QUALITY OF LIFE AND CHALLENGES OF MIDDLE-AGED MOTHERS:

A SOCIAL WORK INTERVENTION STUDY

Thesis submitted to the

University of Calicut

For the award of the degree of

DOCTOR OF PHILOSOPHY IN SOCIAL WORK

UNDER THE FACULTY OF HUMANITIES

By

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December 2023

UNIVERSITY OF CALICUT
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This is to certify that the Human Research Ethics Committee of Vimala College (Autonomous) Thrissur, Kerala reviewed and evaluated the ethical suitability of the research undertaken by Ms M.K Preetha Menon, PhD Research Scholar in Social Work titled "Quality of Life and Challenges of Middle-aged Mothers: A Social Work Intervention Study" and the committee granted ethical approval of the research protocol which was presented before the committee with supporting documents.

The Researcher is required to notify the Coordinator of the Ethics Committee, any significant change to the protocol and the reason for that change, including an indication of ethical implications for further review if required.

The approval number for the same is VC/REC/23-24-2

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Acknowledgement

With immense gratitude I acknowledge God almighty who believed in me and entrusted upon me this altruistic venture and graciously stood by me giving me hope, strength and self-confidence to accomplish this academic journey. I bow to him for his countless blessings.

My wholehearted gratitude to my supervisor, Dr. Minimol K for her unflinching faith and confidence in me. Her persistent encouragement, support and timely guidance have helped me keep up my morale during each critical moment during this research journey. I thank her deep from my heart for always being there with her motherly care and sincere efforts that enabled me evolve as a researcher and refine my skills.

My sincere gratitude to my co-guide, Dr. Jaya Cherian for her consistent support and valuable guidance to help me smoothly navigate through the research formalities and confidently carry out the intervention research. Her presence was an immense solace.

I am extremely indebted to my Research Advisory Committee members, Dr. Anish K.R, Subject Expert, Assistant Professor, Department of Social Work, Rajagiri College of Social Sciences, Kalamassery, Dr. Hussain Koorimannil, Vice Chancellor's Nominee, (Calicut University), Associate Professor, Department of Botany, SNGS College, Pattambi, Dr. V. Shinju, Assistant Professor, Head & Research Guide, Department of Sociology, Vimala College (Autonomous) and Dr. Vimala M, Associate Professor & Research Guide, PG Department of Economics and Research, Vimala College (Autonomous), who have been consistently strong pillar of support throughout this research journey with their valuable guidance, suggestions and motivation.

I extend my deepest gratitude to Sister Principal Beena Rose, Principal of Vimala College (Autonomous), Thrissur, for her unstinting support in accomplishing this endeavour. A special thanks to her for her timely help in facilitating the arrangements necessary to carry out the social work intervention programme.

I gratefully acknowledge my gratitude to Vice Principals, Sr.Teseena P Emmatty and Dr. Malini K.A. for their support and assistance. I extend my sincere thanks to Dr. Veena Gopalan, the Research & Development Coordinator, and Dr. Preema Rose Nichiavose, the Research Nodal Officer, for their invaluable support in guiding me through the research requirements during my PhD journey.

My deepest gratitude to Dr.D.K Lal Das, Retd. Professor, Roda Mistry College of Social Work & Research Center and a pioneer in social work intervention research, for his timely guidance and tutelage with respect to intervention research.

My humble gratitude to the Ethics Committee Coordinators, Dr. Honey Sebastian, Dr. Treesa T Pulickal, Dr. Binu K and Dr. Nisha Francis Alapatt for their valuable assistance with thoughtful feedback and for securing ethics approval.

I would also like to express my sincere gratitude to all the faculties of the Department of Social Work. Their timely advice, suggestions and guidance have been an immense support in the accomplishment of this intervention study. I extend my special gratitude to Mr. Lims Thomas for his faith in me and being instrumental in helping me accomplish this academic journey in my life. I also express my special thanks to all the office staff of Vimala College for their timely support and assistance during various stages of my study.

I take this opportunity to extend deep gratitude to ICSSR for their scholarship grant to undertake this intervention research. It was an immense support for me as a researcher.

With reverence, I accord my gratitude to my mentors in Loyola College of Social Sciences, Trivandrum: Father Charles, Dr. Joseph K Antony, Dr. Sonny Jose, Dr Francina P.X, Father Saji, Father Ranjith, Dr. Susha Janardanan for moulding me and instilling in me the passion for social work profession and research during my post-graduation years. I also thank Dr. Suja Mathews (NISH) for her valuable guidance and suggestions during the initial years of my research. I take this opportunity to offer my gratitude and respect to all the teachers and mentors in my educational journey who had taken sincere efforts in my growth and made me experience this leap.

I am very much indebted to the respondents of this study especially the participants of the intervention group for their wholehearted support and faith in me without which this intervention study would not have been accomplished. Their support is extremely invaluable for shaping this intervention study.

My sincere thanks and love to all the research scholars who helped me with their support and timely assistance on different occasions during this research journey. A special thanks to Villi, Sangeetha N, Sreedevi, Akshay, Laya, Jayasree, Ega, Anitta Meera, Deepthi and Aravind (statistician) for their moral support and timely help.

I gratefully acknowledge the moral support and unassuming guidance provided to me by Dr. Anju K T and Dr. Sangeetha Nair Alapat, throughout the course of this study. Their consistent companionship and motivation kept me on the track and helped me move forward optimistically despite challenges. I thank them once again for their unwavering support and belief in me. I also take this opportunity to thank Sojin and Praveen for their help and guidance.

My wholehearted love and gratitude to Dr. Ashalatha Menon (my Godmother) and Shyamala Aunty (Pranic Healer) for being there whenever I needed reassurance and spiritual guidance. My sincere thanks to Mr. Suresh and Ms.Parvati (Atma Foundations) and Savithri Aunty for their assistance at every stage of my research.

I fondly extend my sincere thanks to my friends, Anju, Manjusha, Sheeja, Prashant and Rakesh for keeping my morale high and for being my strength all throughout this research journey.

My love and gratitude to my husband (Kartik) and daughter (Nivi) who toiled with me, sacrificed their little pleasures for my work, stood by me in all thick and thin and accepted me the way I am. 'Thanks' would be a smaller word for their unconditional love and support that kept me going strong till the end. I owe this accomplishment to them.

Words cannot express how grateful I am to my parents for all their sacrifices and adjustments they had to make to stand by me and help me attain this milestone. Their blessings have been an incredible support in maintaining my conviction and staying focussed on my goal. My sincere love and thanks to my in-laws and sister-in-law for their consistent encouragement and prayers for this accomplishment. I extend my love and gratitude to my sister and her family who stood by me and helped me see this milestone in my life. My love and gratitude to Mrs. Prema M. Singh, for her moral support and field work guidance. I fondly extend my gratitude to all my dear cousins and relatives for their prayers and consistent motivation to undertake this venture.

My sincere appreciation and gratitude to all those who have contributed in one way or the other in the successful completion of this endeavour. Thank you very much.

Preetha Menon

Abstract

Social work profession has a profound role in the enhancement of the collective well-being of the middle-aged women by helping them recognise their innate worth, dignity, strengths and support network to accomplish their life goals. Despite being a phase marked by physical exhaustion and emotional turbulence, the emphasis has been mainly on the biological dimension and less on the psychosocial aspects of midlife. While the midlife journey is a universal transition, it tends to be overlooked especially for women, and becomes more pronounced in the case of middle-aged non-working mothers. During midlife, women face various challenges: menopausal symptoms, empty nest syndrome, economic dependency, declining health, and more. Balancing multiple responsibilities, they often feel confined despite appearing secure. Midlife experiences, though subjective, have commonalities that warrant exploration to understand the strengths and weaknesses of this life stage. This study aims to capture their key biopsychosocial changes and develop a practical social work intervention module to enhance their quality of life. Like any group, they need exposure to a needs-based intervention to promote generativity and prevent stagnation in their midlife.

