasticity reduce, lung elasticity declines, the metabolism slows, body fat increases and the immune system becomes weaker. Therefore, people in their thirties will often take up running to offset the effects of aging²⁵.

No human being goes to sleep one night as a youthful adult and wake up the next morning as a middle aged individual, because there is a timing of events of life. There is always a period during which certain changes such as physiological, social and psychological take place and it is believed that the cumulative effect of these changes mark a turning point or triggering event²⁶. These events may lead to a reflective backwards look which could eventually result in the realization by the individual that he or she is either approaching or has arrived at middle age. The period during which these changes take place is termed to be the period of midlife transition. The extent to which this transition period affects the individual negatively or becomes stressful is popularly referred to as the midlife crisis. However, some scholars have questioned the concept of midlife crisis; some believe it is real while other think it is a myth²⁷. The term midlife crisis is pervasive in modern Western society and indeed much better known than the term midlife transition. Also, numerous books have been written and films made on the subject and the term has been popularized to the extent that it is an expected phenomenon by a substantial proportion of the population and over 90 percent of a sample in the USA was able to define midlife crisis²⁷.

Many authors used chronological age as a determinant of middle age and the age span often used for midlife research is between ages 35 and 60. While some authors describe middle age somewhat differently, others have argued that midlife is in effect, an elastic term encompassing the period between the ages 30 and 60 and it is viewed as a period in the life cycle, which is qualitatively different from other age cohort. Again, midlife could be better defined in terms of status in different domains rather than by chronological age because the importance of social status as a critical modifier of developmental transitions²⁸. Also, it is advanced that midlife is socially defined based upon assumptions that people have about the human life cycle, therefore it is said to be a chunk of time comprising the period following early adulthood and preceding retirement²⁹. Interestingly, some authors in discussing the issue offered a different view where they posited that middle age may be better defined by a pattern of characteristics than simply chronological age. In essence, it is said that the relationship between chronological age to social, psychological and biological age may well be the best way to study midlife in context³⁰.

Midlife Transition

The word, transition suggest that it a change or movement from one thing to another. It also depicts stages or periods in the growth of personality. Based on personality analysis of most men in Midlife, the critical transition point is said to be between the late thirties and the late forties. A period of transition into middle age seems to be an accepted and well known phenomenon hence, traditionally, the transition period to the middle years could be associated with a great deal of change which is thought to influence roles at work and in the family. These

changes relate mainly to biological, psychological and social aspects of the person's life. Midlife transition is also seen as a set of changes across a time period which is related to personal development thus becoming a midlife crisis when personal growth is thwarted³¹. Therefore, some authors have defined the midlife crisis as “a state of physical and psychological distress which results from developmental tasks being too overwhelming for a person's internal resources and social supports”³².

Crisis

Crisis is an illustrative word used in different contexts but with different explanations³³. The exact meaning of crisis in the context midlife crisis is of considerable importance and this is probably the cause of much of the marked differences of opinion between those who believe that it may be real and those who believe it is a myth. The Concise Oxford Dictionary definition of a crisis is “a time of intense difficulty or danger”. Synonyms for the word in this dictionary are: “emergency, dilemma, predicament, quandary, disaster, catastrophe and turning point”. These synonyms unfortunately add to the confusion as the words “dilemma” or “quandary” on the one hand and “catastrophe” or “disaster” on the other, would seem to describe events which differ significantly in intensity, although the same situations would be a dilemma for some but might be a perceived disaster for others. It is worthy of note that both sources do include the words “turning point” insofar as the individual is concerned.

The term midlife crisis is elastic and laypeople define it much wider than the scientific definition of crisis³⁴. Some scientific definition of a crisis as it relates to developmental or social psychology state that crisis as a situation where an

individual faces a hindrance to a life purpose or objective that is seemingly overwhelming to the individual if the normal methods of disentanglement of such a crisis were attempted which tend to result in a period of disarray or confusion. It is also described as a “personal difficulty or situation” that cripples the individual from knowingly being able to direct his or her life. With the foregoing, it is safe to state that crisis for the individual is a specific state of mind³⁵.

2.1.9 The Conception of Midlife Crisis

The concept of midlife crisis is one of the most controversial topics in the psychological study of adult people. Some authors emphasize that midlife crisis is common in middle-aged people, because every person has to confront him or herself with similar age-related difficulties³⁶. Others, however, argue that only some people experience such a crisis, and that the phenomenon does not occur frequently.

Whereas a midlife transition can be conceived as a period of reorganization of personal meanings without any signs of serious distress, a midlife crisis implies a disorganization of one’s personal meaning system following intensive changes in the self³⁷. Crisis episodes contain stressful and challenging life events, and those events are typically central to the retrospective recognition of that time as a crisis, for they may act as a symbolic turning point in the life story, and readjustment required following the event may be recalled as a key locus of change during the crisis³⁸. The literature on the epidemiology of stressful life events suggests that young adults are more likely to perceive recent life events as stressful and traumatic, and more likely to report having difficulty in adjusting to such events, relative to adults in midlife or old age. Young adults are also more likely to report

experiences of abuse or violence than their older counterparts. There is also a normative gender split in the types of events recalled as stressful or traumatic. For women, they often refer to events involving significant others and to bereavements as stressful, whereas report a greater number of overall traumatic events.

2.1.10 Midlife Crisis

A review of Western literature reveals relatively few studies regarding the nature of middle adulthood or midlife. It is stated that systematic research on midlife began only about 15 years ago. Nevertheless, despite the lack of scientific data, cultural myths and stereotypes abound³⁹.

The term “midlife crisis” was originally coined by Jaques, who, on the basis of his study of the personal experiences of artists, concluded that in midlife, people encounter a period of crisis that is triggered by the realization of their own mortality and a change in time frame from birth to end of life. The idea of a midlife crisis or midlife transition was subsequently proposed in several models on adult development. In those models, it was suggested that at midlife a person would be increasingly aware of mortality and the time left to live and, in response to such awareness, he or she would evaluate his or her life, particularly with respect to family, work, and quality of existence³⁹.

The term “mid-life crisis” is described as personal turmoil and sudden changes in personal goals and lifestyles, resulting from the realization of aging, physical declination, or entrapment in certain roles. Mid-life crises represent a complex interplay of different biological, psychological, and social factors. Also, Mid-life crises have been associated with physical aging and menopause, empty nest

syndrome or sense of loneliness once all children leave home, a time of frantic overload from juggling the multiple roles of parent and caretaker for elderly relatives, and career challenge or change⁴⁰. Again, a person experiencing mid-life or major life change will have symptoms such as boredom and exhaustions, or fear, anxiety, self-questioning and doubts leading to low self-esteem, feelings of lost identity, losing control, frustration, spending more time alone or waiting to spend most of the time out; day dreaming, loss of focus and concentration, irritability, unexpected anger and stress, alcohol, drug, food or other compulsions. Currently decreased or increased ambition, paying more attention to appearance or buying, more expensive items, contemplating or having an affair especially with someone much younger is common⁴¹.

A mid-life crisis is defined as a transition of identity and self-confidence that can occur in middle-aged individuals, typically 45 to 65 years old. The phenomenon is described as a psychological crisis brought about by events that highlight ageing process, inevitable mortality, and possibly lack of accomplishments in life. This in turn results to feelings within individuals of intense depression, remorse, and high levels of anxiety, or the desire to achieve youthfulness or make drastic changes to their current lifestyle or feel the wish to change past decisions and events⁴². The midlife, bounded by young adulthood and old age, has thus far received only limited scientific attention. Modern social scientists place the beginning of midlife at 35 or 40 years of age, to highlight the period when most adults have finished schooling, entered the workforce, and embarked into marriage with childbearing and rearing⁴³. It is also said to be a period of “life past the initial putting together”⁴⁴. Clinically this life phase coincides with the age at which chronic conditions begin to appear, an age that can vary by cultural and sociodemographic

identity. When asked themselves, adults cite midlife as beginning anywhere from 35 to 45 and ending around 55–60 years of age. For modern women 40–65 years of age, these middle years are marked by the potential for profound social and physiological changes. At middle age, households are changing, with children leaving and “boomerang” children returning. Aging parents may require more care as their health and functioning decline. Reaching middle age usually means a few major life adjustments such as; retirement, a newly empty nest, or health changes. Sometimes, it means all of the above or a slew of different changes entirely. It can also mean becoming more familiar with the signs of a mid-life crisis, either in yourself or your peers. Though the term mid-life crisis is fairly common, it’s actually only existed since the mid-1960s. "Mid-life crisis" was originally used to describe the period of life where adults tend to view the reality of their mortality. In other words, the phenomenon can be a little more complicated than how it is often portrayed. It can be more than just someone purchasing a fancy car or picking up an unexpected hobby. It is stated that, a midlife crisis, in essence, is a struggle with one’s own indeterminate age.

Mortality can become particularly salient when we people experience health issues, experience transition, hit a milestone, or lose a loved one. Also, midlife can be such a sensitive time for adults, and also a time when adults feel an impulse to achieve and create more meaning in their lives than usual. It can also be a time when adults are at a greater risk to develop mood disorders and exhibit depressive symptoms⁴⁵. Those who reached midlife without having successfully established themselves in terms of marriage and occupation were termed to be unprepared for meeting the demands of middle age. Such individuals were likely to display what became the common features of a midlife crisis like

disillusionment with life; dissatisfaction with work; a desperation to postpone mental and physical decline; detachment from family responsibilities; and infidelity with a younger, more athletic accomplice. The foregoing was seen as psychological immaturity that generated a depressive crisis around the age of 35 but was energetically masked by a manic determination to delay advancing years in individuals. The compulsive attempts, in many men and women reaching middle age, to remain young, the anxiety over health and appearance, the emergence of sexual promiscuity in order to prove youth and potency, the emptiness and lack of genuine enjoyment of life, and the frequency of religious concern, are not uncommon. They are all efforts or attempts at a race against time⁴⁶. For some time, mental health professionals have debated whether midlife crises are real because midlife crisis, as a term is not a recognized mental health diagnosis. Although most people can tell you what a midlife crisis is, one long-term study found that just 26% of Americans report having had one. Nonetheless, a prolonged period of malaise and questioning between 40 and 60 is nearly universal in both genders. Researchers have known for decades that happiness reaches a low point in midlife before rebounding as we age. Also, it is said that numerous U-shaped graphs map the peaks and valleys of personal satisfaction, with recent studies pointing out the differences between men and women⁴⁷.

The midlife crisis is a ubiquitous stereotype that is often depicted in the media and is the subject of countless jokes. The empirical evidence for a midlife crisis as a regular occurrence is weak at best, with between 10 and 20 percent of than to a particular age period. Among those who do have a crisis in midlife, about half say it involves adults reporting experiencing one⁴⁸. Of those that say they had a midlife crisis, it does not even always occur during middle adulthood. Moreover,

some adults seem to be crisis prone and have them at multiple points over the life course. Research suggests that the crisis may be tied more to a neurotic personality inner turmoil or angst associated with getting older. For the other half, it is tied to events such as divorce, job loss, or health problems, which can occur at any age period.

Although many find it amusing, there are potentially serious effects of promoting this erroneous image of a midlife crisis. It can promote a widespread assumption that the crisis is a natural, inevitable part of middle age, and such expectations can lead to a self-fulfilling prophecy. The crisis at midlife can be used as an excuse for bad behavior and as an explanation for a negative mood or a change in goals. The notion of a normative crisis may be comforting in that those who are suffering and miserable are in good company and are not personally responsible for their state. Nevertheless, it could also be misleading and result in misdiagnosis and lack of treatment for a more serious condition such as depression, fatigue, hormonal deficiencies, or disease. If the midlife crisis were indeed a common occurrence, it could wreak havoc on the lives of those younger and older who depend on the middle-aged when left unattended to.

2.1.11 Some Issues During Midlife

2.1.11.1 Emotional Issues

Emotional development is very paramount during midlife. A situation whereby individuals learn ways of managing their feelings is worth looking into. During midlife, individuals want to understand and find ways to gain insight into their feelings. Therefore, the issues of emotional development at midlife have gained prominence among researchers. Researchers have tried to explore the ways adults

negotiate the emotional terrain of the middle years, including parenting growing children and dealing with the aging and death of one's parents. With the Midlife in the United States survey (MIDUS) sample, the effect of middle-aged adults is more like that of the young than of the older adults. It is said that, older adults report more adaptive emotions, consistent with theories of emotional regulation. For positive affect, the middle-aged and young have lower mean levels than older adults. For negative affect, older adults show lower mean levels than middle-aged and younger adults. Variability in affect also showed those in midlife to be more like the young, with greater variability than the old. The relationships between affect and key explanatory variables differed by age period. Marital status and education played an important role in midlife affect. Relationship stress was also salient for middle-aged adults, whereas stress from work was more critical for the young. Physical health was an important factor involved in distress at all ages.

Studies showed that the incidence of major depression decreases with age. Differential exposure to stress rather than differential stress reactivity seems to explain the negative relationship between age and major depression. In a study on the incidence of depression in relation to status in multiple domains, findings revealed that marital separation or divorce elevated the risk of depression, although these effects were greater for men. The unemployed had higher depression than the employed and homemakers, but there were no effects of retirement or parental status on depression. There were gender differences in that for men, work and finances had the most important associations with depression, whereas for the women, health and family relationships along with work and finances all contributed to depression. The psychosocial resources, such as use of downward comparisons and secondary control strategies, at the disposal of the

midlife adult may serve as protective factors and help in the adaptation to the losses, impending developmental deadlines multiple roles, and other issues associated with midlife. There is evidence that regulation of emotions impacts significantly on adaptive functioning among middle-aged adults⁴⁹.

2.1.11.2 Social Relationships

Social relationship is defined as the connection between people that have recurring interaction. For social relationship to be meaningful, participants have to value such interactions. The importance of social relationship cannot be overemphasized because of its overall health benefits to the participants. There is consensus among Americans at midlife that one major component of wellbeing is positive relations with others, especially parents, spouse, and children. This is consistent with the conclusions from the AARP study of baby boomers in which family was reported as the most important and satisfying area in their lives. Adults of the sandwich generation, who have young children and older living parents, are not necessarily taking primary responsibility for the care of their parents. Although, those who were caring for parents said they were mostly able to cope with the dual responsibilities with some sort of pressure but not stress. In addition to psychological and physical changes, middle age often involves a restructuring of social roles and responsibilities. Midlife adults have a wide range of circumstances involving their children, determined in part by their social class, children's ages, and proximity. Some have young children still in the home, and others have grown children who live on their own or perhaps return to the home after divorce or graduation from school. Those who had children in their twenties

or early thirties will often become grandparents during the early part of their middle years.

