CHAPTER - 1

INTRODUCTION
Chapter – I

INTRODUCTION

The demographic and socio-cultural trends have made aging an issue of global concern not only at a personal, experiential level but also at national and global levels. The trio, that is the declining mortality, declining fertility and increasing longevity are a testimony for the statement that the ‘World is greying’. The number of elderly is expected to surpass the number of children in the population by 2050. Thus, aging is not an abrupt phenomenon. The Vienna Conference of 1982 bears testimony to this. Several studies pertaining to aging have been produced in developed countries of the world. In the late 80s, several gerontological studies, that is the scientific study of aging have been addressed by scholars making sociology of aging an important area of sociological research, enhancing a whole new field of specialization called gerontology and includes in its scope many aspects (viz., biological, psychological, economic and social) of the aging process. Of these the first is taken care of by Medical Gerontology, the second by Psychology, third and fourth being an area which belongs to the realm of sociology and social work.

Developed countries have already experienced the consequences of population aging. The recent emphasis on studying and investigating the condition of aging is due to the fact that Indian society is caught in the process of transition. Actual aging begins prior to the transition stage which is considered to be the bed rock of aging process. In fact “aging process begins in the womb” (Fiske Marjorie, 1979).

By the early 1960s, we had a large body of knowledge relating to infancy, childhood and adolescence, and much research literature about people of 65 and over, but little on the in between of middle age. However gerontology soon learned that to understand the psychological changes of old age, it is necessary to know about the changes and the modes of coping developed earlier in adulthood.

The issues involved in an aging population in developing countries have to be viewed within the larger macro level. Micro level studies are scanty on middle age, but a few are focused only on menopause, fertility and reproductivity, neglecting other crucial aspects of middle age since women go through a transition stage. Research becomes a priority to study these changes that promote healthy growth.
Queries like what kinds of people adopt one or the other strategy of coping, and once adopted are these strategies forever fixed? Are our coping mechanisms as successful – or unsuccessful – at one adult life stage as at another? Or do we grow out of the strategies we adopt? On the path to late middle and old age are we helped or hindered by the way we get on with other people and by the way we use ourselves? When we were young did we see ourselves in the same way as we do now? And if so, are we better or worse off for not having changed? Is a young man’s handicap on old man’s strength, and a young woman’s asset an old women’s bete noire?

To learn about middle age we have at the very least to call on sociology, which deals with groups from small to large and how their process and norms affect us, and on anthropology which explores the way our cultural and ancestral norms influence our thoughts, feelings and actions. We also need to take into account social history, which shows how stability or rapid social change influence groups and individuals; and physiology, revealing how changing hormones, muscles and nerves and disease processes, affect us as we reach middle and later life.

People in these various disciplines are beginning to work together on problems of middle age and aging, but so far we have only glimmers of understanding. It seems that the majority of the middle-aged have not yet found for themselves what maturity is, because more and more of them are seeking answers in ‘new’ ways – encounter groups, a return to fundamentalist religion, in Eastern philosophy, and more recently in the proliferating new ‘religions’. Most of these represent a search for the mature character that is not evolving from within.

In our developing society, growing old in good health, with dignity and a sense of personal and social worth, is even more difficult. For many it seems impossible. We are in a period of staggering and unprecedented social change. The latter half of life seems to involve confronting a series of ‘identity crises’, a term which 50 years ago was used mainly to describe adolescence. These critical periods may or may not generate energy for new growth. Too often we seek out passive solutions or escapes, like burying ourselves in television, thus accepting bits and pieces of the world as others see it, rather than selecting them for ourselves and creating our own. In this way, we may miss one of the enriching delights of middle age.
Recently in India, technological developments have caused tremendous changes in the life styles and values of the younger generation causing the aged to suffer. Adjustment in the family or society becomes painful. This happens particularly when they come into conflict with the young who are exposed to an urban life style. Never in human history has society set such a rapid pace of change in manner and means of living as our technological society today. To comprehend this, let us take time out for reflection.

The tide of life recedes. The house with its bulging sleeping porches begins little by little to empty. The children go away to school and then to marriage and lives of their own. Most people by middle age have attained, or ceased to struggle to attain, their places in the world. That terrific tenacity of life, to place, to people, to material surroundings and accumulations – is it as necessary as it was when one was struggling for one’s security or the security of one’s children? Many of the physical struggles have ceased, either due to success or to failure. Does the shell need to be so welded to its rock? Married couples are apt to find themselves in middle age, high and dry in an outmoded shell, in a fortress which has outlived its function. What is one supposed to do – die of atrophy? Or move on to another form, other experiences?

As with other phenomena of women’s lives, aging has biological, socio-cultural and experiential components. The significance of growing older for the individual woman is a composite of her physical and socio-economic status, societal views, and her own perceptions and valuing of herself as a person.

No understanding of women, however, would ever be possible until women themselves begin to tell what they know. Of course, women waited a bit too long and what could have been the reason? One reason was the dearth of women doing any kind of research. Another was that the definitions of what was important to study were made by women who do not include the various aspects of women. The authenticity of women’s knowledge about themselves of the kind of questions that science can ask about them is now recognized.

The study of middle age is of comparatively recent origin and represents complex and varied intellectual fields with emphasis on understanding the phenomena, processes and products of middle aging in women.
Thus, it becomes an object of scholarly attention and subject of specialized and scientific enquiry of an interdisciplinary nature that is sociological, psychological and biological. The reason is because research on problems that typically affect women and on the ways women cope with them is only a decade old. Research on problems that affect both men and women has usually studied men only. Few studies, for example, deal with women who face violence or have socio-economic, health or psychological problems. Scholars need to apply new approaches and perspectives to understand the various facets of age related issues. Practical application becomes significant to the study of aging in women, with reference to differences in age, socio-economic level and education as important variables. Much more research is needed across the whole spectrum of problem behaviour, so that knowledge can enlighten the efforts of those who try to help.

Referring to aging and social change, Smelser, N.J. (1988) implies the ways people age and are affected by the character of the cohort to which they belong and by their social, cultural and environmental changes to which their cohort is exposed in moving through each of the successive age strata. Because society changes, members of successive cohort age in different ways. Further still, when many individuals in the same cohort are affected by social change in similar ways, the change in their collective lives can produce changes in social structure that in turn further influences the process of aging. That is, new patterns of aging are not only caused by social change; they also contribute to it.

Further, he states that understanding aging process is in large part a sociological matter. Because of their broad concern with both social structures and the lives of individuals in society, sociologists have taken a lead in integrating the divergent and often confusing biological, psychological and sociological perspectives on the ways individuals grow older. Despite the ineluctable facts of birth and death, and the persistent beliefs that aging is biologically determined and psychologically constrained by early childhood experiences, research makes clear that the aging process varies with social structures and social change.

A central theme of sociological work on aging relates to the social character of this variability. This theme takes two main forms. On the one hand there is plasticity in the aging process within each individual life, as social processes interact with biological and psychological processes to influence the ways in which people change
from childhood through adulthood to old age. On the other hand, there is diversity among individuals in the ways they grow older, depending on their locations in society, their relationship with other people, and their development of a social self. This theme of socially structured variability, both individual plasticity and collective diversity, is illustrated by selective studies that focus on several topics: how people as they grow older move through the changing society, how sequences of age roles and role transitions are experienced over the life course, and how aging people are articulated with the role structures in society through life long processes of socialization and allocation.
1.1 OBJECT OF SCHOLARLY ATTENTION:

Aging is becoming an issue of global concern. Since the life of modern man is diverse it offers a wide range of aspects for study and reflection. Relatively few phenomena in the world are able to arouse universal interest. A subject that might be of passionate interest to some may leave others indifferent. Yet there are phenomena in life that are of great concern to everyone, that cause individuals to search for the meaning underlying an entire complex of vitally important problems. The problem of man’s life stages is one such example. This is due to the fact that persons belonging to the most diverse professions and representing many sciences are engaged in finding their own answers through research to the complex problems of human existence. Philosophers reflecting on the ultimate source of the meaning of existence and thought, look for the meaning of age categories in man’s life; medicine tries to subordinate the irreversible course of aging to human reason in order to preserve man’s health and a youthful spirit; jurists seek to define the legal norms that should govern work activities of various age categories of the population, taking into account problems relating to the protection of child labour and to the work of pension-age individuals; teachers see the specific age characteristics of children as containing pre-requisites for perfecting the teaching process; and demographers, sociologists and anthropologists have their own specific interest in the problem of aging; psychologists study age-related psychological principles governing the development of human personality.

1.2 REASONS WHY IT IS OF SCHOLARLY ATTENTION:

Studies related to the problem of aging cannot remain a purely theoretical question – problems where knowledge is separated from life and reality and where theory is divorced from practice. Practical application is need of the hour. The task of social scientists does not end here. It requires consistent and persistent efforts to manifest its significance.
The discipline of sociology has been almost insouciant to the category called the aged. The aged is about a vulnerable population, which is usually overlooked in our discipline; it is about a population, which is always at risk. No wonder, sociology has been enriching itself by encompassing and integrating new domains of discourse from time to time. From ecology to Dalits, youth to feminism, though interrelated it is constantly renewing itself. This is the precise attribute of sociology and therefore August Comte called it a ‘dynamic sociology’. Of late, Social Gerontology, a branch of Gerontology, has started to focus on aging from the socio-cultural aspects (A.K. Mishra & B.K. Mishra, 2006).

Aging is a social process and a by-product of physical, psychological and social processes. Sociologists specify three interrelated process of aging, physical, psychological and social. Physical aging refers to the internal and external physiological changes that take place in the individual body. Psychological aging is understood as the developmental changes in mental functioning – emotional and cognitive capacities. Social aging focuses on the changes such as how individuals are viewed, what individuals expect of themselves, and what is expected of them from others that individuals experience over the various age categories. Sociologists however are paying attention to socio-economic and cultural antecedents of the process of aging.

Age is a socially determined category. At any point of life span, age simultaneously denotes not only a number and a mixture of physical characteristics but also a set of social constructs, defined by the norms specific to a given society at specific point in history. Any specific period of life, be it infancy, childhood, adolescence, adulthood, middle age or old age is influenced by the structural entities of a given society. Therefore aging is not to be considered the mere product of biological function rather a consequence of socio-cultural factors.

Society classifies aging into three categories and is important in three ways; first, like sex, age is an ascribed status or characteristic, which is based on attributes over which we have little or no control. Secondly unlike sex, a specific age is always transitional – constantly moving from one age to another, beginning life at zero and ending with a certain number at death that is regulated by societal expectations of age appropriate behaviours. These transitions also assume that conformity is rewarded whereas deviance is punished. Third, although in every society some age groups are
more powerful, rich and respectable than others, the unique aspect of aging is that everyone can expect to occupy various positions throughout life on the basis of his/her age. All of us, at certain time were powerless infants, and in course of times the power and influence change as we move from one age category to another. Thus the definition of aging is socially caused thus making it an object of scholarly attention.

Relevance of the study:

This research work focuses on promoting interdisciplinary research towards a global understanding of the phenomena of aging and middle age. Human life cannot be compartmentalized into psychological, social, economic or political aspects only; because man lives in a socio-economic and political world and constantly thrives on its varied relationships also. A discipline specific study of a social problem from any angle of, say, economics or sociology only may not give a correct and total view of the problem. As Gunnar Myrdal (1970), points out “In reality there are no economic, sociological or psychological problems, but simply problems, and they are complex”. Myrdal's most enduring contribution of “circular cumulative causation” stresses that no social science by itself is sufficiently self contained. Any social problem is affected cumulatively by economic, sociological, psychological, legal and historical forces or factors.

Neugarten L. Bernice’s (1958) study, strongly endorses that knowledge of personality changes that occur during middle years is scanty. There have been relatively few empirical studies from which finding can be generalized. There is not yet available a systematic body of theory on the aging personality as a framework within which isolated and fragmentary findings can be related. Studies have focused on child and adolescent personality but very scarce studies have been made on describing the changes that occur as a person moves from young adulthood, to middle age and to old age. This is because developmental psychologists have become relatively sophisticated about the characteristic behaviour of children at various developmental points. Furthermore in studies of childhood and adolescence there are clearer concepts of what constitutes an appropriate normative, population. In dealing with adult, such concepts are less clear. Are forty-years olds and seventy-years-olds to be regarded as single population? If not, what developmental points can be used to establish appropriate normative groupings? Such problems as these have proven to be
major ones. They will be overcome only when more research has been done on normal adults and when more developmental benchmarks become available.

In the study of women in middle age, we shall utilize approaches and theories to all these disciplines which will be blended intricately to promote and provide a meaningful and comprehensive understanding of the subject so as to attain a reasonable level of objectivity consistent with logical and systematic thinking. The research task, therefore, is to study the development of various aspects of behaviour of middle-aged Goan women during their transition stage.

Being middle-aged woman ourselves, we would like to identify women in general who become middle-aged and older, as do men and hardly anyone views the prospect with complete equanimity. What does it mean to move past youth? What is it like? How does it feel? How do others feel towards her? An attempt is made to answer these queries by dealing with some of the physical, psychological and social aspects of middle-aged women in Goa and on the basis of current knowledge, identify some of the factors which mediate both their successful and unsuccessful aging span.

The study aims at expressing a way at looking at one's personal life, particularly in the middle age period; besides nobody knows very much about middle age. But we need to learn something about the questions that middle age raises. Since middle age is a natural period of change and development and as complex as far-reaching as puberty, we need to make an attempt to understand the nature of that change so that we can go on more effectively to see how the individual can use it constructively. We need to put a good face on the inevitable gloom of getting older and discover more positively the best of the period, realize its opportunities so that there can be found an acceptable meaning to life. We must attempt to view it as functional aspects of living.

**Why Aging is so important?**

Human aging in its many ramifications is becoming one of the major areas of research interest among an increasing number of students in the biologically behavioral and social sciences. Although the phenomenon of aging were largely over looked as subject matter or research during the early stages in the development of all the basic sciences, it was inevitable that students would eventually become curious about the final processes of maturation. What are the causes of decline in the
organism? What are the characteristics of psychological capacities, personality and social adjustment over the life span? What influences do older people exert in creating social norms and expectations? What societal adjustments are being adopted to the increasing number of old people?

Events of recent years have hastened the need or social action on behalf of older people and consequently the need for scientific knowledge about their characteristics, circumstances, and requirements. The first half of the century witnessed a great increase in the number and proportions of older people in all highly developed societies of the world and in almost all other countries. Simultaneously, economic changes, stemming largely from the exponential growth in the use of inanimate energy and machines in the production of commodities and services, and changes in culture patterns have altered the status and roles of older people and created many new personal and social problems.

Thus, over the past thirty years, all western nations USA, Japan and now India have shown increased concern over the changes in the age structure of the populations and in the dislocations, problems and accommodations associated therewith. All affected countries have developed or are developing programs of income maintenance medical facilities and services, institutional care and housing and social services designed to enable older people to live as healthy, secure and satisfied members of society. At the same time knowledge about the processes of aging about older people and their needs and about the impact of older people on social institutions and practices has become a necessity. Research has in fact, been initiated in virtually every country of the world. The scientific literature on aging has grown enormously, particularly over the last twenty years. There is increasing evidence of the willingness of public agencies to support research and teaching in gerontology in order to increase understanding of the processes of aging and to provide a firm basis for social planning.

Ramamurti, P.V. (1996), says that it is the problem of the elderly who constitute ten percent of the population numbering over more than sixty million; it is the problem of almost every family involving strains of caring and stresses of intergenerational interactions; it has become an important socio-psychological problem in the community; increasing modernization, urbanization and social change has made aging more problematic; with longevity on the rise “the empty” years at the
end have increased, with its attendant problem of disease, disability and psycho-physical deterioration; and aging is everybody's problem as everyone is bound to age and experience the impact. These and many more reasons, justify amply the urgency to examine this multifaceted, multi-pronged, psycho-social issue of the elderly. Unless we handle it deftly (skillfully) by its forelock now and here and take preventive steps, we may well nigh be caught napping at a point of no return.

Aging being a negative experience of the future, individuals shun to countenance it at earlier years. In essence, the need of the hour is coordinated quality research in identified areas and to provide a multidisciplinary forum for researchers in the field and also to encourage the research and study of human aging and later life and the application of this knowledge to the improvement of the quality of life.

Social scientists now reflect on the facts that aging has matured sufficiently as an area of study to allow this pause for reflection. It seems important at the outset to highlight the range of disciplines from which those who can be called social gerontologists. These include sociology, demography, psychology, anthropology, geography, social policy and social administration; and in terms of professional training, social work, nursing, nutrition and clinical psychology. These various fields have their own traditions in the development of research methodology and research debates. These various fields alert the researchers to the value of this eclecticism (formal organization) and diversity which involves collaboration and incorporation of the local knowledge of the area of study.

Multidisciplinary teams of researchers must be able to draw upon a range of quantitative and qualitative methods in exploring particular issues concurring the aging process and old age. Indeed, the attraction of this multidisciplinary approach may be one of the factors to lead some of these involved to stray outside the confines of their original discipline.

The study of aging is important as it helps explore the developments by appealing to a wide audience of researchers, policy makers and practitioners, as well as those with general interest in understanding how research is carried out in the aging process and in particular with middle age and later life.

Smith (1989), at the very outset, emphasizes the need for the development of sound theory; second, the redefinition of the subject's core problem with less attention
being paid to the needs and problems characteristic of middle-aged and old people and more attention being paid to the process of aging; and third, the social scientist need to listen more carefully to the clients or users of services.

Aging is also important so as to focus on the awareness of an aging population during the later half of the twentieth century and the contemporary twenty-first century and see the comparisons – reviews on status of aging by deemed institutions and individuals to bring out lacuna if any. This exercise will enhance empirical information about aging. Diverse in its content, it is useful to researchers, students and lay people interested in aging and gerontology.

Jai Prakash Indira (2004), emphasize that there is a need for discussion of the cultural experiences of aging and identifying the existing level of information about aging at global, national, State and regional levels, by identifying grey areas that need to be addressed and also awareness of the felt needs of the community, to generate suggestions for future course of action since knowledge dissemination is as important as knowledge generation and assimilation both in retrospect and prospect and academic and service sector. There is a need to draw guidelines for the future work in research, service and advocacy by becoming conscious of socio-technological changes all over the world that have brought about changes in living arrangements, support network and the quality and quantity of interactions among generations.

Human aging can be identified by the continuous interplay between biological, social, cultural and environmental factors. There is also a need to procure a keen sense of appreciation for the different world views that shape human experience and existence, to identify and describe the cultural constructions of aging, understand how the process of aging is perceived and understood by people, generation of culturally relevant strategies for addressing the felt needs of older people and revive indigenous methods of dealing with challenges of aging that are ingrained in particular cultures.

In order to aid in judicious planning for the care of the aged and aging one needs to promote coordinated action in implementing the various action programmes.

In the words of Ramamurti, P.V. “at the very outset, we need to realize that the multidisciplinary, multidimensional nature of the causality of aging should make gerontologists of different disciplines sit together, relate, collate and correlate their findings across disciplines.
In the Presidential address delivered by Prof. M.K. Thakur during the Indian Aging Congress held in Dec. 2006 at Bhubaneshwar, he remarked “No matter in which field we are working and what disciplines we represent. Association of Gerontology India (AGI) members have one thing in common – the desire to understand and unravel the secrets of aging, to make aging more meaningful and productive, to make our societies and culture more gerophilic with respect for elders”.

1.3 WHAT IS AGING?

Aging is inevitable and it is a natural and universal phenomenon. It begins from the very birth and continues till death. Each and every stage of human development comes with certain hopes, aspirations and achievements (and attaining to old age, man tries to find out the last question of his life).

The definition of aging varies from society to society and has been modified considerably over time Chakraborti R.D.(2004). Ancient Chinese scholars divided human life into seven phases; during the 6 century BC, Pythagoras compared human life to the different seasons. In both cases, old age seems to have started after the age of 60. According to traditional Indian culture, the life span of human being is 100 years. According to Manu, the ancient law giver, in his Dharmashastra divided the span of life into four ashramas or life stages.

1) **Brahmacharya** – the stage of learning skills and unquestioned devotion towards one’s teachers.

2) **Grihasthashrama** – the stage of performing the duties of a householder, which include raising and maintaining a family.

3) **Vanaprastha** – the stage of gradual withdrawal from the world, without reducing ones responsibilities.

4) **Sanyasa** – the stage of total renunciation of all attachments and submission.

