Original Article

Biological, Physical and Psychosocial Challenges in Women During Mid and Later Life

Rashida Sultana[1], Shamsa Humayun[2]

[1]Professor Obstetrics & Gynaecology, Azra Naheed Medical College, The Superior University, Lahore
[2] Professor Obstetrics & Gynaecology, Academic advisor DME CPSP, Senior Vice President Women Medical Association

Correspondence: *Dr Rashida Sultana*
Professor Obstetrics & Gynaecology, Azra Naheed Medical College, The Superior University, Lahore
drrashidasultana2023@gmail.com

Abstract

Objectives: To determine the biological, physical, and psychosocial challenges women experience in their mid and later life and to to identify the potential associations based on demographic factors.
Methodology: A cross-sectional study was conducted from May to June 2024 on women aged 40 years and above. A sample size of 419 was collected using convenient sampling technique. Data was collected using a structured e-proforma that comprised demographic variables and the "Developmental Crises Questionnaire-12" (DCQ-12). The questionnaire was disseminated through social groups and email. The data were analyzed in SPSS 26.
Results: Overall, 60 women (14.3%) scored 3.5 or higher on the subscale "lack of clarity and control," indicating a crisis in this aspect. Mean scores were 2.5 for 'disconnection and distress,' 3.07 for 'turning point and transition,' and 2.9 for overall DCQ 12. Developmental crises mean score of ≥3.5 was found in 9% of women aged 40-50, 16.9% for 51-60, and 27.6% for over 60 (p = 0.002). Additionally, 9% of housewives, 18% of medical professionals, and 27.5% of non-medical employees scored 3.5 or higher (p = 0.001). Furthermore, 19.8% of women with medical education achieved this score compared to 10.5% with non-medical education (p = 0.007), suggesting developmental crises are more common among those with medical education than non-medical education.
Conclusion: A considerable number of women experienced a crisis in "clarity and control". Mid-to-late life crises are significantly associated with women's age groups, occupations, and educational background.
Keywords: Developmental Crisis, Midlife, Menopause, Women's Health

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Introduction

The journey of life is characterized by various developmental stages, each marked by unique challenges and transitions. One such pivotal stage is midlife, typically between the ages of 40 and 60, during which individuals experience many physical, emotional, and social changes.[1] Midlife challenges have been a subject of scholarly interest for decades, reflecting the profound impact of this phase of life on personal development and well-being.[2]

Midlife is not merely a chronological marker; it is a dynamic period characterized by personal growth, self-reflection, and transformation. During this stage, individuals often reassess their life goals, recalibrate their relationships, and examine their purpose in life. Women face various challenges in mid- and later life in both developed and developing countries.[3] Health-related issues, including chronic diseases, disabilities, and cognitive decline, pose substantial burdens on individuals' physical and mental health. Limited healthcare facilities may compound these challenges, particularly in developing countries.[4]

Financial insecurity is another prevalent concern among older adults, exacerbated by insufficient retirement savings, economic instability, and limited access to social safety networks. This issue is particularly pronounced in developing countries, where pension systems may be underdeveloped or inaccessible to large segments of the population.[5]

Social factors also play a significant role in shaping the experiences of individuals in mid-to-late life, with loneliness, social isolation, and changes in family structures posing notable challenges. In developing countries, older adults may face increased vulnerability and social exclusion, where traditional family support systems may be strained due to urbanization and constrained financial resources.[6]

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This study aimed to identify the biological, physical, and psychological challenges women face in their mid- and later life and to determine potential variations based on demographic factors. As the literature reveals, adults face greater challenges to their physical, mental, emotional, and social well-being in their mid and later life than in their younger years.[7]

So, this study may contribute valuable insights to the existing knowledge on midlife challenges, uncovering the complexities and implications of this significant phase of life. Moreover, it will bridge the knowledge gap in the local context. Early identification of such challenges and their impact on women, who comprise a major part of society, is crucial. Providing support and intervention strategies for individuals navigating this stage of life may enhance their physical, emotional, and psychological well-being as they embark on this transformative phase.