Midlife adults also must confront changes in their relationships with their own parents; these changes are as a result of their parents failing health or even death. One of the harsh realities of middle age is captured in the statistics about the number of living parents. According to the National Survey of Families and Households, as adults enter midlife, 41% have both parents alive, while 77% leave midlife without their parents alive. Behind these figures are the emotional anguish and turmoil associated with bereavement especially of their parents. The experiences of midlife adults are complicated by the mobility of our society, in which adult children are often faced with the long-distance monitoring of parents with failing health and decreased ability to live independently, while dealing with the multiple responsibilities at home and in their place of work. In both the family and work domains, middle-aged adults occupy important position of sharing their experience and transmitting their values to the younger generation.

The middle-aged are involved with the lives of the young and the old. They are usually engaged in at least one or two, if not all of these activities; launching children and experiencing the empty nest, adjusting to having grown children return home (boomerang kids), becoming grandparents, giving or receiving financial assistance, taking care of a widowed or sick parent, or getting used to being the oldest generation in the extended family after both parents have passed away. Also, in midlife, when children become adults, parents could have a sense of how they have turned out. The outcome of children impacts parents' evaluations of their own lives and their well-being. The midlife adult is a major

provider of support. Also, middle-aged persons reap the benefits of support from relationship with others. Social relations with family, friends, and coworkers can provide a major source of satisfaction and contribute to wellbeing and health in midlife. However, such relationships could also trigger stress among middle-aged person. The absence of support or the experience of strain can wreak havoc on middle-aged adults, leading to stress and illness. The most frequent type of daily stressors found in a daily diary study was interpersonal tensions⁵⁰. There were also gender differences in that women had more stressors from other people and men had more self-focused stressors.

2.1.11.3 Empty Nest Syndrome

Empty nest is a term that describes the departure of teenage children from home. The term “empty-nest syndrome” owes its origin to the theory of role identity. It stresses the impact of children’s departure from the parental nest on the welfare of the parents. Departure of children from home undoubtedly has some negative consequences on the welfare of some parents. Empty nest theory, which was most popular in the late 50s says the loss of a very important role brings alienation and loneliness and dissatisfaction⁵¹. Research in the new millennium dealt with the experience of the empty nest in older adults who live alone and had no regular contact with their children. Older adults who are experiencing the situation of the empty nest were found to suffer from loneliness, physical and mental decline, and less life satisfaction compared to those who have regular contact with their children⁵². Social approaches agree that gender does not refer to the biological and physiological characteristics that define man and woman, but to their socially constructed roles that have been judged as essential. It is viewed as

being normal and suitable for women as mothers to be more clinging to their child than men as fathers. Men and women have a different experience of the transitional stage of the nest because of their different roles and priorities, as well as ways of coping. The risk of depression increases when the loss of the parental role coexists with the lack of other roles⁵³.

In Africa, India, Middle East, and East Asia, older parents are held in very high esteem and it is virtually considered a child's duty to see to their welfare and respect them⁵⁴. When these principles are not respected, it causes stress, sadness, or shame to the parents. In British families, the departure of children from the family is an indicator of parental success in raising children equipped to face the challenges of independent adult life⁵⁵. Again, in South-European families in Italy and Spain, the patriarchal model considers the empty nest as a loss of family heritage. For Italian mothers, they react negatively to the empty nest and feel a loss of wellness, while French mothers experience empty nest more positively by retaining less traditional maternal roles and recognizing the potential return of children to the family home. There are no published data regarding Greek families and empty nest so far however, Greek families have many common cultural characteristics with other southern European countries like Italy or Spain. Greek children for instance, may delay their departure from home or their parents experience more negative the empty nest syndrome. The Empty Nest may not always evoke negative emotions. For some individuals, it could be a series of mixed emotions with a relief towards the end of parental responsibilities coupled with excitement towards much awaited freedom. While for some it could be a feeling of guilt and concern of the children's well-being as well as worry and anxiety over rejection by the children in the future. The ENS denotes a series of

prolonged negative cum mixed emotions triggered by unexpected loss of a child that poorly affects an individual or a marital relationship.

2.1.11.4 Work

The role of work, whether one works in a full-time career, a part-time job, as a volunteer, or a homemaker, has a significant impact during the middle years. Individuals' identity is in large part defined by his or her work. The nature of work can affect individual's cognitive capacity and intellectual flexibility. In the work domain, middle-aged adults may reach their peak in position and earn high income. They also may be faced with challenges of financial burdens from rent or mortgage, child care, medical bills, home repairs, college tuition, loans to family members, or bills from nursing homes. Work progression trajectories during midlife are diverse. Some individuals have stable careers, with little mobility, while others move in and out of the labor force resulting from restricting and company policies. The impact of job related challenges depend on the age of the person or whether or not it occurs in the context of a good job market and economy. Also, middle-aged adults may experience age discrimination in some job situations, and finding a job in midlife may be difficult because pay demands of older workers are higher than those of younger workers, or technological advances may render the midlife worker's skills outdated or obsolete.

Another stage of the work cycle that often occurs in midlife is the transition to retirement⁵⁶. The pre-retirement phase occurs at different time points, and may be affected by historical variations, timing, planning, adjustment, and resources that are brought to bear on retirement decisions. For some, retirement is a welcome event, and planning can facilitate a smooth transition. Some may need to postpone

retirement when economic conditions change or unexpected circumstances arise in their work place. Middle-aged adults often report they have little time for leisure and recreation⁵⁷. Thus, retirement may be a welcome change, enabling them to have more time to explore interests and to spend quality moments with family and friends.

2.1.11.5 Health and Physical Changes

For middle-aged adults, health is generally good, and most physical changes do not cause disability or alter lifestyles, even if they do raise concerns and anxiety of getting older. Some less fortunate are faced with chronic illnesses, disease, or health problems that limit their activities and mobility. Study shows that only 7% of those in their early forties report having a disability. Also, the numbers of men and women with some form of disability more than doubles by the early fifties (16%), and by the early sixties, 30% have a disability. Thus, for many adults, midlife is characterized by increasing health problems, and this is particularly true for those with low socioeconomic status. Individual differences in the rate of aging are vast and are influenced by such factors as heredity, health habits, and lifestyle. Lifestyle and behaviors in youth and young adulthood can affect health in midlife, and midlife habits affect outcomes in old age. Therefore, as many adults recognize, the opportunity to control one's health is enormous because many of the risk factors for chronic illnesses are modifiable. As age increases, adults may spend time dealing with chronic conditions, not just on health preventative measures.

Variations in health by socioeconomic status are consistent across age with those lower on the social gradient exhibiting poorer health. Inequality, not lack of

material wealth, appears to contribute to ill health. The effects of the gradient are moderated or mediated by factors such as parents' education, work environment, health behavior, social relationships, and sense of control^{45,58}. However, a strong sense of mastery and control are protective factors for those in lower social classes. Those at the low end of the socioeconomic status (SES) spectrum who have better quality relationships and a greater sense of control are more resilient and show health and well-being comparable to those with higher SES. Biologically based changes are typically not as dramatic in midlife as in other periods of the lifespan. Some adults begin to show health declines during the middle years and others pass through midlife with a clean bill of health. Some of the common changes that may emerge in the middle years include back and joint pain, tooth and gum problems, changes in eyesight and other aspects of sensory functioning, and weight gain with related problems closely linked to cardiovascular disease and diabetes.

One of the major shifts in the middle years occurs in the area of reproduction, especially menopause for women. The median age of the last menstrual period is typically 50–52 years, although there is wide variation in the menopause experience across cultures. Some studies said there is no evidence for a universal experience of distress associated with menopause. Hot flashes and sweats are related to physiological changes in hormone levels, but their severity varies from individual to individual but those who have hot flashes and night sweats are more likely to experience depression. However, symptoms such as depression, irritability, weight gain, insomnia, and memory loss do not seem to be directly related to menopause. For example, it is possible that the association noted between depression and menopause is based on clinic/patient populations who

self-select into treatment. Cultural differences in the experience of menopause suggest that estrogen is not directly responsible for depression and symptoms.

More research is needed to understand to what extent changes in hormones for both men and women do impact musculoskeletal, cardiovascular, and urogenital systems, leading to increases in heart disease, diabetes, hypertension, osteoporosis, urinary incontinence, and autoimmune diseases. In the 1980s menopause was implicated as a risk factor for osteoporosis and cardiovascular disease and this led to the medicalization of menopause and the introduction of hormone replacement therapy (HRT). Therefore, menopause was seen as a treatable condition that warranted medical intervention. Recently, the benefits of HRT have been questioned, and research evidence suggests that HRT may not only be ineffective for treating heart disease but also may be harmful in increasing the rate of cancer⁵⁹.

2.1.12 Misconceptions and Stereotypes

One key reason for increasing attention to middle age is to address the misconceptions and stereotypes, which can have negative health consequences. Often, especially in the press, the u bend is interpreted as evidence for the midlife crisis. Exposure to negative images of aging and negative attitudes about aging has damaging effects on health⁶⁰. Little is known about the impact of stereotypes on midlife, but the midlife crisis is one misconception that is bound to have a profound influence. Those in midlife are faced with juggling multiple responsibilities and dealing with physical and cognitive signs of aging, and they may experience a good deal of stress trying to handle it especially if accompanied by financial difficulties. Yet midlife can also be a peak time in many areas,

including earnings, position at work, leadership in the family, decision-making abilities, self-confidence, self-esteem, and contributions to the community.

2.1.13 Women in Midlife

In Western society, aging for women is much more stressful than for men as society emphasizes youthful beauty and attractiveness⁶¹. The description that aging men are viewed as “distinguished” and aging women are viewed as “old” is referred to as the double standard of aging. Since women have traditionally been valued for their reproductive capabilities, they may be considered old once they are postmenopausal. In contrast, men have traditionally been valued for their achievements, competence and power, and therefore are not considered old until they are physically unable to work and engage in other activities. Consequently, women experience more fear, anxiety, and concern about their identity as they age, and may feel pressure to prove themselves as productive and valuable members of society and this can be stressful⁶².

Attitudes about aging, however, do vary by race, culture, and sexual orientation. In some cultures, aging women gain greater social status. For example, as Asian women age, they attain greater respect and have greater authority in the household while white women, Black and Latina women possess less stereotypes about aging. Lesbians are also more positive about aging and looking older than heterosexuals. Again, the impact of media certainly plays a role in how women view aging. Advertisement and selling anti-aging products and supporting cosmetic surgeries to look younger was also promoted by the media. However, this was used as a mechanism for boosting economic recovery by fostering or exploiting some middle-class middle-aged individual’s aspirations for prolonged

youth and personal fulfilment⁶³. Mid-century attempts to forestall age-related changes in mind and body after midlife embraced two principal strategies. Since the early decades of the twentieth century, cosmetics and pharmaceutical companies had marketed soaps, creams, shampoos and hormone preparations designed to restore healthy skin and hair; or they had promoted fitness regimes, supplements, training courses, spa treatments and appliances for arresting middle-aged spread and enhancing attractiveness.

For women in particular, the sales strategies of Elizabeth Arden in America or Boots in Britain testify to popular demand for skin-care products for those over 40. Commodities for improving appearances and restoring vitality were not limited to the surface of the body, but included tonics designed to steady frayed nerves and combat ‘forty-phobia’⁶⁴. Furthermore, the makers of Phyllosan says, 40 marked ‘the end of youth and the beginning of a period of change and re-adjustment, frequently characterized by anxiety and mental stress’. They promised that consuming Phyllosan would allow readers to experience youthfulness as they grow. On the whole, majority of the marketing strategies and advice literature targeted young and middle-aged women, whose primary value remained tied to their capacity to attract and retain a husband and care for their children.

2.1.14 Midlife Crisis for a Woman

A woman is said to go through midlife crisis when there is a lot of psychological changes that impact her physical, mental and emotional balance. There may be some common occurrence that can have impact on the evaluation of a woman. Such occurrence can become major triggers for a midlife crisis to set in her life when the events are negative. Notable among the events are; whenever relatives

of her age are more successful and richer than her; feeling uncared for; depressed easily; gets paranoid thinking about her death when she lost her parents or partner; panic mode; investment in unwanted luxuries; discontentment in her marital life and loses her temper over the most trivial matters. Financial independence, economic status, intimacy in sex life, and many other factors also play a big role in women in midlife. More often than not, when a woman is satisfied on all these counts, she may glide through her midlife smoothly without facing any crisis.

Every woman has different roles to fulfill in her life; daughter, wife, mother, grandmother, and much more. Most women juggle all these roles at the same time, in addition to pursuing a career. The conflicts or stress that women experience in each of these roles can contribute to a midlife crisis when they reach their middle age beginning from 40 years. Again, it was observed that most women experience various challenges during their midlife, without realizing their condition at all. This can be dangerous because when not detected in the early stages, a midlife crisis can progress to depression. Middle age is also the stage when menopause sets in for women. Therefore, the symptoms of a midlife crisis may be likened or easily dismissed as menopause symptoms in most of the households⁶⁵. Both genders experience Midlife Crisis. Midlife crises last about three to ten years in men and two to five years in women. Although midlife crisis could be caused by ageing itself, or ageing in combination with changes, problems, or regrets over some issues associated with job, spousal relationships, grown children as well as ageing or death of parents, it affects men and women differently because their experience of stressors differ. A midlife crisis can be quite strange at times. Some women show symptoms where they are totally unperturbed by their appearance

and find no motivation to be well-groomed. On the other hand, some women become paranoid and obsessed about their grooming habits⁶⁶.

Some factors that might bring about crisis for women can be Physiological, Emotional and Societal. It is said to be partly Physiological because during perimenopause and menopause, changing hormones can cause or contribute to the problem. This is as a result declining estrogen and progesterone levels which may interfere with sleep, make moods vacillate, and reduce energy levels. Menopause can also cause memory loss, anxiety, weight gain, and decreased interest in things the individual used to enjoy. It is can be emotional because by the time a person reaches middle age, it is likely that the individual will have experienced some trauma or loss. The death of a family member, a significant change in identity, divorce, physical or emotional abuse, episodes of discrimination, loss of fertility, empty nest syndrome, and other experiences may have left an individual with a persistent sense of grief. Also, it can be societal because the youth-obsessed society is not always kind to aging women. Many women may feel invisible once they reach middle age. They feel the pressure to mask the signs of advancing age and might be struggling to care for their children and aging parents at the same time. They also would be required to make difficult choices about family and career that men their age did not have to make. And divorce or the wage gap may mean they have chronic financial anxieties⁶⁷.

