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

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**Abstract**

*The incidence of midlife crises and the negative consequences on the well-being of middle-aged women is on the increase while their ability to cope differs. This study examines the socio-demographic factors that influence women's adjustment to the midlife crisis in selected local government areas of Oyo state, Nigeria. Also, it elucidates the support systems in dealing with psychosocial issues associated with a midlife crisis. The study was anchored on Erikson's Psychosocial Theory and Levinson's Stage-crisis view. The descriptive research design was adopted, and multistage and purposive sampling techniques were used to select the local governments and the participants for the study. Data were collected using a structured questionnaire administered to 165 women. Hypotheses were tested using descriptive statistics and One-way ANOVA. The findings reveal that the onset of midlife crisis among women was significant among women aged 45 to 54 at 55.76%. Income status has a significant impact on women during the midlife crisis as participants with higher income (above #200,000) adjusted better. Participants who received support from the immediate family significantly adjusted better than those who received support from other support systems  $F(3,161) = 12.417, p < .01$ . This study established that the age of onset of a midlife crisis, higher regular income, and adequate system of support from the immediate family were significant factors for women's adjustment during a midlife crisis. This study recommends the creation of awareness of the reality of the midlife crisis and the implementation of policies and programs as well as the provision of adequate support systems for women*

**Keywords:** Midlife crisis, socio-demographic factors, support systems, adjustment, and coping skills

## **Introduction**

A midlife crisis is described as a period of self-doubting in the life of individuals usually within the age of forty-five to sixty-five years. This stage in the life of an individual is referred to as a psychological crisis. A common occurrence during this period of psychological crisis is the process of aging 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 in feelings within individuals of intense depression, remorse, and high levels of anxiety, the desire to achieve youthfulness or make drastic changes to their current lifestyle, or the wish to change past decisions and events. The term 'Midlife Crisis' was coined by Elliott Jaques, a psychoanalyst, social scientist, and management consultant in 1965. An individual going through a midlife crisis is found to exhibit some of the following signs: exhaustion, self-doubting, low self-esteem, anger, frustration, daydreaming, loneliness, excessive cravings for material possession, and affair with the opposite sex (Lachman, 2004).

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 a 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 a job, spousal relationships, grown children as well as aging or death of parents can also trigger the onset of a midlife crisis. It affects males and females differently since their experience of stressors differs. For men, midlife crisis is mostly triggered by work-related issues whereas midlife crisis in women may be caused by self-assessment of their functions as caregivers and women leaders in their communities (Sheel, 1996). However, 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 the middle childhood socialization process. Notably, the socialization of males frowns against the expression of their emotions. It is considered a time-wasting or strange occurrence when males display their emotions openly.

Furthermore, the intensity of the experience of a 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 a negative consequence on their mental health. The poor adjustment could also result in a crisis among family members (Chang, 2018). Also, the 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. Lachman, (2004) opines that those who experience a stressful episode of midlife crisis believe that a lot of time has passed and view

physical decline as a negative event thus becoming stressed for being below their expectation in the life course. This stressful situation may bring about feelings of grief, pessimism, and signs of depression within those individuals. On the other hand, those who respond positively to the midlife crisis are healthy, emotionally stable, and optimistic about life.

Midlife for women is a phase in their life course that brings about some sort of psychosocial changes. Although stressful, some women at this stage exhibit tendency towards a drastic reduction in stress perception but rather engage in an optimistic attitude. Nowadays, certain adjustments and difficulties are linked to challenges in middle age. Some of them are tough for both males and females, while others are comparatively harder for women. For women, stressful relationships and hormonal change are key factors in their experience of midlife crises. Menopause for women can be overwhelming. During this phase, an imbalance in estrogen and progesterone level is usually accompanied by physiological changes. These physiological changes result in sleep disruption, mood swings, and low libido (Xu, Anderson *et al.*, 2018) At this stage, women are known to become broody. They become pensive at their tangential roles as mothers, caregivers, and community leaders. Bereavement and career swaps for women can also contribute to such feelings (Kiesow *et al.*, 2021).