The aging process starts somewhere in the third and fourth stages. Conception interprets this theory to say that aging in Hindu society starts at the ages of 36 to 40 years. Nayar U.S. (1996), considers aging to start only after 50 years of age. All these stages are parts of an individual’s life cycle that finally lead to aging. Individual aging is a continuous process. A person ages inexorably from the time of birth to the moment of death, whatever the form of the life cycle or stages.
Sahu Chaturbhuj (1998), has observed that human life from conception to death is a complex sequence of events. The whole life span of any individual has been divided into the following stages:

1) Infancy of boy / girlhood
2) Adolescence cum adulthood
3) Middle age
4) Old age
5) Very old age

The infancy of boy / girlhood phase of life starts at conception with the fertilization of ovum and continues up to the age of 20 years. The infants are taken care of by their mothers for a couple of months. Then they are left in the company of their siblings. The breast feeding is completed by the mother from time to time. The younger babies play and grow in the lap of the natural surroundings. During the later part of the childhood days they accompany the elders. This is the period of growth and development. Biologically, psychologically and socially the child grows into an adult during this period. In this way the child reaches the stage of adolescence when they start working independently. This period is marked by youth, vigour and experience of real life situations. This stage continues up to the age of about 35 to 40 years. In this period the individual becomes the full house holder and maintains his family and private affairs. By the age of 40 years the individuals passes to the next stage of middle age. In this phase of life, the individual not only becomes habituated in maintaining the economic liabilities of the family but has to take part in the social, political and cultural activities of the community as whole. He has to maintain the harmonious process of the development of the community, by way of caring for the family members, relatives, friends and fellow members of the community and finally the society. After the middle age the individual enters into the stage of old age. In this stage the individual becomes an asset for the family and the community and becomes an indispensable part of the community in all affairs. Finally the individual enters the stage of very old age.

Aging refers to bio, psycho, social, economic and cultural changes that take place along with passage of time in an individual. (Subba Rao, 1987) There are
different definitions of aging and different ways of looking at it. Even biologically
different parts of the body age at different rate. Retirement age varies from state to
state and sector to sector. A person may be chronologically young but physically old.
However for practical purposes age 60 is considered the cut-off age point to
differentiate adult population from older adults. Old people are very heterogeneous.
Gender, age, socio-economic status and culture make a difference to aging process.

1.4 DEFINITIONS OF AGING:

Aging has been defined in various ways by different scholars. Some regard it
as a period of physiological deterioration, others regard it as simply the advancement
of years and still others have emphasized that aging involves a restriction on cultural
roles. The concept of 'middle age' or 'aged' is not the same throughout the world. It
varies from country to country and society to society.

In the Indian context the cut off age for middle age would be different. In the
developed countries it would still be different. In the Indian context, taking the
physiological changes into consideration the age of about 55 years is considered as
the beginning of old age. But chronological age is not a satisfactory criteria for
determining middle or old age because there are individual variations in the rate of
physiological aging. Some persons look and behave young even at the age of 70
years, while others appear quite aged physically at 50 years.

Aging process is multidisciplinary in nature, where in the biological,
physiological and social aspects are intertwined and as one passes through the life
span, behavioral development is also seen as the result of the dynamic interaction of
genetic and environmental factors. Some of the definitions of aging will thus be able
to finally draw out some characteristics.

Becker (1959), defines aging in the broadest sense and he points out that it
brings in many changes in an individual's body and mind. These may be according to
him, anatomical, psychological, physiological and even social and economic. Failla
(1958), holds that aging is due to dominant mutation killing of incapacity of the
somatic cells. Strehler (1959), regards biological aging as the gradual decrease in the
adaptation of an organism to its normal environment. Handler (1960), defines "aging
is the deterioration of a nature organism resulting from the dependent, essentially
irreversible changes intrinsic to all members of a species such that, with the passage
of time, they become increasingly unable to cope with the stresses of the environment, thereby increasing the probability of death”. Bangston, Kasschan and Regan (1977), have provided a comprehensive definition of aging from the social point of view. According to them “aging represents one of many aspects of reality in which properties and problems are constructed within the text of shared expectations particular to specific group”, Comfort (1968), regards it as “the total effect of all changes which occur in a living being with increasing chronological age and which render it more vulnerable or less viable. Similarly, according to Birren and Renner (1977), aging refers to the regular changes that occur in mature genetically representative organisms living under representative environmental conditions as they advance in chronological age”. The above definition has led to the following characteristics.

1. Aging is a process of regular changes.
2. It occurs in mature genetically representative organisms.
3. It is a result of advancement in chronologic age.

In this definition social aspect of aging has not been clearly indicated, but yet it is quite comprehensive. In other works, aging does not depend only on biological condition of the individual but it has three main manifestations and determinations viz. biological, psychological and social.

According to Tibbitts (1960), aging may best be defined as “the survival of the growing number of people who have completed the traditional adult roles of making a living and child rearing and years following the completion of these tasks represent an extension of life”. He also says, aging is an inevitable and irreversible biological process. It is also said that aged acquire knowledge through experience and so are of much help to the young in a number of ways.

According to Featherman and Lerner (1985) aging is a life course process of growing up and growing older from birth to death, not simply growing old beyond some arbitrary point in the life course. In other words it is a life long process of growing older from birth to death, moving through all the strata in society. It is multifaceted, composed of interrelated biological psychological, and social processes. The ways people age are affected by the social locations through which they move, by the social and cultural conditions to which they are exposed at particular ages, and by the life course experiences of others with whom they interact as they grow older.
David Ravi, (2001) gives a Christian perspective on aging. He opines that aging is a natural process and it goes on whether one likes it or not. It is not something that you fight against but something you accept gracefully as a way of life. Because you cannot change it, stop is — may be you can slow it down probably, or hasten it up if you do not live well. It is something which has to be looked at in the proper perspective, accept and flow with it. There are several passages from the Bible which when read in their totality will help develop a framework to understand aging. Bible says: “Life is a gift from God and long life is a boon from God” which is a challenge in today’s society which tends to look upon long life as a problem.

Irfan Khalid, (2001) speaks of Islam and aging whereby aging process begins the moment birth takes place. Like all creatures, man passes through the various stages during his life time. The last of these phases is the old age which used to pass as simple natural phenomenon even if it had its impact on the family and the society. In the glorious Qur’an reference is made to mostly the aged parents with direct pointers as to the treatment they should get from their progeny and others. There is also reference to such aspects as the changes that take place among the old biologically, physically, mentally and emotionally.

The Concept ‘Aging’ and the ‘Aged’ Differ in Meaning:

‘Aging’ is a continual process while ‘aged’ is a category. Aging as a biological phenomenon begins at birth right from the womb (Harrell, 1969). Aging means the effects of age, that is the deterioration in physical capabilities. It is a decline in physiologic competency (Timiras, 1972) gradual decrease in adaptation to its normal environment (Stochler, 1989) etc. For Birren and Renner, (1977), “aging refers to the regular changes that occur in mature genetically representative organisms as they advance in chronological age”. So also are the concepts aging of man and population aging; they are two different concepts. The population is aged if the aged population is more than 7 percent of the total population (U.N., 1956). The ‘Aging of Population’ has a simple and universally fixed accepted concept which depends upon the ‘aged’ people in relation to total population. According to Chamber’s 20th century Dictionary, ‘aging’ is the process of growing old, on developing qualities of the old, maturing and aged organism. Thus for layman, aged is a person who has lived longer thereby suggesting a relative phenomenon. The concept of ‘aged’ in man varies with purpose and viewpoint and also with sex, residence, climate etc. The
concept will also depend on people’s viewpoint. It varies between Urban and Rural people (Biswas, 1987). The words ‘aged’, ‘old’, ‘elderly’, ‘senior citizens’, have been used synonymously. The aged are those advanced in age or the persons who live longer.

The review of literature reveals that there are mainly three to four basic approaches which have been utilized for categorization of the aged (Subba Rao, 1987). These approaches are physiological, psychological, socio-cultural and economic. There is no definite physiological, psychological, socio-cultural or economic parameters which individually or collectively can demarcate the particular chronological age uniformity. Being a relative criteria, it will differ from species to species.

Further, old age starts at different chronological age for people involved in different occupational professions depending upon State and Central Government jobs or people in private employment, business or certain private professionals.

1.5 TYPES OF AGING:

Chronologically, age by itself is rarely an accurate indicator of a person’s biological, psychological or social age.

In defining biological age features such as posture, skin texture, hair colour and thickness, strength, speed and sensory activeness are taken into account. On the other hand psychological age is defined by one’s feelings, attitudes and way of looking at things. Finally, social age is determined by social roles and activities and whether they are considered appropriate for a person at a particular age or stage of maturity.

Chronological age is usually a mere index reflecting past experiences undergone or future experiences anticipated, and carrying with it widely varying probabilities of attitudes, behaviours and characteristics.

From strictly medical viewpoint, age is addressed in terms of functional capacity – the ability to engage in purposeful activity. One’s functional capacity may be assessed in terms of the ability to perform activities of daily living (ADLs), such as things in an out of bed or chair, bathing and using the toilet, as well as instrumental activities of daily living (IADLs) such as doing light housework, preparing meals and shopping. This functional capacity view point is consistent with the idea that a person
could be old at either 40 or 80 years of age depending upon his/her overall health, attitude and other circumstances.

Physicians also distinguish between primary aging or senescence and secondary aging or senility. Senescence refers to the period of life when a person is growing old when there is natural decline in bodily functioning. Although it is age related, senescence is different from aging. In that the former begins at different times for different people, whereas the latter is a lifelong process.

Aging is a continuous life long process and there is no specific point in time or age at which a person can now be said to be old. The developmental perspectives also recognizes that the process of aging or growing old is the result of a complex interaction of biological, psychological and socio-economic factors.

1.6 AGING ISSUE OF GLOBAL CONCERN:

Aging is an interdisciplinary enterprise involving of several subjects and professions. The reader encounters many facts and concepts from biology, sociology, economics philosophy and even literary quotations. Information about earlier stages of life and how they assist in preparing a person for old age has to be included.

The demographic and socio-cultural trends have made aging an issue of concern not only at a personal, experiential level but also at national and global levels. Developed countries have already experienced the effects of Population Aging, that is a population in which the proportion of people aged 65 and over is increasing. It refers to both decline in fertility and mortality rates in a population. India is one of the developing countries facing a similar scene. The recent emphasis on studying and investigating the condition of old people is due to the fact that Indian society is caught in the process of transition. There is a rapid increase in the older segment in the population but the quality of life is not improving.

Jai Prakash Indira (2004), in her article 'Aging and Development' indicates in her study the issues involved in an aging population in India. It has to be viewed within the larger macro level changes all over the world. Over the years, the proportion of older people in all the countries is rising steadily. The projections fortell steeper increase making elderly highly visible in the population. This is the reason for the statement that the "World is graying". The table below gives the supporting statistics.
### Table – 1.1

**Global scenario of aged 1995-2150**

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
<th>% Aged 60+</th>
<th>% Aged 65+</th>
<th>% Aged 80+</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>5.679</td>
<td>9.5</td>
<td>6.5</td>
<td>1.1</td>
</tr>
<tr>
<td>2000</td>
<td>6.091</td>
<td>9.9</td>
<td>6.8</td>
<td>1.1</td>
</tr>
<tr>
<td>2025</td>
<td>8.039</td>
<td>14.6</td>
<td>10.8</td>
<td>1.7</td>
</tr>
<tr>
<td>2050</td>
<td>9.367</td>
<td>20.7</td>
<td>15.1</td>
<td>3.4</td>
</tr>
<tr>
<td>2075</td>
<td>10.066</td>
<td>24.8</td>
<td>19.1</td>
<td>5.3</td>
</tr>
<tr>
<td>2100</td>
<td>10.414</td>
<td>27.7</td>
<td>22.0</td>
<td>7.1</td>
</tr>
<tr>
<td>2125</td>
<td>10.614</td>
<td>29.2</td>
<td>23.6</td>
<td>8.6</td>
</tr>
<tr>
<td>2150</td>
<td>10.806</td>
<td>30.5</td>
<td>24.9</td>
<td>9.8</td>
</tr>
</tbody>
</table>


The population of the world in 1995 was around 5.7 billion and is expected to reach 10.8 billion by 2050. In one hundred years population will increase fourfold. The percentage of the elderly increase from 9.5 in 1995 to 20.7 in 2050. What is interesting is that the number of elderly is expected to surpass the number of children in the population by 2050. Among the elderly, the number of the oldest old, that is 80+ will increase more rapidly.

Accordingly to projections, the number of those aged 80 or over will rise from 61 million in 1995 to 320 million in 2050 and 1054 million by 2150. As of today Southern Europe has the highest proportion of elderly (21.5%). Although Asia as a whole accounts for only 9% of elderly, there are regional variations. At present Japan tops the list with almost 23% elderly, followed by Cyprus (15.3) and Hong Kong (15%). Soon, the two most populous countries of the world, India and China will share the major proportions of the world’s elderly (Source: United Nations, 1998; World Population Prospects; The 1996 Revisions Dept. of Economics and Social Affairs).

**Chakraborti, R.D. (2004),** observed that the 20th century saw massive improvements in mortality in most of Asia. In 1900, the average life expectation for the continent as a whole was probably less than 30 years. According to the United Nations this figure has risen to about 41 years by 1950. And for the quinquennium
2000-2005, the UN puts the average life expectancy for males and females in Asia at 65.8 and 69.2 years respectively.

Eventually, all levels of human fertility have had to respond to this dramatic and sustained reduction in mortality. Populations in Asia have been subject to the same basic dictate that has earlier applied to populations in Europe and North America: a fall in birth rates so that they were roughly in balance with the much reduced death rates. Asian fertility declines have been somewhat different from those which occurred in other parts of the world with considerable variation of experience within Asia. For example, fertility rates fell relatively early in Japan, relatively late in much of northern India and Pakistan, relatively fast in Thailand and faster still in China. Most of the fall in the continent’s fertility occurred in the second half of the 20th century.

Where Asian women had an average of almost six births each during the period 1950-55, the UN estimates that this figure fell to about 2.5 births per women by 2000-2005.

Of course, fertility decline accounts for the basic process of population aging. And as this timely, stimulating data illustrates, it is inevitable that Asia is going to experience very considerable population aging in the decades which lie immediately ahead. Indeed, in much of the continent, population aging is going to occur at quite unprecedented rates. This aging will almost certainly be accompanied by an increasing degree of population feminization because death rates for females tend to be significantly lower than those for males, especially at later ages. Besides, because of the fall in fertility, Asian women are increasingly living lives which are rather more independent of men. In most countries the age of women at marriage is rising.

Population aging is a global trend; lessons learnt in other parts of the world will often be transferable to Asia and vice versa. Also, mortality decline and improvement in health will mean that people will be able to continue to work even at older ages. The concept of retirement from employment, say at the age 60 or 65 will almost disappear over the longer run – of course this would be of benefit because most people consider productive work to be a defining part of their lives and partly because for society as a whole early retirement is a huge waste of precious human resources. Besides mortality decline, in future, in any given age group, married
people will have a greater chance of their spouse still being alive for companionship and support.

There is no doubt that the challenges from population aging that will arise from these developments are quite clear. These are challenges which many countries are going to have to tackle in circumstances where average levels of income per pension are still low. Moreover, because of fertility decline and increased human mobility, elderly people in Asia will probably have fewer adult children around to interact with and assist them than has generally been the case during recent decades.

1.7 THE INDIAN SCENARIO:

Indira, J.P. (2004) reveals that in India, the elderly population according to 1991 census was 56 million. The proportion of elderly in India rose from 5.63% in 1961 to 6.58% in 1991. The Indian population aged 60 and above rose to 71 million in 2001 and is suspected to have crossed 100 million by now. South India has the highest number of elderly around 19 million and is expected to remain so till 2051 (70 million). One-fourth of India’s elderly is likely to be living in South India indicating low fertility and high expectation of life at birth. The number in the 70+ age group is likely to increase more prominently and oldest old, 80+ will increase six fold from 5.4 million in 2001 to 32.0 in 2051. The 1991 census shows that for every 1000 persons living in the country only 257 lived in towns and cities, while the remaining 743 lived in rural areas. For the elderly the ratio was 781. The expected number of the elderly in population is an important requirement for socio-economic planning.

Growth of Elderly Population in India:

Jayshree (2000) reveals that until the year 1951, due to the sequence of high birth rates followed by high death rates the proportion of the persons aged 60 and above, was at a lower level in India (Rajan, S.L., 1989). Since 1951, 60 and above population has been increasing in a progressive manner.

It is obvious from table 1.2, that the elderly population in India accounted for 5.08 percent of the total population in 1901, increased to 7.24 percent in 2001. This rise of elderly population was a result of combined fertility and morality trends. In addition to these, increase in life expectancy of the elderly has become an outstanding factor in demographic process of aging.
Table 1.2

Population of aged 60 and over, 1901-2001: India

<table>
<thead>
<tr>
<th>Year</th>
<th>% of population aged 60 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>1901</td>
<td>5.08</td>
</tr>
<tr>
<td>1911</td>
<td>5.24</td>
</tr>
<tr>
<td>1921</td>
<td>5.38</td>
</tr>
<tr>
<td>1931</td>
<td>5.11</td>
</tr>
<tr>
<td>1941</td>
<td>5.69</td>
</tr>
<tr>
<td>1951</td>
<td>5.50</td>
</tr>
<tr>
<td>1961</td>
<td>5.63</td>
</tr>
<tr>
<td>1971</td>
<td>5.97</td>
</tr>
<tr>
<td>1981</td>
<td>6.48</td>
</tr>
<tr>
<td>1991</td>
<td>6.50</td>
</tr>
<tr>
<td>2001</td>
<td>7.24</td>
</tr>
</tbody>
</table>


Most of the elderly people of the world will live in developing countries. In the year 2000, 59 percent of the elderly people of the world, were said to be in the developing countries. The percentage is believed to go upto 69 percent in the year 2025 A.D. In the year 2000, 86 percent of the elderly people of the world were found in Asia. As David Macfadyen of the WHO puts it “Every month the net balance of the world population aged 55 years or over increases by 1.2 million persons, more than 80 percent of the monthly increase, a gain nearly of one million persons, occurs in developing countries” (Gore, 1992). Thus in absolute figures, growths in the number of elderly people will occur in developing countries. India is not an exception in this trend. The probable changes in India’s population age structure during 1950-2025 indicate drastic increase in the proportion of old persons table 6 shows this phenomenon clearly.

The underlying demographic process leading to aging of population had already been started in India, so that the problems associated with the issue would surface within the first two decades of 21st century (Roy, 1987). Thus the elderly would emerge as a large vulnerable group in India.
1.8 FACTORS CONTRIBUTING TO POPULATION AGING:

The combination of low fertility and low mortality, besides increased life expectancy in India during the last two decades ensures that there will be large and rapid increases in the elderly population.

a) Changes in Age Composition:

Social morphological revolution in India has altered the age composition of the population, in which two prominent results are evident.

1) Growing number of aged.
2) Declining number of children.

From the given table 1.3, below it is clear that, while the proportion of the population aged 80+ is expected to increase, the proportion of the children 0-14 is progressively declining.

Table – 1.3

<table>
<thead>
<tr>
<th>Age group (in years)</th>
<th>1950</th>
<th>1975</th>
<th>1990</th>
<th>2000</th>
<th>2025</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>38.92</td>
<td>39.80</td>
<td>34.48</td>
<td>30.16</td>
<td>21.26</td>
</tr>
<tr>
<td>15-19</td>
<td>10.31</td>
<td>10.23</td>
<td>10.51</td>
<td>9.79</td>
<td>7.27</td>
</tr>
<tr>
<td>20-49</td>
<td>49.06</td>
<td>37.15</td>
<td>40.56</td>
<td>44.19</td>
<td>44.92</td>
</tr>
<tr>
<td>50-59</td>
<td>6.40</td>
<td>6.62</td>
<td>7.14</td>
<td>7.48</td>
<td>12.18</td>
</tr>
<tr>
<td>60-69</td>
<td>3.77</td>
<td>4.13</td>
<td>4.56</td>
<td>5.21</td>
<td>8.51</td>
</tr>
<tr>
<td>70+</td>
<td>1.86</td>
<td>2.07</td>
<td>2.75</td>
<td>3.18</td>
<td>5.86</td>
</tr>
</tbody>
</table>


It is observed that with declining total fertility rate, the proportion of the total population below age 15 dropped from 38.92 percent in 1950 to 34.48 percent in 1990. Further the proportion is projected to decline to 21.26 percent by 2025 A.D.

b) Longevity of Life:

It is true that demographic changes have allowed more people to occupy more years of elderly status. Enhanced life span of human beings is one of the positive consequences of advanced science and technology in general and health science in particular. Some of the key factors in this regard are – better maternal and child health, immunization, safe drinking water facilities, better understanding of nutrition,
environmental and sanitary factors, better diagnostic and surgical techniques help to decrease morbidity, thereby postpone the mortality and finally achieve longevity of life. Table 1.4 shows the increasing life expecting in India.