Methodology

It is a cross-sectional study conducted from May to June 2024. Data was collected after ethical approval from the institutional review committee (IRB/ANMC/2024/010). The calculated sample size was 385, based on an estimated proportion of 0.50 and a 95% confidence level with an acceptable difference of 0.05. All the women aged 40 years and above were included in the research after their consent, while pregnant ladies were excluded. All women aged 40 years and above were included after their consent, while males and those who did not consent were excluded. The questionnaire was designed on Google Form and disseminated through email and social groups. The questionnaire began with a brief introduction to the research and the inclusion criteria, followed by a consent. Those who gave consent could proceed to complete the response. Each participant was allowed to submit a single response. The Proforma was comprised of three parts. The first part covered demographic data on the study participants, including age, education, and occupation. The second part consisted of the "Developmental Crises Questionnaire-12" (DCQ-12), which contained twelve items. A pre-designed and validated questionnaire by Petrov et al. has been used, and its author has freely permitted its use for research purposes. DCQ-12 was used to explore "disconnection and distress," "lack of clarity and control," and "turning point and transition,". The scale has a Cronbach's alpha of 0.79.[8, 9] Kulik et al. tested its reliability and found a Cronbach's alpha of 0.78 for the entire scale.[10]

The response to each item was presented on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The first four items explored disconnection and distress, while items 5-8 "lack clarity and control". These are reverse-worded items. Questions 9 to 12 are about "turning point and transition in life". The sum of score of items 1, 2, 3 and 4 was taken as "disconnection and distress"; the sum of items 5, 6, 7 and 8 for "lack of clarity and control"; and the sum of items 9, 10, 11 and 12 for "Turning point and transition". [8, 9]

For a 2-level categorical variable, a score of ≥42 or a mean score of ≥3.5 is coded as "presence of crisis", while a score of <42 or a mean score <3.5 is coded as" absence of crisis".[8] We used the mean score cut-off value for analysis in this study.

In the third part of the proforma, participants were further enquired about any health issues, menopausal symptoms, marital issues, divorce, loss of a spouse, empty nest syndrome, caretaker of old parents, retirement from a job, loss of a job, and any financial issues.

Descriptive statistics were used to provide an overview of the midlife challenges participants experienced, offering insights into the frequency of specific issues at this life stage. T-tests (quantitative) and ANOVA (categorical) were used to identify potential variations in midlife challenges across demographic factors, including age, marital status, occupation, and educational background.

Results

The total study participants were 419. Of these, 207 (49.40%) were housewives, while 212 (50.60%) were employed, with the majority being doctors. However, 30(14.15 %) were jobless, 39(18.39%) were retired from their job. Data revealed that 111(26.5%) were caregivers to their parents. Moreover, 40 (9.5%) experienced empty-nest syndrome. 38(9.1%) were widow and 10(2.4%) were divorced, 152(36.3%) faced financial issues.

Overall, 60 women (14.3%) had a mean value of 3.5 or more. A score of 3.5 on the "Lack of Clarity and Control" subscale indicates crises. The mean score was 2.5 for the subscale "Disconnection and Distress" and 3.07% for "Turning Point and Transition." The mean of the entire scale was 2.9, which was lower than the cut-off value of 3.5.

Data was stratified based on age, occupation, and education. It was found that women aged 40-50, 9% had a score of 3.5 or higher. This figure increased to 16.9% among those aged 51- 60 and 27.6% for women over 60. Age group stratification reveals a significant p-value ($p = 0.002$). The data show that 9% of housewives, 18% of medical professionals, and 27.5% of non-medical employees had a mean score of 3.5 or higher, with a p-value of 0.001. It was found that 19.8% of women who received medical education, compared to 10.5% of those who received non-medical education, achieved a score of 3.5 or higher. The p-value was 0.007, indicating that developmental crises are more common among individuals who receive medical education.

Figure I shows that 366 (87.3%) women had various health issues, with diabetes, hypertension, and depression being the most common. Similarly, 299 (71.36%) experienced menopausal symptoms, as detailed in Figure II.

Table I: Midlife crises based on DCQ-12.