Following the assertion that midlife is the period of handling transitions and challenges, the inability to cope with these changes can lead to a “crisis” situation, generally known as a midlife crisis. According to the U.S. Center for Disease Control and Prevention (CDCP), suicide rates increased by 50 percent from 2000 to 2016 among females, while male suicidal rates increased by 21 percent within the same period (Hedegaard *et al.*, 2014). 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. In another publication, the CDC reported that in 2014, women between the ages of 40-59 have the highest depression rate (Pratt & Brody, 2014).

Furthermore, in India, the 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 were reported to be highest among women aged 40-49 years and men over 60 years of age (Amudhan *et al.*, 2020). It was observed that the most common causes of stress in middle-aged suicide are criminal/judicial issues for men while health and family issues were more prevalent among women. This statistic is worrisome especially as it affects middle-aged women and the reasons for which they committed suicide. While it is very important to study the risk factors that seem to trigger the onset of a midlife crisis, research on factors that enabled women to adjust within the period in which the crisis lasted has not been thoroughly explored Hence the justification for this study which examines 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,

A longitudinal Study of Women's Health Across the Nations (SWAN) by Hedgeman *et al.* (2018), shed light on perceived stress across midlife by focusing on the longitudinal changes among a diverse sample of women. The main objective of this study is to establish the period of onset of a midlife crisis and explain the socio-demographic factors and systems of support that enabled women to adjust during their midlife crisis. This study is anchored on the Psychosocial development theory by Erik Erikson and Levinson's Stage crisis view. These two theories are relevant to this study because they discuss developmental changes that may occur within specific age groups. The issue of a midlife crisis is situated within a particular age which is appropriate 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 detail the occurrence of crisis during middle age. It is noteworthy that for both theorists, midlife is a time of psychological turbulence.

### **Methodology**

The study adopted a descriptive research design. 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; four (4) Urban areas and four (4) Ibadan-less city areas. A total number of two hundred (200) women were selected for the study. However, only one hundred and sixty-five (165) women participated in the research, giving a response rate of about 83 percent. The research adopted a Multi-Stage Sampling Technique to recruit participants for the study. **Stage 1:** Four (4) local government areas with urban/elite residents were purposively selected. **Stage 2:** Simple randomization done through simple balloting was used to select another Four (4) local governments with rural residents. **Stage 3:** With the map of each of these local government areas, neighborhoods and communities where women gather for meetings were located. **Stage 4:** Having located the hub of women within the neighborhoods, a non-random sampling technique was used to identify study participants.

The data collected was quantitative in nature. A structured questionnaire with sections A and B was developed to collect data. 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 collected 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. Participants also picked from the options provided on the manifestations and the support system they enjoyed most while

their midlife crisis lasted. They also provided information on self-assessment of their level of adjustment.

### Data analysis

Data collected in this study were analyzed using SPSS version 26. Descriptive statistics such as frequencies and percentages, cross-tabulation, and One-way ANOVA were utilized to test the hypotheses generated.

### Results

**Table 1.0: 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
<b>Total</b>	<b>165</b>	<b>100</b>

Source: Researcher's Field Survey, 2022

From Table 1.0, Data on the age of women at the onset of midlife crisis show 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 only 2 (1.21%) were 65 years old. This implies that the age of women at the onset of midlife crises varies within the age groups of these women. However, the onset of a midlife crisis is highly significant among women between 45 and 54 years old at 55.76%.

On income status and adjustment of women during their midlife crisis, the result reveals that 45.5% of women earn an income of above N200,000 monthly, and 30.3% earn an income of between N150,000 - N199,999. Therefore, 75.8% of the women earn an income of above N150,000 monthly while the remaining 24.2% of women earn between N50,000 - N150,000 monthly. For those who earn an income of N150,000 and above monthly, 75.8% reported higher adjustment to the midlife crisis than the remaining 24.2% of women with an income of below N150,000 monthly. This indicates that the income of women is significant for women's midlife crisis

**Table 2.0: 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 the t-test of independent presented in Table 2.0 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 similarly help the participants to adjust better during their midlife crisis.