Table – 1.4
Life expectancy in India, 1950-55 to 2020-2025 A.D.

<table>
<thead>
<tr>
<th>Period (A.D.)</th>
<th>Males (in Yrs.)</th>
<th>Females (in Yrs.)</th>
<th>Total (in Yrs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950-55</td>
<td>39.4</td>
<td>38.7</td>
<td>38.6</td>
</tr>
<tr>
<td>1960-65</td>
<td>46.2</td>
<td>44.7</td>
<td>45.5</td>
</tr>
<tr>
<td>1970-75</td>
<td>51.2</td>
<td>49.3</td>
<td>50.3</td>
</tr>
<tr>
<td>1980-85</td>
<td>55.6</td>
<td>55.2</td>
<td>55.4</td>
</tr>
<tr>
<td>1990-95</td>
<td>60.1</td>
<td>60.7</td>
<td>60.4</td>
</tr>
<tr>
<td>2000-05</td>
<td>64.4</td>
<td>65.9</td>
<td>65.2</td>
</tr>
<tr>
<td>2010-15</td>
<td>67.6</td>
<td>70.5</td>
<td>69.0</td>
</tr>
<tr>
<td>2020-25</td>
<td>69.6</td>
<td>73.6</td>
<td>71.6</td>
</tr>
</tbody>
</table>


1.9 LIFE STAGES / LIFE CYCLES:

A term denoting that most people in a society go through similar stages of development as they move from birth to death. The concept is important in sociology not just for similarities it indicates but also for the differences which might be examined. For example, women may have different life cycles from men.

Example of Life cycle:

![Figure - 1](image)

The above figure denotes the passage of an individual through the successive stages of life from birth to death through childhood, adolescence, adult life and old age.
age, and implying a return to infancy in old age. In some societies, these stages are collectively defined by membership of an age grade or age set. They are certain transition points. Age sets are groups of people of similar age who have shared status and role and are found in simple or non-industrial societies where the transition from one age set to another is often accompanied by rites de passage.

Problems of old age are being defined in a new way. It now arrives much later and its character has greatly changed, for, its emphasis on youth notwithstanding the scientific and technical revolution cannot obviate the need to employ older and more experienced workers in all areas of social production.

The psychological attitudes of individual have also changed; they seek to serve social progress through their work for as long and as effectively as possible. The number of problems has rapidly grown while a perception of their meaning is often justifiably delayed. The stages of man's life would offer a competent interpretation of man's age-related problems or age-related psychology of human life. It is the simple reckoning concerning the inevitability of life and death that is so characteristic of common people. The inevitability of life and death is both very deep and natural and this approach of man is a fact of his existence on earth, to which he is obligated and as a duty must have an ability to understand one's self and one's place in life throughout all its phases. Such ability does not arise automatically. It requires learning; one must learn to be young, to be mature, and to be old....

Throughout man's stages of life there exists a special art - the art of living, to create one's own life, not by responding to the arbitrary demands of one's self-exalted ego concerned only with hedonistic strivings but according to the law of social and historical development of human personality and in accordance with best examples of modern culture. It is precisely through such a combination of joint creativity of man and nature that the natural state of persons at a particular age becomes the actual human existence.

Through the stages of man's life he can strive to attain a better world by development of his personality and unique individuality. There is no doubt that nearly every person has a specific age-related self-awareness and has experienced living within a particular age group.
When speaking of ‘later life families’, Evelyn Duvall (1977), identified eight states of family life cycle demarcated by the maturation of offspring within the nuclear family. The stages included the married couple, child bearing, preschool-age, school age, teenage, launching center, middle-aged parents and aging family members. The last two stages middle-aged parent (empty nest to retirement) and the aging family (retirement to death of both spouses) are related to later life families.

“The Odyssey Years: a New Stage in Life”: 

David Brooks (2007), says there used to be four common life phases: childhood, adolescence, adulthood and old age. Now, there are at least six: childhood, adolescence, odyssey, adulthood, active retirement and old age. Of the new ones the least understood is odyssey, the decade of wandering that frequently occurs between adolescence and adulthood.

During this decade, 20 somethings go to school and take breaks from school. They live with friends and they live at home. They fall in and out of love. They try one career and then try another.

Their parents grow increasingly anxious. These parents understand that there is bound to be a transition stretching five years, seven and beyond.

The parents don’t even detect a clear sense of direction in their children’s lives. They look at them and see the things that are being delayed.

They see that people in this age bracket are delaying marriage. They are delaying having children, delaying permanent employment. People who were born before 1964 tend to define adulthood by certain accomplishment – moving away from home, becoming financially independent, getting married and starting a family.

In 1960, roughly 70% of 30 years olds had achieved these things. By 2000, fewer than 40% of 30-year-olds had done the same.

Yet with a little imagination its possible even for baby boomers to understand what its like to be in the middle of the odyssey years. It is possible to see that this period of improvisation is a sensible response to modern conditions.

Two of Americans best social scientists have been trying to understand this new life phase. William Galston of the Brookings Institution has recently completed
a research project and also just published a tremendously valuable book “After the Baby Boomers” that look at young adulthood through the prism.

Through their work, you can see the spirit of fluidity that now characterizes this stage, young people grow up in tightly structured childhoods, but then graduate into a world characterized by uncertainty, diversity, searching and tinkering. Old success recipes don’t apply, new norms have not been established and everything seems to give way to less permanent version of itself.

The job market is fluid graduating seniors don’t find corporations offering them jobs that will guide them all the way to retirement. Instead they find a vast menu of information economy options, few of which they have heard of or prepared for.

This has fundamentally scrambled the courtship rituals and decreased the pressure to get married. Educated women can get many of the things they want (income, status, identity,) without marriage, while they find it harder to find a suitably accomplished mate.

The odyssey years are not about slacking off. There are intense competitive pressures as a result of the vast numbers of people chasing relatively few opportunities. Moreover, surveys show that people living through these years have highly traditional aspirations (they rate parenthood more highly than their own parents did) even as they lead improvising lives.

What we are seeing is the creation of a new life phase. The study has proved that marriages will be delayed and spend even more years shifting between the job market and higher education.

And as the new generational structure solidifies social and economic entrepreneurs will create new rites and institutions (Times of India, 2007).

Factors in Longevity:

Human longevity and the proportion of older people in a population vary with demographic variables such as gender, marital status, ethnicity, nationality and geography as well as individual differences in exercise, diet, personality, and particularly heredity. Studies relating these variables to longevity have been primarily
correlational rather than experimental and therefore the findings are difficult to interpret in cause-effect terminology.

Longevity varies considerably with the sex of the person and is greater for (American) women than men. Women outlive men throughout the world, a status shared with other female mammals (Population Reference Bureau, 1993; Rosenblatt, 1987).

In the United States and several European countries women now live an average of 7 years longer than men. Not only do newborn girls have a greater life expectancy than newborn boys, but the sex difference in life expectancy persists through the age 65 and even age 85 ("US Longevity at a Standstill", 1992). The estimated 30% of Americans who can expect to live to age 85 are 39% of all women and 21% of all men (Taeuber, 1993).

Associated with the greater longevity of women is the fact that the major killer diseases – heart attacks, cancer, and stroke – are more common in men. A study made by Bosco and Porcino, (1977). Heredity and hormones undoubtedly contribute to the greater susceptibility of males to these killer diseases but differences in lifestyle are also important. Compared with men, women tend to smoke less, consult physicians more frequently, and comply with medical institutions faithfully; they also experience less exposure to industrial pollutants and hazards, are less violent than men, handle stress more effectively, and have better social supports.

Marital status is another factor in longevity. It is a fact that married people, especially married men live longer than their unmarried counterparts. The plausible explanation for this fact is that married people eat better and take better care of their health than those who are unmarried. Another reason that has been a plausible explanation in longevity of married people is that marriage selects rather than protects, in that longer-living people are more likely to marry or stay married. Close interpersonal ties, which are more likely to be present in a marital relationship, are important in maintaining a sense of well-being, which in turn, promotes longevity.

Kobrien and Handschot (1977) and Gove's (1973) findings in general are consistent; close social ties and higher social status, which are more likely to be found in marriage than outside it favours greater longevity. However, this is truer for men,
than for women. Unmarried women usually retain their interpersonal ties and may have even higher social status than they would as dominated members of families.

**An ethnic group difference** is another important variable related to longevity and life expectancy.

Environmental factors that are associated with ethnic group differences in life expectancy include poverty, lack of education and the related conditions of poor housing, unhygienic living conditions, inadequate diet and nutrition and inferior health care. Improved social and economic conditions and the resulting greater availability of life necessities – good housing and working conditions, clean water and nourishing food, adequate medical care have certainly contributed to the fact in U.S.

**Nationality** is another factor related to longevity. Longer life expectancies are more in developed countries than in less developed countries. Life expectancy is highest of all countries in Japan (79 years in 1993), but the largest percentage of the 65 and over segment is found in Sweden (18%) ([Population Reference Bureau, 1993](#)). The Hunza people in the Karakoram Range of the Himalayas are the only people in the entire world who are completely free of cancer.

The importance of **regular exercise** at any stage of life cannot be overemphasized. Many people who do not realize that immobility can cause serious physical disorders are stricken by serious illness at a time of life when they are not even thinking about old age. Even a mild amount of exercise, such as brisk walking for 30 minutes a day can help stave off the physical and mental ravages of time.

Studies have proved that men and women who have been exercising for 5 years or more had a lower incidence of coronary heart disease and a lower death rate.

**Gots (1977)**, argued that perhaps even more important than attitude and exercise in contributing to a long, healthy life is what one eats; it is well known that being overweight is associated with a shorter life span. **Nutrition** is correlated with longevity. A diet low in calories, meat, eggs and salt helps in longevity. Reduced food intake, and especially a diet low in fats and calories, has also been found to be related to a healthier, longer life in technologically more advanced societies.

**Heredity** factor can also have an influence on longevity. Children born of older mothers, for example, have a higher incidence of congenital disorders that shorten their lives. The rate of aging depends to a great degree on one’s genetic
makeup. Parents who live long tend to have children who also have long lives. Constitutional makeup interacts with the physical and psychosocial environment of an individual in determining how well he or she copes with and survives the stresses of everyday life and how gradually aging takes place; Hans Selye (1976).

Thus, aging is seen as a continuous biological psychological and social process, beginning with conception and ending with death, by which organisms mature and decline. To some unknown extent, therefore, aging should be considered as a joint product of physiological, psychological and social factors. If longevity is going to be enhanced, the immediate question is whether we could have a disability free happy old age? P.V. Ramamurti (1991).

Oldest woman dead at 115 years of age! The Deccan Herald, 2007, gave exciting news on longevity of life which took place at Montreal. Julie Winnifred Bertrand the world’s oldest women at 115 died in a Montreal nursing home, according to Canadian media reports.

Bertrand was born on September 16, 1891. She became the world’s oldest woman last month, after the death of Elizabeth Bolden, a Tennessee woman born on August 15, 1890, according to the Guinness Book of World Records.

Taking Bertrand’s spot as the oldest living woman is a 114 year old Connecticut resident who was born to former slaves in North Carolina. Emma Faust Tillman was born in November 22, 1892.

PART – B

MIDDLE AGE

1.10 THE NEED FOR RESEARCH ON MIDDLE AGE WOMEN:

Women’s midlife experience of their changing bodies encompasses a broad spectrum, full of contradiction and change. It is a crucial time of transition in women.

Women at midlife comprise approximately one sixth of any country’s population and is likely to increase further still as the peak number of baby boomers reach the age of 50 (Foot, 1996). The demographics alone indicate a need for research in this under-represented area. However, there are also other important reasons for conducting research on midlife of women. Our knowledge of midlife
women’s lives is not only sparse in many areas but also is often incorrect, biased by ageism and sexism (Unger and Crawford, 1992; Ussher, 1989). It therefore, works at odds with the health care needs of midlife women.

Information about women’s midlife issues such as those related to menopause have been dealt with but the researchers have lagged behind with little research into midlife women’s sociological, psychological, physical or spiritual development or into the experiences of the women themselves (Baruch and Crawford, 1992).

To further complicate the task of conducting research on this time of transition in women’s lives, in the past, three forms of bias in theory and research led to incorrect and stereotypic views of midlife women. First, until recently, the midlife transition has been described exclusively from the perspective of men (e.g., Erikson, 1950; Levinson, 1978; Vaillant, 1977). Second, the negative emphasis on aspects of events in the lives of midlife women, such as menopause (McKinley & Jefferys, 1974; Mishell, 1989) and “the empty nest”, has portrayed a narrow and often incorrect perspective of women’s middle life experience. Finally women’s lives and health-related experiences have not been adequately understood through traditional, quantitative scientific approaches (Singsworth, 1995; Stein, 1997). Such approaches, while producing some valuable findings on midlife women, do not generate an recreation and understanding of the complexity of women’s midlife experience. Instead, it is imperative that researchers acknowledge as legitimate a range of research methods: qualitative and quantitative methods, by serving different but complementary purposes, may work co-operatively to provide unique understandings and information (Worell and Etaugh, 1994).

Other than a few recent studies that focus on issues related to menopause (e.g., Bond and Bywaters, 1998; Daly, 1995; Jarrett and Lethbridge, 1994; Kittel, Mansfield, and Voda, 1998; Woods and Mitchell, 1997), there is a gap in studies that focus on midlife issues for women. In particular, little research is available on issues such as physiological changes that have an impact on sexual functioning and the numerous losses, including loss of youthful appearance, that may precipitate changes to a woman’s sense of self (Levinson, 1996).

Lippert (1997) points out the need for further research on the experiences of midlife women to help illuminate the complexity of this stage in their lives. Given the
lack of consistent information and misconceptions about women’s midlife period. We wanted to look at the meaning of the midlife experience as it emerges in women’s own interpretations of their midlife experiences.

While reviewing the literature on aging, the available literature on the aged showed that there are several studies carried out on aged and aging men but very scarce studies on aged or aging women in general. However, the studies that have been done do not consist of women in middle age. Much has been dealt with women’s inferior position – socio-economic status, violence, health, procreation and re-productivity, by social scientists and biologists.

A constructive attitude towards aging of middle-aged women is of utmost significance. Distinguishing feature of middle age women, the physical changes common in middle adulthood, the socio-psychological and cultural impact on these women, factors that effect health at middle age, their cognitive gains and losses, whether mature adults think differently than younger people do? What is it that accounts for their creative achievements and does it change with age? How have working patterns changed from previous generations? How does all their work contribute to cognitive development? The value of education to mature learners, caring and concerning for others, including the generations to follow, health problems – if they have been good or worsened by poverty or due to race, caste or sex discrimination, have considerations been given to stress/crisis, how intelligence changes, how thought processes mature, or how their creative performance and moral leadership grow and how they develop their career. The whole transition in this age becomes a crucial issue.

Identifying factors related to a woman’s midlife satisfaction can provide a guide for other women as well as goals. The profile of a women at midlife who feels satisfied with her life provides a role model to any woman who wishes to transcend the negative stereotypes of her culture.

Need for research into women’s middle life experiences is the need of the hour. From the perspective of the individual woman, the invisibility of women in middle life in the research, literature leaves a woman at the mercy of cultural stereotypes and media portrayals, or lack of portrayals. Negative images of aging women abound and without alternative images, serve to illict a woman’s own
internalized ageism and sexism. Images of miserable empty nesters, women being left for younger women, menopausal madness, . . . A woman without alternative models and images may see her future in a limited way. The lack of positive images of women in middle life affects others as well. For instance, without images to contradict the over-the-hill image of aging women, employers are more likely to pass over these women for employment or promotions. Add age discrimination to sex and colour discrimination, and the challenge of having a purposeful vision of the future becomes enormous. Women at midlife, if kept invisible and isolated, because their experiences are not heard and not researched, will be disadvantaged in a competitive labour market.

A need for sociologically and psychologically oriented research on women at midlife must exist. People working with midlife women need to know not only what may aid in the prevention of osteoporosis, but also what factors are associated with midlife psychological well-being and with prevention of the marginality that can result from aging in an ageist, sexist society -- a problem that women of all economic strata face.

It must be remembered that the transition from childhood, adolescence and then to mature adulthood is a period of critical biological and social change.

Being middle-aged women ourselves, in our study we will interestingly and researchfully probe into a heuristic contribution on the above issues with focus on Goan women of Bardez i.e., North Goa. In addition, aging in India, unlike other countries represents one of the most profound social and economic challenges facing the globe.

Besides, India is considered as an aging country because of steady increase in population over 60 years of age and gradual decline in fertility and mortality. Women outlive and outnumber men in nearly all countries of the world including India leading to ‘feminization of aging’. Women in most developing countries have a low social status, experience poor reproductive health care, economic dependence, malnutrition and domestic violence which affect the quality of life adversely. Over the life span such disadvantages accumulate leading women in a more vulnerable condition (Prakash, 2001). Hence it is a challenge to respond to the gender implications of middle age and aging by addressing the many disadvantages faced by women against the main ‘advantage’ of higher life expectancy.
It is a priority therefore for issues and considerations in working toward midlife women's well being.

1.11 PROBLEMS OF DEFINING MIDDLE AGE:

It is difficult to define middle age precisely because the term “middle age” is used to describe persons of different ages depending upon the circumstances and the area of operation. It would be worthwhile to cite some of the definitions of aging. But, prior to that, let us see the critical position of “middle age”. For the study of children, psychologists have described it as ‘child development’ or ‘adolescence’; for the study of aged they have termed it as ‘gerontology’. What term would then be used for the study of middle age? No social science researcher has till date used a precise terminology for study of middle-aged. Even for the aged, old age and aging there is a definitional dilemma.

How can social scientists study an area in which the subject-matter is so poorly defined? While age is one of the basic demographic facts it is also one of the most complicated and complicating of data says Hardy, (1997-98). “The state of current research on aging is data rich but theory poor”. According to Birren and Bengtson (1998), a theoretically adequate definition of the age concept is still missing. Another major problem is that research consists of a large number of disparate studies and perspectives Kenyon, (1988). Viewing the theoretical developments in psychology from calendar time perspective, Schoots (1996 – 742) states that, there are three foci – “the aged, the age and aging” each with their own conceptual problems.

Relatively little is known about middle age. In India, interest in aging is of recent origin. It is only after the Vienna Conference, 1982 that scholars have begun to evince interest in this area of enquiry. Ramamurthy and Jamuna (1993: 310), confirm that systematized Indian research on aging is of recent origin. There have been rapidly growing interest in aging in the last three decades. There is a continuing dialect between the process of aging and changing social structures. However, there is a lacuna in the study as it has glorified much research only on gerontology. If at all any reference is made to women in middle age, only the menopausal aspect has been glorified. There are much more significant issues like midlife crisis, health, empty nest, intergenerational relationship, spousal relationship, later life, transition stage,
biological aspects of aging, and much that could be related to the study of Indian women in midlife.

Much research has been dealt with gerontology in order to increase understanding of the process of aging among elderly but very little has been done to increase understanding of middle age; a few aspects like menopause have been dealt with but there is a dearth on the review of other aspects of middle age like socio economic, socio cultural, health, biophysical. The transition from middle to old age is a phase of critical biological and social change. A fair understanding becomes a necessity. Who then are middle-aged women? The answer to this would vary from society to society of from culture to culture. There are a few studies that deal with middle-aged people in general. Specific area of research study with reference to women in particular who go through this transition stage is considerably less. In Western countries middle age would be categorized between 40-65, while in India it may be between 30-50 years. Depending upon the culture and environmental and social factors, the definition would differ.

When defining middle age there is no exact social marking as is the case with childhood, adolescence, adulthood or elderly. With the baby boon generation and late marriages the categorizing of middle age consequently leads to the ambiguity of the definition.