However, being aware of the monumental changes such as emotional, mental, and physical that can occur when someone reaches middle-age is helpful since midlife serves an important preparatory role in the transition to old age, the evening of life⁶⁸. There is much evidence for continuity throughout adulthood in

many realms of life, and the consistent self serves as an important resource and foundation for what comes later. As scholars begin to focus attention more directly on the middle years, midlife is being portrayed as a challenging and complex task because the experiences of middle-aged adults are so diverse and variable. Nevertheless, it is possible to characterize midlife in broad strokes given that a key set of issues and challenges emerges during the middle years. There are some commonalities in the experiences of middle-aged adults even if the specific content and ways of dealing with them are quite diverse.

The nature of midlife varies as a function of such factors as gender, cohort, socioeconomic status (SES), race, ethnicity, culture, region of the country, personality, marital status, parental status, and employment status among others. Many women who go through a mid-life crisis might experience a period of self-reflection during which they ask themselves deep questions about their life and the track that they are. Going through menopause brings about a lot of physical changes to a woman's body, and the drop in estrogen could also make her feel as though she is going through constant premenstrual syndrome (PMS). Again, menopause is observed as a universal phase in a woman's life. It is a stage in the reproductive cycle that every woman experience during the ageing process. At the onset of menopause, some symptoms were known to have worsened the existing-ill health due to delay in addressing it. In addition, menopause is positively related with non-communicable diseases like diabetes, hypertension, osteoporosis, cervical cancer, and breast cancer leading to increase morbidity and mortality rate among menopausal women. During this phase, women experience gross psychological and social disorders like depression, swing in mood, sleep pattern alteration, loss of social interaction coupled with their professional roles,

and poor ego integrity. Most women see this transition period as a period of crisis because most times it is associated with reduction in wellbeing and numerous health challenges⁶⁹.

2.1.15 Menopausal Symptoms in Women

Many women of middle age are afraid of losing their qualities of being a woman and beauty after menopause. Undoubtedly, menopausal symptoms affect the physical and mental well-being, life satisfaction, and the quality of life of women⁷⁰. Quality of life tends to decline in mid-life women, and there is a need to determine what role, if any, symptoms commonly associated with the transition to menopause and early post-menopausal play in this phenomenon⁷¹. The term peri-menopause refers to the period before and after the final menstrual period marked by fluctuating ovarian function which is a period of about 3-4 years on average in most women while the range for this period is typically 2-10 years. During this time multiple changes occur in hormonal levels; the estrogen and progesterone. A primary function of estrogen is to block serotonin from being cleared the synaptic cleft; hence it enhances serotonergic neurotransmission. Serotonin is a neurotransmitter associated to mood. When the estrogen levels drop, the serotonin levels too are affected in a negative manner inducing low mood. Research shows that about sixty-one percent of women suffer from anxiety during the peri-menopause period and seventy-one percent of the women aged forty-one to forty-five exhibit signs such as low moods that may closely be linked to experiences during peri-menopause⁷².

Studies show that incidences of psychological problems like feeling sad, anxiety, forgetfulness and being easily irritated are common among the rural women of

Amassoma, but lower when compared with Igbo women in Enugu State and Benin City women respectively in Nigeria. This could be linked to the practice of polygamy marriage, that is, one husband with many wives which is prevalent in Nigeria of which Niger Delta region is no exception. This report was at variance with what was found in some earlier studies done in some other parts of Nigeria that supported good perception of menopause among women. In studies conducted in Pakistan and China, 96% and 90% of women under study reported psychological problems respectively and this was observed as the highest prevalence of psychological problems among menopausal women group⁷³. Additionally, a woman might begin experiencing difficulty sleeping through the night, and she may lose her libido. Getting older is also a factor that might also make some women obsess over their appearance in an effort to remain youthful, while others may end up giving up on their appearance. Other emotional changes that may occur with a midlife crisis include depression, a feeling of loss, and a negative attitude about the future and what is in store. Women may feel bored with their lives, and there may also be a sense that their best years are already behind them.

2.1.16 Religion, Spirituality and Belief during Midlife

Religion is often seen as a public and outward form of expression whereas spirituality is generally seen as something inward and personal to an individual. Religion is often related to the idea of the being absolute with certain beliefs, practices and routines associated with it; it is organized and often community-based, but can also be practiced privately⁷⁴. The modern notion and understanding of spirituality, however, includes not only people who follow a particular religion,

but also those who do not. Spirituality is described as ideas surrounding “a sense of connectedness, purpose, meaning and ‘transcendence of self’⁷⁵. It is said that spirituality is highly personal.

Belief is understood as a common and an essential part of ordinary living which determines what individual’s value as goals and objectives in life⁷⁶. Belief is very broad and may involve both religiosity and spirituality, but it can also be linked to cultural values⁷⁷. Religion, spirituality and belief have been seen as the lenses through which individuals interpret, understand, evaluate and respond to their experiences in the world and give people a sense of meaning and purpose in life⁷⁸. However, emphasis has been on the importance of individual’s attachment and understandings of what religion, spirituality and belief mean to them and how they relate to their everyday realities⁷⁹.

Positive Ageing

A number of studies have been conducted and a number of papers written which explore positive ageing. The meaning of positive ageing is not clear cut, but a definition from the Centre for Positive Ageing states that;

‘Positive Ageing’ denotes the aspirations of individuals and communities to plan for, approach and live life’s changes and challenges as they age and approach the end of their lives, in a productive, active and fulfilling manner. The focus embraces the idea of making the most of opportunities, innovations and research which promote a person’s sense of independence, dignity, well-being, good health and enable their participation in society⁸⁰.

The concept of positive ageing is gaining attention in the literature as a holistic approach and insight into health and well-being in the lives of older adults. While some factors encourage an understanding of older adults as rounded individuals, rather than a series of health issues, other factors go beyond the aspiration to promote only physical and mental health, which is sometimes unachievable in older age. One factor that has received little attention in the literature on positive ageing is the role of religion, spirituality and belief. Religion, spirituality and belief are still centrally important for many people, providing structure, meaning and understanding to everyday life, as well as support through life challenges⁸¹. Studies show the potential benefits of religion, spirituality and belief for health, well-being and quality of life particularly for older adults⁸².

From above definition, the idea of positive ageing can encompass a wide variety of different aspects in everyday life which can facilitate or inhibit positive ageing.

The study conducted in Hong Kong shows that positive ageing meant maintaining relationships, having good family and social support, and active participation in a number of activities within the community. Having a positive attitude towards themselves and having a sense of purpose in life were also deemed important. Furthermore, the older adults embraced the role of religion and stressed that the core of religion were the moral values not the matters of faith, and they believed that all religious belief provided a person with positive attitudes towards life⁸³.

The conceptual understandings of religion, spirituality and belief emphasize their complexity and the diversity of possibilities of how they may play out in people's everyday lives. It is also important to note the significant complexity and changes

in religious and spiritual affiliation cum practice as shift from the public to the private sphere, especially within European countries⁸⁴.

The 2011 Census highlights some of the key changes in relation to religion⁸⁵. Christianity remained the largest religion with 59.3 per cent of the population identifying as Christian. However, this figure had decreased from the 2001 census where 71.1 per cent of the population identified as Christian. The second largest groups in 2011 were Muslims, making up 4.8 per cent of the population. In addition to those affiliated with a particular religion, 25.1 per cent reported no religion and 39,000 people identified with spiritualist groups. Notwithstanding, these trends may have progressed even further in recent years and although these statistics do not specifically refer to older adults. Although, research shows that older adults tend to be more religious than younger generations and some claim that religiosity may increase with age⁸⁶. Moreover, behind these statistics is a wide array of ways in which people engage with religion, spirituality and belief across time and circumstance. For example, many people may identify with a religion but they do not actively engage in religious practices, while others may not identify with a religion but still draw on religious support in times of need.

Again, research reveals that religion, spirituality and belief are intertwined with health, well-being and quality of life, particularly with regards to how people deal with ill-health and other challenge of midlife. The relationship between religion, spirituality and belief and healthcare may have pertinent implications for older adults in terms of improving the patient experience and facilitating a faster recovery both physically and mentally. The complexity and change associated with religion, spirituality and belief has particular consequences for older adults,

who are likely to have grown up with strong religious values that dominated the public sphere, but have seen a decline in religious affiliation in the generations following them, resulting in changes in society and the shift of religion into the private sphere. Many older adults have held onto their faith or may have even grown more religious as they advance in age⁸⁷. It is reported that as people's physical health decreases and they become more familiar with end of life and mortality, religiosity and spirituality increases⁸⁸. Religion, spirituality and belief could therefore play an important role in their everyday lives and moreover, it may be supportive in the challenges associated with ageing⁸⁹.

Religion, Spirituality and Belief for Health

Though there is little research specifically linking religion, spirituality and belief to positive ageing, some literature does attend to spirituality and successful ageing, as well as the health and well-being of older adults more generally. However, some researchers noted that the notion of positive spirituality built upon the model of successful ageing ignores the important role spirituality plays for older adults in the ageing process but stating that.

Positive spirituality involves a developing and internalized personal relation with the sacred or transcendent that is not bound by race, ethnicity, economics, or class and promotes the wellness and welfare of self and others. Positive spirituality uses aspects of both religion and spirituality⁹⁰.

They suggested that the notion of positive spirituality can decrease some of the feelings of helplessness and loss of control that people experience with illness, as well as reduce stress and bring about increased feelings of purpose in life thereby

mitigating the occurrence of midlife crisis in middle aged individuals. They argue that spiritual activities like prayer, can reduce feelings of isolation and the community aspect surrounding spirituality can have positive outcomes for older adults. Again, they say that understanding existential and spiritual needs of older adults would increase the understanding of what they termed as achievement in later life⁹¹.

They suggest that acknowledging spirituality is important because it may influence well-being in later life and allow older adults to adjust accordingly with some aspects of growing older. Moreover, having a positive perspective, being able to cope, having active independence, meaningful relationships, freedom, having a relationship with God and a sense of spirituality were some of the aspects cited by older adults as contributing to 'successful ageing and adjustment during midlife crisis'⁹². Some studies show the contribution religion, spirituality and belief has to positive ageing in helping older adults to cope with adversity, providing social support and opportunities for participation in society, and enhancing well-being. They were also found to be key components for individuals when coping with the diagnosis and management of cancer and chronic illness, arthritis and cardiovascular disease as well as other diseases in general⁹³. Further research shows how middle aged women used their sense of spirituality as a tool of resilience which helped them to cope with adverse life challenges associated with midlife crisis and to remain optimistic, thus contributing towards a sense of well-being⁹⁴.

Religion, spirituality and belief were also found to provide social support, connectedness to others and a sense of belonging to a community for older adults

in general and older adults with physical health conditions including those with mental health conditions including anxiety and depression⁹⁵. Also spirituality and belief can provide supportive communities and reduce feelings of loneliness and social isolation experienced by many older adults, and equally give them a sense of meaning in their lives. The idea of religion, spirituality and belief offering meaning and purpose in life has also been found for older adults with health conditions, dementia and towards their preparation for their end of life⁹⁶. The relationship between religion, spirituality and belief and healthcare may have pertinent implications for older adults in terms of improving the patient experience and facilitating a faster recovery both physically and mentally. A lot of the past research has been conducted in the United States of America (USA) and in the United Kingdom⁹⁷. But the American picture differs sharply from the European one. Both behavioural and opinion indicators are much more robustly religious. However, despite shifts in the nature of religion, spirituality and/or belief in everyday life in the UK, these influences inevitably still play a significant role in the private lives of many.

Following from foregoing review, it is very important to state that most of the studies on midlife women's attitudes and experiences have been based on women from Western countries. To date, little research has been conducted on emotional and psychological well-being among midlife Asian and African women. Also, studies from Western countries revealed that reactions to menopause are largely a cultural phenomenon. In general, in cultures in which women view menopause more positively, menopause tends to be relatively less problematic⁹⁸. It is observed that women's experiences in midlife differ in relation to their background, cultural, and ethnic affiliations.

Most of the studies on midlife women's attitudes and experiences have been based on women from Western countries. To date, little research has been conducted on emotional and psychological well-being among midlife Asian women. Additionally, little work has been published on midlife crisis in ethnic groups within the Southeast Asian societies. Studies from Western countries have revealed that reactions to menopause are largely a cultural phenomenon⁹⁹. In general, in cultures in which women view menopause more positively, menopause tends to be relatively less eventful¹⁰⁰. It is likely that women's experiences in midlife differ in relation to their background, cultural, and ethnic affiliations; therefore, health prevention and implementation should be tailored to women of specific regional, socioeconomic, and cultural affiliations. Also, friendship networks and social support and having positive attitudes toward life and aging were among factors associated with wellbeing at midlife. Additionally, midlife women with low family incomes have been reported to have lower levels of overall wellbeing and satisfaction than their high-income counterparts¹⁰¹. Studies have also indicated that many menopausal women have unmet needs in coping with their bodily changes so that identifying midlife women's needs and delivering appropriate health services is essential. Fostering positive and continuous social relations within the family was identified as one of the most effective factors in coping ability at midlife. High spirituality has been positively correlated with midlife crisis coping for some women.

2.2 Theoretical Review

The key concepts of sociodemographic factors and midlife crisis are central to this research work. Therefore, the main objective of this study is to establish the period of onset of midlife crisis and elucidate the sociodemographic factors and systems of support that enabled women to adjust during their midlife crisis. However, the research question is centered on how the age of women among other sociodemographic factors with support system is germane to their adjustment during midlife crisis. In essence, two relevant theories would be reviewed to evaluate how this research work fits it. These theories are; Psychosocial development theory by Erik Erikson and Levinson's theory of Adult development.

2.2.1 Erikson's Theory

Erik Erikson propounded the theory of psychosocial development and the concept of the identity crisis. His theories marked an important shift in thinking on personality; instead of focusing simply on early childhood events, his psychosocial theory looks at how social influences contribute to people's personalities throughout their entire lifespans. Erikson is known for his advocate for 2 opposing sides of stagnation and generativity¹⁰². On the other hand, Levinson believed that individuals go through transitions during stagnation and generativity not necessarily as a result of crisis¹⁰³. However, the main theme of Levinson's theory is on the stages of life of an individual at particular point in time¹⁰⁴. His theory gave a vivid account of development of individuals from birth till extinction. Erikson, a Neo-Freudian psychologist's theory is on the concept the termed epigenesis. His notion of epigenesis is that human being experience

gradual development in phases throughout their entire life. The phases are eight in all and every individual must transit from one phase to another.