**Table 3.0: 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

The result of multiple comparisons from Table 3.0 reveals that participants who received support from the 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 religious 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 4.0: 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
<b>Total</b>	<b>165</b>	<b>100</b>

Source: Researcher's Field Survey, 2022

This study further examined the influence of support systems and self-awareness on the level of adjustment. Results from Table 4.0 shows that

47.27% of women reported a highly significant level of self-awareness on adjustment to the midlife crisis at level 5 (Very well). Also, 35.76% of women reported level 4 (Well) of self-awareness on adjustment to the 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 the midlife crisis. This shows that 83.03% of women reported a highly significant level of self-awareness on adjustment to the midlife crisis at the levels of 'Very well' and 'Well'. The remaining 16.97% reported 'fair', 'unsure', and 'poor' self-awareness on adjustment to the midlife crisis.

### **Findings**

Findings reveal that 69.70% of the participants of this study reside in the urban area while 30.30% reside in Ibadan-less city areas. Data were gathered from a total of one hundred and sixty-five (165) respondents. Hypothesis one stated that the age of women will significantly influence the onset of midlife crises. The result indicated that there is a significant difference in age group among women in their experience of midlife crisis. This study reveals that the respondents indicated that they have experienced a midlife crisis at a specific period in their lives. Furthermore, the result of multiple comparisons across age groups shows that 55.76% of participants within the age group of 45 – 54 years reported the highest midlife crisis than participants within other age groups. Only 1.21% of women within the age group of 65 and above recorded the least onset of midlife crisis at their age. On the income of women as a factor towards adjustment, the findings reveal that there is a significant difference in income level and midlife crisis adjustment of participants. This indicates that income level significantly influences midlife crisis adjustment. The result of multiple comparisons shows that participants who earned income above 200,000 naira significantly reported higher adjustment to the midlife crisis than participants who earned 50,000 naira and below. For religious affiliation, the result of the t-test of independent shows that there is no significant difference between Christianity and Islamic religions on adjustment to a midlife crisis. This indicates that religious affiliation, irrespective of the sect, helps the participants similarly to adjust better during a midlife crisis.

On the influence of a support system on adjustment to midlife crisis, the result of multiple comparisons shows that participants who received support from family significantly reported higher adjustment to the midlife crisis than participants who received support from a cooperative spouse. Also, participants who received support from religious organizations significantly reported higher adjustment to the midlife crisis than participants who received support from a cooperative spouse. Participants who received support from family significantly reported higher adjustment to the midlife crisis than participants who received support from significant others. From above this study found that;- Firstly, respondents indicated that they have experienced a midlife crisis when they were within the age group of 45 - 54 years. Secondly, this study shows that income status has a significant influence on the adjustment of

women in Oyo state during their midlife crisis. About 76% of the respondent stated that they earn an income of between N150,000 to N200,000 while the remaining 24.2% of respondents earn an income of less than N150,000. Therefore, during their midlife crisis, they were able to afford the cost of seeking help from a therapist when required. Thirdly, findings show that religious affiliations, irrespective of the sect, have a significant influence on the adjustment of women.

Although 66.1% of the respondents of this study had the highest educational qualification being tertiary education, educational attainment has no significant impact on women's adjustment to the midlife crisis. The finding shows that they experienced a midlife crisis like their counterparts with lesser educational qualifications, which comprised the remaining 39.9%, and were able to adjust. Also, this study reveals that support systems played a significant role in the adjustment of women during their midlife crisis. 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. Finally, on the perceived level of self-awareness on adjustment to midlife crisis, 83.03% of women in this study reported highly 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 adjustment to a midlife crisis.

The study reveals that there is a significant difference in the age group of women and their experience of midlife crises. Some respondents indicated that they had feelings of aches and pains without physical symptoms and this is suggestive of a midlife crisis which may be linked to menopause and the process of aging. This indicates that experience of a midlife crisis tends to affect the quality of life of women since menopausal-related symptoms affect physical well-being, life satisfaction, and finally the quality of life (Adebusuyi, 2020). 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 and 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 to convince their peers and acquaintances as relevant persons can trigger a midlife crisis.

Moreover, some factors that triggered a midlife crisis for the participants of this study were found to be physiological, emotional, and societal. It is physiological because, within the age group of 45 - 54, they are already experiencing menopausal symptoms. This is justified by the belief that bodily changes and changing hormones during menopause are contributory factors to the experience of women during midlife crises. Therefore, the effect of imbalance in estrogen and progesterone levels in menopausal women affected



their quality of sleep, moods, sex drive, and activity levels. Also, emotional issues are of the essence during midlife, because some of the participants are widows and single parents, they have suffered some sort of bereavement or loss that may lead to profound sadness. Again, it was found to 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) who became more anxious about their changing roles/ identity during middle age because they were becoming invincible in the community due to aging. Their services and roles were given to younger women therefore those feelings and anxiety triggered their onset of midlife crisis.