The study is rooted in the 'Biopsychosocial' and 'Psychosocial' models, employing 'Acceptance and Commitment Therapy' and 'Psychoeducation' as practice models in the intervention. Using social group work and case work approaches, it aims for perceptual, attitudinal, and behavioural changes in middle-aged mothers. It follows a mixed methodology with a 'One Group Pre-test–Post-test design' in two phases: quantitative followed by qualitative research. Quantitative phase comprised of a descriptive study on the QOL of 356 middle-aged mothers followed by an intervention program and a pre-post assessment of the intervention data, further followed by a qualitative study on the effectiveness of the intervention on the quality of life of 30 mothers in the intervention group using focused group discussions and case study approaches. Post-intervention, Quality of Life (WHOQOL-BREF tool) significantly improved in all dimensions, except socially. Positive trends in daily health measures were noted with the 'Positive Health Behaviour Checklist.' The midlife challenges survey showed notable psychological and social improvement, except physically. Biopsychosocial awareness also significantly increased after intervention. The researcher thus proposes the applicability of her intervention module for the enhancement of the well-being of middle-aged non-working mothers as it offers considerable potential for their holistic upliftment. This social work intervention module recognizes the interconnectedness of these dimensions and aims to provide a comprehensive and integrated support system for these mothers. It can be used by the social workers in both institutional and non-institutional settings, allowing for adaptations to the basic intervention model based on unique group needs of the women.

***Keywords**: Quality of life, Social Work Intervention, Biopsychosocial, middle-aged mothers, Acceptance &Commitment Therapy.*

Abstract

മധ്യവയസ്കരായ സ്ത്രീകളുടെ സ്വതസിദ്ധമായ മൂല്യം, അന്തസ്സ്, ശക്തികൾ, അവരുടെ ജീവിത ലക്ഷ്യങ്ങൾ നിറവേറ്റുന്നതിനുള്ള പിന്തുണാ ശൃംഖല എന്നിവ തിരിച്ചറിയാൻ സഹായിക്കുന്നതിലൂടെ അവരുടെ കൂട്ടായ ക്ഷേമം വർദ്ധിപ്പിക്കുന്നതിൽ സോഷ്യൽ വർക്ക് പ്രൊഫഷൻ അഗാധമായ പങ്ക് വഹിക്കുന്നു. ശാരീരിക തളർച്ചയും വൈകാരിക പ്രക്ഷുബ്ധതയും അവരെ അലട്ടുന്ന ഒരു ഘട്ടമാണെങ്കിലും, ഇതുമായി ബന്ധപ്പെട്ട കൂടുതൽ പഠനങ്ങളും പ്രധാനമായും ഊന്നൽ നൽകുന്നത് ശാരീരിക ഘടകങ്ങൾക്കാണ്. മധ്യവയസ്സിന്റെ മാനസിക –സാമൂഹിക ഘടകങ്ങൾ അവഗണിക്കപ്പെടുന്നു. മധ്യവയസ്സിലൂടെയുള്ള യാത്ര ഒരു സാർവത്രിക പരിവർത്തനമാണെങ്കിലും, സ്ത്രീകളിൽ പലപ്പോഴും ഇത് അവഗണിക്കപ്പെടാറുണ്ട് – പ്രത്യേകിച്ച് തൊഴിൽരഹിതരായ വീട്ടമ്മമാരുടെ കാര്യത്തിൽ. മധ്യവയസ്സിൽ, സ്ത്രീകൾ വിവിധ വെല്ലുവിളികൾ നേരിടുന്നു: ആർത്തവവിരാമ ലക്ഷണങ്ങൾ, എംപ്റ്റി നെസ്റ്റ് സിൻഡ്രോം, സാമ്പത്തിക ആശ്രിതത്വം, ആരോഗ്യക്കുറവ് തുടങ്ങി പലതും പല തരത്തിലുള്ള ഉത്തരവാദിത്തങ്ങളിൽ വ്യാപൃതരായതു കൊണ്ട് , സുരക്ഷിതത്വം ഉണ്ടെങ്കിലും, സ്വയം പരിമിതരായതു പോലെ അവർക്കു തോന്നുന്നു. മധ്യവയസ്സിൽ അനുഭവങ്ങൾ ഓരോ വ്യക്തിക്കനുസരിച്ച് വ്യത്യസ്തമാണെങ്കിലും, ഈ ഘട്ടത്തിന്റെ ശക്തിയും ദൗർബല്യവും വെളിപ്പെടുത്തുന്ന ചില പൊതുവായ ഘടകങ്ങൾ പര്യവേക്ഷണം അർഹിക്കുന്നു .

അവരുടെ പ്രധാന ബയോ സൈക്കോ സോഷ്യൽ മാറ്റങ്ങൾ തിരിച്ചറിയാനും അവരുടെ ജീവിതനിലവാരം ഉയർത്തുന്നതിനായി ഒരു പ്രായോഗിക സോഷ്യൽ വർക്ക് ഇന്റർവെൻഷൻ മൊഡ്യൂൾ വികസിപ്പിക്കാനും ഈ പഠനം ലക്ഷ്യമിടുന്നു. ഏതൊരു ഗ്രൂപ്പിനെയും പോലെ, ക്രിയാത്മകത പ്രോത്സാഹിപ്പിക്കുന്നതിനും മധ്യവയസ്സിലെ സ്തംഭനാവസ്ഥ തടയുന്നതിനും അവരുടെ ആവശ്യങ്ങളെ കേന്ദ്രീകരിച്ചുള്ള ഒരു ഇടപെടൽ അവർക്കും ആവശ്യമാണ്. ബയോ സൈക്കോ സോഷ്യൽ , സൈക്കോ സോഷ്യൽ മോഡലുകളെ ആസ്പദമാക്കിയുള്ള ഈ പഠനം ഇടപെടലിന്റെ പ്രാക്ടീസ് മോഡലുകലായി 'ആക്സെപ്റ്റൻസ് ആൻഡ് കമ്മിറ്റ്മെന്റ് തെറാപ്പി', 'സൈക്കോ എഡ്യൂക്കേഷൻ ' എന്നിവയെ ഉപയോഗിക്കുന്നു . സോഷ്യൽ ഗ്രൂപ് വർക്കിന്റെയും കേസ് വർക്കിന്റെയും സമീപനങ്ങൾ ഉപയോഗിച്ച് മധ്യവയസ്കരായ വീട്ടമ്മമാരുടെ ജീവിത വീക്ഷണം, മനോഭാവം, പെരുമാറ്റം എന്നീ ഘടകങ്ങളിൽ മാറ്റം വരുത്തുന്നതിന് ഈ പഠനം ലക്ഷ്യമിടുന്നു. 'മിക്സ്ഡ് മെത്തേഡ് ' ഉപയോഗിച്ചുള്ള ഈ പഠനത്തിൽ 'വൺ ഗ്രൂപ് പ്രീ–ടെസ്റ്റ്–പോസ്റ്റ്–ടെസ്റ്റ് ഡിസൈൻ' ആണ് ഉപയോഗിക്കുന്നത്. ക്വാണ്ടിറ്റേറ്റീവ് ഘട്ടത്തിൽ 356 മധ്യവയസ്കരായ അമ്മമാരുടെ ജീവിത നിലവാരത്തെ ക്കുറിച്ചുള്ള ഒരു വിവരണാത്മക പഠനവും ഒരു ഇടപെടൽ പ്രോഗ്രാമും ഇടപെടൽ ഡാറ്റയുടെ പ്രീ–പോസ്റ്റ് വിലയിരുത്തലും ഉൾപ്പെടുന്നു. ക്വാളിറ്റേറ്റിവ് ഘട്ടത്തിൽ , ഇന്റെർവെൻഷൻ മൂലം 30 അമ്മമാരുടെ ജീവിത നിലവാരത്തിലുണ്ടായ മാറ്റം ഫോക്കസ്ഡ് ഗ്രൂപ് ഡിസ്കഷൻ , കേസ് സ്റ്റഡി എന്നീ സമീപനങ്ങളിലൂടെ പഠിക്കുന്നു. ഇന്റെർവെൻഷനു ശേഷം , ജീവിത നിലവാരം (WHOQOL–BREF ടൂൾ) സാമൂഹികം ഒഴികെ മറ്റെല്ലാ തലങ്ങളിലും ഗണ്യമായി മെച്ചപ്പെട്ടതായി കണ്ടു. പോസിറ്റീവ് ഹെൽത്ത് ബിഹേവിയർ ചെക്ക്ലിസ്റ്റിന്റെ ഉപയോഗത്തിലൂടെ, ഇന്റെർവെൻഷനു ശേഷം