1.12 HOW ‘MIDDLE’ IS MIDDLE AGE?

Fiske Marjorie, (1979), endorses that the media, research studies and parents and grandparents (many of whom, perhaps the majority, now consider themselves middle-aged), are all eagerly convincing themselves that important changes take place in adult life. The pattern is not forever fixed in infancy and early childhood; significant processes, (significant to us and to people around us) take place within us, and happen to us. These processes not only change today’s adults: they have consequences too, for the generation we are bringing up, or have just brought up, and also for the one that brought us up. Whether we grow, stagnate or give up altogether at 40, 50 or later, has a great deal to do with the way our society is being shaped. It also reflects how society shaped us.

There is considerable evidence that most working people consider themselves middle-aged until they become actively concerned with (and usually anxious about)
planning for retirement. The whole idea of life stages becomes meaningless for that high proportion of adults who just live each day as it comes.

Does a 40 year-old woman who marries a 45 or 50 year-old man and starts a family think of herself as a middle-aged woman? Does a woman who had her first child at 40 consider herself entering ‘old age’ at 62?

So we must conclude with a truism more often applied to old age: middle age is a state of mind. The assessment and definition is closely intertwined with diagnosis of illness in which age is a significant factor. Some 30-year olds consider themselves entering middle age, some 45-year olds feel they have by no means reached their prime of life. Researchers differ as where to draw lines. The vast in between is still sufficiently uncharted for each of us to divide it up – should we care to – to suit ourselves.

Indeed, some investigators have indicated that their own interest in adult life stages was sparked by transition in their own lives.

1.13 DEFINITIONS OF MIDDLE AGE:

Williams Jaunita H. (1983), in her timely, stimulating and challenging work, in particular provides an exhaustive discussion on various conceptual issues relating to women in middle age. “Middle age refers to an arbitrary period in a person’s life between adulthood and old age”. This period, according to her usually extends from about the age of 40 to 65. Her view is that there is no noticeable change in a physical or behavioral functioning at either of these ages. The range of middle-aged may vary in different societies. In developing countries, people who are 40 years of age may be considered old. In Western industrial societies, middle age is often characterized by an inclination to settle down. Middle-aged people accept obligations and responsibilities and work harder to develop a consistent pattern of relationships. They have a tendency to place increasing value on their family life and on their friendship, even if they have successful careers. Many people feel closer to their elderly parents since they have now been able to achieve a deeper understanding of what the older generation went through. Relationship of parents with their children especially youth, often become more open and respectful with their children.

Most researchers are of the opinion that most middle-aged people may not enjoy this part of life because they fear old age and value youth too much.
There have also been studies to prove that many people moving from youth to middle age have found many sources of satisfaction. Some middle-aged still feel enthusiastic and make use of their physical vigour to carry out their plans and responsibilities. Other life satisfaction is enhanced by the skills of experiences acquired over the years. As a result, problems in middle age can often be handled before they become crisis.

According to World Book Encyclopedia (1996), midlife would be an awareness of ageism that could be applied to stages of life other than old age. Older persons have many prejudices against the young and the attractiveness of vigor of youth. Angry and ambivalent feelings may flow between the old or the middle-aged. The middle-aged often bear many of the pleasures of both young and old, and they experience anger towards both groups. Ageism allows younger generation to see older people as different from themselves. Thus they suddenly cease to identify with their elders as human beings and thereby reduce their own sense of fear and dread of aging. At times aging becomes an expedient method by which society promotes view points, about the aged to relive itself from the responsibility towards them, and at other times ageism serves as a highly personal objective, protecting younger, that is, usually middle-aged individuals often at high emotional cost from thinking about things they fear like aging, illness and death. Some older people refuse to identify with the elderly and may dress and behave inappropriately in frantic attempts to appear young. Others may underestimate or deny their own ages.

A more comprehensive definition of middle age by American authors Freeman et.al., (1970), is that middle age is a period between forty to sixty-five years of age – the life cycle phase that probably has undergone the most subtler modifications in style of life. The changes are related in part to shifts in age of marriage and the conception of children. Long life and robust health today characterizes the adult years of most individuals. A generation or two ago, middle-aged individuals were regarded as entering their terminal years; people in their fifties were characterized as “old”. While the degenerative process accelerates during the middle years, most people in their age span have good health and the prospects of many more years of active life.

For many Americans, middle age is a time of culmination of a successful occupational career. For some it is a period of reawakening of interest in an
independent life; those children remaining in the household are teenagers or independent young adults. By this age many couples have achieved a modicum of economic stability and have tailored their tastes of consumer behaviour to fit their economic situation. The professional person often is enjoying not only the financial rewards of career achievement but a place of prestige within his/her colleague group; The businessman is gratified with the power of respect that have occurred to him as part of successful entrepreneurship; the skilled worker is often highly regarded because of his level of competence and many white collar individuals occupy position of trust.

However, the euphoria is not experienced by all people of middle age. Among the more vexing problem areas that are pertinent to this age span is one that might be referred to as a middle age occupational adjustment. In addition, several other problems having a psychological component or an emotional content often of a chronic nature also require examination, including alcoholism, suicide of long-term and permanent disability. This is from the point of view of successful occupational career with special reference to men. In all societies work is valued in a positive sense. Until retirement age, there is a strong expectation that males will participate fully and intensively in occupational career. As individuals progress through the life cycle, social requirements of responsibility and the need for income demand the acceptance of full time work roles. Generally men in middle age period tend to be regularly and gainfully employed; this is the norm. Women may very often take up voluntary retirement; and this could be for several reasons. It could be because of the reason that their chances for learning new trades or skills and for additional career development severely reduced. By age 45 or 50 most individuals who are going to reach the rank of say a specialist already have their credentials.

The dictionary defines middle age as the “time of human life between youth and old age, usually reckoned as the years between 40 and 60” (American Heritage Dictionary, 1977, p. 830). The definition of middle age is simplistic and only one of several possible definitions (i.e., chronological, psychological and socio-psychological). It is also important to note that any definition of the middle life period offers limited information about the issues confronted by the middle-aged couple and the family.
1.14 STUDIES PERTAINING TO MIDDLE AGE:

Who are middle-aged women? As indicated in the beginning the difficulties encountered in defining middle age is rather an irksome task since it refers to persons of different ages depending upon the circumstances and the area of operation. Social scientists have found it rather difficult to find a precise definition, which is theory based.

The term middle age came into use in Europe and in the United States around twentieth century as life expectancy began to grow. Some scholars have described middle age as socially constructed concept, with culturally ascribed meaning. Today in industrial societies middle age is considered to be a distinct stage of life. In India and in Japan aging and maturation are recognized as social process involving relationships and roles rather than including chronological years and biological changes.

It is worth to note that until recently middle adulthood was the least studied part of the life span. The middle years were considered a relatively uneventful hiatus between the more dramatic changes of young adulthood and old age. Now that the baby boom generation is in middle age, research on that period is booming (Lachman, 2001; Lachman and James, 1997; Moen and Wethington, 1999). In the United States, by 2015 the 45 to 64 year old population is expected to reach 80 million, 72 percent more than in 1990. This is the best educated and most affluent cohort ever to reach middle-aged anywhere and it is changing our perspective on the importance and meaning of that time of life opines, Wills and Reid, (1999).

Paplia, et.al., (2004) - A middle age women is defined as one with grown up children or elderly parents. The meaning of middle age varies with health, gender, socioeconomic status and culture. Most of the people in their middle age are in good physical and emotional shape. Some people in their middle age have sharper memory than ever, whereas others feel that their memory is beginning to slip.

Middle age is often filled with heavy responsibilities and multiple demanding roles, especially when they are sandwiched between two generations, the young and the old members of their families. Some in middle age feel competent to handle
responsibilities, roles, departments, caring for aging parents or to start new careers (Gallagher, 1993; Lachman, 2001).

**Lachman (2001)** - Those middle age women who have raised their children, experienced increased feeling of freedom and independence.

**Lachman and James (1997)**, middle age is a time for re-evaluating goals, aspirations and how well they have fulfilled, and deciding how best to use the remaining part of the life span.

A life-span development perspective presents a more balanced, more complex picture. Middle age can be a time, not only or even primarily of decline or loss, but also of growth. The concept of plasticity suggests that what people do and how they live has much to do with how they age. (Heckhausen, 2001; Lachman, 2001; Lack, 1998; Moen and Wethington, 1999; Staundigner and Bluck 2001).

The most influential theories in conceptualizing midlife transitions have been Jung, Jacques (who coined the term “midlife crisis”), Erikson, Vaillant, and Levinson all men writing about men. Their writings suggest that midlife satisfaction is related to having a sense of generativity and giving to future generations; Erikson, (1950); to being able to accept one’s age, find meaning and purpose, and not yearn for the activities of youth Jung, (1933/1983); to having resolved the fear of death Jacques, (1965); to loosening up and seizing one more chance of rebirth Vaillant, (1977); and to forming a realistic picture of oneself and the world (Levinson, 1978).

“There is an old saying that life begins at 40. That’s good news for middle-aged adults” says Kail and Cavanaugh (1999), “middle-aged adults face many stressful events as they begin their life at 40. They also leave many of the pressures of young adulthood behind. In many respects middle age is the prime of life. A person’s health is generally good and their earnings at their peak” Newman et.al., (2003), endorses that middle adulthood lasts from about age 34 to 60. According to psychological theory, a new re-organization of personality occurs during middle adulthood that focuses on the achievement of a sense of generativity. This new stage integrates the skills and perspectives of the preceding life stages with a commitment of energy to the future. During this period, individual and social development are critically interwoven. In order for societies to thrive and grow, adults must dedicate their energy and resources to preserving the quality of life for future generations.
Therefore, for individuals to continue to thrive and grow, societies must provide opportunities for adults to express and fulfill their generative strivings; these periods correspond to the most likely transitions that take place as parents age from 34 to 60. These are the years when children are in early and middle childhood, the years when children are adolescents, the years when no children are living at home (empty nests) and grandparenthood.

The question, therefore is, when would one say middle age begins and ends? The study by Studinger and Bluck (2001), substantiates that there is no consensus on specific biological or social events that mark the beginning and end of middle age. With improvements with health and length of life, the subjective upper limit of middle age are rising (Lackman, 2001; Steward and Ostrove, 1998). One third of Americans in their seventies and half of those between 65 and 69 think of themselves as middle-aged National Council on Aging, (2001). Middle age in U.S. Society is increasingly a state of mind says Menon, (2001).

Papalia et.al., (2004), defines middle adulthood in chronological terms, as the years between ages 40 and 65, but this definition is arbitrary. Middle age also can be defined contextually, and the two definitions may differ. One context is the family; a middle-aged person is sometimes described as one with grown up children and or elderly parents. Yet some people in their forties and beyond are still raising young children; and some adults at any age have no children at all. Those with grown up children may find their nest emptying or filling up again. Age also has a biological aspect; a 50 year-old who has exercised regularly is likely to be biologically younger than a 35 year-old whose most strenuous exercise is clicking the remote control. Still typically there are important differences between the issues and tasks of early and later middle age Staudinger and Bluck, (2001).

Daniel Levinson (1976), categorizes middle-aged between 35 to 50 years and substantiates adult development as a period after the individual has completed the searching and testing and established the commitments of young adult life-when one is totally immersed in those tasks and roles to which her ‘young adult’ commitments aligned. This is the late thirties and the decade of the forties. It precedes a more relaxed and supervisory era, the maturity period of the fifties and early sixties.
Just as the two above phase in the young adult years have been identified similarly there are also two phases in the middle years. The first might be called the “stop dallying and lets go on with it” phase. It is green lights and full speed ahead; then, after about ten years, there begins a slight but growing questioning. Phase 2 is those later years of the forties when the individual begins to feel she has made the first round and wonders what next – or perhaps what the battle was.

E.H. Erikson (1964), terms the developmental stage as “generativity versus stagnation” which characterizes the growth potential during middle adult phase 1 year. “Generativity” means the concern for establishing and guiding the next generation. It involves developing a capacity for caring about other adults, about the continuation of society. It means a growth in personal maturity. He/she no longer feels like a child to be nurtured or young seeking approval from his/her mentors. It is possible to think of the expanse of years from the early thirties to the early sixties as one period and to call it “middle age”.

This period of middle age can be broken into two stages: middle adult and maturity, and the ages group 50 to 65. The early middle adult and the questioning and reaffirming period of late middle adult or the period beginning in the fifties of more measured and secure maturity. D. Levinson, (1976) considers the years 50-65 as a period of maturity because this term reflects some of the qualities of Erikson's (1964) last two stages of ego development generativity and integrity. As seen earlier generativity is the concern for establishing and guiding the next generation. It is therefore, a central aspect of the middle adult years, especially phase 1, in the individual’s investment of self; in family, in work, and in community affairs. As an outcome of phase 2 working through again some issues of identity and intimacy, generativity becomes a fuller experience. Thus entering maturity, the individual will be able to express at a new level of vision the attributes of generativity.

Erikson's approach is interesting towards middle age. Middle age might be thought of as a “confrontation between myth and reality (Sarason, 1977:105). From youth, one’s life is typically structured by early decisions concerning work and family life. The structure begins to loosen in middle age, as the children leave home and the career moves toward retirement. Women’s aspirations and achievements have often been expressed through work, and middle age may require adjustment of early aspirations to current realities (Brim, 1976).
If their achievements have not matched earlier expectations, they may have feelings of failure or desperation or a resurgence of "the dream", as midlife reappraisal leads to one last effort to make it come true. Similar processes occur within the postparental family. Have my children turned out the way I wished them to be? Are my relations with my husband satisfactory, now that our preoccupations with the children are gone?

The middle-aged may also experience a variety of "partial deaths" — of physical attractiveness, physical strength, career opportunities (Kastenbaum, 1977). Since physical strength and attractiveness begin to decline, Peck (1956) argues that the middle-aged must come to value mental powers which withstand aging more successfully and also that they must develop emotional flexibility.

Middle age is also a time when one's own death becomes psychologically closer. There may be a shift in perspective from "time since birth" to "time yet to live". This contributes to reappraisal of earlier decisions and may result in intensified efforts to realize aspirations.

In their study, Lowenthal and her associates (1975) found that active reconstruction of the past peaked in middle age, revolving around past career choices and closing career options. For some this process is successful, as they work through their doubts.

The "crisis of middle age" for women is different in a sense, aging is domestic female role. She retires from her major career – being a mother – earlier than men retire from the work role. Although this may mean that old age involves fewer wrenching transitions for women, it heightens personal change in middle age. Middle-aged men tended to view themselves as industrious and in control, though some felt that they were just plodding along and something was missing.

Interestingly, men were more apprehensive than women about the future, where their aging crisis lay, and one gains the impression that their concern was with laying the groundwork for a satisfying retirement life style. For middle-aged women, however, aging was a present problem and their views of themselves and their circumstances were much less positive. Many displayed signs of desperation over the "empty nest" and limited possibilities for breaking out of the confines of the family to
achieve personal growth. This indicates again that the aging experience varies, according to the different roles played by men and women.

Neugarten (1958) has described this blending of the two psychodynamic stages in her observation: individuals in the fifties and sixties develop an increased inferiority, simultaneously maintaining an active, effective instrumental dealing with life. Although a relatively comfortable state, maturity is a period of much significant change. There is a consolidation of experiences and resources and reorientation of interests and activities. This orientation will proceed along different lines for men and women, generally toward increased satisfaction for both.

The meaning of middle age varies with health, gender, ethnicity, socio-economic status, cohort and culture (Helson, 1997; Meon and Wethington, 1999; Staudinger and Bluck, 2001). Most middle-aged people in the United States today are in good physical, cognitive, and emotional shape more so than in any previous generation and feel good about the quality of their lives. The middle years are marked by growing individual differences based on prior choices and experiences, as well as genetic make up Lackman and James, (1997). Some middle-aged people can run a marathon; others feel their memory beginning to slip. Some, like M.K. Gandhi, are at the height of creativity of careers others have gotten a slow start or have reached dead ends. Still others dust of mothballed dreams or pursue new goals.

*When is Middle Age for Women?*

Is it when one is forty years of age or when one has crossed 40s? When one’s cessation or menopause takes place? When ones hair starts graying? When one looks haggard? When your children are grown up as adults, when you have launched your children in marriage or with careers? When one becomes a mother-in-law, grandmother? When one’s health starts failing, when one gets less active compared to the past? When you are about to or planning to retire from work? The answers could lead to empty rhetoric depending on one’s situation.

*‘Middle’ means ‘Mature’*

We should not forget that psychology is a child of philosophy. There is still no meaningful way to discuss growth and potential in adulthood without entering the realm of philosophy (Fiske Marjorie, 1797).
Most people like to believe that sometimes, say between 40 and 60 we become mature, in the sense that most of our potential has ripened and become reality. It is philosophy, not psychology, which has been primarily concerned with defining human potential, for good or for ill. Modern psychology studies what people here and now do, think, and feel, and how the nervous system behaves under various circumstances — more often then not in laboratories. Maturity, if defined at all, becomes the average of what most middle-aged people do, think and feel, and averages are rarely very inspiring. Insights into the lives of others help us realize our potential for growth and maturity. We are also influenced, for better or worse, by all the settings we have lived in. They range from those of our infancy and childhood — family, friends, school — to those of our workplace, community, country and culture. Increasingly, thanks to the media, much of the world beyond our personal experience is also part of our growth (or regression). Many in fact, prove to become not only highly productive and creative, but mature and well adapted by middle age.

**Worries and Responsibilities of Middle Age:**

Changes takes place at all stages of life, and over relatively short intervals. These processes among men and women are all remarkably different (Fiske Marjorie, 1979).

Both men and women in their late forties and those in their fifties have become more concerned about physical health as time goes on. But their worries on this score are more likely to be about their husband’s health than their own. A few men undergoing the same transitions as the women — to the empty nest and to retirement — also become somewhat apprehensive about their health. But most of them are less likely to admit to such worries than are women.

Women often become very frustrated with their spouse’s indifference to doctor’s orders and to the bombardment of advice from the media about how to ensure a long and healthy life. One woman, Josephine, for example, spoke of experiencing sleep defying turmoil for a while because her husband refused to lose weight and stop smoking.

Eventually, realizing that her constant nagging was not only fruitless but creating problems in their relationship, she managed to reconcile herself to the situation. Aging widows, like aging divorcees, are not much in demand in either the
economic or the social life of our society. It is therefore only natural that this woman, like most middle-aged married women, hoped to avoid such a denigrated status. In addition of course, some (not many) also love their husbands very much.

More common to both men and women are haunting anxieties about the future possibility of having drastically to change their accustomed styles of life. Another common worry – outweighing any simple apprehension about growing older – is that of becoming dependent, financially, physically or both, on their young adult children, other relatives, or on community agencies.

1.15 REVIEW OF LITERATURE ON MIDDLE-AGED WOMEN:

The review of literature manifests various studies undertaken on middle-aged issues that are multidimensional in nature. It looks at the whole spectrum of social behaviour as it is shaped from all its sources: the personal social and biological. The realities of midlife is a turning point of maturity. It is a recognition that a person may have reached the peak of her career, passed her physical prime and has only a limited time left to do all the things that she would like to do. Inspite of all this, she still undergoes several other changes – may be no understanding of the psychology of women or of a particular women, is possible without taking into account their social context with its permissions and prohibitions. The sociological study of women cuts across all the sub-disciplines of social sciences like sociology and psychology. The spectrum of problems that intertwine at midlife are reviewed below; namely;

a) Menopause
b) Andropause
c) Health
d) Intergenerational relations
e) Socio economic status
f) Spousal relationship
g) Midlife crisis
h) Empty nest

Menopause:

In our society, by contrast, aging has traditionally been for women an unenviable prospect. Her most socially valued qualities, her ability to provide sex and attractive companionship and to have children and nurture them, are expressed in the
context of youth, which is endowed with physical beauty and fertility. The literature of women has often focused on motifs of loss of youth, and physical attractiveness, of the regular reminder of feminity in the menopause, of children and perhaps husband, of purpose in life. The extent to which these changes are problems. No biological imperative programs women to feel worn out, useless and depressed during the second half of life.