Completion of one phase provides the entry point to the next stage. Transitions through the phases are not smooth sail, because each phase is accompanied with a peculiar crisis that needs be resolved. For Erikson, he believes that everyone has a coping system for every stage of life. Therefore, issues that could not be resolved at a stage is bound to be resolved at another stage in the future¹⁰⁵. Erik Erikson's eight phases are described as i) Mistrust/Trust phase, ii) Doubt/Autonomy phase, iii) Guilt/Initiative phase, iv) Inferiority/Industry phase, v) Confusion/Identity phase, vi) Isolation/Intimacy phase. vii) Stagnation/Generativity phase, viii) Despair/Integrity phase¹⁰⁶. Each of these phases is briefly described by most common occurrence individuals are expected to pass through. The 1st phase of Mistrust/Trust occurs between the period of birth and the age one and a half years. A child at this phase is met with developing a sense of either trust or mistrust among the people within his/her environment. Children who are surrounded by adequate responsive support are quick to develop an optimistic world view.

The 2nd phase of Doubt /Autonomy occurs between the period of one and a half years and three years. The experience at this period is centered on personal control and developing self-confidence. It also encompasses development of self will and determination. The 3rd phase is put at between three and six years old. It is the phase of initiative versus guilt where children are expected to explore and discover their environment. At this stage, they should begin to exhibit some traits and exert control on their preferences. Accomplishments at this stage are believed to be sufficient enough for children to develop a sense of purpose. The 4th phase is

about inferiority/industry whereby, the children, aged between six and twelve years tend to focus on developing self-esteem and a sense of proficiency. Achievements at this phase are termed to be a success in the area of competence. Confusion/ identity are the 5th phase. It is situated within the teen years. Also, it is a period of personal exploits. This phase, if successfully completed would present a teenager an ability to develop an allegiance and model a healthy personality.

The 6th phase represents the isolation versus intimacy stage. This is the period of early adulthood whereby individuals tend to forge vibrant relationship with those around them. Success recorded at this phase guarantees the individual's ability to engage in mutual and enduring relationships with people. During the 7th phase, that is, the stagnation/ generativity stage, the onset of middle adulthood begins. Individuals become more responsive to impacting their societies. They strive towards leaving a lasting legacy within their world view. More than ever, they become aware of the happenings around their communities and families. Success at this phase is determined by the heights of their career and high family values. Finally, the 8th phase of despair /integrity is the psychosocial development stage. This is marked by a period of evaluation and self- reflection about life. Individuals with a feeling of satisfaction while reflecting on issues of their lives have a sense of fulfilment, wisdom and integrity. Whereas people whose lives are full of disappointments may feel sad and experience despair and bitterness.

Erikson's Theory of Psychological Development and Midlife Crisis

For Erikson, every phase is seen as a stepping stone to the next phase. Also, each phase is accompanied with some turbulence and crisis that must be settled¹⁰⁷. The success recorded at each phase guarantees smooth transition to the next phase.

The period of midlife crisis is situated within the age group of forty-five to sixty years. This age cohort is without exception to the experience of crisis at each stage. Generativity versus Stagnation is Erikson's characterization of the fundamental conflict of adulthood. It is the seventh stage of his '8 seasons of man' and negotiating this conflict results in the virtue of care. Generativity is "primarily the concern in establishing and guiding the next generation" Generativity is a concern for a generalized other and those close to an individual. This occurs when a person can shift their energy to care for and mentor the next generation. One obvious motive for this generative thinking might be parenthood, but others have suggested intimations of mortality by the self. Again, it is believed that generativity is an act of self-centeredness with the sole aim of outliving oneself. He sees generativity as a process of saving for the future. Conversely, stagnation is a lethargic feeling and lack of accomplishments by an individual. This state is marked by unfulfilled dreams, loss of sense of self and lack of enthusiasm. The individual feels neglected among his/her peers and within his/her community.

The seventh stage of stagnation/ generativity occurs between 40 and 65 years of age. During middle adulthood, individuals display need for longevity, not necessarily in a physical sense, but as life's continuation in their children or the long-term impact they have on others. They also strive to make a mark on the world, to nurture things that will outlive them. Also people may look for ways to be more productive and valuable to the society. Achievements and success is depicted by how relevant someone is in the scheme of things within his/her sphere of influence within the society. An individual who is termed successful is seen as someone giving back to the society and fulfilling purpose. For parents, they are delighted when they see their children do well in life. They become proud parents

of successful children. Valuable relationship with one's spouse is also heart-warming at this stage of life. However, the foregoing is not consistent with the feelings of some individuals. While some are basking in the euphoria of success at this phase of their lives, others are bemoaning their tidings of woes. This is referred to as the stagnation/failure phase.

When stagnation/failure occurs, individuals become dissatisfied with their lives. No doubt, stagnation/ failure are tantamount to crisis. Individuals feel their lives have not been impactful in the world and they are not at par with their peers. Some people at this point exhibit a sense of lack of accomplishment. They feel unfulfilled and unproductive. It was also observed that some people may not be enjoying the best of relationships at work or with their families; notably, Erikson described this state as a developmental state still. This is because they may become more productive within their community. On the whole, when someone is not active in generative affairs, stagnation is said to occur¹⁰⁹.

Criticisms of Erikson's Theory of Psychological Development

Although the theory of psychosocial development propounded by Erik Erikson's is believed to be astounding, some scholars have criticized it for some of these reasons. I) The age grading at each phase may be faulty, ii) the 8th phase tagged as the passive stage may not be totally correct. It is assumed that some individuals are still active. Many also tend to be highly productive members within their communities in later years. iii) in the area of identity search tagged to be common during adolescent years, critics believe that search for identity is a life time event. It is not limited to adolescent years alone. iv) The developmental processes at each phase are not explicit enough v) the resolution mechanism adopted by

individuals to resolve conflicts are unclear. It may not be a one size fits all approach. vi) success has not clear cut definitions, the critic says. They view the definition of success in terms cultural relativity and individualistic mindset.

Erikson in response to above criticisms opined that his theory of psychosocial development is more of a descriptive overview rather than holistic approach. Admittedly, his theory is without due recourse to processes and mechanism adopted by individuals to transit through the phases of life¹¹⁰.

2.2.2 Levinson's Theory of Adult Development

Daniel Levinson propounded the theory of Adult development. He was the team lead in the conduct of research on the stages of development and crises during adulthood. He was recognized for his strong support of Erik Erikson's psychosocial development theory. As mentioned earlier in the review of theories, Erikson's theory was basically on issues of psychosocial development from birth to old age. Prior to Erikson and Levinson's theories, study on adult development was not widely discussed. The theory on individual's development gained popularity during the era of the duo of Erikson and Levinson. However, Levinson's theory focused mainly on the premise that Adult development comprised of eras and periods of transitions. For him, the eras have components of 4 stable periods and 3 five-year period of transitions during an individual's course of life. Levinson believes that this "cross-era transitions' can be bumpy or smooth¹¹¹. Below is the simplified structure of Levinson's eras of Adult development. Eras are represented in blue color while cross-era transitions are highlighted in red colour¹¹².

Daniel Levinson's Eras of Adult Development

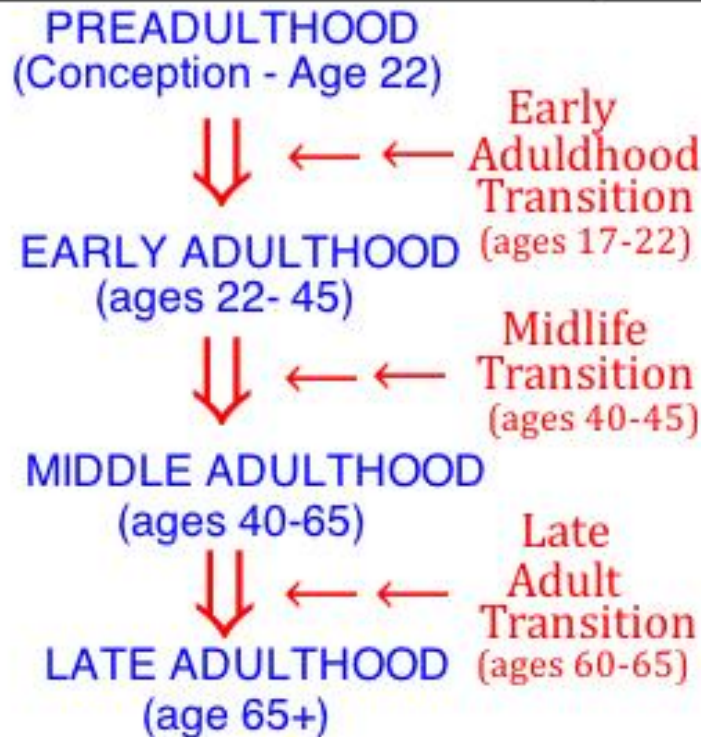


Fig 2.1 Levinson's Eras of Adult Development

Source: Researcher's Model, 2022

For clarity, the term, cross-era transition coined by Levinson is further described in stages. Pre-adulthood referred to as stage one depicts the period of conception to 22 years of age. This stage signifies the transition of individuals from high dependence (infant) to moderate dependence (young adult). Early adulthood transition: The end of pre-adulthood marks the beginning of early adulthood. This period is situated between age seventeen and twenty-two. At this stage, individual become familiar with his/her environment and engages in meaningful relationship with families and peers. Stage two is the early adulthood, which covers the twenty-two to forty-five years old age group. This era is particularly noted for its

uniqueness in the life of an individual. It is an era packed with excitement and fun, though stressful. Individuals are saddled with the pursuance of life goals, ambitions, owning houses, acquiring properties and raising families. The midlife era is the period of questioning by individuals. It covers the age period of forty to fifty years.

This season is noted for self-evaluation and self-examination of how individuals have live their lives so far. Achievements, accomplishments and failures are reviewed at this point and juxtaposed on whether or not life is worth living. Middle-Adulthood is situated between age forty to sixty-five years old. Biological activities tend to slow down at this stage. That notwithstanding, individuals tend to be sound in strength and stamina. They become responsible members within their families and they are at the peak of their career. Furthermore, some individuals even become care givers to their parents and play responsible roles in the lives of their children. Retirement from active service is common during this era. When this happens, some individuals feel lonely while some become socially active within their community. Also at this stage, feeling of loss of identity, loss of active participation and value within the society by some individuals is noticeable. Late Adulthood is marked solely by reflections on people's lives and their achievements.

Midlife Crisis and Levinson's Theory of Adult Development

Daniel Levinson used his work on 'The Seasons of a Man's Life' to explain his developmental adulthood theory. In his book, he gave insight on his interview with forty men aged thirty-five to forty-years. He observed that persons aged between thirty and forty-five go through stages of life. With a mindset for their

future, he termed this mindset as ‘the dream’. Specifically, for the men in his study, their dream was based mainly on career progression. Their mindset/image is also on the future of their career and vocation. Following from earlier discussion on midlife transition for individuals aged forty to forty-five years; these men were at the stage of decision making. They are expected to review previous decisions and make necessary adjustment. Also, at this stage, they are expected to take up new challenges and explore more opportunities. Their choice at this stage is critical and would serve as pointer to the future they aspire to have¹³.

Stage-Crisis View

Again, Levinson developed a stage-crisis view between men and women. Women and men within the age group of thirty-five to forty years were interviewed. His aim was to observe regular/common patterns throughout their lives. For him, transition from one stage to another especially during midlife is critical. He believed that midlife crisis was common and it is to be seen as a developmental process. However, the main difference was “the dream” between men and women. The dream refers to their vision for their future. Men and women are believed to have different vision, desires and aspiration. He found that men have their dream centered on career and occupation. Whereas for women, they find it difficult to form their dream. He says women are in a fix between their dreams of occupation and marriage/families¹⁴. Midlife transition occurs between the ages of forty to forty-five. It is a time of psychological turbulence. Also, this stage is said to be critical because it is accompanying developmental crisis. For some, the transition can be uneventful while for some it would require them making drastic

adjustment. In the study, it was reported that about eighty percent of the participants experienced personal and social difficulties during the period.

Therefore, midlife transition is associated with critical decision making. Major occurrence at this period is changes in both external and internal aspects of individual life. For example, changes in careers, lifestyle, values, goals and ambition are common. To resolve midlife crisis, Levinson adopted the integration of 4 polarities model. These polarities are young/old, destruction/creation, masculine/feminine and attachment/separateness. He says middle age persons would adjust better when these 4 polarities are in harmony. Smooth transition through these polarities is a function of successful resolution of the previous one. Middle age persons who focus on building new life structure based on their inner convictions are seen to lead a more satisfactory life. Women, without exception follow the same pattern of development process as men during early and middle adulthood¹¹⁵.

Criticism of Levinson's Theory

The main critic of Levinson's theory of stage crisis is about his methodology. His critics observed that his participants were men and women within the same age group. Therefore, his results and conclusions were subject to cohort effects.

2.3 Review of Empirical Studies

Below are the highlights of some of the findings of the research work conducted on women and their experiences during midlife. Premenopausal women numbering about 3044 with ages ranging between forty-two to fifty-two years were sampled across 7 cities in research conducted on Women's Health Across

the Nations (SWAN). The participants were followed-up at regular interval, annually for a period of 13 years. The research was basically a longitudinal study on perceived stress and its influence on menopausal status. The impact of some sociodemographic factors such as age, educational attainment, financial status, ethnic affiliations and menopausal status on perceived stress were observed. Findings show that Hispanic women, women with lesser educational attainment, and women reporting financial hardship were each more likely to report high perceived stress levels at baseline. Additional findings reveal that when the sociodemographic factors were adjusted, perceived stress decreased over time for most women, but increased for both Hispanic and white participants. Also, for the participants at New Jersey, result shows that the change in menopausal status was not a significant factor. The Hispanic women with lesser educational attainment and women reporting financial difficulty reported higher level of perceived stress¹¹⁶.

Another Longitudinal study conducted on Midlife crisis in Wisconsin, a Midwestern state in the US's found that the death of a child is a traumatic event that can have long-term effects on the lives of parents. This study examined bereaved parents of deceased children, aged 34 and comparison parents with similar backgrounds. An average of about 18years after the death of their children, when parents were age 53, bereaved parents reported more depressive symptoms, poorer well-being, and more health problems and were more likely to have experienced a depressive episode and marital disruption than were comparison parents. It was also found that recovery from grief was associated with having a sense of life purpose and having additional children but was unrelated to the cause of death or the amount of time since the death of the child in question. The results

point to the need for detection and intervention to help those parents who are experiencing lasting grief¹¹⁷.