ദൈനംദിന ആരോഗ്യ കാര്യങ്ങളിൽ ശ്രദ്ധ കൂടിയതായി കണ്ടെത്തി. മിഡ്‌ലൈഫ് ചലഞ്ചസ് സർവേയിൽ കണ്ടെത്തിയത്, ശാരീരിക ഘടകങ്ങളിൽ ഇന്റെർവെൻഷൻ വലിയ മാറ്റങ്ങൾ ഉണ്ടാക്കിയിട്ടില്ലെന്നും, എന്നാൽ മാനസികവും സാമൂഹികവുമായ ഘടകങ്ങളിൽ ഗണ്യമായ മാറ്റങ്ങൾ ഉണ്ടാക്കുകയും ചെയ്തു എന്നതാണ്. ഇന്റെർവെൻഷനു ശേഷം ബയോസൈക്കോസോഷ്യൽ അവബോധവും ഗണ്യമായി വർദ്ധിച്ചു. മധ്യവയസ്കരായ തൊഴിൽരഹിതരായ അമ്മമാരുടെ സമഗ്രമായ ഉന്നമനത്തിന് ഗണ്യമായ സാധ്യതകൾ വാഗ്ദാനം ചെയ്യുന്നതിനാൽ അവരുടെ ക്ഷേമം മെച്ചപ്പെടുത്തുന്നതിനായി തന്റെ ഇന്റെർവെൻഷൻ മൊഡ്യൂൾ പ്രയോജനക്ഷമമാകും എന്ന് ഗവേഷക നിർദ്ദേശിക്കുന്നു. ഈ സോഷ്യൽ വർക്ക് ഇന്റർവെൻഷൻ മൊഡ്യൂൾ പാവരുടെ ജീവിതത്തിലെ പ്രധാനപ്പെട്ട ഘടകങ്ങളുടെ പരസ്പരബന്ധം തിരിച്ചറിയുകയും ഈ അമ്മമാർക്ക് സമഗ്രവും സംയോജിതവുമായ ഒരു പിന്തുണാ സംവിധാനം നൽകാനും ലക്ഷ്യമിടുന്നു. സ്ഥാപന സംവിധാനത്തിലും അല്ലാതെയും ഈ മൊഡ്യൂൾ സോഷ്യൽ വർക്കർമാർക്ക് ഉപയോഗിക്കാൻ സാധിക്കും – അതാത് ഗ്രൂപ്പുകളിലെ വനിതൾക്ക് ഉതകും വിധം അടിസ്ഥാന മോഡലിൽ മാറ്റം വരുത്തുന്നതിലൂടെ ഇതിന്റെ പ്രയോജനക്ഷമത വർദ്ധിക്കും.

കീവേഡുകൾ: ജീവിതനിലവാരം, സോഷ്യൽ വർക്ക് ഇന്റർവെൻഷൻ, ബയോസൈക്കോസോഷ്യൽ, മധ്യവയസ്കരായ അമ്മമാർ, ആക്സെപ്റ്റൻസ് ആൻഡ് കമ്മിറ്റ്മെന്റ് തെറാപ്പി

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ABBREVIATIONS

ACT	Acceptance and Commitment Therapy
APA	American Psychological Association
AYUSH	Ayurveda, Yoga, Naturopathy, Unani, Siddha, Homeopathy
BMI	Body Mass Index
BPL	Below Poverty Line
CVD	Cardiovascular Disease
DMHP	District Mental Health Programme
EFT	Emotional Freedom Technique
ENS	Empty Nest Syndrome
FGD	Focus Group Discussion
HEW	Hub for Empowerment of Women
HRT	Hormone Replacement Therapy
ICDS	Integrated Child Development Services
ICMR	Indian Council of Medical Research
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee
MIDAS	Menstrual Migraine Disability Assessment
MIDUS	Midlife in the United States
MSC	Musculoskeletal conditions
NAMS	North American Menopause Society
NASW	National Association of Social Workers
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NLP	Neuro-Linguistic Programming
NSAP	National Social Assistance Program
PE	Psychoeducation
PHC	Primary Health Care
PIB	Press Information Bureau
PMS	Premenstrual Syndrome or Project Management System
QOL	Quality of Life
SHG	Self-Help Group
SWAN	Study of Women's Health Across the Nation
UMD	University of Maryland
USA	United States of America
WHAP	Women’s Healthy Ageing Project
WHL	Women Helpline

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Acknowledgement

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Abstract

Social work profession has a profound role in the enhancement of the collective well-being of the middle-aged women by helping them recognise their innate worth, dignity, strengths and support network to accomplish their life goals. Despite being a phase marked by physical exhaustion and emotional turbulence, the emphasis has been mainly on the biological dimension and less on the psychosocial aspects of midlife. While the midlife journey is a universal transition, it tends to be overlooked especially for women, and becomes more pronounced in the case of middle-aged non-working mothers. During midlife, women face various challenges: menopausal symptoms, empty nest syndrome, economic dependency, declining health, and more. Balancing multiple responsibilities, they often feel confined despite appearing secure. Midlife experiences, though subjective, have commonalities that warrant exploration to understand the strengths and weaknesses of this life stage. This study aims to capture their key biopsychosocial changes and develop a practical social work intervention module to enhance their quality of life. Like any group, they need exposure to a needs-based intervention to promote generativity and prevent stagnation in their midlife.

The study is rooted in the 'Biopsychosocial' and 'Psychosocial' models, employing 'Acceptance and Commitment Therapy' and 'Psychoeducation' as practice models in the intervention. Using social group work and case work approaches, it aims for perceptual, attitudinal, and behavioural changes in middle-aged mothers. It follows a mixed methodology with a 'One Group Pre-test–Post-test design' in two phases: quantitative followed by qualitative research. Quantitative phase comprised of a descriptive study on the QOL of 356 middle-aged mothers followed by an intervention program and a pre-post assessment of the intervention data, further followed by a qualitative study on the effectiveness of the intervention on the quality of life of 30 mothers in the intervention group using focused group discussions and case study approaches. Post-intervention, Quality of Life (WHOQOL-BREF tool) significantly improved in all dimensions, except socially. Positive trends in daily health measures were noted with the 'Positive Health Behaviour Checklist.' The midlife challenges survey showed notable psychological and social improvement, except physically. Biopsychosocial awareness also significantly increased after intervention. The researcher thus proposes the applicability of her intervention module for the enhancement of the well-being of middle-aged non-working mothers as it offers considerable potential for their holistic upliftment. This social work intervention module recognizes the interconnectedness of these dimensions and aims to provide a comprehensive and integrated support system for these mothers. It can be used by the social workers in both institutional and non-institutional settings, allowing for adaptations to the basic intervention model based on unique group needs of the women.