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 the pattern of stress over a period, findings show that Hispanic women, women with lesser educational attainment, and women reporting financial hardship reported a high level of stressful situations (N.F. Woods *et al.*, 2009). Meanwhile, since the income of Oyo state women was not tied to their educational status or employment status, this is contrary to the findings of the study conducted by Hedgeman et al (2018) on the Study of Women Across Nations (SWAN).

Moreover, this study reveals that participants earn their income from their private businesses and vocation as their counterparts in other African nations. The justification for this finding might also be rooted in cultural diversity. 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 crisis.

Most participants in this study stated that they earn a high income and engage in other vocations to augment the allowance provided by their spouses. They believe that apart from the major role of women in maintaining marital happiness and domestic stability, married women should be able to work outside the home. Wives like their husbands needed to work to have a sense of fulfillment and counter the attendant demands of motherhood but also to restore their self-esteem. When women work outside the home, they feel motivated and escape loneliness. With adequate and regular income, the participants of this study were able to manage their health and afford healthcare services. Also, the onset of the midlife crisis for some of them was cultural in nature. In Western countries, the response to menopause by women has cultural implications (Melly & Lamp, 2017). 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, it could be established that at least one or more of the above factors was/were a trigger/trigger of the onset of midlife crisis among the participants of this study.

This study established that there is no significant difference between Christianity and Islamic religion in adjustment to a midlife crisis. This indicates that religious affiliation, irrespective of the sect, similarly helps the participants to adjust better during midlife crises. According to Manning (2013), 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 challenges of midlife. Therefore, middle-aged women resorted to high spirituality as a weapon to combat untold hardship associated with midlife crises and to remain optimistic, thus contributing to a sense of well-being (Manning, 2013). 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 this is found to have a significant influence on their adjustment during midlife crisis. Therefore, the participants' perceptions of religion became a tool that facilitated a smooth transition through a period of health challenges and also became an important avenue for dealing with emotional stress (Manning, 2013).

On the influence of the support system on adjustment to midlife crisis, participants who received support from family significantly reported higher adjustment to the midlife crisis than participants who received support from significant others. It is believed that at midlife, an individual functions as a 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 well-being 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. Therefore, research on the consequences of an empty nest revealed that older adults were found to suffer from loneliness, physical and mental decline, and loss of sense of well-being when compared to those who have some form of support system through their children and family members (Manning, 2013). In Africa, India, the Middle East, and East Asia, older parents are highly revered and it is dimmed necessary that children should take care of their aged parents and accord them due respect. 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. Therefore, it is a common sight to see young adults accompany their parents for medical follow-ups at the hospitals in this clime.

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 challenges. Again, this is a pointer to the cultural relativity of the midlife crisis. As regards sources of support systems for the sample of women 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 well-being and health in midlife. This finding is justified by other findings that the impact of support systems through family and friends throughout the life course has a greater influence on psychological well-being and reduction in depressive signs among the aged population (Ibarra- Bovillard & Kupper, 2014).

### **Conclusion and recommendations**

This study investigated the reality of the midlife crisis and the socio-demographic factors affecting the coping capacities of women in Oyo state, southwest Nigeria. The study established that with regular income, spirituality, and adequate support systems, women adjust effectively to a midlife crisis. Given the findings of this research, the following are recommended. More awareness should be created on the reality of the midlife crisis and the various strategies for coping. **Women** experiencing midlife crises should break the culture of silence and seek help from family and friends as well as human service professionals. Health interventions for middle-aged women should include early detection of midlife crises. Healthcare providers should consider including spirituality in the assessments and interventions for middle-aged women while religious organizations and NGOs should be empowered to cater to the psychosocial needs of women. Government should formulate and implement policies that will enhance the mental health of women. The Ministry for Women's Affairs and Social inclusion should implement programs that will assist women experiencing a midlife crisis. More intensive research should be conducted on the manifestations of midlife crises and the ameliorating strategies.

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