William J.H., (1974), endorses that among the most dramatic changes occurring during middle adulthood is the climacteric – a period of several years during which the functioning of the reproductive system and various aspects of sexual activity change greatly. Although both sexes experience the climacteric, its effects are more obvious for the females, most of whom experience menopause – cessation of the menstrual cycle in their late forties or early fifties, the time when ovaries stop producing estrogens, and many changes in the reproductive system occur; thinning of vaginal walls, reduced secretion of fluids that lubricate the vagina and so on. Once females stop releasing ova, pregnancy is no longer possible. Strength, beauty and vigour all decline during this period. While some physical decline is inevitable during the middle decades of life, both the magnitude and the rate of such decrements are strongly influenced by individual lifestyle. In fact, growing evidence suggests that while we can’t stop the clock of aging altogether, we can slow it down appreciably. In other words, we can achieve successful aging experience and minimal physiological losses in many functions when compared to younger persons Arking, (1991).

Greer, (1991); Sheeney, (1992) endorsed that the dominant discourse of a woman’s midlife aging is either focused on a biological function, that of menopause, or is languaged heavily by the medical profession (osteoporosis, hormone deficiency, depression). It is also dominated by inaccurate stereotypes regarding emptied nests, abandoned wives and loss of social power.

Fausto-Sterling, (1992) endorses that “menopause” refers to the cessation of menstruation, and is caused by the fluctuation of hormone levels within the ovaries and within women’s bloodstreams. Clinical studies suggest that the average age of cessation is around 48-52 years of age, although women in Western countries end menstruation between their early 40s and late 50s. Thus despite the average, there is considerable variation and heterogeneity Deats, Lanker et.al., (1999). Regardless of
popular belief, the decrease of estrogen hormones is not the sole cause of menstrual cessation; rather, many hormones fluctuate to cause this reproductive transition or "climacteric" Fausto-Sterling, (1992, 116-7). Some hormone levels increase while others decrease. These hormone fluctuations can occur anywhere from eight to ten years prior to cessation to several years afterwards. What women experience is not just menopause, then, but a complex reproductive transition that can span multiple decades. Because of the often long-term nature of this transition, current definitions of menopause are "notoriously problematic" Hunt et.al., (1988). Some contemporary scholars have adopted the term "reproductive aging" as the best conceptualization of the long-term process; illustrating its similarity to other gradual aging processes as well as its ties to previous, gendered reproductive experiences. Nonetheless it is still difficult to know what experiences actually fall within this process, when it starts and ends and how long it lasts. No definition of this process seems complete or clear, and no term can fully explain to women what they should expect to experience during this transition.

Mansfield et.al., (2004), opines that according to clinical research and medical diagnosis guidelines, menopause is defined by the lack of menstruation for 12 consecutive months (McElmurry and Huddleston 1991; Rostosky and Travis 1996; McKinlay, Brambilla and Posner 1992; Im, Melis and Park 1999; Mansfield et.al. 2004). Peri-menopause refers to the period leading up to actual menopause and this is usually the time when symptoms such as hot flashes, dry or less elastic skin, weight gain, irregular bleeding, and others begin (McElmurry et.al., 1997). This stage is sometimes referred to as a menopausal stage simply because it precedes the time when a woman will become menopausal (McElmurry and Huddleston, 1991). But at this stage women are not actually going through menopause. Post-menopause is the point after which a woman has not had a period for 12 months (Im, Melvis, and Park 1999; Mansfield et.al. 2004) often this stage is not diagnosed until approximately two years after the cessation of periods (Boston Women's Health Book Collective, 1992).

The notion that there are clear transitions from one menopausal stage or status to another is faulty, however (Fausto-Sterling 1992; Mansfield et.al., 2004) illustrates, for example a woman who is Peri-menopausal may still be having periods or may have stopped menstruating temporarily. Second, a woman who has not had a
period for almost a year may still be considered peri-menopausal or menopausal when in fact she feels post-menopausal (i.e., despite having bled within the past year, she may feel that most of her other symptoms have dissipated). Third, women with a history of irregular periods may not know what stage she represents until she is diagnosed as post-menopausal. Fourth, Mansfield et al., (2004) suggests that, despite the official definitions of these three categories, post-menopausal women can sometimes bleed. Mansfield et al., (2004) explains that there is considerable variation in women’s movement across menopausal status categories, so much so that researchers have to be ready to reject the notion of a regular progression from peri-menopause to menopause to post-menopause or a regular menopausal age or duration, and to search for a broader conceptualization of menopause in future studies. The Boston Women’s Health Book Collective (1992) suggests that not only is the length of reproductive aging variable, but also that the clinical definitions of menopause are somewhat faulty. Fausto-Sterling (1992), notes that since we have little “baseline data” on menopausal women, we do not even have a way of knowing whether a symptom is actually “normal” or not at any given time (1992). There is no symptoms we can use to diagnose the true onset of any menopausal stage. Fifth, researches have attempted to predict the age onset of menopause. Some studies have suggested that determinants for age at natural menopause are established at birth or at least in early childhood and are carried throughout life; Lawlor et al., (2003). Others suggest that age at menopause is determined over the life span by a combination of psychological and social factors. There is little agreement about when or why the onset of menopause occurs at particular times. Based on existing research, we know that birth weight, educational attainment, marital status, employment status, childhood and adult economic circumstances, childhood nutrition, race and ethnicity, demographic location, national origin, being bottle fed or breastfed as an infant, smoking, certain types of contraceptive use, age at menarche, and body mass index can all affect the onset on menopause (Gold et al., 2001; Zawlor, Ebrahim, and Smith 2003; Reynolds and Obermeyer 2003). Yet, no specific chronological age can be pinpointed as the “normal” age for peri-menopause or menopause, especially since women can flip-flop between the three stages defined above Mansfield et al., (2004). Further, with the exception of studies about contraceptive use for example the birth control pill, most research has looked at factors that may contribute to “early” menopause rather than “late” menopause Mansfield et al., (2004) suggests that, with
the current state of knowledge on menopause, the fact that women may take considerable time to make it through all three stages of this transition, and the unclear age at onset, researches should make sure to include broad age ranges of women in their studies if they truly wish to understand the experience.

Finally, as whole researches have trouble identifying the actual time frame or event of reproductive aging. Defining women as having gone through menopause after 12 months without menstruation means that doctors and researches rely on women's retrospective accounts; that is women must be able to remember exactly when they began to miss menstrual periods — something that is extremely difficult if irregular periods come first (Im, Meleis, and Park 1999; Mansfield et.al. 2004; Rastosky and Trawis 1996; Boston Women's Health Book Collective, 1992). Theoretically then, no woman is ever in menopause because it is literally a nonevent by definition and is diagnosed afterwards.

Riopelle and Rogers, (1965), opine that women are the only primates who outlive their reproductive capacity. Females of other species do not have a true menopause. The termination of women's reproductive capability relatively early in life is adaptive for the production of healthy children. If women's lives are defined mainly by their reproductive and maternal functions, then their terminations in the menopause and the empty nest would have profoundly negative effects on women in the middle years. Let us consider some emerging research that holds some surprises.

Skultons, (1970), contends that menopause has been linked to a *rite de passage*, a ritual symbolic of the passage of the person from one role to another. The menopause itself, the cessation of the menses, is a biological event which parallels other events along the course of aging. Although it is the manifest sign of the end of reproductive life, its symbolic meaning invests it with an importance which extends far beyond its biological definition. The cessation of the monthly bleeding after some thirty or thirty-five years comes as a specific physical event at a time when the women also observes signs of aging in face and body, and experiences drastic role changes as children mature and leave home. Thus the *menopause* can appear as a sign of change, and the *climacterium* as a change of life, as it is aptly called by many—change in body, change in role and life style, and often change in the evaluation of the person by both herself and others.
Benidic, (1959), endorses that *menopause* on the average occurs among American women at age forty-nine. Helene Deutsch (1957) saw the physiological reactions and menopause as being the most trying of a woman's life. Others take a positive view of the *climacterium*. Healthy women, newly freed from the demands of childbearing, can respond to the biological change with an influx of energy which could be directed to new aims with a new impetus for socialization and learning. The many interest and productions of women after the *climacterium*, and their improvement in physical and emotional health, were cited as evidence that this period, in a psychological sense, is a developmental phase, a "challenge for the reorganization of the personality". The problem with most psychiatric and psychoanalytic studies of menopausal women is that they are based on observations of women who either perceive themselves or are perceived by others as having problems and needing treatment. The data are more supportive of the belief that healthy women move effectively through this phase without regret than women who mourn the loss of their reproductive capacity and have great difficulty in coming to terms with their changed condition.

Neugarten (1973), in her study, conducted of a group of 100 white women aged forty-five to fifty-five were studied. A third of the women were still menstruating regularly, a third had not menstruated for at least two years, and the remaining third were in a transitional period. But presence or absence of the menstrual cycle was unimportant in the psychological status of the women; in the larger context of the biological psychological and social cues that signify the *climacterium*, they were more alike than they were different. That is, their life stage with its implications which were common to all of them was more important then the presence or absence of menses. Only 4 percent mentioned the menopause as an important worry, while more than half said that their greatest concern was widowhood. Other fears included cancer, children leaving home, or just aging. Asked about the most positive aspects of the menopause, three fourths named the elimination of the fear of pregnancy and of the bother of menstruation. Some mentioned better relations, including sexual relations, with their husbands. Only 12 of the 100 women were unable to see any positive value. Some reported improvements in mental and physical health with increase in energy and feelings of well being. They attributed these changes to individual variables, not to a general
effect of the menopause. Interestingly enough when asked to compare themselves to “Women in Menopause” they consistently rated themselves more favourably—they saw the problems in others rather than in themselves. These responses were seen as a defense mechanism which revealed the underlying ambivalence of the women toward the menopause, ambivalence rooted in personal and cultural attitudes toward aging and femininity.

De Angelis, (1997) opines that researchers have identified two primary sets of symptoms associated with the climacteric and menopause. Estrogen-related symptoms include hot flashes, night sweats, vaginal dryness and urine leakage, which are due to rapid drop in estrogen. Somatic symptoms include difficulties in sleeping, headaches, rapid heartbeat, and stiffness or soreness in the joints, neck or shoulders. Ethnic differences in the symptoms experienced by women have been noted. In one study, for example, European American women report a decrease in somatic symptoms after the climacteric. Jackson, Taylor and Pynholil, (1991); in contrast made a study that African American women report more estrogen related symptoms and fever somatic symptoms than any other ethnic group. Hispanic American women report more rapid heartbeat and urinary leakage, whereas Asian American women report the fewest symptoms of any kind.

Lindlaw, (1997) further surprises us by other current controversies, like having babies after menopause has also been possible. Reproductive technology such as fertility drugs and in vitro fertilization has made it possible for postmenopausal women to have children. Indeed, in 1997 Rasonno Dalla Corta, the 63 year old women from Viterbo Italy, gave birth to a baby conceived through in vitro fertilization. Scientists have thus fundamentally changed the rules of reproduction. Even though a woman has gone through the climacteric, she can still have children. Technology can make her pregnant, if she so chooses and if she has access to the proper medical centers.

This understanding of human reproduction changes the whole notion of menopause representing an absolute end to childbearing. Some of the women have done so because their daughters were unable to have children. They consider this act another way to show their parental love. Others view it as way to equalize reproductive potential in middle age between men and women, as men remain fertile throughout adulthood.
Dr. Jacques Rossouw (2007), researched on “Hormone therapy safe for younger women”, a study of the American Medical Association, Chicago, endorses that younger women may be able to safely take hormone replacement therapy to treat menopause symptoms based on a new analysis of a big US study that has raised alarm about health risks and driven down sales of treatment drugs. A second look at the highly publicized 2002 study called the women’s Health Initiative, or WHI, suggests that women who begin hormone replacement therapy within ten years of menopause may have less risk of heart attack than women who start hormone therapy later. He further states that the hormone replacement therapy still increases the risk of breast cancer and stroke in younger women but the absolute risk for that age group is low. He advises to check your blood pressure and have regular mamograms. For if you do those things. HRT is a reasonable option in women within severe menopause symptoms.

The original WHI study was designed to find out whether hormones protected menopausal women from heart attacks, a view that was widely held in the 1990s.

Instead the study found the therapy increased the risk of blood clots, heart attacks and breast cancer. That led millions of women to abandon HRT, leaving them to face the hot flashes, sleepless nights and other menopause symptoms with few treatment alternatives.

Just as women go through menopause men also go through a change at middle age i.e., change in male sexuality – ‘andropause’

Andropause:

A study conducted by Centre for Health Studies, Documentation Cell, Health Service Studies (1993), “Symptoms of Andropause”, reveals that men develop andropause just as women have menopause. The biggest problem of andropause is psychological since psyche is known to play a central role in sex at all ages. Worries, diseases, fatigue or pains may all distract from sex.

Sternbach (1998), supports the study that men have no experience comparable to menopause They do not undergo a sudden drop in hormone production at midlife, as women do; but testosterone levels do tend to decrease slowly after age 60 in many men, a phenomena that has been called “andropause” Finch, (2001); Whitbourne, (2001).
The term *male climacteric* is sometimes used to refer to a period of physiological, emotional and psychological change involving a man's reproductive system and other body systems. “Male menopause” is much more gradual than female menopause, and its severity varies widely, endorses *Rowe and Khan, (1998)*. Symptoms supposedly associated with the climacteric include depression, anxiety, irritability, insomnia, fatigue, weakness, lower sexual drive erectile failure, memory loss, and reduced muscle and bone mass and body hair (*Henker, 1981; Sternbach, 1998; Weg, 1989*), but it is not clear than these often vaguely defined complaints are related to testosterone levels. Men’s psychological adjustments, like women’s may stem from such events as illness, worries about work, children’s leaving home, or the death of parents, as well as from negative cultural attitudes toward aging, *King, (1996)*.

There is no strong relationship between testosterone levels and sexual desire or performance; *Finch, (2001)*. However, men often do experience some changes in sexual functional related to changes in the circulatory and endocrine systems, as well as to stress, smoking, obesity, health problems such as diabetes, and social factors such as those just mentioned; *Finch, Whitbourne, (2001)*. Although a man can continue to reproduce until quite late in life, his sperm count begins to decline in the late forties or fifties, making it less likely that he will father a child, contents *Merrill and Verbrugge, 1999*) Erections tend to become slower and less firm, organisms less frequent and ejaculations less forceful; and it takes longer to recover and ejaculate again (*Bremner, Vitiello, and Prinz, 1983; Katchadourian, 1987; King, 1996; Masters and Johnson, 1966*). Still, sexual excitation and sexual activity can remain a normal, vital part of life.

*Whitbourne, (2001)*, opines that although testosterone supplementation therapy is sometimes touted as a boost to sexual desire and a cure for other problems of aging, it is medically advisable only for men with clear hormonal deficiencies. The therapy can increase risks of cancer, enlarged prostate gland, higher cholestrol, infertility and acne.

*Solnick and Corby (1983)*, endorses that sperm production declines gradually by about 30% between ages of 25 to 60. But even a man of 80 is still half as fertile as he was at age 25 and remains potentially capable of fathering a child. The introduction of the drug Viagra in 1998 offered a medical treatment for erectile
difficulties for some men. An important point is that unlike women, men do not normally experience a loss of fertility in adulthood.

There are some recent interesting investigations found to contradict andropause that changes the whole notion about male sexuality.

Man fathers ninth child at 90. Prakash Bhandari (2007): TNN (Sunday Times, Times of India, August 5th 2007) Jaipur, narrates that it is proof that male menopause is a myth, or is it the potency of camel’s milk? Last year, 88 year old Barmer, farmer Virmaram Jat made headlines when he fathered a bonny boy. But now a 90 year old has stolen a march on him by siring a baby girl – his ninth child to boot. Walking tall, smoothing his big masstache, Nanu Ram Jogi is the proud father who has joined the league of old pops: apart from Virmaram, there is Ratnakar Nath of Sambalpur district in Orissa who became a father at 83 in June this year (2007) Virmaram put down his virility to camel’s milk and it’s very likely that Jogi who lives in Panch Imli village, about 5 Kms from Pratapgarh town in Chittagarh district drank from the same Exlixir and cocked a snook at male menopause. Sagure who is 60 years younger than him, was his daughter-in-law. When his son Shivlal died a few years ago, Jogi, the man that he is, stepped in to fill the void and not only married her but soon put her in the family way.

Health:

Practices of health and hygienie, appropriate nutrition and exercises in the life span can greatly retard the pace of aging. Thus health is an important attribute to aging especially with regards to women as social discrimination against women is more rampant, especially in Indian society.

According to Newman & Newman (2003), aging like growth is a continuous process that starts very early in life. During middle age or when one reaches in their forties, most people are all too aware of the age related changes occurring in their bodies. Cardiac output, the amount of blood pumped by the heart, decreases noticeably and the walls of the large arteries lose some degree of flexibility. As a result less oxygen can be delivered to working muscles within a given period of time, and even people who exercise regularly become aware of some decline in this respect. They simply can’t do quite as much as they once could. The performance of other major organ systems too declines and an increasing number of people experience
difficulties in digestion. Other changes are readily visible when middle-aged people look in the mirror; thinning and graying hair, bulges and wrinkles in place of the sleek torso and smooth skin of youth. Huge individual differences exist in the rate at which such changes occur. Some persons in their forties and fifties closely match common stereotype concerning middle age, others retain much of their youthful appearance and vigor during this period of life.

"Women in India are discriminated" says Karkal Malini (2000) She affirms that unlike women in other populations they have higher death rates than the men. The neglect in early ages also affects the life of women in old ages. Menopausal women have several health problems. Age at menopause has been same over years. Thus increasing life-span means many years of problems. Increase in longevity therefore is not an unmixed blessings.

Prakash, Indira, Jai, (1999) points out that U.N. project by 2025, 70% of the 604 million world’s women in ages 60+ will be in the third world countries. She further adds that being old and female, places a person in a “double jeopardy”. The condition gets enhanced when one is living in rural areas and with the graying feminization of poverty, aging must be seen as a women’s issue. In Jai Prakash’s opinion; “In India though women’s studies has expanded exponentially, recently much of the research focus is on economic, legal, political and social emancipation of women rather than on health of women. A casual review of research output from even such prestigious women’s study centers such as RCWS of SNDT university, reveals lack of work on elderly women. It is a sad commentary on our culture and the realities of life. Women are struggling still to overcome the odds staked against their very survival – fighting against female foeticide, female infanticide, bride burning and rape-and just have no time to turn to the needs of the aging women.

Another comprehensive study made by Prakash, Indira Jai (1995), on ‘Adult Women and the Aging Process’, explores the major concerns of adult women as they move into old age. Findings from several studies are combined here to highlight the issues during midlife and old age. Education, health, marital status, rural or urban residence and economic status influence well being of older people. Women are in jeopardy as carers and house makers. Empowering strategies should have a life cycle perspective. Better health care, social security measures and a pro-women environment are essential to improve the lives of old women. In her article Jai
Prakash further reveals that women, the world over are the major kin-keepers and traditional carers. As a result both in formal and in informal sectors, they are expected to and do look after other old people at the cost of their own physical and psychological health. Thus there is a also a feminization of care, making aging more and more a gender issue. She speaks about medical research which is preoccupied with health aspects of women in their reproductive years to the exclusion of older women. There is a need to understand the physiological aspects of middle and late adulthood if one has to “add life” to the long years women are expected to live as the elderly. Her study focused on 'Midlife' and 'Menopause’. Psychological realities of adulthood and aging cannot be understood merely by projecting the issues that are salient in childhood. Midlife ushers in several biological, socio-cultural changes that have implications for quality of life of the person. More than chronological age, certain bio-social events are often used as landmarks to delineate different phases of life span. Menopause or cessation of menstruation in women is one such punctuation mark that is given the status of “crisis” at times. With increased life expectancy, an Indian women can now except at least 15 years of post menopausal life. A basic element of every women’s life, menopause has been veiled in silence for a long time.

There are several misconceptions about menopause that it results in accumulation of bad blood in body, it affects eyesight and that women may go mad during this stage. Awareness programmes and health education are recommended so that women can cope better with the changes taking place in their bodies. Health care delivery system focusing on middle-aged women need to be sensitive to the fact that there may be indiscriminate dismissal of symptoms of aging women and even manifest symptoms of depression and anxiety as ‘just woman’s problems’. Similarly, psychologising what is primarily a psychological change can be equally damaging to the well-being of a women. A clear differentiation of symptoms of vasomotor nature from those of psycho social nature will go a long way in managing women’s anxieties during midlife. Jai Prakash, dealt with a socio psychological research and reviewed that adulthood is not a straight and continuous journey to death. There are various phases in this stretch of life. Taking life expectancy of women, social roles and age-grading into consideration, 40 years may be considered the beginning of middle age; 50 years as beginning of old age; and 60 as old age; and 70 as old. Studies show that women in these four groups differ on several variables between older women and younger groups.
Finally, any measure that will help women feel that they are in control of their own lives in a culture that never considers women as capable of independence will reduce the helplessness they face as they grow old. In conclusion, the secret of healthy aging lives in scientific understanding of these forces and managing them by scientific interventions. It is often found that people before 60 years dispose syndrome in aging. It is observed that once parents settle their children, they display considerable changes in their thinking, perception and behaviour.