***Keywords**: Quality of life, Social Work Intervention, Biopsychosocial, middle-aged mothers, Acceptance &Commitment Therapy.*

Abstract

മധ്യവയസ്കരായ സ്ത്രീകളുടെ സ്വതസിദ്ധമായ മൂല്യം, അന്തസ്സ്, ശക്തികൾ, അവരുടെ ജീവിത ലക്ഷ്യങ്ങൾ നിറവേറ്റുന്നതിനുള്ള പിന്തുണാ ശൃംഖല എന്നിവ തിരിച്ചറിയാൻ സഹായിക്കുന്നതിലൂടെ അവരുടെ കൂട്ടായ ക്ഷേമം വർദ്ധിപ്പിക്കുന്നതിൽ സോഷ്യൽ വർക്ക് പ്രൊഫഷൻ അഗാധമായ പങ്ക് വഹിക്കുന്നു. ശാരീരിക തളർച്ചയും വൈകാരിക പ്രക്ഷുബ്ധതയും അവരെ അലട്ടുന്ന ഒരു ഘട്ടമാണെങ്കിലും, ഇതുമായി ബന്ധപ്പെട്ട കൂടുതൽ പഠനങ്ങളും പ്രധാനമായും ഊന്നൽ നൽകുന്നത് ശാരീരിക ഘടകങ്ങൾക്കാണ്. മധ്യവയസ്സിന്റെ മാനസിക –സാമൂഹിക ഘടകങ്ങൾ അവഗണിക്കപ്പെടുന്നു. മധ്യവയസ്സിലൂടെയുള്ള യാത്ര ഒരു സാർവത്രിക പരിവർത്തനമാണെങ്കിലും, സ്ത്രീകളിൽ പലപ്പോഴും ഇത് അവഗണിക്കപ്പെടാറുണ്ട് – പ്രത്യേകിച്ച് തൊഴിൽരഹിതരായ വീട്ടമ്മമാരുടെ കാര്യത്തിൽ. മധ്യവയസ്സിൽ, സ്ത്രീകൾ വിവിധ വെല്ലുവിളികൾ നേരിടുന്നു: ആർത്തവവിരാമ ലക്ഷണങ്ങൾ, എംപ്റ്റി നെസ്റ്റ് സിൻഡ്രോം, സാമ്പത്തിക ആശ്രിതത്വം, ആരോഗ്യക്കുറവ് തുടങ്ങി പലതും പല തരത്തിലുള്ള ഉത്തരവാദിത്തങ്ങളിൽ വ്യാപൃതരായതു കൊണ്ട് , സുരക്ഷിതത്വം ഉണ്ടെങ്കിലും, സ്വയം പരിമിതരായതു പോലെ അവർക്കു തോന്നുന്നു. മധ്യവയസ്സിൽ അനുഭവങ്ങൾ ഓരോ വ്യക്തിക്കനുസരിച്ച് വ്യത്യസ്തമാണെങ്കിലും, ഈ ഘട്ടത്തിന്റെ ശക്തിയും ദൗർബല്യവും വെളിപ്പെടുത്തുന്ന ചില പൊതുവായ ഘടകങ്ങൾ പര്യവേക്ഷണം അർഹിക്കുന്നു .

അവരുടെ പ്രധാന ബയോ സൈക്കോ സോഷ്യൽ മാറ്റങ്ങൾ തിരിച്ചറിയാനും അവരുടെ ജീവിതനിലവാരം ഉയർത്തുന്നതിനായി ഒരു പ്രായോഗിക സോഷ്യൽ വർക്ക് ഇന്റർവെൻഷൻ മൊഡ്യൂൾ വികസിപ്പിക്കാനും ഈ പഠനം ലക്ഷ്യമിടുന്നു. ഏതൊരു ഗ്രൂപ്പിനെയും പോലെ, ക്രിയാത്മകത പ്രോത്സാഹിപ്പിക്കുന്നതിനും മധ്യവയസ്സിലെ സ്തംഭനാവസ്ഥ തടയുന്നതിനും അവരുടെ ആവശ്യങ്ങളെ കേന്ദ്രീകരിച്ചുള്ള ഒരു ഇടപെടൽ അവർക്കും ആവശ്യമാണ്. ബയോ സൈക്കോ സോഷ്യൽ , സൈക്കോ സോഷ്യൽ മോഡലുകളെ ആസ്പദമാക്കിയുള്ള ഈ പഠനം ഇടപെടലിന്റെ പ്രാക്ടീസ് മോഡലുകലായി 'ആക്സെപ്റ്റൻസ് ആൻഡ് കമ്മിറ്റ്മെന്റ് തെറാപ്പി', 'സൈക്കോ എഡ്യൂക്കേഷൻ ' എന്നിവയെ ഉപയോഗിക്കുന്നു . സോഷ്യൽ ഗ്രൂപ് വർക്കിന്റെയും കേസ് വർക്കിന്റെയും സമീപനങ്ങൾ ഉപയോഗിച്ച് മധ്യവയസ്കരായ വീട്ടമ്മമാരുടെ ജീവിത വീക്ഷണം, മനോഭാവം, പെരുമാറ്റം എന്നീ ഘടകങ്ങളിൽ മാറ്റം വരുത്തുന്നതിന് ഈ പഠനം ലക്ഷ്യമിടുന്നു. 'മിക്സ്ഡ് മെത്തേഡ് ' ഉപയോഗിച്ചുള്ള ഈ പഠനത്തിൽ 'വൺ ഗ്രൂപ് പ്രീ–ടെസ്റ്റ്–പോസ്റ്റ്–ടെസ്റ്റ് ഡിസൈൻ' ആണ് ഉപയോഗിക്കുന്നത്. ക്വാണ്ടിറ്റേറ്റീവ് ഘട്ടത്തിൽ 356 മധ്യവയസ്കരായ അമ്മമാരുടെ ജീവിത നിലവാരത്തെ ക്കുറിച്ചുള്ള ഒരു വിവരണാത്മക പഠനവും ഒരു ഇടപെടൽ പ്രോഗ്രാമും ഇടപെടൽ ഡാറ്റയുടെ പ്രീ–പോസ്റ്റ് വിലയിരുത്തലും ഉൾപ്പെടുന്നു. ക്വാളിറ്റേറ്റിവ് ഘട്ടത്തിൽ , ഇന്റെർവെൻഷൻ മൂലം 30 അമ്മമാരുടെ ജീവിത നിലവാരത്തിലുണ്ടായ മാറ്റം ഫോക്കസ്ഡ് ഗ്രൂപ് ഡിസ്കഷൻ , കേസ് സ്റ്റഡി എന്നീ സമീപനങ്ങളിലൂടെ പഠിക്കുന്നു. ഇന്റെർവെൻഷനു ശേഷം , ജീവിത നിലവാരം (WHOQOL–BREF ടൂൾ) സാമൂഹികം ഒഴികെ മറ്റെല്ലാ തലങ്ങളിലും ഗണ്യമായി മെച്ചപ്പെട്ടതായി കണ്ടു. പോസിറ്റീവ് ഹെൽത്ത് ബിഹേവിയർ ചെക്ക്ലിസ്റ്റിന്റെ ഉപയോഗത്തിലൂടെ, ഇന്റെർവെൻഷനു ശേഷം

ദൈനംദിന ആരോഗ്യ കാര്യങ്ങളിൽ ശ്രദ്ധ കൂടിയതായി കണ്ടെത്തി. മിഡ്‌ലൈഫ് ചലഞ്ചസ് സർവേയിൽ കണ്ടെത്തിയത്, ശാരീരിക ഘടകങ്ങളിൽ ഇന്റെർവെൻഷൻ വലിയ മാറ്റങ്ങൾ ഉണ്ടാക്കിയിട്ടില്ലെന്നും, എന്നാൽ മാനസികവും സാമൂഹികവുമായ ഘടകങ്ങളിൽ ഗണ്യമായ മാറ്റങ്ങൾ ഉണ്ടാക്കുകയും ചെയ്തു എന്നതാണ്. ഇന്റെർവെൻഷനു ശേഷം ബയോസൈക്കോസോഷ്യൽ അവബോധവും ഗണ്യമായി വർദ്ധിച്ചു. മധ്യവയസ്കരായ തൊഴിൽരഹിതരായ അമ്മമാരുടെ സമഗ്രമായ ഉന്നമനത്തിന് ഗണ്യമായ സാധ്യതകൾ വാഗ്ദാനം ചെയ്യുന്നതിനാൽ അവരുടെ ക്ഷേമം മെച്ചപ്പെടുത്തുന്നതിനായി തന്റെ ഇന്റെർവെൻഷൻ മൊഡ്യൂൾ പ്രയോജനക്ഷമമാകും എന്ന് ഗവേഷക നിർദ്ദേശിക്കുന്നു. ഈ സോഷ്യൽ വർക്ക് ഇന്റർവെൻഷൻ മൊഡ്യൂൾ പാവരുടെ ജീവിതത്തിലെ പ്രധാനപ്പെട്ട ഘടകങ്ങളുടെ പരസ്പരബന്ധം തിരിച്ചറിയുകയും ഈ അമ്മമാർക്ക് സമഗ്രവും സംയോജിതവുമായ ഒരു പിന്തുണാ സംവിധാനം നൽകാനും ലക്ഷ്യമിടുന്നു. സ്ഥാപന സംവിധാനത്തിലും അല്ലാതെയും ഈ മൊഡ്യൂൾ സോഷ്യൽ വർക്കർമാർക്ക് ഉപയോഗിക്കാൻ സാധിക്കും – അതാത് ഗ്രൂപ്പുകളിലെ വനിതൾക്ക് ഉതകും വിധം അടിസ്ഥാന മോഡലിൽ മാറ്റം വരുത്തുന്നതിലൂടെ ഇതിന്റെ പ്രയോജനക്ഷമത വർദ്ധിക്കും.