Again, Daniel Shek's study on perceived health status in 378 Chinese married couples that have stayed married for more than two years was able to establish that marital adjustment and marital satisfaction were associated with midlife crisis symptoms. Also, they observed that life satisfaction, and perceived health among couples suggest that the relationships between marital quality and health measures are mutual in nature. Their study also revealed that quality of marital relationship tends to predict changes in midlife crisis symptoms in husbands, but not in wives. Whereas, for the wives, marital quality is a factor in their perceived health status. For both husbands and wives, findings show that their state of mental health has a significant influence on marital adjustment. Based on this, wives seem to adjust better than husbands over time¹¹⁸.

Hashmi, Khurshid & Hassan also conducted a research to explore relationship between marital adjustment, stress and depression. The sample of their study comprised of one hundred and fifty married women aged between eighteen to fifty years old. Seventy-five of them were gainfully employed while the other seventy-five were not gainfully employed. Findings reveal that there is a significant relationship between marital adjustment, depression and stress. In addition, results reveal that employed married women encountered more challenges than their unemployed counterpart. Additionally, educational attainment of working and non-working married women has significant impact on their marital life. They were observed to be faring well in their marital life, hence they did not suffer from depression, whereas, the same could not be said of their

counterparts who are uneducated. Another group of researchers, Dr. Goel and Dr. Narang studied marital adjustment, mental health and frustration reactions in males and females of middle age, from Delhi, India. The sample comprised of 150 males and 150 females comprising of bank employees, doctors and lecturers, within the age range of 40-55 years from Delhi, India. It was seen that females showed high level of recreational adjustment as compared to males but males were having better group oriented attitude than females.

A research conducted in Nigeria on midlife crisis was on the attainment of the development goals by Nigerian Families who fall within the midlife bracket because they form the bulk of the cream of the society. In the study, the researchers suggested that, in order to achieve the development goals, these groups of people need to be sound in mind and health so as to help contribute positively towards achieving the objectives of the development goals. They examined the triggers of midlife crisis with a view to proffering some counseling intervention to help cope with the crisis. Specifically, for women, they said midlife has been hypothesized to be either a time of emptiness and depression stemming from the empty nest syndrome or from menopause or alternatively a time of frantic overload from juggling the multiple roles of parents and caretaker for elderly parents, members of the extended family. They also believed that for some individuals, midlife is a time of struggle, being forced to cope with problems, both of one's self and also those of parents, spouses and siblings. Problems with troubled adolescents, infertility, divorce, widowhood, and parental bereavement were equally observed as limiting factors for women in the area of productivity.

They suggested that the issue of midlife crisis in women could be addressed through proper counselling. They believe that with counselling, the development goals can be achieved¹¹⁸. Yun-Yu Chen et al in their study on older Taiwanese women found that depression is one of the most common chronic mental health problems in older Chinese women. Their findings suggest there are social disparities in symptoms of depression among their population of study. Additional results reveal that the older Chinese women in a socially disadvantaged position such as lower socioeconomic status (SES) are more likely to suffer depression. These social patterns were attributed in part to differences in exposure to such socially-based adversities as gender-role socialization in which women were more likely to be in a lower SES category. They observed that women in a lower social economic status rung tended to be economically dependent and were more likely to experience stressful life events. Such women also have limited voice regarding their own mental health needs and this event may lead to higher levels of depressive symptoms in later life¹¹⁹.

During midlife, low social economic status (SES) is linked to increased limited social resources, poor nutrition. Furthermore, vision impairment and a host of other health challenges have been associated with low social economic status. Above factors were said to have a significant effect on symptoms of depression among middle aged individuals. Furthermore, some studies were also conducted on older persons to examine how some measures of sociodemographic factors influenced their social economic status. The sociodemographic factors considered were educational attainment, occupation and income. Also, the effect of perceived emotional support was reported to have a significant effect on symptoms of depression among older persons. For older women, the impact was severe.

Moreover, it is observed that when people receive adequate support system, it results in their overall psychological and emotional well-being. Support of friends and family tend to influence adjustment of individuals during challenges. With adequate support system, individuals exhibit less of depressive symptoms. The industrialization of Taiwan in the 1960s, with an increase in women's educational attainment, transformed the labor market with large numbers of women working in factories. This social change disproportionately influenced women in different socioeconomic strata. The risk clustering model hypothesizes that women in lower SES are more deprived of social resources than those in higher SES, which may in turn make them more vulnerable to develop emotional distress in their later years¹²⁰.

2.4 Conceptual Framework

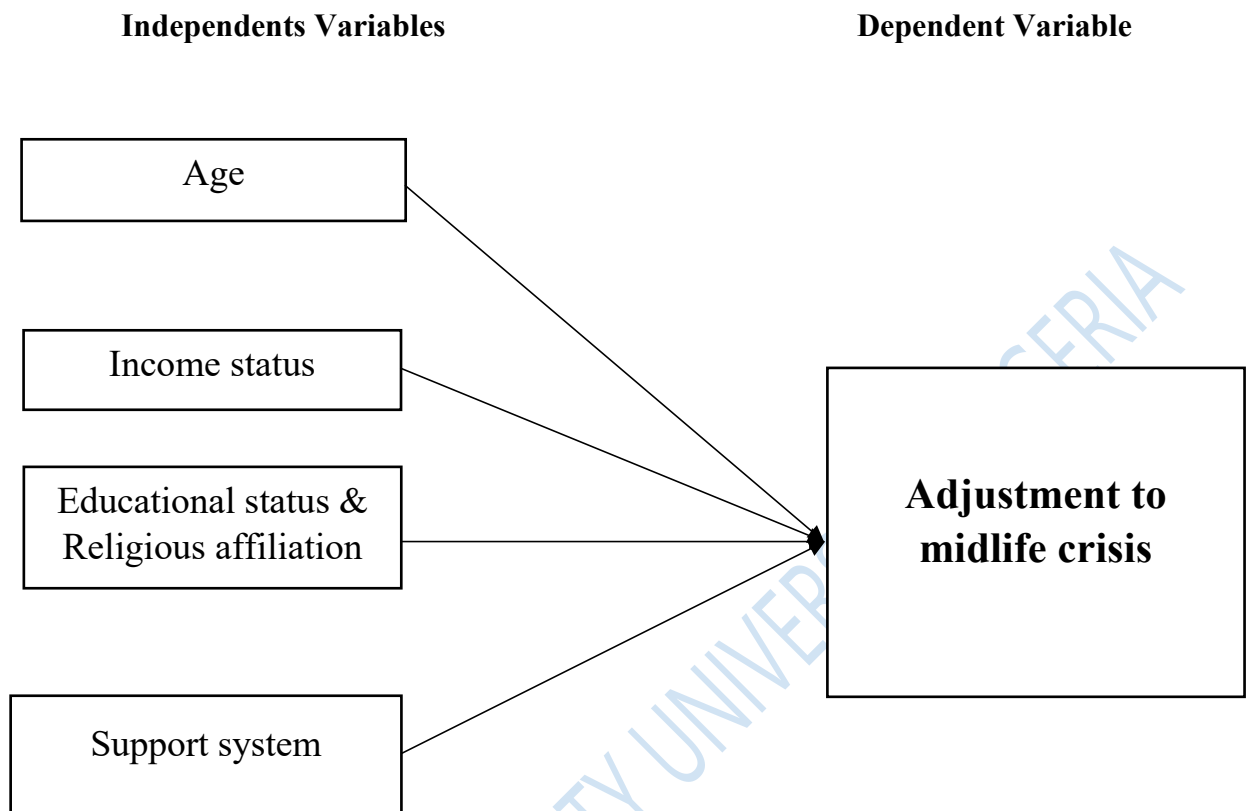


Fig 2.2 Conceptual Framework

Source: Researcher's Survey, 2022

Discussion of Conceptual Framework

Above is the conceptual framework for this study. This research work is on Sociodemographic Determinants of Women's Adjustment to Midlife Crisis. The variable of interest is Adjustment to Midlife Crisis while the independent variables are Age, Income Status, Educational attainment, Religious Status and Support system. For the purpose of this study, midlife for an individual is situated between the age period of 45 to 65 years old. During midlife, individuals begin to look at their lives and start to ask themselves some questions on whether or not

they are doing something worthwhile. Midlife, often referred to as an afternoon of life is seen as a period of self-evaluation. On the other hand, crisis is referred to as a state of intense difficulty or being in a dangerous situation that requires grave attention. During crisis, affected individuals absorb information, process information but do not act on the information like they would, during non-crisis period. Therefore, midlife crisis is a phenomenon used to describe psychological distress brought about by events that highlights aging process, unexpected loss and possibly lack of accomplishment in life. Midlife crisis does not last forever. It is a phase that individuals may go through in a life time. Some people believe that midlife crisis exist while others see it as a myth. Midlife crisis affects both men and women. For men, it lasts from between three to ten years while it lasts for two to five years in women. While midlife crisis in men is triggered mainly by work related issues, it goes beyond that for women. For women, triggers of midlife crisis could be physiological, emotional an even societal. Also, experience of midlife crisis could be regional or cultural in nature.

However, the focus of this study is on women. Midlife crisis in women could sometimes present as menopausal symptoms. During menopause, women experience mood swing, hot flashes, sleep disruptions and so on, these symptoms among others are also observed when women go through midlife crisis. While menopause has been labelled as a medical condition, midlife crisis is yet to be seen as such. Therefore, for individuals that go through midlife crisis, it might be difficult for them to express themselves. Research conducted in Western nation's show that it could be intense for people going through midlife crisis. For people going through midlife crisis, they experience psychosocial distress and decreased well-being such that when they are left unattended to, could lead to mental issues.

Some suffer depression while others may succumb to suicidal tendencies. For the independent variables; Age is defined as the number of years someone has existed from birth till date. Age could be classified into biological age or chronological age. While chronological age is tilted towards numerical age, biological age is about physical/ physiological age. Biological age is determined largely by habits, nutrition and balanced living whereas chronological age is rarely affected by such factors. Income in simple terms means money received especially on a regular basis for work or through investment. With regular and adequate income, individuals are able to meet their financial obligations. Midlife portends for some individuals' decline in income or limited resources to meet day to day needs and financial obligations. This is likely to happen because it is not uncommon at midlife for some individuals to have been widowed, attending to their health, lost their jobs or retired from work. Therefore, at midlife, reduced income becomes inevitable. Studies show that people with low social economic status (SES) tend to experience midlife crisis.

Also, Education is a key factor during midlife crisis. With education, whether formal or informal, individuals are able to gain insight into issues and happenings around them. However, educational attainment could be helpful during midlife crisis. In some climes, educational status was a means to gaining employment. Therefore, people with higher educational attainment, gained employment and earned income whereas those without educational attainment were unemployed so they do not earn income. Notwithstanding, in some African cultures, educational attainment may not be the only means by which women earn income. African women engage in income generating activities such as farming, buying and selling, vocations among others to earn income, although, their businesses are

usually sited within their neighborhoods. This is to enable them look after their families and fulfil their domestic obligations. Regular income is seen as a means to cushioning the negative effect of midlife crisis. When women earn income, they are able to attend to their needs and could afford payments for their health needs when necessary. Religion is seen as the mirror through which individuals view their world. Religion seems to give people a sense of meaning and purpose in life. Irrespective of the religious sect, with their belief and spirituality, individuals tend to lead a better life during aging and their period of crisis. A support system is referred to as a group of people who offer care and support in times of needs. They are individuals a person has a cordial relationship with. Usually, they are within the sphere of influence of those people in need. They may be the person's family members, workmates, friends and associates. Support system is important because it improves the overall wellbeing of individuals. Studies reveal that support system facilitates smooth transition through midlife crisis.

2.5 Summary of Literature Reviewed

The conceptual review gave insight into the meanings of the concepts of midlife, midlife crisis and some issues associated with midlife crisis. Also each of the independent variables; age, income, educational attainment, religious affiliations and support system were discussed in details. Two theories were reviewed. They are Erikson's theory of psychosocial development and Levinson's adult development theory. These two theories are relevant to this study because they were able to discuss developmental changes that may occur within specific age groups. Moreover, the issue of midlife crisis is situated within a particular age

which is apt for this study. For Erikson, middle age is between forty and sixty-five years; generativity/stagnation stage. Also Levinson's middle adulthood is between forty to sixty-five years. Both theories discussed in details the occurrence of crisis during middle age. It is noteworthy that for both theorists, midlife is a time of psychological turbulence. Empirical review of some studies gave insight into research works conducted in Western nations and some African countries. Some of the researchers conducted longitudinal studies while others adopted either quantitative or qualitative approach. The conceptual framework was able to show how each of the independent variables would likely influence adjustment to midlife crisis.

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Chapter Three

Methodology

3.1 Research Design

The study utilized a cross sectional research design. The independent variables are the Socio-Demographic factors (age, income, religious affiliations and educational attainment) while the dependent variable is adjustment to midlife crisis. Quantitative research approach was adopted in this study. A structured questionnaire consisting of sections A and B was developed to collect the biodata such as Age, Educational Status, Income Status, Marital Status and Religious affiliation as well as justification for their experience of midlife crisis. The participants were required to state how strongly they have experienced Midlife crisis using a 4 point Likert scale to obtain response options such as (i) Very strong (ii) Strongly (iii) Fairly (iv) Not at all.

3.2 Population of the Study

200 Women were sampled to participate in this study. Women aged 45 to 65 years with diverse educational and socio-economic backgrounds were recruited for the study from eight (8) local governments within Oyo state namely; Urban – Ibadan North (Agodi Gate), Ibadan North-East (Iwo Road), Ibadan North-West (Dugbe/Onireke), Ibadan South-West (Ring Road) and Ibadan Less City – Akinyele (Moniya), Egbeda (olodo), Lagelu (Iyana Offa) and Ido (Ido, Apete) local government areas.

3.3 Sample and Sampling Techniques

Total number of two hundred (200) women were selected based on some criteria justified by Covid 19 pandemic.

Sample and Sampling Techniques

However, only one hundred and sixty-five (165) women participated in the research because study attrition was experienced. The research adopted a Multi-Stage Sampling Technique to recruit participants for the study.

Stage 1

Four (4) local government's areas with urban/elite residents were Purposively selected.

Stage 2

Simple Randomization done through simple balloting was used to select another Four (4) local government with less city residents.

Stage 3

With the Map of each of these local government areas, neighborhoods and communities where women gather for meetings were easily located.

Stage 4

Having located the Hub of women within the neighborhoods, non-random sampling technique was used to identify study participants.

This became necessary because of the peculiarity of the population of study, that is, 'Difficult-to-sample', since the issues of midlife crisis are seldom discussed, the sample was restricted to respondents with complete self-reported data on midlife crisis. Some respondents volunteered information on how other respondents in this study were located via snowballing sampling technique.