**Shah Rashmi (1999)**, in her studies made by Institute for Research in Reproduction and Health Service Studies on Menopausal Health, opines that menopause is experienced differently by women in various cultures. Knowledge and scientific data on menopause in India are sparse. Many women do not correlate complains as being due to the menopause. Also many doctors are not aware or not convinced about menopausal complaints and the benefits of hormonal and non hormonal treatment regimes. Awareness about the menopause and its effects has increased through articles in newspapers, magazines and self help books. Also many menopause clinics have been established both in general hospitals and in private sectors. Some of these centres offer packages consisting of counselling, assessment of cardiac health, bone density measurement, evaluation of biochemical parameters and treatment options for both short term symptoms control and long term prophylaxis (HSS, IRR).

**Shirolkar, A; Prakash, I.J;** (1995), studied on psychological Aspects of Middle and Old Age. A sample of middle-aged and older subjects both male and female was selected from a village from Bangalore Rural District and a residential area of Bangalore city. On various psychological measures, 338 such subjects were assessed and the data were analyzed for differences between middle and old-aged subjects; male and female subjects and rural and urban subjects. Findings show that age, sex and geographical location make a difference to physical and mental health, life satisfaction and social activities of aging persons.

**Krishna Usha; Shah, R.D.** (1995), studied on obstetrics and gynecology in perspective, discusses endocrine changes, osteoporosis, urogenital problems and premature onset. It also discusses advances in hormone replacement theory (HRT). It includes review of controversies of HRT – Institute for Research in Reproduction.
Subrahamanya, R.K.A. (2001) in the article “Social Protection of the Elderly” wrote on health care that elderly people are apt to develop health problems as they grow older. The National Policy for older persons recognizes that with advancing age, old persons have to cope up with health and associated problems, some of which may be chronic, of a multiple nature, requiring constant attention and carry the risk of disability and consequent loss of autonomy. There is no special scheme for the health care of elderly except the ESI and CGHS which are applicable to small number of persons who have been in service with the central government or an insurable employment. In all the other cases the old persons have to depend upon public medical services or private doctors and hospitals. The health insurance schemes of the government do no cover persons who are above the age of 70 who require greater attention. It is necessary to develop appropriate social health insurance schemes for the elderly which may be linked to pension insurance.

Another health issue on “The changing Age-status system” in middle age and aging (Neugarten, B.L. and Moore, J.W., 1968), say that there is some loss of elasticity in muscles, beginning in midlife. Individuals differ greatly because of inheritance and amount of exercise. An individual’s speed and co-ordination are not as likely to change with age as with disease, injury or disuse. Changes in our physical appearance as we age are the result of the loss of elastic fibres of the skin and by the thickening of the connective tissue fibres that lie between the cells of the body. Changes in collagen, a gelatinous substance found in connective tissues, bone and cartilage, account for much of this effect. As cells reproduce, the ‘wear and tear’ effects of collected wastes or cell damage may be alleviated at the time of division, with the new cells tending to possess the undamaged form of their original endowment. Through time, however, slight mutation results in a modified version of the original cell and some cells slow down the frequency of reproduction. In tissues with slow reproduction or with no reproduction there will in time result a collection of damaged cells and a loss of total number of cells. These cells then function less effectively and their effectiveness is compounded by the ineffectiveness of other cells.

With sensory branches – persons in the mid-forties and fifties begin to have difficulty in seeing details at close distances. By the age of fifty many people need to wear, glasses with lenses to correct their long sightedness. The lens of the eye ‘ages’ even from infancy and becomes more opaque and less elastic in adult life.
Acharya, A.M. (2001), in his article ‘Raging Against Aging’ he discusses health and remarks that you can’t stop aging – staying active is the key “use it or lose it”. There is a decay in everybody but stay grey outside and remain green inside. Staying active is the key “use it or lose it” is a phrase to grow older. The vital organs of the body were explained in short along with the facts of aging, exercises, routine activities, nutritional disorders, obesity and hints of health care.

Eye – most people need reading glasses by the age of 45 years so regular eye tests must be done.

Ear – harder to pick high pitch tones.

Body shape - at 50 you will never have the same body you had at 20. Our body changes, composition and shift shape gradually over the years. Muscles or lean body mass, tend to lessen and fat increases. This reduces the lean – to fat – fat ratio, which in turn shows the body’s level of metabolism.

Exercise is the key to combating middle age. Aerobic activities like running, swimming, dancing, work large muscle groups, burns lots of calories and maintain metabolism at higher levels.

Dr. Dey, A.B., (2003), states that the state of health as one ages depends on one’s genetic endowment, the surrounding environment and the kind of lifestyle that one has lived during childhood and adulthood. Many of the health problems of old age are known to result from an unhealthy lifestyle and are therefore potentially preventable. Long-term studies in developed societies have indicated that avoidance of smoking, not adapting to sedentary lifestyle and freedom from obesity can go a long way in preventing ill-health and inducing prosperity in the later years of life. However, in poor resource settings such as India, where most people slog throughout their life time for a mere day to day existence, exhaustion and malnutrition prove to be more powerful determinants of ill health.

Bhogale, Shalini, (1998), in a profile on ‘Early Detection of Breast Cancer: A Profile’, investigated that in India Breast Cancer ranks second to cervical cancer in incidence and mortality. Gynecologists and family physicians are in a primary position to understand risk factors, educate women in performing breast self examination, perform clinical examination, refer women for screening mamography and finally ensure that proper diagnostic and therapeutic steps are taken. This will
certainly lead to early detection of cancers, less mutilating surgery and better survival rates. Every woman is assumed at risk and must be screened accordingly. The two strongest risk factors being age and a family history of breast cancer. The risk of cancer in women who have their first child after 30 years is twice amongst women who deliver before 20 years. Each year of delay in childbearing increases risk (by 3.5). The incidence is doubled in women with a natural menopause occurring after 55 years compared with women attaining menopause at 45 years.

‘Femme Fatal’, the writer, Bose, R. (2000), proved in his study that it is myth that Coronary Artery Disease (CAD) is primarily a man’s disease as heart attacks usually occur among men due to their stressful occupations and unhealthy lifestyles. But the fact is that the major risk factors for CAD are the same for women as for men and also that, heart disease but not breast cancer is the biggest killer disease of women in India. Today research says women have a tenfold greater risk of death from coronary artery disease as compared to breast cancer. Since 1960 life expectancy for both men and women in India has increased by 20 years, coming up to an average of 61 years. If science has been able to increase the life expectancy, man has found enough means to bring it down. A survey reveals that CAD has increased by seven percent in urban India and by two percent in rural India for both men and women.

During midlife or after menopause a woman’s risk for heart disease starts to rise dramatically when the woman’s body stops producing estrogen. Heart disease unless treated only worsens. One in every 14 women, at the age group of 45 to 64 has heart disease, and this increase to one in seven for women over 65. “Lifestyle related factors that increase heart disease risk are increasingly common among girls, teenage and young adults who are extremely conscious of their physical appearance. They go on strict diet regimes and often starve themselves to achieve that perfect figure while losing their health”. Heart disease has no quick fix, so even if a special procedure, such as an angioplasty is performed, it will progressively worsen unless treated with lifestyle changes and regular medication.

Factors that increase women’s heart disease risk; those beyond your control: heredity, age, that is being 55 or older; smoking – crowned as killer number one. The increasing urbanization has brought drastic changes in the once static and stress free lifestyle of women. Women stepping into the outer world has only brought them
closer into the once called man's disease or a high executive disease. It strikes persons with a certain personality that are prone to CAD; high blood pressure or medically termed as hypertension – if uncontrolled can lead to heart failure “The overall mortality due to heart disease in women has gone upto 40 percent because the cardiac capacity of women is less” says Dr. Rishi Gupta, (2000) Cardiologist, Escorts Heart Institute, Faridabad.

Intergenerational Relationships:

Family is that thread which links multiple generations together through a system of shared beliefs, norms values and cultural traditions. Within a family these intergenerational ties are conceptualized as a lineage bridge between the children, parents and grandparents. Transactions between the different generations serve the following functions: Sharing of information and knowledge; power and responsibility or control over the desired resources; power and responsibility or control over the desired generation; welfare or care of family members.

Intergenerational relations are now undergoing transitions due to social and cultural changes. How the young judge the old and vise-versa is important for harmonious living under one roof.

Chandra, N.K. (2004), in his “article on “Building Society Through Intergenerational Exchange” defines intergenerational relationship as interactions between individuals of different generations or cohorts, that is thousands of people who share similar but not identical experiences by the virtue that they are born, live and die within a common historical period but not at the same time. It is only the family which links multiple generations together.

The intergenerational ties fulfil many functions within a family. Besides transmission of appropriate information regarding behaviour, lifestyle and values these ties help reduce marginalization between different generations and are a source of support and identity for each individual. In traditional Indian society, elder people lived within a multigenerational extended family comprising one or more adult, children, grandchildren and other kin. The aged enjoyed unparalleled sense of honour, legitimate authority within the family or community, had decision making responsibilities in the economic and political activities and were treated as repositories of experience and wisdom. The elderly acted as link between traditions
and customs and were responsible for enforcing them in day to day life. There was division of labour and the aged had an important role to play which made their life meaningful. The elders in the intergenerational lineage played the role of a historian providing information about the cultural and familial past: that of a role model which the youngsters could follow; of a mentor who could guide the young with their valuable experiences and of a nurturant who cared for the kin in crisis.

The youngsters reciprocated respect and reward towards parents, teachers and the aged. There was hierarchical organization based on age, sex and generational status. Social interactions were characterized by a smooth bi-directional flow of information among the three or more generation. As part of the family, members learnt to conform to these scribed or clearly defined roles.

Older persons were always involved in various family rituals like marriage ceremonies, naming of children, hair cutting ceremony for boys, where the grandfather has a special role. The Hindu scriptures reiterated these norms. Support and strength of the family ties was also promoted by the agricultural economy in which the property was held jointly and the elders occupied the position of prominence. The community was yet another external system which reinforced the ability of the family to offer a caring environment for the aged and to maintain its strong intergenerational relationships.

The family, was prominent in performing numerous functions for the elders. It assisted with medical and health care at the primary level. On the emotional and psychological level, it ensured that the elders felt loved and valued, besides providing for their social and intellectual needs. The intergenerational cement or the lineage line enforced members of different generations to perform functions favourably in the maintenance of this solidarity and integral harmony.

Large scale industrialization and modernization however brought about various economic, social and cultural changes, weakening family and community bonds. These changes not only affected the family's traditional role of providing care and financial support to its members but also hampered the intergenerational ties. Breaking the intergenerational family to nuclear family resulting in the dilution of both role and position of the elderly within the family.
Women started participating in activities outside the home and men gave a helping hand in household chores. Transformations also occurred at the ideological level which hampered the traditional values of filial duty, family obligations and mutual responsibility where in one's well being was seen as inseparable from that of one's kin. This multiple normative function increased the vulnerability of the aged. Traditionally, where social-cultural arrangements cushioned the problems of the aged, new social order aggravated the troubles of the aged and increased the intergenerational gap.

A study has been made on intergenerational relations in the contemporary society, wherein a recent Anthropolological Survey of India publication identified 4635 communities in India of which 4122 reported prevalence of one or the other form of extended family type within the unit of a nuclear family.

In yet another study, Vatuk, (1983) also pointed out that fundamental changes in the social, economical and political structure did not lead to significant changes in the family composition. Data from eight rural and urban studies in India, showed that between 54 and 78 percent of the elderly lived with some relative and less than 4 percent lived alone. Hence as is evident that the extended family norm persisted, but the generational depth did not remain the same. The different changes had a detrimental impact on the intergenerational family relations. Changed values, hobbies, life-styles and beliefs brought about differences between the aged and their adult children thus hampering the good companionship and role-relation shared previously.

Advancement in science and technology led to transference of power form the elderly patriarch to member of the younger generation who could deal with modern institutions. The dependence of young on the elderly for guidance was thus reduced and in fact a role reversal was observed. This subsequently led to fragmentation of the family.

Changes in value system of younger generations which were strongly inclined towards individualism and utilitarianism lead to interfamily sibling conflict. Conflict occurred between father and son or among the sons in relation to the sale of land, its participation or use for non-agricultural investment. Migration to urban areas further disrupted the age old patterns of family relations between the elderly and the young.
In addition to changes in the structure, the family also underwent changes in the number of siblings and kin. A decline in birth rate led to decrease in the number of children within the family and hence a decline in the number of potential caregivers. The problem was further compounded by the fact that the primary caregivers of the aged – the women of the family became active diminishing their availability on a full time basis.

Indira, S.N. (1980), in her article “Middle age: Its problems and pleasures”, discuss problems and pleasures of middle age. Middle agers are sandwiched between two generations. During this age biological, psychological and physiological changes take place and may make the life miserable when compared it with youth. In modern societies youth is valued and middle-aged find them self devalued. It is the age when they find themselves at the peak of their profession and the uncertainties of youth have given way to stable patterns comprising of tolerance, social skill, patience and mature considerations of others.

Chanda, N.K., et.al., (1997), in their article “Intergenerational Solidarity” revealed that family is a link to multiple generations together, through a system of shared beliefs, norms, values and cultural traditions. Intergenerational ties fulfill many functions within a family. Besides transmission of appropriate information regarding behaviour, lifestyles and values, these ties help reduce marginalization between different generations and are a source of support and identity for each individual. The knowledge of aging and the development of positive attitude towards old age contribute to the improvement of intergenerational relations, combat stereo types that promote ageism and develop a more realistic outlook towards one’s aging process.

Anandalakshmy, 1972; Madan, 1969; Malick, 1986; Ramamurthi and Jamuna, 2002, endorsed that as individuals grow they marry and start a family. Children who are born to then become the next generation. The second generation too grow up and start their own families, beget children who become subsequent generations and go on. The time and contexts, in which each generation of children grow, vary and thus their impact varies with the generations. Each generation is conditioned by a “period” in which they grow, and as behaviour that cause generational differences. These generational differences affect intergenerational relationships. The number of generations that are contemporaneous in a family vary.
For example, in 1880 when the average life expectation was low at 30 years, there
could only be at best two generations, that is parents and children; and when this life
expectations grew to 50 in 1950 another generation would have been added. But
today in India life expectation is 65; three generations would coexist making
intergenerational relationships more rich but more complex.

In a report project undertaken by Gahver Kapadia (2004), titled ‘Wiser old
women’ she mentions that socialization takes place through interactions with others
throughout one’s life and family in the primary unit, which fosters socialization
within and outside the family. Parents and grandparents are the facilitators for
children to imbibe values. However, the changing family structure, urbanization,
modernization and influence of technological advances have resulted in erosion of the
value system, which was considered the flagship of family and a society in the past.
Some families were known for their philanthropy/ honesty/ integrity/ social service
and other values. With the children growing up in a fast changing social milieu, they
grew up with experiences and values of their parents and grand parents who use to
take care of their grand children in a joint family. Consequently children are likely to
grow up with care provider as a role model. Values and attitudes are reflected in
one’s behaviour and lifestyle i.e., preference for fast food as against home cooked
food, preference for video-games as against traditional Indian games, etc., the
transient family and social structure has influenced the value system, which seems
blurred at times, intergenerational relationships could be positive or negative, they
could be mutually supportive or mutually irritating. Healthy and open
intergenerational relationships could make the family bonds stronger and each other’s
lives enriching.

Charumathy, P.J. (2001) studied a group of 230 students from a women’s
college belonging to Muslim community. The responses were collected relating to
the paternal and material grandparents, living conditions, health status, relationship
with their children and grand children. The changing trend in general of older
generation being abandoned or admitted into old age homes is not observed in
Muslim community. The results indicated that the elderly are well respected for their
experience and presence.

older people’, and observed that inspite of changes taking place in the larger social
system, intergenerational households still persist in India. Studies with Indian subjects show that people expect to live with their sons in old age. Usharani and Rajasekar (1989), opine that several factors operate to keep the joint structure of the family intact even after sons marry. Vatuk, (1983), endorse that frequently, the task of providing care for older people falls on their middle-aged children. It is necessary to understand how the adults perceive their older parents. The old people in Karnataka constitute about 6.6 percent of total population and their situation is not much different from what is in other parts of India. Old people often express a feeling that they are neglected or let down by their younger family members; Nagesh, (1987), contends that in rural India too, it is not uncommon to find older people expressing dissatisfaction with their adult children. Kaur and Kaur, (1987), in their study examined attitude of adults towards the older people (usually parents) who were living with them. Rather it is more appropriate to say that these adults were living in the parental home.

_Socio Economic Status of Middle-aged Women:_

Women play a crucial role in the economic welfare of the family. It is really a mistake to see women as competing with and being restricted by men. The working pattern of the women largely depends on the need for augmenting the family income and opportunities available for participation in economic activities. In India, however no specific studies have been found pertaining to middle-aged women – the study is only to women in general. Scare studies are on middle-aged women.

In a paper presented at the National Seminar on “Developing Human Potential” 1980 titles “Socio-Economic Needs of Women – Challenges Ahead”, it was pointed out that if one really understands the Vedic rites, it will be noticed that the Hindu women enjoyed a very high status in the family as well as in the society. The early Rig Vedas mention of women as equals who participated in all the household activities related to both social and economic spheres.

Though the title of the paper is “Socio-economic needs of Women”, it is indeed difficult to segregate the problems or needs of women without taking the men into account. No family is complete without either man or woman. It is in fact certain attitudes or behavioral pattern of the men that give rise to problems or inadequacies of
the women, some of the most common problems that women face in this stratum; the low and unequal wages paid to the women in this category even when they are doing more or less similar type of work as the men do, the evil of excessive drinking which is very common among men in this category but also prevalent among women to some extent, women in this strata are often subjected to the double burden of earning as well as caring for the children with no financial security, large size of families, lack of facilities for the care of children, extremely low levels of literacy, unhygienic living conditions, lack of basic medical facilities, lack of minimum facilities of ‘privacy’ which every woman is entitled to.

Socio-economic needs belonging to middle class is more social than economic and naturally, more complex. Sociological needs are more ‘subjective’ in nature and ‘value-oriented’. Much of our present social problems are due to certain ambiguities in our social institutions which are the basis of our social values and attitudes. While some kind of economic development has been affecting our middle class women, some of the concomitant social changes expected with it has not come about. This has resulted in a great deal of tension and conflict.

Equalities should be sought on important socio-economic spheres like equal opportunities for education and development, equal status in the family, equal wages for equal work, economic independence, suitable terms and conditions for work with due consideration to the women’s vital role in child bearing and child rearing in the family, due recognition to the women’s valuable contribution in all the development activities, congenial work environment and the right to be treated with respect and dignity in all walks of life. These are the main areas where women’s movements need to be organized.

A study made by Bambwale Usha (1992), on aging and economic factors in later life, expresses her views that in the joint families of traditional Indian societies, various forces of changes such as industrialization, modernization, science and technology have changed life. The family pattern today is transformed into nuclear type. Today’s need is care of the aged, especially care of the old women, (who need to be cared by mostly middle-aged women) that the family accords higher prestige to men rather than women, as the women were the ones who worked in the home and did not have a substantial income where as the men have an independent income and often possess property. Men are therefore, looked after better than the women.
Savings made during work life and investment were the source of income for quite a few women. But it is inevitable that a majority of middle class women have to live on a reduced income.

In a modern industrialized society of today, the new values are centred around the economic position as money and economic assets have got greater importance in the present social structure. Therefore women are the biggest sufferers in the social security system. No doubt she has done a very comprehensive and elaborate study, but the study involves women above 60 years of age.