കീവേഡുകൾ: ജീവിതനിലവാരം, സോഷ്യൽ വർക്ക് ഇന്റർവെൻഷൻ, ബയോസൈക്കോസോഷ്യൽ, മധ്യവയസ്കരായ അമ്മമാർ, ആക്സെപ്റ്റൻസ് ആൻഡ് കമ്മിറ്റ്മെന്റ് തെറാപ്പി

Chapter 1

INTRODUCTION

1.1 Background of the Intervention Research

Midlife is a turning point in an individual's lifespan, and it is said to be a transition period that brings a series of twists and turns in the notions and conceptions in an individual's life. Midlife or middle age is defined as the part of life between youth and old age. Although there is no clear demarcation concerning the midlife period, it is often considered to begin at age 35 and continue till 60 years of age. Middle age represents the 7th stage of Eric Erikson's Psycho-Social Development stages, popularly termed a period of generativity versus stagnation (Erikson, 1950). This demographic group is often overlooked or obscured to such an extent that there is a lack of specific population data about this particular population segment.

Most experts opine that in contrast to many of the problems that are visible in the previous theories on developmental stages, the notion of midlife and the corresponding changes have not found much empirical support (Ashford et al, 2001). Increased longevity due to medical advancements has expanded the midlife period and therefore, many experts and psychologists have started throwing light on this developmental stage unlike before when they had stressed much upon childhood, adolescence, and old age. Because major research works were devoted to other periods in the life course and not the middle years, there is much ignorance and myth about midlife (Lachman, 2001 as cited in Hargrave, 2006).

The traditional construct of midlife is described as a time of crisis. Various adult stage theorists upheld such a notion, whereas another set of life-span theorists began to refute the notion. According to them, all adults would not experience midlife in the same manner. It varies depending on one's interaction with the environment and other influencing aspects like biological, cultural, and historical factors thus giving rise to varied accounts of subjective interpretation by an individual. Post-modern theorists rejected these notions believing that there can be many interpretations of midlife experiences depending on the subjective interpretation of the observer.

The midlife journey is a period of transition irrespective of gender differences, but when it comes to women, this transition often goes unnoticed, less discussed or acknowledged. This transition becomes more distinctive in the case of middle-aged non-working mothers. Wethington (2000), a sociology professor at Cornell University, found through one of her studies that this midlife phenomenon was more evident in women i.e., 26.3% in women and 25.4% in men.

Midlife is usually a time when they have to keep up with the family and societal standards and cope with multiple changes such as menopause, and changes in family life as young adult children move away for better prospects (Cowan, Warren and Young, 1989.p.10: Deeks, 2006, P.7: Martin, 1997, P.246 as cited in Dare, 2011). The multitude of responsibilities, duties, and expectations most often keep them confined to a space that while appearing secure becomes a limiting factor. A woman is a pillar of her home, who witnesses an entire range of transitions in her own life yet is committed to the duties entrusted upon her by her family and society she belongs to. Most usually, midlife experiences of women can be identified with some of the major events: Menopause, Empty Nest Syndrome, Changes in intimate relationships, identity crises, and aging and death of parents. Because of this, often middle-aged women are termed as a 'Sandwiched Generation' who appear to have reached the middle of a bridge and still standing perplexed about their own identity as to who they are and where they are in their life.

Levinson (1996) observed that, coincidentally menopause and middle age come during the same phase with menopause making it still more difficult for womenfolk to cope. The study reveals a lot of hardships and mental tribulation for both homemakers and career women as a result of unfulfilled dreams, children leaving home, stressful menopausal experiences, bereavement, marital difficulties, problems related to work-life balance and complications within personal relationships. Levinson's focus has always been on the fact that life is a series of passages – from a period of stability to a period of turbulence and instability. In women, these traumatic experiences are partly because of a period called menopause.

Gannon (1999) in her work "Women and Aging" mentions different models based on middle-aged women. The primary theoretical model for seeing menopausal symptoms has been a "Biomedical" one. Here, both the physical and psychological changes in

the midlife of women are viewed as a consequence of estrogen withdrawal or elevated levels of gonadotropin in menopausal women. Another model called the "coincidental stress model" says that some of the common stresses in midlife, such as children leaving home, taking care of one's parents, death of a parent, lead women to a lot of physical and psychological changes in this regard as published in one of the studies in 1980, whereby they interviewed about 408 middle-aged women to study their stressful life events, both psychological and physical symptoms, with relation to menopausal status. Theorists concluded that all physical discomforts are caused by changes in hormone levels whereas psychological symptoms are clearly due to aging, one's personal history, and other stress factors (Fogel and Woods, Rakoff as cited in Gannon, 1999). According to the "Cultural Relativism Model", women are valued for their beauty, youth, for their capacity to bear children, etc. Because of their difficult roles, women here view menopause negatively experiencing adverse psychological and physical consequences. It is to be understood that a woman's attitude towards menopause makes a lot of difference in her ways of coping with menopause (positively or negatively).

Interestingly, a woman's entire lifecycle is defined by two main hormones, estrogen, and progesterone, which play a pivotal role in her life contributing to her physical and mental development. It starts right from the period of menarche, the stepping stone towards femininity in a woman's life. After she attains adulthood, she prepares herself for her sexual life and at a later stage, motherhood. After childbirth, she undergoes post-natal depression. This is in addition to the challenges she faces as part of rearing her child and adjusting to her family's and societal expectations concerning her role as a woman and further in midlife, facing other biopsychosocial challenges. She finally, enters her final reproductive stage of Menopause, the gradual cessation of her menstruation which she had been bearing all through her lifetime. A journey indeed for a woman who is taught to take all these as a normal part of life. Very few of them are aware that such minute quantities of those hormones would produce such an immense or potential impact on their life influencing every bit of the crucial roles they have been playing all through these stages. The woman bears all the fluctuations that this midlife brings into her life. It is highly crucial to understand their midlife predicament since most women cannot differentiate between their menopausal symptoms and midlife challenges as they often go unnoticed or remain hidden.

According to Elizabeth Hurlock, midlife, though a period of achievement, also could witness a lack of achievement in certain cases. Many enter their midlife with their past traumatic burdens of unfulfilled desires, dreams, passions, and regrets accompanied by their feelings of worthlessness and meaninglessness arising thereby. Since the mid-lifers tend to live more in their past yet are anxious about their future life, there is a severe hit to their self-esteem and motivation level. These may in turn get manifested in the form of internal conflicts, conflicts in the family, ego complexities, glorification of youth patterns, and anxieties and insecurities (Billing and Adams cited in Hurlock, 1959).

Midlife is an intense period of self-reflection and inward questioning, and this makes the midlife journey more complex (Apter, 1995: Neugarten, 1986 as cited in Ashford et al., 2001). This introspection has a tremendous influence over one's behaviour and day-to-day actions. However, this is a period of disillusionment according to Levinson (1978), which means, giving up of illusions from the past stages of life and reflecting upon a general loss of faith in people and ideas. There is a process of 'coming apart' characterized by a review of one's self paving the way towards a stage of 'coming together', which implies 'renewal and reintegration of one's identity' (Goldstein and Landau, 1990 as cited in Ashford et al., 2001).