3.4 Description of Research Instrument

Data collected was quantitative in nature. A structured questionnaire with sections A and B was developed to collect data. The questionnaire was designed by this researcher by searching through some literatures on studies carried out on Midlife crisis. Items were collated and presented to experts and the items were given face validity. Section A was used to collect data on Socio-demographic variables such as Age, Educational status, Marital status, Income status, Location and Religious affiliation of the respondents while section B was developed to collect data on women's experience of midlife crisis where respondents were asked to pick from options provided using a 4 point Likert scale to obtain response options such as (i) Very Strongly (ii) Strongly (iii) Fairly (iv) Not at all. Also they were asked to pick from the options provided on the manifestations and the support system they enjoyed most while their midlife crisis lasted. For instance, they were given options to pick the support system they enjoyed most such as (1) A cooperative spouse (2) A supportive Family (3) A supportive religious organization (4) A supportive friend or colleague at work. For Psychological/ Emotional feelings typical for them during the period, they have the following options to pick from (1) Chronic reminiscence about the past (2) Intense feeling of sadness (3) Mood

swings, increased anxiety and worry (4) Thought of death or self-harm (5) Loss of interest in sex.

Accounting for potential withdrawals and incomplete responses, copies of questionnaires were distributed to 200 women. Thirty-five (35) participants were excluded because study attrition was experienced. Overall, the final participants consist of 165 women. Response rate of 82.5% was achieved.

3.5 Validity of Research Instrument

The questionnaire was designed by this researcher by searching through some literatures on studies carried out on Midlife crisis. Items were collated and presented to experts and the items were given face validity.

3.6 Reliability of the Instrument

Using Cronbach's alpha's measurement of internal consistency, the reliability coefficient is 0.81

3.7 Administration of Research Instrument and Method of Data Collection

Two Hundred (200) copies of questionnaire were administered in person to the respondents by the researcher and two (2) research assistants. Administration of the copies of questionnaire was concluded within two (2) weeks. However, only 165 copies of the questionnaires were retrieved because study attrition was experienced.

3.8 Method of Data Analysis

The study employed the use of SPSS version 26. Descriptive statistics such as frequencies and percentages were utilized to analyze the demographic factors. Inferential statistics such as One-way analysis of variance was utilized to test hypotheses stated in the study. Total no of Hypothesis was four (4).

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Endnote

1. '*Oyo State*,' https://en.wikipedia.org/wiki/Oyo_State

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Chapter Four

Results and Discussion of Findings

4.1 Demographic Data Analysis

This section presents results on the demographic distribution of respondents. Data was gathered from one hundred and sixty-five (N = 165) respondents.

Table 4.1: Age Distribution of Respondents

Age	Frequency	Percentage
45-50 years	85	51.5
51-55 years	53	32.1
56-60 years	14	8.5
61-65 years	13	7.9
Total	165	100

Source: Researcher's Field Survey, 2022

Table 4.1 presents results on data on age distribution of respondents. It is shown that 85 (51.5%) were between 45 and 50 years old, 53 (32.1%) were between 51 and 55 years old, 14 (8.5%) were between 56 and 60 years old, while the other 13 (7.9%) were between 61 and 65 years old. This implies that more of the respondents were between 45 and 50 years old.

Table 4.2: Distribution by Religion

Religion	Frequency	Percentage
Christianity	129	78.2
Islam	35	21.2
Traditional	1	0.6
Total	165	100

Source: Researcher's Field Survey, 2022

Table 4.2 presents results on frequency distribution according to religion. It is shown that 129 (78.2%) were Christians, 35 (21.2%) were Muslims, while the other individual (0.6%) indicated to be a traditionalist. This implies that more of the respondents were Christians.

Table 4.3: Distribution by Marital status

Marital status	Frequency	Percentage
Married	135	81.82
Widowed	19	11.52
Separated	7	4.24
Divorced	4	2.42
Total	165	100

Source: Researcher's Field Survey, 2022

Table 4.3 presents results of frequency distribution according to marital status. It is shown that 135 (81.8%) of the respondents were married, 19 (11.5%) were widowed, 7 (4.2%) were separated, while the other 4 (2.4%) were divorced. This connotes that more of the respondents were married.

Table 4.4: Ethnic Distribution by Ethnicity

Ethnic Distribution	Frequency	Percentage
Igbo	17	10.3
Yoruba	148	89.7
Total	165	100

Source: Researcher's Field Survey, 2022

Table 4.4 presents results on ethnic distribution of respondents. It is shown that 17 (10.3%) of the respondents belong to the Igbo group, while the other 148 (89.7%) were from the Yoruba ethnic group. This implies that more of the respondents belong to the Yoruba ethnic group.

Table 4.5: Distribution by Educational Qualification

Educational qualification	Frequency	Percentage
Primary	10	6.06
Secondary	46	27.87
Tertiary	109	66.06
Total	165	100

Source: Researcher's Field Survey, 2022

Table 4.5 presents results on distribution by educational qualification. It is shown that 10 (6.1%) of the respondents were primary school leaving certificate holders, 46 (27.9%) were secondary school leaving certificate holders, while the other 109 (66.1%) were tertiary institution certificate holders.

Table 4.6: Distribution by Employment Status

Employment status	Frequency	Percentage
Employed (public/private)	108	65.5
Self-employed	43	26.1
Semi-skilled worker	6	3.6
Retiree	8	4.8
Total	165	100

Source: Researcher's Field Survey, 2022

Table 4.6 presents results on frequency distribution according to employment status. It is shown that 108 (65.5%) were employed in either public or private organization, 43 (26.1%) were self-employed, 6 (3.6%) were semi-skilled workers, while the other 8 (4.8%) were retirees. This means that more of the respondents were employed in either public or private organization.

Table 4.7: Distribution by Income level

Monthly Income	Frequency	Percentage
Less than N50,000	12	7.3
N50,000-N99,999	11	6.7
N100,000-N149,999	17	10.3
N150,000-N199,999	50	30.3
N200,000 and above	75	45.5
Total	165	100

Source: Researcher's Field Survey, 2022

Table 4.7 presents results on frequency distribution according to income level. It is shown that 12 (7.3%) of the respondents earn less than N50,000 every month, 11 (6.7%) earn between N50,000 and N99,999 per month, 17 (10.3%) earn between N100,000 and N149,999 every month, 50 (30.3%) earn between N150,000 and N199,999 every month, while the other 75 (45.5%) earn N200,000 and above every month end. This connotes that more of the respondents earn N200,000 and above per month.

Table 4.8: Distribution by Location of Residence

Location (Local Government)	Frequency	Percentage
Category A - Urban		
Ibadan southwest	81	49.1
Ibadan north	17	10.3
Ibadan N/West	6	3.6
Ibadan N/East	11	6.7
Category B – Ibadan Less		
City		
Ido	40	24.2
Lagelu	4	2.4
Egbeda	4	2.4
Akinyele	2	1.2
Total	165	100

Source: Researcher’s Field Survey, 2022

Table 4.8 presents results on frequency distribution according to location of residence. It is shown that 81 (49.1%) indicated that they reside in Ibadan southwest local government area, 17 (10.3%) resides in Ibadan-north, 40 (24.2%) resides in Ido local government, 6 (3.6%) resides in Ibadan N/West local government area, 11 (6.7%) resides in Ibadan N/East local government, 4 (2.4%) resides in Lagelu local government, another 4 (2.4%) resides in Egbeda local government, while the other 2 (1.2%) resides in Akinyele local government area of Oyo state.

4.2 Presentation of Data

This section presents results on sociodemographic determinants of women's adjustment to midlife crisis. Data was gathered from one hundred and sixty-five (N = 165) respondents and analysis was done based on objectives of the study.

4.2.1 Research Questions Analysis

The under listed research questions were raised so that the study could be anchored upon it.

Research Question One: Age of women at the onset of midlife crisis

Table 4.9: Age of Women at the Onset of Midlife Crisis

Age	Frequency	Percentage
Under 45years	30	18.8
45-54years	92	55.76
55-64 years	41	24.85
65 years and above	2	1.21
Total	165	100

Source: Researcher's Field Survey, 2022

Table 4.9 presents results on gathered data on age of women at the onset of midlife crisis. It is shown that 30 (18.8%) were under 45years of age, 92 (55.76%) were between 45 and 54 years old, 41 (24.85%) were between 55 and 64 years old, while the other 2 (1.21%) were 65 years old and above. This implies that age of women at the onset of midlife crisis varies within the age groups of these women.

However, onset of midlife crisis is highly significant among women between 45 and 54 years old at 55.76%.

Research Question Two: Income status on women’s adjustment to midlife crisis.

Table 4.10: Income status of women

Monthly Income	Frequency	Percentage
N200,000 and above	75	45.5
N150,000-N199,997	10.3	30.3
N100,000-N149,000	17	10.3
N99,999-N50,000	11	6.7
Less than N50,000	12	7.3
Total	165	100

Source: Researcher’s Field Survey, 2022

The result from Table 4.10 reveals that 45.5% of women earn income of above N200,000 monthly. Also, 30.3% earn income of between N150,000- N199,999. Therefore, 75.8% of the women earn income of above N150,000 monthly while the remaining 24.2% of women earn between N50,000- N150,000 monthly. Those who earn income of between N150,000 and above monthly which constituted 75.8% of the women reported higher adjustment to midlife crisis than the

remaining 24,2 % of women with income of below n150,000 monthly. Hence, income of women is found to influence adjustment of women to midlife crisis.

Research Question Three: Religious affiliation will influence adjustment of women during their midlife crisis.

Table 4.11: Summary of t-test of Independent Sample showing Difference Religion of Women on Midlife Crisis Adjustment

Religion	N	Mean	SD	Df	t	p
Christianity	31	4.97	1.19	163	-.688	> .05
Islam	134	6.67	2.18			

Source: Researcher's Field Survey, 2022

The result of t-test of independent indicates that there is no significant difference between Christianity and Islam on adjustment to midlife crisis, [$t(163) = .995$, $p > .05$]. This indicates that the two religions help the participants in same way to adjust better during the midlife crisis.

Research Question Four: Influence of support systems on women’s adjustment during their midlife crisis.

Table 4.12: Multiple Comparisons showing a Least Significant Difference (LSD) of Adjustment to Midlife Crisis across Social Support

	Support system	1	2	3	4	Mean	SD
1.	A supportive family	-	-.79*	-.85*	.08	3.22	.99
2.	A cooperative spouse		-	-.06	.88*	4.02	.84
3.	A supportive religion organization			-	.94*	4.08	.76
4.	Significant others				-	3.13	1.06

*. The mean difference is significant at the 0.05 level.

Source: Researcher’s Field Survey, 2022

Specifically, the result of multiple comparisons shows that participants who received support from a family ($\bar{x} = 3.22$) significantly reported higher adjustment to midlife crisis than participants who received support from spouse ($\bar{x} = 4.02$) with mean difference of (-.79, $p < .05$). Also, participants who received support from religious organization ($\bar{x} = 4.08$) significantly reported higher adjustment to midlife crisis than participants who received support from a cooperative spouse ($\bar{x} = 3.22$) with mean difference of (-.85, $p < .05$). Participants who received support from family ($\bar{x} = 4.02$) significantly reported higher adjustment to midlife crisis than participants who received support from significant others ($\bar{x} = 3.13$) with mean difference of (.88, $p < .05$). Again, participants who have a supportive religion organization ($\bar{x} = 4.08$) significantly reported higher adjustment to

midlife crisis than participants who received support from significant other ($\bar{x} = 3.13$) with mean difference of (.94, $p < .05$).

Table 12b: Influence of Support system and self-awareness of level of Adjustment

Level of Adjustment	Frequency	Percentage
Very well -5	78	47.27
Well – 4	59	35.76
Fairly – 3	19	11.52
Not - sure – 2	6	3.64
Poorly Adjusted – 1	3	1.82
Total	165	100

Source: Researcher’s Field Survey, 2022

The result from Table 12b reveals that 47.27% of women reported high significant level of self-awareness on adjustment to midlife crisis at level 5 (Very well). Also, 35.76% of women reported level 4 (Well) of self-awareness on adjustment to midlife crisis. While 11.52% reported level 3 (Fairly) and 3.64% reported level 2 (Not sure), only 1.82% of women reported poor adjustment to midlife crisis. This shows that 83.03% of women reported high significant level of self-awareness on adjustment to midlife crisis at the levels of Very well and Well. The remaining 16.97% reported fair, unsure, and poor self-awareness on adjustment to midlife crisis.

4.2.2 Tests of Hypothesis: Based on the variables of this study, these alternate hypotheses were formulated for the research work.

H_{a1}: Age of women will significantly influence onset of Midlife crisis.

H_{a2}: Income will have a significant influence on women's adjustment to midlife crisis.

H_{a3}: Religious affiliations will have significant influence on adjustment of women during their midlife crisis.

H_{a4}: Support systems will significantly influence adjustment of women during their midlife crisis.

4.2.2.1 Hypothesis one stated that age of women will significantly influence onset of midlife crisis was analyzed with descriptive statistics. The result is presented in

Table 4.13: Age of Women at the Onset of Midlife Crisis

Age	Frequency	Percentage
Under 45years	30	18.8
45-54years	92	55.76
55-64 years	41	24.85
65 years and above	2	1.21
Total	165	100

Source: Researcher's Field Survey, 2022

Table 4.9 presents results on gathered data on age of women at the onset of midlife crisis. It is shown that 30 (18.8%) were under 45 years of age, 92 (55.76%) were between 45 and 54 years old, 41 (24.85%) were between 55 and 64 years old, while the other 2 (1.21%) were 65 years old and above. This implies that age of women at the onset of midlife crisis varies within the age groups of these women. However, onset of midlife crisis is highly significant among women between 45 and 54 years old at 55.76%.

4.2.2.2 Hypothesis two stated that income will have a significant impact on women's adjustment to midlife crisis. This was analyzed with One-way ANOVA. The result is presented in Table 4.14.

Table 4.14: Summary of One-Way ANOVA showing Significant Difference among Income Level of Women on Midlife Crisis Adjustment

	Sum of Sq.	df	Mean Sq.	F	Sig.
Between grps	270.746	4	67.687	21.7	.000
				26	
Within grps	498.466	160	3.115		
Total	769.212	164			

Source: Researcher's Field Survey, 2022

The result from table 4.14 reveals that there is significant difference in income level on midlife crisis adjustment of participants [F (4,160) = 21.726, p < .01]. This indicated that income level significantly influences midlife crisis adjustment in women.