Jai Prakash, Indira (2001), made a similar study with regards to social status and economic condition with special reference on ‘being old and female’ she investigated that literacy, gainful employment and economic independence contribute to social status of a person in modern society. Age in itself is no longer a criteria for according prestige and status to a person. Traditionally older persons were revered as reservoirs of knowledge and wisdom essential for survival of tribe or community. With advancing technology and rapid modernization such skills of older people are becoming redundant. Social status that was ascribed to a person by virtue of age is now to be acquired. Older women in India do not measure up well in terms of indicators of social status. Most older women are illiterate, they never had remunerative employment and were not economically independent. She further opines that the percent of literacy of old women is comparatively less to that of old men. There are very few women who are wage earners. Percentage of renters and pensioners is also low. Women are engaged in domestic work which is not remunerative. Majority of women both urban and rural are dependent fully on others for subsistence in old age. In general as old people move out of the labour force either due to retirement or due to ill health and disability, their economic activity suffers. Not many people work in organized sectors with well-laidout social welfare policies that keep them at a desirable socio-economic level throughout their lives.

Ushashree, S. and Sunanda, Y. (1988), in their study on ‘Education Adjustment and Self Confidence of Middle-aged Women’, aimed to find whether the educated and uneducated middle-aged women; differ in their life adjustment and self-confidence. The sample consisted of 40 educated and 40 uneducated women. These
two groups differed significantly and the uneducated women had poor adjustment and lacked self confidence.

Just as educated and uneducated women differ in their life style so also another study made by Ramamurthi, P.V. (1989), discusses economic aspects that effect the social lives of individuals – The vicious circle of poverty generate the vicious circle of ill health. For the mother, poverty leads to low intake of food and nutrients resulting in under nourishment and repeated attacks of illness related to malnutrition and infections. This affects them with regard to their physical development and growth, thus impairing their productivity and resulting in low earning capacity. The end result leads to poverty where one is unable to avail even the basic necessities of life.

Jamuna, D. (1991) further in her article on “Perspectives in Aging Research” made a study of how need hierarchies relate themselves to social as well as economic classes and in turn to life satisfaction among the middle-aged and elderly women. The sample for this study consisted of 30 rural middle-aged and 30 elderly subject each of the age groups of 40-60 years, randomly drawn from each one of the two economic strata and two social classes making 240 subject in all. The results indicated that there was an association between social and economic status and the perception of priority of needs. This suggests that the constituents of life satisfaction would vary with social and economic satisfaction. Hence strategies of maximization of life satisfaction will have to be different for different age groups. Further, they would also depend upon the age group to be handled.

Chaudhary, A (2000) investigated on ‘Productive Aging – A step towards socio economic empowerment of rural elderly women in rural India’ and observed the position of aged women in rural India. He says that aging for women in rural areas, brings with it dependence, insecurity, ill health and loss of control over one’s life. In an already fragile social security system of rural areas, ravaged by poverty, unemployment, malnutrition and population explosion, aged women constitute a vulnerable group, which is often subject to insult, injury, exploitation, inequality, injustice and suffer multiple morbidity. In a socio-cultural milieu, which is by and large hierarchical, rigid and patriarchal, majority of women are rarely educated, married early, not encouraged to take up employment and their public participation limited, there is a growing number who face a situation of “triple jeopardy” that of being old, female and poor.
D. Jamuna, (1987), in her article published in the book “Aged in India” titled ‘Psychological perspectives of the problems of rural elderly women’, states that India being a backward developing country, the status of aged women itself has not been equal with the status of aged men in the familial, social and psychological spheres. Older women constitute half the number of aged population and a majority of them are living in rural areas, and are illiterate, ignorant and economically dependent.

Atlekar, (1973), contends that traditionally women had a unique position in the rubric of Indian culture. Women enjoyed equal status with men during pre-vedic and vedic periods, but the status of women slide down gradually during the Epic age, followed by Puranic and Smriti age, where the freedom and rights of women were curtailed. Since then the deterioration in women’s status increased during the Mughal period and British rule, consequently Hindu laws and customs became considerably unfavourable to women. (Baig, 1958; Hate, 1969) added that since independence many steps have been taken to raise their status, but traditions die hard and this is very true of Indian women. Despite the increasing inroads of education and technology, the familial status by and large does not seem to have undergone any radical change. This is more so with regard to the aged women belonging to rural areas. It is only the younger generation of women who are having the benefits of education and modernization to some extent.

Ramamurthi and Jamuna, (1984) showed that there are more studies of socio-economic status on the psychology of the aged men and very few studies on the psychology of the aged women particularly of rural areas. This prompted them to work on the psychological aspects of aged women.

Professor Gregory Elizabeth (2007) in her research contends that ‘Older women’ make better mothers’. The research guaranteed to bring some relief particularly to working women who are worried over being a late mom – older mothers make better mothers.

According to a study by researchers women who have children later in life make better mothers as they are likely than younger counterparts to be financially secure and in stable relationship. Moreover older mothers are also happier to put their jobs on hold because they have already achieved many career objectives and also tend to enjoy better health and live longer than their younger counterparts, the study stated.
She found an overwhelming number and a range of reasons why new later mothers are absolutely right to delay motherhood. For one thing they have a strong family focus rather than trying to juggle priorities because they have achieved many of their personal and career goals. They also have more financial power because new later mothers have established careers and higher salaries and they have more career experience and their management skills often translate directly into managing a household and advocating for their children.

Research on women who became mothers after 30 will bring relief to working women worried over being a late mom. She further states that they are not only more likely to be married, they also tend to have a stronger network of close friends.

Prof. Gregory and her team have published their findings in a book after carefully studying a group of women, who became mothers after 30 and compared their health conditions with younger moms.

**Middle Life Crisis:**

Some women having a difficult midlife passage may experience a kind of identity panic – a fear that they will never know who they are and that they will be rudderless for the rest of their lives. There is a subgroup of midlife women who are not happy at this time of their life.

Does everyone have a middle crisis? Most people believe that a midlife crisis is inevitable. Theorists such as Erikson believe that adults face several important challenges and that by struggling with these issues people develop new aspects of themselves. But does this mean that everyone necessarily has a midlife crisis? Some researchers say it does; middle-aged men report intense inner struggles that are much like depression Levinson et al., (1978).

Middle age is a transitional stage because of the adult developmental tasks in families. In the growth of an individual there are points of change in which the person moves from being regarded as a child to being regarded as an adolescent and then to an adult. Although there may be a sliding scale rather than fixed points certain events continue to serve as transition periods. Marriage marks the beginning of a period, the birth of first child marks the beginning of another period; departure of children from the home marks another as does the birth of the first grandchild. At each point the individual begins to assume new responsibilities to view herself
differently and to be viewed differently by others with new expectations. Social change as well as biological processes influence these stages. The transition from middle to old age is a period of critical biological and social changes.

Erikson's notion that people experience fundamental changes in their priorities and personal concerns was grounded in the possibility that middle adulthood includes other important changes. Carl Junj, one of the founders of psychoanalytic theory, believed that adults may experience a midlife crisis. This belief led to the development of several theories postulating that adulthood consists of alternating periods of stability and transition that people experience in a fixed sequence. Despite the popularity of these theories the evidence for universal age related stages is based on fewer and much more selective samples than are the data from the personality trait. The bulk of the evidence does not support the view of a universal stage such as a midlife crisis that everyone experiences at the same point of life.

Nevertheless when we saw in our consideration of generatively, there is substantial evidence that people do experience some sort of fundamental change in themselves at some part during adulthood. Most adults pass through transitions at some points; when those transitions will occur, is largely unpredictable. Perhaps a better way to view midlife is a time that presents unique challenges and issues that must be negotiated opines Bumpass and Aquilino, (1995).

However the bulk of research evidence fails to support the idea that most adults experience difficulty at the level of crisis in midlife. Research involving women and men, using a variety of methods such as interviews and personality tests, shows that unexpected events such as divorce or job transfers, are much more likely to create stress than are normative midlife events such as menopause, or becoming a grandparent. (Boruch, 1984; Haan, Milsap and Hartak, 1986; Noberts and Newton, 1987). Reanalysis of Costa and Mc Crae's data, specifically looking for evidence of a midlife crisis, revealed only a handful of men who fit the classic profile and even then the crisis, come anywhere between the ages of 30 and 60 (Costa and Mc Crace 1978; Farrell and Rosenberg, 1981) There may be universal stresses during midlife, but there is no set way of dealing with them opine Farrell and Rosenberg, (1981).
In some normative-crisis models, stressful life period precipitated by the review and revaluation of one’s past, typically occurring in the early to middle forties. The midlife crisis was conceptualized as a crisis of identity; indeed, it has been called a second adolescence. What brings it on, said Elliott Jacques (1967), the psychoanalyst who coined the term is awareness of mortality. Many people realize at this stage that they will not be able to fulfill the dreams of their youth, or that fulfillment of their dreams has not brought the satisfaction they expected. They know that if they want to change the direction, they must act quickly. Levinson (1998, 1980, 1986, 1996) maintained that midlife turmoil is inevitable as people struggle with the need to restructure their lives.

According to Shek (1996), the concept is hard to test, and extensive research including findings in Hong Kong as well as in western industrialized countries – fails to support its universality. Apparently midlife is just one of life transitions, typically involving on introspective review and reappraisal of values and priorities (Helson, 1999; Reid and Willis, 1999; Robinson Rosenberg and Farrell, 1999), the simultaneous managing of gains and losses and recognition of the finitude of life; Heckhausen, (2001).

This midlife review can be a psychological turning point, a time of stock taking yielding new insights into the self, and introspective examination leading to reappraisal and revision of values and priorities (Clausen, 1990; Moen and Wethington, 1999; Stewart and Ostrove, 1998; Stewart and Vandewater, 1999). It may bring regret over failure to achieve a dream or keener awareness of the social clock; time constraints on, say, the ability to have a child or find a new intimate partner (Heckhausen, 2001; Heckhausen, Wrosch and Fleeson, 2001; Wrosch and Heckhausen, 1999).

Whether, a transition turns into a crisis may depend less on age than on individual circumstances and personal resources. People with ego-resiliency, the ability to adopt flexibility and resourcefully to potential sources of stress are more likely to navigate the midlife crossing successfully (Heckhausen, 2001; Klohen et.al., 1996).

Transitional Stage:

Havighurst (1957) in his study indicates a somewhat a parallel phenomena that people maintain social competence in the face of considerable personality change.
The biological organism shows unmistakable science of aging during the period 40 – 65; so change seem to remain relatively independent of social performance and personal satisfaction with life. Only when there is gross biological malfunction or illness is the independence between biological and social functions destroyed. The same may be true of the personality processes. Only when there is marked distortion or gross breakdown of ego functions will there be a visible effect on everyday behaviour while others appear quite aged physically at fifty years or even below 50 years.

**Tibbits Clark, (1960)** in his study on ‘Aging in Today’s Society’ looks at age as an opportunity where middle life, or the years from 40 or 45-55 or 60 brings many changes and is coming to be recognized as a period of transition from early to mature adulthood. Most persons are by this time well established in career occupation. Children by a large are now on their own, so that the pressures and responsibilities of parenthood are mainly over. Many persons at this period of life begin to realize that they have more time for the interest they were forced to set aside in early adulthood, or for entirely new interests. Most adults at this time begin to look forward to retirement.

**Levinson (1991),** in his stages of adult life discusses midlife transition as the relative calm of the closing years of early adulthood, where individuals move into another potentially turbulent transitional period – the midlife transition. For most people this occurs some where between the ages of forty and forty-five. It is a time when many people must come to terms for the first time with their own mortality. Until this period, most people view themselves as “still young”. After age forty, however, many come to view themselves as the older generation. Levinson’s findings suggest that for many persons this realization leads to a period of emotional turmoil. They take stock of where they have been the success of their past choices, and the possibility of reaching their youthful dreams. This leads to the formation of a new life structure, one that takes account of the individuals new position in life and may involve new elements such as a change in career direction, divorce or a redefinition of one’s relationship with ones spouse.

Many persons experience another period of transition between ages fifty and fifty-five transitions in which they consider modifying their life structure price again – for example, by adopting a new role in their career or by coming to view themselves.
as a grandparents as well as a parents. However, these transitions are often less dramatic than one that occurs somewhere between the ages of sixty and sixty-five. This late adult transition marks the close of the middle years and start of late adulthood. During this transition, individuals must come to terms with their impending retirement and the major life changes it will bring. As they move through this period of readjustment their life structure shifts to include these changes. For example, they may come to see themselves as persons whose working career is over or almost over and who will now have much more leisure time to pursue hobbies and other interests.

Neugarten and Peterson (1957), are of the opinion that middle life is the time when a woman finds herself completing one role in life and looking for a new one. It is a stage at which opportunity for new adventure in personal growth arises and the exploration of new interests becomes possible after long years of hard work and heavy family responsibilities. Many people are finding their way to rich adventures. They are the path makers of the future. Whatever they do, they are explores. They are the pioneers of the new “prime of life”. All societies recognize a sequence of life periods and “punctuations of the life line”. Members of a given society are able to name the periods of life and to describe the demarcations between them. Passing from one age grade to another in a traditional society marks multiple changes in social identity. Persons are perceived as having entered a new phase of life that has its distinctive characteristics with different access to valued social and economic resources and with new social roles, rights and obligations.

Forner and Kertger, (1978); Fry, (1980) say for some transitions elaborate ‘rites of passage mark’, what Van Gannep (1908), described as social “ceasings and becoming”, points in life when the individual becomes a ‘new’ person (Fry, 1980). Such ceremonies and rituals also signify that transitions are socially shared. Individuals have peers with whom they share the significant transition experience and who provide social support. Sometimes these transition peers are distinguished by a special term (Gulliver, 1968; Stewart, 1977). A transition socially recognized also by non-peers, who reorient their perceptions and expectations of those who have made the new transition (Berger and Lukman, 1966; Strauss 1959; Young, 1965).

Saraf and Mohanta, (1984), 'Adjustment among the elderly in day-to-day life' explain how the transition from middle to old age is a period of critical biological
and social change. Physical decline not only disrupts habitual activity, it portends the approach to death. A series of changes in social role undermine a man’s sense of who he is and where he belongs in the world. The transition in the old age, therefore requires considerable amount of adjustment on the part of the individuals. A human being throughout his life desires self respect, respect for other, to be useful, to be able to enjoy new pleasures, accept new challenges, to be a part of the present and future, to free oneself from overpowering physical needs, excessive stress and anxiety and to function up to one’s potential and capacity. For older people, these desires are of greater significance because their satisfaction, morale, adaptive functioning, physical health, mental health and overall quality of life depends on them. In the opinion of Tibbitts (1989), “Aging may best be defined as the survival of a growing number of people who have completed the traditional adult roles of making a living and child bearing.”

Mc. Quaide, (1996) hypothesized that a woman who was experiencing midlife (defined as ages 40 to 60) as a period of well-being would be more likely; to have the ability to grieve and let go the past; to have the ability to construct a new midlife self; to believe in a protective, spiritual force outside of herself; to have the ability to find purpose and meaning in her life and to have vision for the future, to believe that she has a right to life and is not obligated to a life of self sacrifice to be accepting of herself, self-forgiving, and have a benign superego; to be accepting of her own body. In the above study she investigated midlife experiences of a group of white women in New York city area on factors predicting well-being at midlife.

Another study made by Mc. Quaide, (1998) on ‘Discontent at Midlife’ in which she stated that middle adulthood differs dramatically from early and late adulthood. A woman’s relationships, job and economic situation, sexuality, physical health, spirituality, ascribed role in the community, and sources of self esteem are likely to be very different in middle adulthood compared to early or late adulthood and that much of what appears in the literature regarding midlife women has a biological focus (eg. menopause, HRT) and neglects psychosocial factors impacting on women at this time. There are however, a few instances in which the treatment literature does focus on issues specific to midlife.

The family life cycle literature (Mc. Cullough and Rutenberg, 1989; McGoldrick, et.al. 1993), suggests that work with families and couples at midlife has
very particular goals and consideration. These include developing adult-to-adult relationships with children, adjusting to grandchildren and in-laws, taking care of unfinished business in relationships with aging parents, launching children, and redefining one's life and one's relationships.

Regarding stereotypes and realities of midlife, currently there are 37 million midlife women in the United States defined here as ages forty to sixty-four; (U.S. Census Bureau, 1996). "To have many middle-aged people in society is a modern phenomenon. In earlier times 90% of the species were dead by age 40" Brim, (1995). In 1991 about two out of five women in the labour force fell into this age group, and by the year 2005, that figure had jumped to almost one half of the women in the labour force (US. Dept. of labour, 1993). Moreover, the large group of aging baby boomers who will make up the midlife cohort in the decades to come has incited and/or experienced much social change.

Segroves, M.M. (2004) Yet another interesting study on midlife Women’s Narratives of ‘Living Alone’ in which almost six million women in the United States between the ages of 35 and 64 live alone, and this figure is expected to increase steadily over the next 5 years (US Department of Commerce, 1999). The women’s movement of the 1960’s in part has influenced this trend. The expectation to marry, although still present, has lessened some what for many women. The decreased stigma attached to divorce has contributed to the numbers of women who live alone.

Spousal relationship:

In the early phase of the family life cycle couples are pre-occupied with relationships with one another and with anticipation of parental roles. As the child-bearing and child-rearing stages appear, focus shifts to task at hand. Nurture of children within the home, establishing the family within the community and provision for economic needs absorb the couples energies during those years. Women are recognized as carrying a major responsibility for family relationships during this period. Men tend to feel some guilt for not being more involved with the family, but they reconcile these feelings by pointing to their responsibilities in the world of work that provides the means to sustain the family. Women tend to recent somewhat the lack of time with the home and the children.
Pineon, P.C. (1961), endorse that as children move through adolescence, parents begin to anticipate the empty-nest phase with mingled feelings. Both men and women anticipate that the children's departure may facilitate improved marital relationships, resulting from more opportunity to do things as couples. Both also recognize that the children's departure forces a review of present roles and reconsideration of their significance as individuals. Marital dissatisfaction is greatest among middle-aged women.

Departure of children may create special strains for the marriage as wives begin to look to the outside world for avenues of self-expression. Husbands, noting their wives' restlessness may look with new perspective upon their own career situation. With the anticipated relief from heavy financial family concerns, they see the opportunity to consider new purposes for their lives. Along with new awareness of relationship outside the family, the empty-nest period introduces a strengthening of family identities as the couple prepare for the roles of becoming in-laws and then grand parents.

There is also some movement toward recognition of the vitality of sexual experience in the later stages of adult life. Masters and Johnson (1975), point out that the sex drives and abilities of men and women continue to be strong throughout adult life and well into the 70 and 80-year-old groups. Since the early Kinsey (1953), studies there has been an increase in the reported satisfaction of women in their sexual experiences. Women who find sex in marriage unsatisfactory are in a minority, according to a study conducted by Dr. Robert Bell, et.al. (1975), reported that among the 100,000 women in their study seven out of ten evaluated the sexual aspect of marriage as "good", or "very good", and two out of ten described it as "fair". Women described themselves as active partners in lovemaking.

Kennedy E. Carol (1968), examines that during different stages of the family life cycle, spouses come to value one another in different ways. Newlyweds look at one another in much more personal and emotionally interactive way than do middle-aged couples. Middle-aged couples describe one another more in terms of their work roles. Husbands describe wives as good housekeepers or mothers; wives talked of husbands as breadwinners. Older couples nearing retirement once again focused on the personality of their spouse, discussed their sharing experiences, and projected towards continuing inter dependence and personal involvement with one another. In
middle age and particularly in the retirement years women increasingly assume leadership functions within their marriage.

**Jamuna, D. and Ramamurthi, P.V. (1984),** reveal that ‘age, adjustment and husband-wife communication of middle-aged and older women’, studied the adjustment trends and husband-wife communication of married women between 40 and 55 years of age.

The result of the study, conducted on 90 women, 30 in each of the age groups belonging to middle class families in the rural areas of Uandigiri taluka, Chitoor District, Andra Pradesh indicates poor adjustment in the menopausal age group. The husband-wife communication which was good in the 40-45 age group, is poor in the 46-50 age group and is better in 50-55 age group.

**Kumar Pramod; Trivedi Sushma, R. (1990),** made an attempt to examine ‘Generational study of Marital Adjustment’ which is an attempt to examine the marital adjustment of members of representing two generations, the elder and the younger. The sample comprised 100 married couples aged between 55 and 65 years, representing the older generation. They were urban-based caste Hindus and belonged to the middle/upper middle income groups. The main criterion of their selection was that they had one married son who stayed with them with his wife for atleast a period of 5 years. Their sons and daughters-in-law aged 25-35 years, represented the younger generation. The marital adjustment questionnaire served as a tool for assessing the marital adjustment of the 2 groups. In depth interviews were carried out to gain an understanding of the attitudes, values and marriage patterns of the 2 groups. The results showed that members of the younger generation both individually and as couples made significantly better marital adjustment than members of older generation. An attempt has been made to interpret the results, taking into consideration the socio-cultural context, characterizing the 2 generations for study.