Mental framework during midlife is often found to be different from that of the youth. There is a sudden onset of realization that, halfway life is gone and if fortunate, halfway more left. Neugarten has proposed the idea of a 'clock change', which refers to the shift in individuals' perception of time from 'time since birth' to 'time left to live'. This change in time perspective is believed to be the cause of psychological developmental issues for individuals (Neugarten, 1968 as cited in Palk, 2015). This perception of the shift in time becomes more evident during midlife and therefore, tends to bring in more insecure thoughts and emotions in an individual. Research says that this realization brings forth deep reflection regarding the meaningfulness and purpose of one's own life, often termed existential questions. Neugarten (1986) opined that, even though all adults may not undergo a tumultuous midlife, most usually it is surely a period of intense self-reflection for many. This intense reflection and introspection have a tremendous influence over one's behavior and actions. The

answer to the question, “Is midlife a crisis period”, is said to be complex, and as Levinson puts it, through his theory of adult development, crisis is a normal aspect of overall adult development so it may or may not be considered as a crisis.

According to Apter, the psychological effects of menopause during midlife are said to be vague, while some attribute their sudden increase in energy and confidence not to be biological events due to menopause but to “the crisis and resolution of midlife women’s psyche” (Apter, 1995 as cited in Ashford et all, 2001). In other words, middle-aged menopausal women are stuck due to their sense of unfulfilled goals and potential and they experience a strong need to resolve their old conflicts and suppressed desires. As Dan and Bernard, put it- since menopause occurs at a time when normal women feel that they are aging, it becomes difficult to differentiate the effects of menopause from that of aging. (Dan and Bernard, 1989 as cited in Ashford et all, 2001).

As many adult developmental theories have put forth, getting through midlife can be challenging due to the adjustments it brings. Adapting to new roles, reflecting on achievements, and searching for fresh meaning can be mentally demanding (Ashford et all, 2001). Midlife is a time of transition and change. A stark realization of one’s slow deterioration, in terms of one’s physical capacities and a strong disparity between one’s previously seen dreams and the current reality, sets off the midlife crisis.

Several scholars have focused on examining the internal transformations that occur during midlife, specifically in terms of an individual's behavior, values, and identities (HudsonAllez, 1999; Vaillant, 1977 as cited in Palk, 2015). These researchers contend that midlife transition necessitates addressing the emotions that may emerge as a result of these changes. According to Becker, there exist four essential components within the existential discourse, namely death, isolation, freedom, and meaning (Becker, 2006 as cited in Palk, 2015). Neugarten noted that the middle years of life signify a significant juncture characterized by the reorganization of one's perception of time, self, and mortality. Neugarten employed the terms 'time', 'change', and 'interiority' to describe the tendency of individuals to engage in heightened introspection and self-assessment during this stage (Neugarten, 1968).

Midlife is still considered a mystery and concepts about psychological landmarks like empty nest syndrome, the midlife crises, and the menopausal changes of life, still continue to exist in our society (Azar, 1996 as cited in Ashford et all, 2001). It is also termed as a period when individuals are said to be at a crossroads. Erikson's idea that identity issues are resolved in adolescence often extends into the 20s. Close connections, expected in the mid-20s, might occur later or more than once (Goldstein and Landau, 1990 as cited in Ashford et all, 2001). This may be mainly due to medical advancements that have led to an increase in the overall lifespan and individuals are now in their midlife for relatively a larger chunk of their life span unlike before. Maslow talks about the urge to feel gratitude which often results in an individual's desire to contribute something good to the society and world (Maslow, 1962 as cited in Ashford et all, 2001). From a societal perspective, the expectation was that individuals, by the time they reached midlife, should have embraced social roles and actively contributed to society (Lachman, 2001).

Even though much of the midlife experiences might be subjective, there are some commonalities too which need to be explored and brought to light to understand the core strengths and weaknesses of this particular stage of human development which has not been explored to the fullest yet unlike other stages that have found profound prominence in the world of research. The researcher, therefore, feels that it is crucial to gain a comprehensive understanding of the less explored aspects of women's mid-life development, particularly in the life of a housewife, and develop a social work intervention module to enhance their biopsychosocial quality of life and enable them to experience an enriching and meaningful life.

Given the significant increase in life expectancy, it is imperative to delve deeper into these areas to support these women during their midlife transition period. It is to be emphasized here that care given during puberty, pregnancy, and post-pregnancy is mostly not found to be delivered during the midlife menopausal period which demands crucial care and nutrition to sustain their health and prepare her for a healthy old age.

Quality of life during middle age is therefore, directly influenced by their physical, mental/emotional, and social health along with their degree of independence and other factors. To a great extent, it depends on one's value system and interactions with the

environment to which the individual belongs. World Health Organization defines Quality of Life as an "individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". It mentions the standard indicators of quality of life that include physical, mental, environmental, education, wealth, employment, recreation, leisure time, social belongingness, spirituality, safety, security, and freedom (WHO BREF, 1995).

1.2 The Need for a Research Study and Intervention Research in this Area

As mentioned earlier, previous research studies have revealed that there has not been much research on this particular phase of a human's life cycle, especially when it comes to middle-aged non-working mothers and their quality of life. The prime focus has been more on men's midlife changes and the biological role of the woman. Their psycho-social needs and aspirations have seldom seen a place in the theoretical works. Popularly known as the sandwiched generation, women especially have to compromise with their own identity-enhancing pursuits and professional accomplishments for the sake of their family and societal expectations. They are most often restricted to compartmentalized roles and responsibilities, for which high standards of expectations are also set by the society. They have to deal with role conflict and various kinds of role adjustments to keep up with their standards. And if in any given scenario, she is unable to balance her different complex roles, the level of dissatisfaction and self-criticism also increases manifold.

This research being an intervention study that also includes qualitative analysis of the major themes, attempts to reach a deeper understanding of the midlife experiences of middle-aged women. Since their midlife changes have not found much empirical support, this research attempts to answer major relevant themes under midlife transition. This intervention research thus intends to study and enhance the quality of life of middle-aged mothers, since most of them at this age remain an oddly invisible group with most of their psychosocial hardships not coming to light. The lack of expression of her needs and challenges due to various social and cultural inhibitions causes it to go unnoticed. For a woman, her midlife is considered as a key developmental stage which has been traditionally considered as a physically exhausting and emotionally turbulent stage of life.

This research is, therefore, an attempt to provide a snapshot of the major changes that middle-aged women undergo and the quality of life they lead during this period. It also endeavours to study if all the women confront a stereotypical midlife experience, physically, psychologically, and socially, or if there is any marked difference in their perception. The main focus of the research is to enhance the quality of life (physiological, psychological, social) of the mothers who have participated in the social work intervention. This research primarily focuses on non-working educated mothers and attempts to bring out their saga of midlife challenges from their perspectives.

This topic becomes more relevant due to the dearth of research related to the quality of life of middle-aged non-working mothers in India. Despite a few international and national studies in this area, lack of intervention research on the quality of life enhancement of middle-aged homemakers has been found to be inadequate.

The government is indeed putting into action various programs aimed at the well-being, rehabilitation, empowerment, education, and employment of destitute women. These initiatives are mainly for the vulnerable and poor families. These initiatives include, Swadhar Greh Scheme, Home for Widows, One Stop Centres (for domestic violence), Women Helpline (WHL) Scheme (provides 24 hours emergency and non-emergency response to women affected by violence), Hub for Empowerment of Women (HEW) (under Mission Shakti), Indira Gandhi National Widow Pension Scheme (BPL group), National Social Assistance Programme (NSAP) (for destitute), Ayushman Bharat Programme, Stand Up India scheme (women entrepreneurship), Pradhan Mantri Kaushal Kendras, The Mahatma Gandhi National Rural Employment Guarantee Act, 2005 (MGNREGA), Nari Arthik Sashakti Karan Yojana (to support scheduled castes, single women/widows to take up income generating activities), Assistance for vocational training of widows of ex-servicemen and few other schemes (PIB, 2022).