Table 4.14b: Multiple comparisons showing a least significant difference (LSD) of adjustment to midlife crisis across income levels of participants

	Income level	1	2	3	4	5	Mean	SD
1.	Above 200,000 naira	-	2.65*	3.79*	3.74*	3.37*	9.50	1.79
2.	151,000 - 200,000 naira		-	1.14*	1.09*	1.08*	6.85	1.93
3.	100,000 - 150,000 naira			-	-.06	-.42	5.70	1.59
4.	50,000 - 99,000 naira				-	-.36	5.76	1.88
5.	Under 50,000 naira					-	6.13	1.61

*. The mean difference is significant at the 0.05 level.

Source: Researcher's Field Survey, 2022

Specifically, the result of multiple comparisons shows that participants who earned income of above 200,000 naira ($\bar{x} = 9.50$) significantly reported higher adjustment to midlife crisis than participants who earned 50,000 naira and below ($\bar{x} = 6.13$) with mean difference of 3.37, $p < .05$). Also, participants who earned income of above 200,000 naira ($\bar{x} = 9.50$) significantly reported higher adjustment to midlife crisis than participants who earned 50,000 naira and below ($\bar{x} = 6.13$) with mean difference of (3.37, $p < .05$); 151,000 – 200,000 naira ($\bar{x} = 6.85$) with mean difference of (2.65, $p < .05$); 100,000 – 150,000 naira ($\bar{x} = 5.70$) with mean difference of (3.79, $p < .05$); 50,000 – 99,000 ($\bar{x} = 5.76$) with mean difference of (3.74, $p < .05$)

However, participants who earned between 100,000 – 150,000 naira and 50,000 – 99,000 naira (mean difference = -.06); 100,000 – 150,000 naira and 50,000 – 99,000 naira (mean difference of -.36) were not significantly differed on adjustment to midlife crisis with mean difference of p-value > .05.

4.2.2.3 Hypothesis three stated that some demographic variables will have significant influence on adjustment of women during their midlife crisis. The results are shown in these Tables:

Table 4.15: Summary of t-test of Independent Sample showing Difference Religion of Women on Midlife Crisis Adjustment

Religion	N	Mean	SD	Df	t	p
Christianity	31	4.97	1.19	163	-.688	> .05
Islam	134	6.67	2.18			

Source: Researcher’s Field Survey, 2022

The result of t-test of independent indicates that there is no significant difference between Christianity and Islam on adjustment to midlife crisis, [t(163)= .995, p > .05]. This indicates that the two religions help the participants in same way to adjust better during the midlife crisis.

Table 4.16: Summary of One-Way ANOVA showing Significant Difference among Educational Level of Women on Midlife Crisis Adjustment

	Sum of		Mean		
	Squares	Df	Square	F	Sig.
Between Groups	2.429	3	.810	.838	.475
Within Groups	155.607	161	.967		
Total	158.036	164			

Source: Researcher's Field Survey, 2022

The result from table 4.16 reveals that there is no significant difference in educational level among women on midlife crisis adjustment [$F(3,161) = .838$, $p > .05$]. This indicated that educational level does not significantly influence midlife crisis adjustment among participants.

4.2.2.4 Hypothesis four stated that support system will significantly influence adjustment of women during their midlife crisis. This was presented in Table 4.17.

Table 4.17: Summary of One-Way ANOVA showing Significant Difference among Support System Level of Women on Midlife Crisis Adjustment

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	29.694	3	9.898	12.417	.000
Within Groups	128.342	161	.797		
Total	158.036	164			

Source: Researcher's Field Survey, 2022

The result from table 4.17 reveals that there is a significant difference in support systems enjoyed by women on midlife crisis adjustment $F(3,161) = 12.417, p < .01$. This indicated that support systems significantly influence midlife crisis adjustment among participants.

Table 4.17b: Multiple Comparisons showing a Least Significant Difference (LSD) of Adjustment to Midlife Crisis across Social Support

	Support system	1	2	3	4	Mean	SD
1.	A supportive family	-	-.79*	-.85*	.08	3.22	.99
2.	A cooperative spouse		-	-.06	.88*	4.02	.84
3.	A supportive religion organization			-	.94*	4.08	.76
4.	Significant others				-	3.13	1.06

*. The mean difference is significant at the 0.05 level.

Source: Researcher’s Field Survey, 2022

Specifically, the result of multiple comparisons shows that participants who received support from a family ($\bar{x} = 3.22$) significantly reported higher adjustment to midlife crisis than participants who received support from spouse ($\bar{x} = 4.02$) with mean difference of (-.79, $p < .05$). Also, participants who received support from religious organization ($\bar{x} = 4.08$) significantly reported higher adjustment to midlife crisis than participants who received support from a cooperative spouse ($\bar{x} = 3.22$) with mean difference of (-.85, $p < .05$). Participants who received support from family ($\bar{x} = 4.02$) significantly reported higher adjustment to midlife crisis than participants who received support from significant others ($\bar{x} = 3.13$) with mean difference of (.88, $p < .05$). Again, participants who have a supportive religion organization ($\bar{x} = 4.08$) significantly reported higher adjustment to midlife crisis than participants who received support from significant other ($\bar{x} = 3.13$) with mean difference of (.94, $p < .05$).

4.3 Discussion of Findings

Data was gathered from a total of one hundred and sixty-five (165) respondents. Hypothesis one stated that age of women will significantly influence onset of midlife crisis. This hypothesis was tested using descriptive statistics. The result indicated that there is significant difference in age group among women on their experience midlife crisis. This study reveals that the respondents indicated that they have experienced midlife crisis at a specific period in their lives. Furthermore, result of multiple comparisons across age group shows that participants within age group of 45 – 54years reported the highest midlife crisis than participants within other age groups. Again, more respondents indicated that they had feelings of aches and pains without physical symptoms and this is suggestive of midlife crisis which may be linked to menopause and process of aging. This shows that experience of midlife crisis tends to affect quality of life of women since menopausal related symptoms affect physical wellbeing, life satisfaction and finally the quality of life¹. Also, since women have traditionally been valued for their reproductive capabilities, they may be considered old once they are postmenopausal. Whereas, men have traditionally been valued for their achievements, competence and power, and therefore are not considered old until they are physically unable to work and engage in other activities. At this stage, women are known to express more fear, anxiety, and may become unusually worried about their self-confidence as they advance in age. Consequently, an attempt to adjudge themselves fit enough to handle some of their former roles in order to convince their peers and acquaintances as relevant persons can trigger midlife crisis.

Moreover, some factors that might bring about crisis for the participants of this study may be physiological, emotional and societal. It may be physiological

because within the age group of 45 -54, they are already experiencing menopausal symptoms. It is believed that bodily changes and changing hormones during menopause are contributory factors to experience of women during midlife crisis. The effect of imbalance in estrogen and progesterone levels in menopausal women has resultant impact on quality of sleep, moods, sex drive and activity levels. Emotional issues are of essence during midlife, because often time's middle aged persons will have suffered some sort of bereavement or loss that may lead to profound sadness.

Again, it could be societal because the youth-obsessed society is not always kind to aging women. The participants of this study are middle aged women (i.e. 45-65 years old) and most women tend to be more anxious about their changing roles/ identity during middle age. They are caught between masking the signs of aging, care-giving roles and sandwiching their aged parents. They also would be required to make firm decisions on their career and family issues those men their age did not have to make. Furthermore, divorce or the wage gap may mean they have chronic financial anxieties thereby becoming a pointer to midlife crisis². In addition, it is believed that middle aged women experience intense psychosocial disorders like depression, sleep disruptions, lack of interest in social activities coupled with their changing career and loss of self-confidence. For women, this transition period is seen as a period of crisis because often times it is accompanied with defective wellbeing and diverse health issues³.

Also, it could be cultural in nature. For example, a considerable number of Malay women in a study reported that they experienced depression at some point during their midlife years, especially during menopause. However, researches in

Western countries found that response to menopause by women have a cultural implication⁴. The response rate in this study is suggestive of cultural relativity on reactions to menopause and other factors of midlife crisis among this sample of Oyo State women. With the foregoing, at least one or more of the above factors was/were a trigger/triggers of the onset of midlife crisis among the participants of this study. Hence, hypothesis one is hereby accepted.

Hypothesis two stated that income will have a significant impact on women's adjustment to midlife crisis. This was analyzed with One-way ANOVA. The findings reveal that there is significant difference in income level and midlife crisis adjustment of participants. This indicated that income level significantly influences midlife crisis adjustment. Specifically, the result of multiple comparisons shows that participants who earned income of above 200,000 naira significantly reported higher adjustment to midlife crisis than participants who earned 50,000 naira and below. Therefore, on income status and adjustment to midlife crisis, whereas women with low financial status experienced intense depression and midlife crisis in Southeast Asia, those with high financial status had no experience of depression, this assertion is apt for midlife women in Oyo State during their midlife crisis. In the study conducted among Southeast Asia women on assessment of the effects of age, educational attainment, income status, menopausal status and ethnic affiliations on pattern of stress over a period, findings show that Hispanic women, women with lesser educational attainment, and women reporting financial hardship reported high level of stressful situations⁵. Meanwhile, since income of Oyo state women were not tied to their educational status nor employment status, this is contrary to the findings of the study conducted on Women Across Nations (SWAN) which was discussed above.

Moreover, this study reveals that participants earn their income from their private businesses and vocation as their counterparts in other African nations.

In Africa, as a result of cultural diversity, the highly educated and those gainfully employed were found to be less anxious about aging. Similarly, less educated housewives who had high household incomes also considered aging in a more positive light. On the whole, income is key without due recourse to educational status because participants who had low incomes were shown to express more concerns about their physical appearance and experience some form of crisis⁶.

Most participants in this study stated that they earn high income and engage in other vocation to augment the allowance provided by their spouses. This is in line with move against patriarchal and capitalist stance in some parts of the world. African nations in particular. It is noted that apart from major role of women in maintaining marital happiness and domestic stability, married women should be able to work outside home. It is believed that wives like their husbands, needed to work to have a sense of fulfilment and counter the attendant demands of motherhood but also to restore their self-esteem. When women work outside home, they feel motivated, know achievement and escape loneliness. With adequate and regular income, the participants of this study were able to manage their health and afford health care services. Therefore, it is believed that adequate and regular income enabled women unhindered access to preventive health-care measures or health-care services. Hence, hypothesis two is accepted.

Hypothesis three stated that religious affiliation and educational attainment will have significant influence on adjustment of women during their midlife crisis. On religious affiliations, the result of t-test of independent shows that there is no

significant difference between Christianity, Islam and Traditional religion on adjustment to midlife crisis. This indicates that religious affiliation, irrespective of the sect, helps the participants in similar way to adjust better during midlife crisis. The findings of this research shows that religious affiliations, sense of spirituality and belief are associated with soundness in health, feelings of well-being and quality of life, particularly in response to how people handle issues related to ill-health and other challenge of midlife. Therefore, middle aged women resorted to high spirituality as a weapon to combat untold hardship associated with midlife crisis and to remain optimistic, thus contributing towards a sense of well-being⁷. This assertion could be used to describe the participants of this study. They believe that engaging in spiritual activities such as prayer will cushion the negative tendencies of tuning to themselves and is found to have significant influence on their adjustment during midlife crisis. Also, the study conducted among the Indians and Malays with religion as a means of adjustment was observed to have a significant effect on the attitude of the participants of the study. Therefore, the participants' perception about religion became a tool that facilitated smooth transition through period of health challenges and also became an important avenue for dealing with emotional stress. Generally, the potential benefits of religious activities, spirituality and belief for sound health, well-being and quality of life especially for older adults cannot be overemphasized⁸.

On educational attainment as it impacts adjustment of women during their midlife crisis, findings from this study shows that educational attainment does not significantly influence midlife crisis adjustment among participants. It was also discovered that there exists no significant relationship between educational qualification and experience of midlife crisis among Oyo state women as against

the findings of research conducted in Southeast Asia on Women across Nations, in which educational attainment had a significant effect on financial status of women. However, the study conducted on Oyo State women which shows that there exists no significant relationship between educational attainment and their experience of midlife crisis was supported by Li Ping Wong et al in their study on Multi-Ethnic Malaysian Women. Li Ping Wong et al found that there exists no significant association between employment status and experience of midlife crisis among women and that aging, bodily change, and attitudes toward help-seeking or prevention did not vary by ethnic group or educational level. They observed that women who earn high-income were financially secure and were able to afford the cost of prevention and treatment-seeking to delay all aspects of aging than those from low-income households⁹. Following from above, findings of the study conducted among Oyo state women show that some of the participants are without formal education, yet they earn high income through their vocation and private business. Therefore, they were able to manage their health and afford health care services. Again, this finding is in line with the cultural relativity of midlife crisis. Hence, hypothesis three is accepted.

Hypothesis four stated that support system will significantly influence adjustment of women during their midlife crisis. Specifically, the result of multiple comparisons shows that participants who received support from family significantly reported higher adjustment to midlife crisis than participants who received support from cooperative spouse. Also, participants who received support from religious organization significantly reported higher adjustment to midlife crisis than participants who received support from a cooperative spouse. Participants who received support from family significantly reported higher

adjustment to midlife crisis than participants who received support from significant others. At midlife, an individual function as support provider as well as a beneficiary of support systems through his/her relationship with others. Social relations with family, friends, and co-workers can provide a major source of satisfaction and contribute to wellbeing and health in midlife. The absence of support or the experience of strain can wreak havoc on middle-aged adults, leading to stress and illness. Notwithstanding, research on the consequences of empty nest revealed that older adults were found to suffer from loneliness, physical and mental decline, loss of sense of wellbeing when compared to those who have some form of support system through their children and family members¹⁰.

In Africa, India, Middle East, and East Asia, older parents are highly revered and it is deemed necessary that children should take care of their aged parents and accord them due respect¹¹. The foregoing assertion fits in well with the belief of Oyo state women where this research was conducted. Any breach in the principles of seeing to the welfare of older parents is met with severe consequences like stress, sadness and outright shame to the parents. However, this experience is not common in British families. For British families, when their children leave home, they celebrate their departure because it is a pointer to the fact that they have succeeded as parents of children raised to assume independent adult life with its challenges¹². Again, this is a pointer to the cultural relativity of midlife crisis. As regards sources of social support system for the sample of women in this study during their mid-life crisis, it was discovered that more of the respondents indicated that they got support from family members. This finding is consistent with the suggestion that social relations with family, friends, and co-workers can

provide a major source of satisfaction and contribute to wellbeing and health in midlife. It is reported that the impact of support systems through family and friends throughout life course have greater influence on psychological well-being, and reduction in depressive signs among the aged population¹³. With the foregoing, hypothesis four is also accepted.