Questions		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Score Total	Score Mean
1. Disconnection and Distress								
1. I have been questioning myself and my life more than I normally do	N (%)	33(7.87)	121(28.87)	171(40.81)	80(19.09)	14(3.34)	**419**	
	Score	33	242	513	320	70	**1178**	2.8
2. I feel like my life has lost direction.	N (%)	75(17.89)	157(37.47)	133(31.74)	41(9.78)	13(3.10)	**419**	
	Score	75	314	399	164	65	**1017**	2.42
3. I have been experiencing stronger negative emotions than normal.	N (%)	64(15.27)	167(39.85)	103(24.58)	68(16.22)	17(4.05)	**419**	
	Score	64	334	309	272	85	**1064**	2.53
4. I have been thinking that life is meaningless.	N (%)	102(24.34)	171(40.81)	102(24.34)	39(9.30)	05(1.19)	**419**	
	Score	102	342	306	156	25	**931**	2.22
Sum of the responses		**274**	**616**	**509**	**228**	**49**		
Sum of the scores		**274**	**1232**	**1527**	**912**	**245**	**4190**	**2.5**
2. Lack of Clarity and Control								
5. I have been confident about what I need to do to make it in life.	N (%)	17(4.05)	76(18.13)	137(32.69)	139(33.17)	50(11.93)		
	Score	17	152	411	556	250	1386	3.30
6. I have been feeling in control of my life.	N (%)	17(4.05)	109(26.01)	137(32.69)	130(31.02)	26(6.20)		
	Score	17	218	411	520	130	1296	3.09
7. My life feels stable and predictable.	N (%)	14(3.34)	103(24.58)	143(34.12)	135(32.21)	24(5.72)		
	Score	14	206	429	540	120	1309	3.12
8. I have felt that I have had the resources to deal with any challenges that life throws at me.	N (%)	19(4.53)	101(24.10)	142(33.89)	135(32.21)	22(5.25)		
	Score	19	202	426	540	110	1297	3.09
Sum of the responses		**31**	**151**	**207**	**431**	**120**		
Sum of the scores		**31**	**302**	**621**	**1724**	**600**	**3278**	**3.5**
3. Turning Point and Transition								
9. I am experiencing a time of transition in my life.	N (%)	16(3.82)	94(22.43)	137(32.69)	151(36.03)	21(5.01)	419	
	Score	16	188	411	604	105	1324	3.15
10. I am passing through a major turning point in my life.	N (%)	18(4.29)	164(39.14)	97(3.15)	82(19.57)	58(13.84)	419	
	Score	18	328	291	328	290	1255	2.99
11. I feel like I may be in the process of leaving the “old me” behind and am developing a “new me”.	N (%)	24(5.72)	109(26.01)	134(31.98)	127(30.31)	25(5.96)	419	
	Score	24	218	402	508	125	1277	3.04
12. I have noticed that the way I have thought about my life has changed.	N (%)	17(4.05)	112(26.73)	130(31.02)	133(31.74)	27(6.44)	419	
	Score	17	224	390	532	135	1298	3.09
Sum of the responses		75	479	498	493	131		
Some of the scores		**75**	**958**	**1494**	**1972**	**655**	**5154**	**3.07**

Table II: Demographic variables & their association with mid and later life crisis.

Demographic Variables		Total number (419)		DCQ mean score ≥3.5		DCQ mean score <3.5		P value
		N	%	N	%	N	%	
Age (years)	40-50	200	47.7	18	9	182	91	0.002
	51-60	172	41.1	29	16.9	143	83.1	
	>60	47	11.2	13	27.6	34	72.4	
Occupation	Housewife	207	49.4	18	9	189	91	0.001
	Medical	172	41.1	31	18	141	82	
	Non-medical	40	09.5	11	27.5	29	72.5	
Education	Medical education	172	41.0	34	19.8	138	80.2	0.007
	Non-medical education	247	59.0	26	10.5	221	89.5	

Discussion

Developmental Crises have been observed in a significant proportion of female during their midlife and later years. Mid and later-life are normal physiological processes; however, this transition poses many problems for most women. Women should recognize this change as a normal phenomenon rather than feel fear or stress about it

In this study, we used the “Developmental Crisis Questionnaire (DCQ-12)”. Although it was designed in 2022, it has undergone extensive testing to ensure its reliability. According to this, a cutoff value of 3.5 or higher for the mean score of each subscale and the entire scale indicates a developmental crisis in a specific context. Overall, 60 women (14.3%) had a mean value of 3.5 or more. According to Petrov et al, 19% were categorized as being in crisis, which is higher than our findings. It was also observed in the current study that nine per cent of females aged 40 to 49 encountered a developmental crisis. However, in our study, the figure increased to 16.9% in those aged 51-60 years and 27.6% for women over 60, with a significant p-value of 0.002. None of the females aged 60 and above reached the crisis cut-off value in a study conducted by Petrov et al.[8] This discrepancy may be due to geographical, economic, health care, and educational differences between the two study populations.