Most of the schemes are undoubtedly for the welfare of those women who are vulnerable, destitute, or from disadvantaged families. Not only that, nearly all government policies and initiatives in the public sector focus on young women in the reproductive age group. However, once women surpass this age, there is limited

attention and a lack of policies to safeguard their interests. The researcher wants to bring to light that middle-aged women who are educated and non-working and who are desirous to contribute using their potential skills remain unheard of for various reasons. The middle-aged population, particularly women, represents a valuable asset for the nation. Their life experiences, wisdom, and capabilities can be utilized more creatively for the nation's development. Therefore, it becomes imperative for the social worker to bring forth a holistic intervention package for middle-aged women to make them feel heard and empowered.

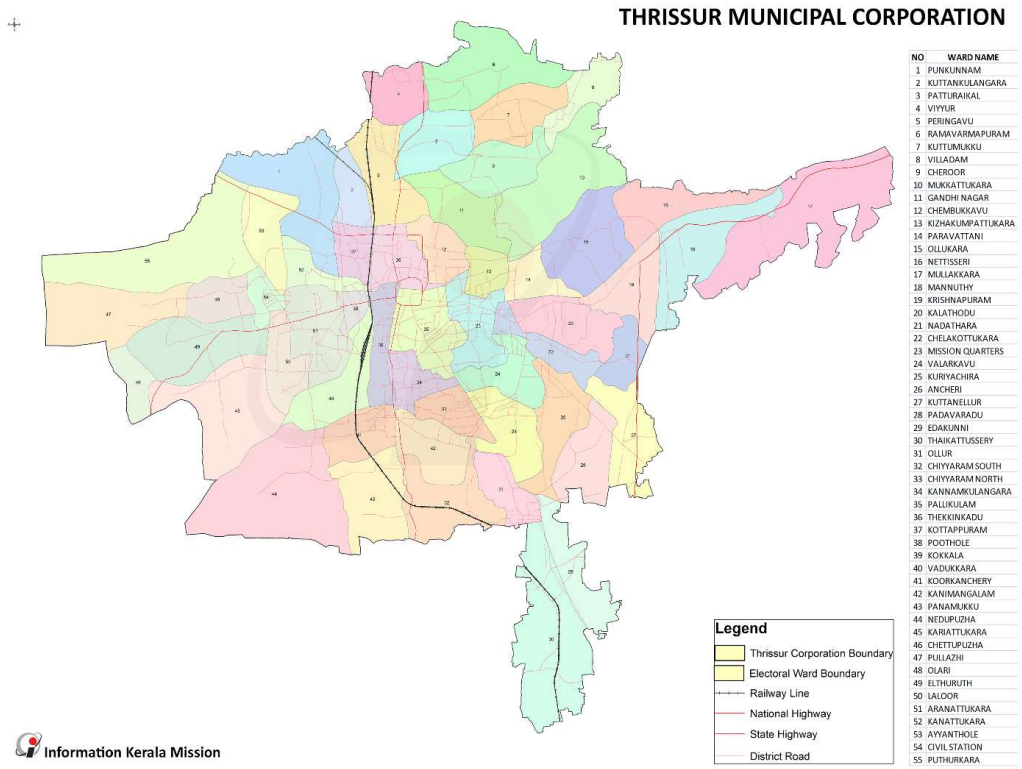
As an intervention study, it would hence, contribute towards the enhancement of the physiological, psychological, and social quality of life of non-working mothers in Thrissur, Kerala, through a needs-based intervention program. The study has used a mixed methodology using both quantitative and qualitative studies. The first phase quantitative study was a descriptive study on the quality of life of 356 middle-aged mothers. This phase also facilitated the screening of eligible mothers for the social work intervention program. A pre-post quantitative study further helped in evaluating the impact of the intervention program on the quality of life of the participants which was further supplemented by the findings from the qualitative research (second phase), by employing 'Focused Group Discussions' and 'Case Studies'.

1.3 Geographical Area of the Study

The researcher has opted for Thrissur Municipal Corporation, Kerala, as her geographical area for her intervention study. There are several reasons behind this selection. Thrissur is the cultural capital of Kerala State, India. It also serves as a major academic hub for several educational and government institutions attracting people from varied regions and backgrounds. It is also a major financial and commercial hub of Kerala. All these ensure the settlement of a diverse population and women from different parts of the state. With a population of about 21 lakhs, Thrissur is Kerala's 2nd most urban populous district. It is the biggest urban district by area with human settlement. Thrissur, out of five sub-districts in Thrissur District, is the most populous with 7.6 lakh population. Since this research is intervention-based, Thrissur Municipal Corporation has been selected as the area to undertake this study and intervention. The main aim was to make it accessible and practical for the target population to participate in the proposed intervention programme. For this

purpose, Thrissur Municipal Corporation was visited to get an overview of the geographic demarcations of areas that come under its jurisdiction. Meetings with the ward counselors and ICDS Supervisors helped to gain more knowledge on the scope and feasibility of collecting data from mothers from five wards with the help of 'Anganwadi' workers. The details regarding the sampling and recruitment of participants have been given in detail in the methodology chapter.

1.4 Map of Thrissur Municipal Corporation



Information Kerala Mission (2023)

Figure 1.1: Map of Thrissur Muncipal Corporation

1.5 Selection of Six Wards to Undertake the Intervention Study

Table 1.1 – Wards for Intervention Study

District of data collection centers	Divisions	No. of Anganwadis	Total Population	Number of Samples
Thrissur	Olarikkara	12	888	70
	Ayyanthole	11	836	61

	Cheroor	8	624	52
	Punkunnam	14	952	50
	Chiyyaram	12	826	71
	Viyyur	6	654	52
Total Sample Size			**4780**	**356**

1.6 Social Work Intervention Package for Middle-Aged Mothers

This intervention research mainly aims at perceptional, attitudinal, and behavioural changes in middle-aged mothers to bring an improvement in their quality of life. The social work methods which have been used to deliver the interventional services to these mothers were 'Social Group Work' and 'Social Case Work'. Thirty middle-aged educated housewife mothers were part of this study, who participated in both case work and group work interventions. Group work comprised 16 group sessions including a group development concurrent program. These 16 group work sessions mainly focused on psychoeducation, skill enhancement, emotional enrichment and self-development, as per the need assessment of the participants. This intervention is based on the biopsychosocial theory proposed by George Engel in 1977 and Erik Erikson's psychosocial development theory from 1950. It integrates 'Acceptance and Commitment Therapy' (Hayes, 1982) an advanced variant of Cognitive and Behavioural Therapy, along with Psychoeducation (Anderson et al., 1980) as practical models. The details of the intervention program have been described in the 'Social Work Intervention chapter'.

1.7 Significance of this Research

The question arises, as to why a social work intervention becomes relevant for them at this juncture of their life. Whether it is a working woman or an unemployed mother at home, midlife brings with it an array of changes or challenges in the lives of these middle-aged mothers. While a majority of working women experience independence and self-reliance, non-working mothers live a deprived life in terms of self-reliance and economic independence. There are differences as well as certain common factors that define the midlife transition of working and non-working mothers. Their perceptions may differ but there are commonalities too. Some of the main reasons behind opting for an intervention study on the non-working mothers were factors such as economic dependency, health decline, menopausal challenges, lack of social life

and recognition, identity crisis, issues with self-image/self-concept, empty nest syndrome, etc. This section of society is the most underrecognized community who despite playing a pivotal role in their family remain the most unheard and unacknowledged.