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Chapter Five

Conclusion

This study investigated the sociodemographic factors influencing the adjustment of women in some selected local government areas in Oyo state, southwest, Nigeria during their Midlife Crisis. The study covered five chapters. Chapter one was the introduction, giving the background to the study. The statement of the problem also shed more light on why the study was carried out. The study was guided by broad and specific objectives. Significance of the study also gave insight into what stakeholders will benefit from the findings of the study, scope of the study was discussed, while the operational definition of terms for the main variables of the study was also done. Chapter two covered the literature review section of the research work. Chapter three was the methodology adopted for the study. Under the methodology, the research adopted cross sectional design, 200 women were selected for the study based on some criteria justified by COVID19 pandemic. Table and sampling procedure adopted was also explained, the research instrument for data gathering was done through copies of questionnaire, reliability, validity, procedure and method of data analysis were discussed in chapter three.

Chapter four covered the result section of the study. The analysis was done according to the stated research questions and objectives. The study was guided by broad and specific objectives. Four Objectives were tested on four Hypothesis. Each item on the work was strong enough to test the Hypothesis. Descriptive statistics in form of frequencies and percentages and Inferential statistics in form of ANOVA was used to test the four (4) hypothesis generated for this study. This

chapter presents the conclusive aspect of the research. The following outline were covered in this chapter; summary of findings, conclusion, recommendations and suggestions for future studies.

5.1 Summary of Findings

Firstly, it could be concluded from this study that more respondents indicated that they have experienced midlife crisis at some point in their life; most of them indicated experiencing it when they were within the age group of 45 - 54 years old. Therefore, age of women has significant influence on experience of midlife crisis. Secondly, this study shows that, income status has significant influence on adjustment of women in Oyo state during their midlife crisis. 75.8% of the respondent stated that they earn income of between N150,000 to N200,000 while the remaining 24.2% respondents who earn income of less than N200,000 stated that they engaged in other income generating activities to augment the money provided by their husbands. Therefore, during their midlife crisis, they were able to afford the cost of seeking help from therapist when required. Thirdly, findings show that religious affiliations, irrespective of the sect, have significant influence on adjustment of women.

Although 66.1% of the respondents this study had the highest educational qualification being tertiary education, educational attainment has no significant impact on women's adjustment to midlife crisis. Finding shows that they experienced midlife crisis like their counterparts with lesser educational qualification, which comprised of the remaining 39.9% and were able to adjust. Finally, this study reveals that support systems played a significant role on adjustment of women during their midlife crisis. With the foregoing, the

respondents stated that they enjoyed support from their family members and spouses but most of them revealed that they enjoyed more support from their family members rather than their spouses and significant others.

On perceived level of self-awareness on adjustment to midlife crisis, 83.03% of women in this study reported high significant levels of self-awareness at the levels of “very well and well” The remaining 16.97% reported “fair, unsure and poor self awareness on self adjustment to midlife crisis.

5.2 Conclusion

These conclusions were drawn based on the findings of the study. This additional scholarly material was able to establish that midlife women in Oyo state south west Nigeria, during their midlife experience midlife crisis. However, with regular income, their belief and practice of religion and spirituality together with adequate support systems, they do not suffer the negative consequences of psychosocial issues such as suicidal tendencies.

5.3 Recommendations.

The following recommendations were made based on the findings of the study;

1. It is recommended that women should be sensitized to seek help through medical sociologists or health practitioners since studies reveal that menopausal symptoms may likely present as midlife crisis. They should be encouraged to avail themselves of counselling opportunity and psychotherapy.
2. It is suggested that health interventions for middle aged women should focus on individuals with low income. When women work, they will be motivated, experience fulfilment and avoid loneliness associated with feelings like demi

humans. In addition, spousal cooperation should be encouraged among couples. Whereby women would be empowered and mobilized to earn income as this was proven to be effective in mitigating the negative consequences of midlife crisis in women.

3. Women should be encouraged to maintain a positive attitude by finding motivation through education, online courses, art, hobbies, volunteering and physical exercise.
4. Healthcare providers should consider including spirituality in assessments and interventions for middle aged women. Institutions of the society such as religious organizations and NGOs should be empowered to cater for psychosocial needs of women when they present themselves to their facilities during their midlife crisis. This will help cushion the negative effect of mid-life crisis on women during their midlife.
5. This study recommends that women experiencing mid-life crisis should be offered adequate systems of support. Government should pay more attention to community social support-health promotion programs in terms of broad coverage of health services, which should be instituted through the Ministry for Women Affairs situated within the local government area of residence of women.
6. Again, family and friends of women experiencing mid-life crisis should be encouraged to offer the needed support at all times because from this study, it shows that mutual relationship between family, friends of these women have significant impact on mitigating the fatalities of experience of mid-life crisis in women.
7. Finally, this study recommends that more studies should be carried out on the best strategies for women's adjustment to midlife crisis.

5.4 Contributions to Knowledge

- 1 Rich data gathered from this study could be used for further studies in Nigeria with a view to comparing the experience of midlife crisis among women of other regions in Nigeria, this becomes necessary because experience of midlife crisis could be regional, cultural and ethnic in nature.
- 2 Also, the rich and useful data generated could be a baseline data for intervention studies to cover Nigeria as a country and to assist government in formulations of policies that would address the psychosocial issues among women.
- 3 The result of this study may be helpful to government in the area of establishment of agencies and support systems that would take care of specific needs of middle aged women. The closer these facilities are to the communities and local government areas, the more accessible they become and the better for the women during their midlife crisis
- 4 The data gathered could also inform the need for government at the state level to budget for intervention funds and provision of infrastructure for religious organizations, and non-governmental organizations. Most of these religious groups and non-governmental organizations saddled with the responsibilities of taking care of psychosocial needs of these women rely heavily on philanthropists for their operations. Therefore, with adequate and regular funding, it is believed that these organizations would willingly offer needed assistance to women in the area of counselling and provision of support system as appropriate.

5.5 Suggested Areas of Further Research

It is recommended that future studies should include both men and women in order to compare and ascertain the adjustment strategy men adopt during their mid-life crisis. This will contribute to literature on mid-life crisis generally. Also, it is suggested that future studies should endeavor to cover a wider scope of women as this will help to generalize the findings of the study. In addition, future studies can be tailored towards adopting mixed method research in order to increase the validity of the findings of the study.

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Department of Sociology,
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Ibadan, Oyo State.

Dear Sir/Ma,

Request for Completion of Research Questionnaire

I am a student of the above named institution carrying out a research on 'Socio-demographic determinants of women's adjustment to midlife crisis' as part of the requirements for the award of M Sc. in Sociology.

In view of this, I humbly request you to please complete and return the following questionnaire. You are required to provide answers to the questions based on your objective opinion and sincere conviction.

All responses provided by you will be used strictly for this research and will be handled with utmost confidentiality.

Yours Faithfully,

Researcher

Socio-Demographic Determinants of Women's Adjustment to Midlife Crisis

Information!!!

What Midlife Crisis is About

A midlife crisis is a sort of change of identity and self-confidence that can occur in middle-aged individuals.

This change could be brought about by one or more but not limited to the following; commencement of ageing process, onset of menopause in women, unexpected loss of a parent or both, unexpected loss of child, spouse or a close relation, loss of job or unplanned retirement and possibly lack of accomplishment in life.

Whenever any of the above life events results to feelings within the individuals of intense remorse and high levels of anxiety, or desire to achieve youthfulness or make drastic changes to their current lifestyle or feel the wish to change past decisions, it is said that such individuals are experiencing what is termed "**Midlife Crisis**".

Instruction: Please you are required to tick ONLY 1 from the options provided after each question.

Questionnaire

Section A: Demographic Data

1. Age

(A) 45-50 (B) 51-55 (C) 56-60 (D) 61-65

2. Religion

(A) Christianity (B) Islam (C) Traditionalist (D) Others

3. Marital status

(A) Single (B) Married (C) Widowed (D) Separated (E) Divorced

4. Ethnicity

(A) Hausa/ Fulani (B) Igbo (C) Yoruba (D) Others; Please specify.....

5. Level of Education

(A) Primary (B) Secondary (C) Tertiary

6. Employment Status

(A) Government/ Private Sector Employee (B) Self-employed (C) Semi-skilled worker

(D) Retiree

7. Monthly Income Status (Range)

(A) Above 200k (B) 151k – 200k (C) 100k – 150k (D) 50k – 99 (E) Under 50k

8. Location/Residential Area (Local Govt Area)

(A) Ibadan South West (B) Ibadan North (C) Ido

(D) Ibadan Northwest (E) Ibadan Northeast (F) Lagelu (G) Egbeda (H) Akinyele

Section B Manifestation/ Experience of Midlife Crisis

1. Have you ever experienced what some might describe as a midlife crisis?

(A) Yes (B) No (C) Possibly, although I wouldn't describe it as a crisis as such

(D) I'm not quite sure if I have (E) I've experienced several episodes

2. How old were you when you experienced it?

(A) Under 45 Year (B) 45-54 (C) 55 – 64 Years (D) 65 and above

3. What sort of Physical feelings were (or still are) most typical for you during that period?

(A) Neglect of personal Hygiene (B) Aches and pains without an identifiable cause including muscle pain (C) Digestive problems and change in appetite (D) Changes in body weight (unplanned loss or gain) (E) Dramatic change in appearance (F) Changes in sleep habits

5. What sort of Psychological or Emotional feelings were (or still are) most typical for you during that period?

(A) Chronic reminiscence about the past (B) Feeling of boredom and emptiness - (C) Mood swings, increased anxiety and worry (D) Thoughts of death or self-harm- (E) Loss of interest in sex (F) Intense feeling of sadness (G) Marital infidelity or constant thoughts about infidelity (H) Tearfulness, uncontrollable emotions

6. Which of the following could best describe your relationship with or attitude towards (social interactions) people around you during that period?

(A) Impulsive, often rash actions

(B) Dramatic changes in behavior

(C) Constantly comparing yourself to others, who seems happier or more fulfilled

(D) Lack of interest in previously fun activities

(E) Withdrawal from social interactions

(F) Irritability and anger

7. How strongly did you experience your midlife?

(A) Very Strongly-5 (B) Strongly-4 (C) Fairly-3 (D) Not at all-2 (E) Not Sure-1

8. Which beliefs about yourself and life in general did you let go off as a result of your midlife crisis?

(A) Blaming your partner that life hasn't turned out as you hoped

- (B) Talking about the disappointment and challenges you've faced in life
- (C) Thinking about change in your marriage or seeking divorce
- (D) Fear of the ageing process itself
- (E) Fear of death
- (F) Less worry about your appearance (whether or not feeling attractive to your partner)

9. Which new beliefs about yourself and life in general did you replace them with?

- (A) Embrace yourself as you are and find meaning in life's changes
- (B) Choice of a happier life, either as a single person or with your partner
- (C) Decide on what you want your future to look like by setting new goals
- (D) Mindful meditation by taking control of your thoughts
- (E) Steer clear of social media since overuse can cause depression, anxiety, feelings of hopelessness and worthlessness
- (F) Hangout with like-minded people

10. Which of the following support systems did you find helpful during that period? Please **tick the ones that are appropriate.**

- (A) A cooperative spouse (B) A supportive family (C) A supportive religious organization
- (D) A gainful employment/ regular income (E) Colleagues at work.
- (F) Friends or Former Classmates. (G) All of the above.

11. From options A to G, which of the Support systems was the strongest in facilitating your adjustment during the period?

- (A) A cooperative spouse (B) A supportive family (C) A supportive religious organization
- (D) A gainful employment/ regular income (E) Colleagues at work.
- (F) Friends or Former Classmates (G) All of the above.

12. Self-Awareness of level of Adjustment; How well do you think you have adjusted/are adjusting to midlife crisis?

- (A) Very well – 5
- (B) Well – 4

- (C) Fairly – 3
- (D) Not Sure – 2
- (E) Poorly Adjusted – 1

13. What advice would you give a younger woman, knowing what you now know about life?

- (A) Tell them to stop being afraid of being lonely
- (B) They should not allow other people's fears/ignorance affect them so deeply
- (C) They should focus on inner beauty and strength rather than outward appearance alone
- (D) To surround themselves with people who they want and stay away from people who suck life out of them
- (E) Spend more time with their children

14. What advice would you give to those who are currently experiencing a midlife crisis?

- (A) Acceptance of life's changes
- (B) Engage in activities that make life feel less overwhelming
- (C) Consult a physician/health professional
- (D) Regain their sense/control and belief that a lot of wisdom and comfort comes with time

Biodata

A. Personal Data

1. Full Name: Gbadamosi Oluseyi Folakemi
Address: No 12, Trinity House, Bel-Air Estate, Akala Express Oluyole, Ibadan.
E-mail Address: folagbadamosi@yahoo.com
Phone Number: 08025982363
2. Date of Birth: 12th December, 1965
Place of Birth: Ibadan
3. Nationality: Nigerian
4. Name and Address of Next of Kin
Name: Engr. Gbadamosi Abiodun Opeyemi
Address: No 12, Trinity House. Bel-Air Estate. Akala Express Oluyole. Ibadan.

B. Education Institutions Attended with Dates and Qualifications.

- i. Primary School:
St. Michael's C & S School, Oke-Seni, Ibadan, Oyo State, Nigeria
First School Leaving Certificate (FSLC 1976)
- ii. Secondary School Education:
 - a. People's Girls Grammar School, Molete, Ibadan
(Form 1-3), (Sept. 1977- July, 1980)
 - b. Osogbo Grammar School, Osogbo, Osun State, Nigeria.
(Sept. 1980 – June 1982)
West African School Certificate (WASC)

iii. Higher Institutions:

- a. Obafemi Awolowo University, Ile-Ife, Osun State, Nigeria.

BSc. Sociology and Anthropology, (2nd Class Upper Division) 1990.

- b. Ladoko Akintola University of Technology, Ogbomosho, Oyo State, Nigeria.

Master's in Business Administration (MBA), 2001

C. Working Experience with Dates:

- a. National Youth Service Corps (1990- 1991)

Primary Assignment Placement in Ministry of Women's Affairs (Better Life for Rural Women Department), Governor's Office, Oke-Ilewo, Abeokuta, Ogun State.

- b. Power Holding Company of Nigeria (PHCN) (1991-2011)

Positions: Admin Officer – Senior Manager (Human Resource)

- c. Transmission Company of Nigeria (TCN) (2012-2019)

Post Held: Principal Manager (Human Resource)

Signature

Date

University Compliance Certification

This is to certify that the thesis by **Oluseyi Folakemi GBADAMOSI** with matriculation number: **LCU/PG/001271** in the Department of Sociology, Faculty of Management and Social Sciences, Lead City University, Ibadan is in full compliance with the approved University Format and Style.

Signature

Date

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