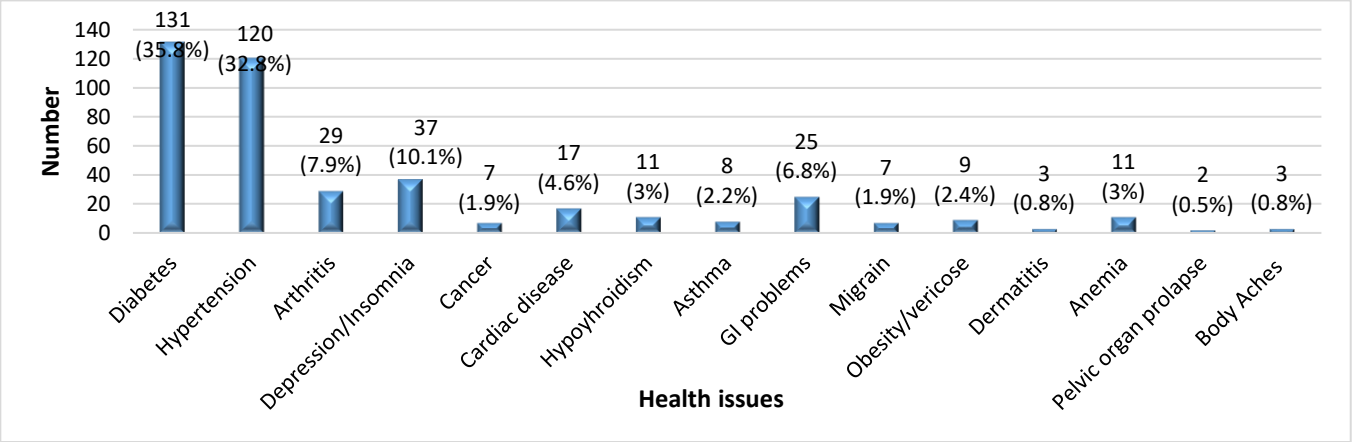

Figure I: Health-related issues experienced by women in mid-to-later life (N=366)

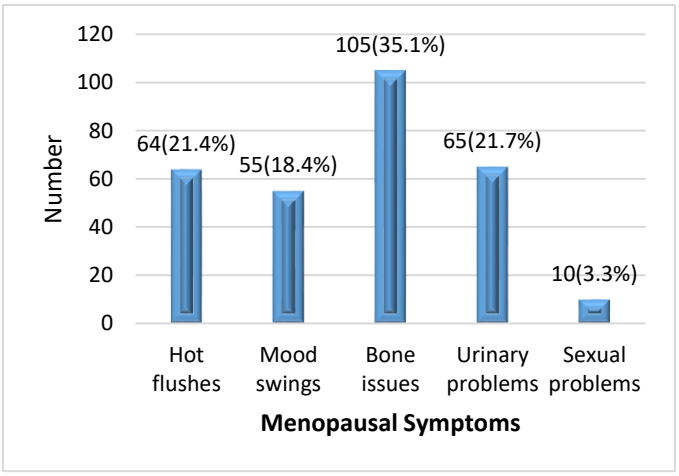

Figure II: Menopausal symptoms experienced by women (N=299)

Moreover, developmental crises were significantly higher among medical professionals (18%) and non-medical employees (27.5%) than among housewives (9%), with a p-value of 0.001. Women who received medical education were more affected (19.8%) than those who received non-medical education (10.5%), with a p-value of 0.007. This difference may be attributed to medical personnel's demanding academic and professional schedules. Additionally, employment uncertainty during the current economic and health care scenario may represent another underlying factor.[12]

Most (71.3%) women experienced menopausal symptoms, including bone pain and other bone issues (35.1%), urinary problems such as frequency of micturition, urinary tract infections (21.7%), hot flushes (21.4%), and mood swings (18.4%). Similarly, Sharma et al reported the frequency of menopausal symptoms in 70% of women.[13] According to a systematic review, 13-78% of menopausal women experience genitourinary symptoms that affect their overall health.[(14)] The frequency of hot flushes and night sweats is associated with hormonal changes and the level of reproductive hormones among menopausal women.[15] This normal physiological transition from perimenopause to menopause can be an underlying factor.[16] Menopause is a midlife event, and women experience various symptoms to different extents, so it is a time to assess women's general well-being and future needs.[(17)]Lifestyle modification may be helpful.

The current study revealed that women faced challenges such as caring for their elderly parents, empty nest syndrome, and issues related to married life. Therefore, a supportive workplace environment, including financial and family support, can be pivotal for women's physical and psychological well-being.

It was observed that 87.3% of women had different health diseases, such as diabetes, hypertension, depression, insomnia, arthritis, gastrointestinal upsets, being the major contributors. These health issues have a detrimental impact on the mid and later life of women. Early identification of disease and timely intervention to control it are crucial for females' better physical, emotional, and mental well-being.[(19)] Japanese women do not experience significant health issues in their mid- to late life, which may be attributed to their healthy lifestyle.[(20)] A healthy lifestyle, characterized by a balanced diet and regular exercise, profoundly impacts women's health.[(21)] Physical activity has a beneficial effect on women's well-being, improving both their physical and mental health.[22]

There is scarce data on this topic in the local context, so it adds valuable information to existing literature. It covered different aspects of women's lives that affect them directly and indirectly in their mid- to late years. However, it is an observational study on a small segment of women, so results cannot be generalized. In the future, large-scale multicenter research encompassing this transition in life should be conducted.

Conclusion

A considerable proportion of women have challenges on the "lack of clarity and control" subscale. Study reveals higher prevalence of developmental crises among those who received medical education. Thus, it is crucial to recognize this developmental crisis and examine the underlying factors for a better outcome for women.

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