**Chilman, C.S. (1968),** in the article “Families in Development at Mid stage of the Family Life Cycle”, summarizes much of the research and theory related to family life in middle years. There have been numerous studies attempting to discover what happens to the rosy glow with which the newlyweds ride off on their honeymoon. Follow-up studies at different intervals after marriage show some loss in intimacy and some drop in satisfaction, with the researchers suggesting that some of the apparent
disenchantment may be simply a correction for the exaggerated idealism of courtship and marriage. The presence of children brings some dissatisfaction at the resulting lack of time parents have for each other. Children usually appear to contribute to the general state-of-life satisfaction, although there is conflict with marital satisfaction. Couples often experience increasing dissatisfaction as children move into adolescence.

One of the most difficult periods of the marriage relationship occurs around 15 years after marriage. It is then that couples, still carrying heavy responsibilities with their families, begin to see the time when those responsibilities will lighten. They start to analyze their marital relationship and the meaning of their life. Marital satisfaction improve when children leave home and the couple once again has time (a need) to devote more of their attention to one another. Today, couples of this age have a developmental task that was not typical before 1950. This is the task of learning to build a couple's relationship at age 40. In earlier times the husband typically died before the last child left home. Now both parents typically live fifteen to twenty years after all the children have left home.

Hayes, M.P. and Stinnet, N. (1971), in their article “Life satisfaction of Middle-Aged Husbands and Wives” observed that there is also some movement towards recognition of the vitality of sexual experiences in the later stages of adult life. The sex drives and ability of men and women continue to be strong throughout adult life and well into the 70 and 80 year old groups.

There has been an increase in the reported satisfaction of women in their sexual experiences. Women described themselves as active partners in love making, which may in some way account for the increasing satisfaction they experienced. A relationship that was noted with surprise by the investigators was that, the greater the women's religious convictions, the more likely she was highly satisfied with the sexual aspects of her marriage. She tended to communicate more with her husband, engage in lovemaking more frequently, and express greater satisfaction. The study also indicated that the pattern becomes more pronounced among older women and prevails across Protestant, Catholic and Jewish faiths. The nonreligious women tend to report greater satisfaction with, and less participation in all aspects of their sex life.
Empty Nest:

A major source of stress in middle age is the changing family situation. Families where children have grown up and left the parental home have been called “empty nest”. Often, empty nest was considered to be a frequent concomitant of depression in middle-aged women.

Olive, (1978), opines that in the 70s, this concept had caught the fancy of researchers and studies focused on empty nest and its effect on the well-being of parents. Indian studies at that time, however, reported that most middle-aged people still had ‘large full nests’.

Rashmi, D. (2003), contents that the major reasons for children living away was marriage, in case of daughters. Working in different place was the reason for sons to be away. In some cases even when sons lived in the same city, old couple lived on their lived in the same city, old couple lived on their own due to adjustmental problems. In some instances, married sons had lived initially with their parents and have established their own houses after one or two years. The reasons given by couples for living alone were: (1) Having only daughter, hence living alone after their marriage, (2) sons were abroad or in some other part of the country.

Indira, (1979), in her study proved that as people enter their fifties and sixties the probability of living without children becomes more. Extended, if not joint, families are common in Indian society. Kapoor, (2001), contends that even today eight percent of middle-aged and elderly in India stay with their families. Migration of young and trend towards nucleation are changing the living arrangements of people drastically.

Thumher, M.T. (1968) “Family confluence, Conflict and Affect” in Four Stages of Life, eds. Lowenthal, M.F. et.al., endorsed that as children move through adolescence, parents begin to anticipate the empty nest phase with mingled feelings. Both men and women anticipate that the children’s departure may facilitate improved marital relationships, resulting from more opportunity to do things as couples. Both also recognize that the children’s departure forces a review of present roles and reconsideration of their significance as individuals. Marital dissatisfaction is greater among middle-aged women. Departure of children may create special strains for the marriage as wives begin to look to the outside world for avenues of self-expression.
Husbands noting their wives restlessness may look with new perspective upon their own career situation. With the anticipated relief from heavy financial family concerns, they see the opportunity to consider new purposes for their lives. Along with new awareness of relationship outside the family, the empty nest period introduces a strengthening of family identities as the couple prepare for the role of becoming in-laws and then grandparents.

Evelyn Duwall (1977), identified eight stages of the family life cycle. One of them is at middle age stage termed as ‘empty nest’ the task related to the children leaving home and the reorganization of the family around the remaining members. Many later life families enter an “empty nest” period in which they adjust their lifestyles around the husband and wife roles. Parental tasks are redefined because the children are no longer living at home and most have initiated their own families of procreation. For some couples, this is the first time in twenty to thirty year that they have been living together without children in the household. Household activities may be reallocated. Couples have more opportunity to enhance positive or exacerbate problematic aspects of their relationships. Men and women who have careers are approaching their peaks—their job-related responsibilities may be demanding and their incomes may be the highest they have every experienced.

At the same time many couples approach or consider retirement. With the children gone, some wives begin or reenter a career and the couple have another new encounter to which they must adjust. Thus the empty nest period is the initial contraction phase, and later life families must deal with issues related to the movement of children out of the household. While the reduction in the size of the household is the primary focus, empty nest couples are also interested in the addition of new members to the family through marriage and birth. Dealing with in-laws and becoming grandparents are expansion issues of concern to later life couples.

Lewis and Lin, (1996), feel that during middle age most parents emotional bonds are disrupted, when children leave home. Both mothers and fathers feel the change. Mothers and fathers (about 25 percent) report being very sad and unhappy when the last child leaves home. Young adults and their middle-aged parents generally believe they have strong, positive relationships and that they can count on each other for help when necessary. Of course, all this help doesn’t mean that
everything is perfect. Conflicts still arise. One study found that about one-third of middle class fathers surveyed, complained about their son's lack of achievement or about their daughter's poor choice of husband.

Antonacci, et.al., (2001), in the available literature showed that the empty nest is a supposedly difficult transition, especially for women. Although some women, heavily invested in mothering do have problems at this time, they are far outnumbered by those who, like Madeline Albright, find the departure liberating. Today, the refilling of the nest by grown children returning home is far more stressful with diverse and complex families when middle-aged parents have to deal with such non-normative events as an adult child's continuing to live in the family home, or leaving it only to return.

The empty nest does not signal the end of parenthood. It is a transition to a new stage; the relationship between parents and adult children. For many women, this transition brings relief from what Gutaman called the "Chronic emergency of parenthood" (Cooper and Gutamann, 1987). They can now pursue their own interests as they bask in their grown children's accomplishments. The empty nest may be harder on couples whose identity is dependent on the parental role, or who now must face marital problems they had pushed aside previously under the press of parental responsibilities.

Campbell, (1976), studies confirm that women who sit in their empty nest and mourn may attract the most attention, many others, perhaps a majority have little difficulty in adapting to the reduced responsibilities and new freedoms of post parenthood. In fact, the empty nest syndrome as a typical experience for middle-aged women is no longer salient. A study of subjective reports of well-being in national sample of the population found that men and women whose children are grown and who are still married are very positive about their lives "The empty nest appears to have a reputation it does not deserve". Other studies confirm that women whose children have left home are happier and freer from depression then are women with young children at home.

Santhanam, K. (1998) studies on the parents of NRI's admitted to feeling lonely and finding life difficult. The children had left home when they were in their late teens or early twenties. The parents then were just in their late forties or early
fifties. They want the best for their children and it is often they who encourage the young to go abroad. When educational opportunities are blocked, the best options seem to be to leave for universities outside the country. Most of them get entrenched in fulfilling careers abroad and thus becomes difficult to come back. The parents meanwhile are retired from work which brings pleasure, whose company they look forward to life continues “concern” is the message on the Internet, affectionate, while screen. All caring is by proxy. Some parents of NRI’s fret that in a generation or two their families will lose their Indian identity. Some families have only daughters and both daughters have been married and settled abroad.

The above review of literature shows that aging and middle age has been studied from various social and psychological perspectives. However, these are a few studies on the problems of middle-aged women in the Indian context. Much data in this regard needs to be collected.

1.16 UNIQUE FEATURES OF TYPICAL GOAN WOMEN:

The position of women in any society reflects its culture. Goan women enjoyed a considerable good position in all fields of human activity because of the influence of the Portuguese. Goan society was essentially Indian and practiced almost all the customs and traditions of the Hindu society as in other parts of India. But the Christian missionaries in Goa mounted their attack and succeeded in transforming the Goan society to Western ways. The Portuguese did not approve of the customs and traditions of the Hindu society.

Prior to the advent of the Portuguese the Goan society was caste ridden, male dominant and a lop-sided one. The Portuguese brought forth some remarkable changes especially with regard to women. The Portuguese did not look down upon the women folk as much as the Hindus did. The Portuguese women enjoyed a number of rights and privileges unlike the Hindu ones. They had property rights and had a definite say in social and economic matters. The converted women too enjoyed those privileges. Christian women became the model and symbol of emancipated womanhood. Conversion to Christianity broke the traditional and customary shackles that bound the Indian women.

The marriage of the captured Muslim women with the Portuguese soldiers marked the beginning of a new social group in Goa. These converted women who
were married to the Portuguese legally became the heirs of their husband's properties. They were educated by their husbands who taught their wives both Portuguese and Latin. They mixed freely in society. There was no divorce. Their daughters too received better education and attention and were entitled to inherit a portion of their father's property. The life of a converted woman was indeed a new experience. The Portuguese soldiers conveniently got married to the Hindu women who were converted but these women retained their castes. A Brahmin on her conversion did not lose her caste but she retained it and was respected among the converts. Those women who remained Hindus were subjected to the authority of elder male members of their families and customs like sati; child marriage and other evils prevailed. Hindu women were denied social equality, unlike the converts their positions were that of slaves.

The paradox was that though the Hindus always considered the converts as outcastes, the converts clung to their original castes and thus retained caste consciousness and practices. It is possible that the retention of castes among the converts might have indirectly facilitated more conversions. After all, a Brahmin on his conversion did not lose his caste. This attitude of the converts was indeed a healthy sign in the context of the prevailing social conditions of India because we find a sizeable number of Hindu women got converted Xavier, P.D., (1993).

The Portuguese influenced not only the way of life but even the character formation of a woman in Portuguese India. The Christian woman was thoroughly westernized and would have no reservation to talk with any stranger. She would take part without any restriction in all social, cultural activities; while her Hindu counterpart talked with no strangers, except the servants at home or artisans employed.

It must be admitted that unlike other religions, Christianity gave their women due respect and position which was an impetus for other to reform their society. They were neither treated as chattels nor were they treated as properties. They were treated as human beings with rights and privileges. The position which the Christian women enjoyed was in fact a matter for envy for non-Christian women. Even the Hindu reformists in the later years became fervent advocates to criticize the disparaged position of Hindu women. The Portuguese themselves were instrumental to improve the position of non-Christian women through several state laws in the 17th and 18th centuries, Shastri, B.S. (1990).
The historical background of the condition of Goan women of the past has precisely left a mark on the position of women in post liberated Portuguese Goa. Women of Goa today are highly westernized regardless of caste, creed or religion. The attitude towards emancipation and empowerment is obvious without doubt, and women enjoy considerable freedom in all social, cultural and economic walks of life. The integration of Goa in the Indian nation brought the Goan society under the influence of the Indian constitution which has well-defined objectives. “A secular state based on universal franchise and with the welfare of its citizens as its prime objective as provided in the fundamental rights and directive principles embodied in the constitution, thus bringing Goan society in transition”.

Goa is now fashioned with appropriate social institutions with a view to transform a poor, stratified, predominantly illiterate community into a prosperous, culturally advanced, democratic people who are now enjoying the fruits of freedom and aids in fostering the social life of the people as a factor ushering change.

Sr. Emma Maria A.C., (2002), endorse that though the Portuguese brought with them the Christian notion of womanhood prevailing in Europe to India with the discovery of the Cape route, the situations in India made them give necessary modifications to it suiting their colonial needs. As they had to enter into marriage relations with native women, they had to concede the status and position enjoyed by their European counterparts to their Indian wives to a great extent. They use to enjoy relatively better status, when compared to the women in other parts of India. The social economic and cultural conditions had been changed tremendously. The abundance of wealth led to immorality, prostitution became common. Due to various causes the death ratio among the European men was considerably higher than it was among the Asian and African women. As a result, a great number of widows, orphans and women lived indecent lives; hence it was necessary to establish homes or recolimentos in order to relieve them from their miserable condition.

Shirodkar, P.P. (1988) endorse that the local women of Goa were converted and married to Portuguese nationals who were soldiers (Soldados). One of the first measures of the Portuguese which affected the Goan women was the institution of the casados. Some Portuguese nationals were persuaded by Afonso de Albuquerque, the initiator of the institution, to marry local women and settle down here. His idea was not only to provide women to such nationals, as virtually no Portuguese women
use to come here, but also ensure a local progeny which would be loyal to the Portuguese crown. After all, Portuguese was a small nation with a limited population. An adequate number of young men as recruits to the armed forces was not available in Portugal itself. Availability of the loyal progeny of the casados in large numbers would be a great asset to the Portuguese empire which Albuquerque proposed to establish.

The practice of sati that prevailed in Goa was abolished by Albuquerque on humanitarian grounds. He captured Goa not for converting its people but as part of the process of establishing an empire. He had treated both Hindus and Muslims on a footing of equality on conquering Goa in March 1510, appointing them to high positions. The women he chose for conversion and marriage with the Portuguese nationals as casados were Muslim women, not Hindus. He had no desire to ill-treat the Hindus. It is evident under the circumstance that sati was abolished by him on humanitarian grounds rather than religious reasons B.S. Shastri, (1988).

The long association with the Portuguese has left some indelible impressions on the Goan society, more so, on women.

It may also be observed that some of the policies of the church did amount to injecting a dose of modernity into the Goan society whether the church intended it or not. Whatever the motives of the church, abolition of the practice of sati; granting of the rights of inheritance and ownership of property to women, which still prevails, providing for widow re-marriage, introducing certain other measures to improve the socio-economic status of the widows, were some of the important steps in the right direction towards modernity where rationalism, humanism liberalism and secularism are the basic principles of life.

Yet, Goan women today, especially the middle-aged are in a dilemma. How do they face midlife? Perhaps they can be saved by their own wisdom by an awareness that they are not objects of fate but “subjects” of their own destiny.

Globalization and liberalization phenomena have opened up markets, implying that foreign companies can now come into India and make consumer products, the process by which Transnational corporation are now free to operate anywhere on the globe. Goans have been affected tremendously by making the lowest classes poorer than they were before. Mostly it is the women who are affected. As smaller firms are
swallowed up by Multinationals or Transnational, many women lose their jobs. They are offered the voluntary retirement scheme ‘golden handshake’. Since Transnational have taken over the economy, traditional occupations like farming, fishing have become obsolete. Deprived of their livelihood, many rural women are forced to migrate to the cities and take up jobs in unorganized sector as domestic workers. The advent of tourism and the five star cultures has inducted Goan women into avenues of waitresses, receptionists and prostitution. Another effect on globalization is the bombardment of western values on Indian T.V. channels through western programmes like MTV, Talk-shows, soap-operas, sit-coms, serials or movies that portray First World value system of consumerism, materialism, profit seeking and success at any cost, etc. Even worse are the advertisements where women are often projected on the TV screen as “objects”.

Middle-aged women in Goa are facing untold social problems like alcoholism, HIV/AIDS, drug addiction, prostitution, Discos, visiting casinos for gambling, problems of separation and divorce that lead to broken homes, extra material affairs while husbands are abroad working… either these women are trapped into them or they are trying to help family members to get out of these social problems. Several cyber crime incidents are also on the rise. In a state of flux, life is becoming rather difficult for middle-aged women. In a competitive society where both parents are working or either the parents are abroad, working for livelihood, children tend to get neglected especially in families where there is only one child such children suffer loneliness and boredom and indulge into unhealthy activities ruining themselves and the family, and ultimately the women have to bear up the consequences. Women are blamed for any fault or destruction in the family. She is supposed to maintain the norms of the home. The saddest thing is the aging population. The greater proportion is made up of women. They have become subjects of subtle discrimination. Most of them suffer from ill-health and left to die in old-aged homes. Ageism is inextricably tied to sexism.

However, there are women’s organizations and women’s movements in the form of Mahila Mandals, Bailancho Saad, Bailancho Ekovott and Bailancho Manch all sprouting up instigating women in taking active part in issues like rising prices, sexual discrimination, wife battering, dowry harassment, representation in Panchyats, Municipalities and most recently the Women’s Reservation Bill and Eco-feminism. It
is in these small micro movements that women of Goa can counter the forces of globalization.

**Kamat, P.P. (1994)** besides all this, Devdasi system i.e. temple prostitutes are still prevalent among Goan women. Goa, a tourist paradise of the country is being advertised as a coastal pocket of Portuguese culture basking in the Indian sun still maintaining its distinctly Portuguese flavour, a land of wine, women and song; women wear denationalized attire of skirts and dresses, an image of bold, open and outgoing and interpreted as possessing loose morals. This distortion of the image of Goan women has created serious problems. Even in the Hindi film industry based in Bombay a “Mary D. Souza” or “Susie Fernandes”, attired in European style with short hair and employed as a private secretary is generally projected in Vampish roles. Women in Goa were subjected to a serious distortion in her image. This “new” woman was a creation of Portuguese colonialism. Thus, with the conquest of Goa by the Portuguese a new religion, Christianity was introduced, and it is a male-centered, sex-negative religion with a strong misogynistic tendency, for it is believed that a male god created man first then a woman as a helpmate for him. The woman’s creation itself is thus viewed as secondary and of lesser importance. Several feminist scholars have stressed upon the “hurtful” and “unhelpful” androcentrism that the Bible contains in its portrayal of Eve as “Everywoman”. Eve is identified as a source of sin, therefore the more urgent becomes the need to control, subdue and dominate her.

The promulgation of the **Uniform Civil Code of 1861** introduced by the Portuguese led to improvement in the legal status of women as far as the family laws were concerned which is still in continuance. It helps to promote legal equality between the sexes. The League for social Justice had organized a Women’s Social Conference at Pune in October, 1976, where it was resolved that

(a) the widow and her daughter’s rights in the estate of the husband/father must so be maintained that cannot be nullified by any testamentary provision made by the deceased,

(b) provision for moiety (half share or division) must be made available to the wife,

(c) registration of all marriages must be compulsory.
It is heartening to note that the family laws of Goa contain all the above proposed provisions.

On the whole the Family Laws enshrined in the Portuguese Civil Code of 1867 presented the Goan women with a far more Emancipatory legal status than what their respective personal laws had assigned to them. The devaluation and marginalization of women is also visible in folk songs and sayings.

Kamat, P.P. (1994) in the 19th century the sex ratio was in favour of the males since they were looked after better than the females. The health of the woman was largely neglected and consequently the maternal mortality was high. Although the sex ratio (number of females per 1000 males) improved in the 20th century – it stood at 1128 in 1950 – it did so, on account of the emigration of the Goan males and not because of any special efforts on the part of the Government to bring about an improvement in the status of women. For example, women, especially from the Hindu community got married young and gave birth to six to eight children. According to the 1940 census, there were 64 women who had given birth to 15-18 children and of these, three (Hindu) had brought up more than twenty children into this world. According to the same source, 942 unwed mothers with 2898 children had been registered, indicating chiefly the presence of the kalavants – local prostitutes. Divorces were few and spinsters were found in the Catholic families. These families also had a tradition of the poskem (adopted girl) who was brought up in the family but rarely as its member, more as a maid/housekeeper/female “jeeves”. In 1991, however as compared to the rest of the country, Goa possessed a favourable sex ratio of 967 as against the all India average of 927; a lower birth rate (16.8 – India, 29.3); a higher female literary rate with 671 literate females per 1000 population (India: 324) and zero maternal mortality rate (India:5). pp

From the above, our research is an effort to lead such middle-aged women to cope and adjust with the trying situations although Goan women are believed to enjoy a much more emancipated status in society than women in the rest of the country.