A happy and healthy midlife often leads to a contented old age with fewer regrets or insecurities. Biopsychosocial awareness, skill enhancement, and spiritual knowledge become paramount in helping the individual cope with her midlife transition period which is predominantly characterized by multiple challenges. Midlife is often a sensitive juncture, where one can become either too oblivious of impending old age complications or can be too cautious to prevent future health-related impediments that can cause disability in old age. Amidst multiple responsibilities and daily trials and tribulations, they need a thrust, a compelling force or motivation to direct them towards self-care and self-love. It is not that they are completely unaware or outdated, often the challenge is the procrastination or fault with their prioritizations in life during this period. To reinforce and foster a unified group endeavor that motivates individuals toward self-care and self-love, encouraging a life marked by full self-acceptance, constitutes some of the primary objectives of this social work intervention.

Social work intervention can be instrumental in creating a need and drive in them to carve out a niche for themselves and stay hopeful to cope with the midlife changes. It can help in enhancing their awareness and improvement of their overall self-concept and self-worth. Interventions that have a psychological and spiritual base create a strong threshold for them to re-invent and empower themselves physically, emotionally, socially, and spiritually. This empowerment will prepare them to face their midlife challenges more boldly and with greater conviction. As compared to other life stages, midlife is the most undermined or ignored area in terms of the deliverance of interventions. Concerns of women are often considered a matter of taboo or a social stigma, making it imperceptible or unseen. This scenario has led to this study on this particular group in our society to give them and their concerns more visibility. When they get the right support, they blossom into confident and self-respecting powerful beings, radiating the same energy to all in their surroundings. This forms the core foundation of this intervention, that is, to enable them to realize

their hidden strength, refine their skills, and empower them biologically, psychologically, and socially with the aid of social group work and case work methods.

1.8 Conclusion

This intervention research has conducted an extensive study on middle-aged mothers residing in Thrissur, Kerala. As per their initial study and specific needs, an intervention module was prepared and delivered, which was found to be effective and meaningful as per the evaluation of their data. The range of suggestions from mothers will be useful in the improvisation of the intervention model, which can further be used with other groups of middle-aged mothers in the future. Both the quantitative and qualitative research findings have helped to get a wider picture of the actual life scenario of middle-aged mothers who need to be heard and recognized for how significant they are. Psychosocial aspects need a greater thrust during intervention for these mothers although needs may alter depending upon the individuals and their health status. Midlife must be a period of generativity and not stagnation and therefore, just like for any other group, middle-aged women deserve better exposure to biopsychosocial interventions as these play a paramount role in helping the individual experience a smooth midlife transition. This intervention was meant for those women/mothers who are stuck in their physical and emotional distress, not knowing how to proceed further. They need consistent motivation to pull themselves out of their world of inhibitions and deferments. She, being the central support system of a household, who consistently offers care and nourishment to everyone, her physical and emotional well-being becomes paramount. Therefore, the role of researcher was to encourage self-reflection in them and create a drive in them to participate in progressive group and case interventions that promote their physical, emotional, and social well-being. This intervention study aimed to enable these individuals to find peace within themselves, recognize their potential, and regain confidence.

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Chapter 2

LITERATURE REVIEW

2.1 Overview of the Chapter

This chapter begins with a theoretical framework on middle-age or midlife, one of the stages in the human life development that precedes the onset of old age and begins immediately after young adulthood. Middle-age period comprises of early middle-age, late middle-age and late adulthood. This intervention research is on the quality of life of educated mothers who are homemakers in Thrissur, Kerala. As per World Health Organization (1996), quality of life encompasses four major dimensions namely, physiological, psychological, social and environmental dimensions. This chapter, therefore, focuses on the various theoretical perspectives, review of previous studies, research publications, books and other related documents pertaining to the biopsychosocial life experiences of educated middle-aged non-working women. This research is theoretically based on the biopsychosocial theory (George Engel, 1977) and psychosocial development theory (Erikson, 1950).

Theoretical review has been shown in an ascending order beginning with oldest theoretical perspectives to the latest perspectives on midlife by various renowned theorists and academicians, thus setting the background for this intervention research. The conceptual study further delves into diverse research, encompassing both international and national studies, addressing the multi-dimensional aspects of the quality of life of middle-aged women. The concepts under each dimension have been delineated thematically in alignment with the order of the objectives of the study. The researcher has also reviewed the studies on midlife crisis and transition which are substantially related to the present study. This research aims to gain a more comprehensive understanding of the experiences of middle-aged women during their midlife, as there is limited empirical evidence regarding the psychosocial changes they undergo during this stage. As a study focused on social work intervention, this research will assist the researcher in developing an impactful need-based intervention framework aimed at improving the well-being of middle-aged mothers. This will be achieved by addressing their biological, psychological, and social challenges through the application of social work methodologies.

2.2 Boundaries of the Research

Even though there are innumerable theories on midlife as such, the researcher attempts to include only those that stand relevant and suitable to the present research framework. Theories mentioned herewith can therefore be related to the major themes of the study.

2.3. Midlife: The Theoretical Perspective

2.3.1 Introduction

Over the years, numerous theories have emerged to describe and conceptualize the different facets associated with middle-age transition, which is one of the most significant yet ignored developmental stages across the life course. This section is an attempt to throw light on the key midlife themes and theories which hold relevant to the current research study, the researcher has undertaken. Theoretical foundation for midlife stage finds its beginning in Sigmond Freud's psychodynamic theories followed by Valliant, Carl Jung, Erickson's psychosocial development model, late modern stage theorists such as Levinson, Klein, McKee, Daniel Levinson, Roger Gould, then the modern era midlife theorists like Neugarten, Elliot Jaques, other late modern era midlife theorists and finally touching across the works on postmodern midlife development psychology. This review will be an attempt to put forth the way midlife has been explained, interpreted and conceptualized by various theorists and researchers. It would be a sequential presentation of some earlier 1960s theorists, finally culminating with the contributions made by the MIDMAC Scholars in 1990s and 2000s. While some are contradictory, some show a compatibility between the points of views.

Earlier theorists mostly followed psycho-dynamic perspective but with severe shortage of empirical studies to justify the same. 1980s witnessed the advent of a scientific approach to midlife through the works of Farell and Rosenberg (1980), McCrae and Costa (1986), Tamir (1982) etc. Their work was a deviation from the earlier works and perspectives. They criticized over the concept established by the old theorists that the personality changes during midlife. 1990s also saw the advent of research works that examined important and deeper aspects of middle age while at the same time being critical over the earlier works for their gaps in this field.

2.3.2 Era of Modern Psychology and Stage Theories of Human Development

There are three eminent theorists in the era of modern psychology namely Jung, Erickson and Freud who have immensely contributed towards the theoretical perspectives of middle adulthood. They believed that events in the early years of an individual's life have a deep impact and influence over the later stages of his/her life.

(a) Sigmund Freud's Theoretical Contribution

Any literature on midlife development would be a half-baked one without the reference to the contribution of Sigmund Freud. The midlife in the modern era had its genesis with Freud's description of the libidinal stage. His theory of psycho-sexual development was based on five phases namely, Oral, Anal, Phallic, Latency and the Genital stage. Although, he has not explained beyond adulthood, his libidinal theory cannot be enclosed within the literal meaning of his five stages (Fine, 1973 as cited in Palk, 2015).

Freud believed that a woman's role in life falls into two main parts, one as a youthful adorable woman in her youth and later as a beloved wife in her middle-age. A woman attains a complete maturity when she accepts her feminine nature to the fullest, while being governed by passivity. She becomes great as an identity only when she is capable of reproduction and creating progeny. Her sense of identity according to Freud, is derived from her functions within her family. Competing with man is considered immature and neurotic and a rejection of her traditionally acceptable role (Freud, 1965 as cited in Palk, 2015). According to Freud, the unresolved identity crisis of adolescence pops up in midlife. During middle age, an individual's conflict with his/her adolescent son/daughter could act as a trigger for midlife challenges for that individual, as he/she may be carrying the unresolved identity crisis from his/ her own adolescent period.

(b) Carl Jung's Theory on Midlife

Jung and Erickson, two eminent followers of psychoanalysis school of thought, came up with their own theories in relation to midlife psychology. "The stages of life" by Jung (1933 as cited in Palk, 2015) expounded and explained about the midlife phase.

His interpretation differed markedly from what Freud had elucidated in his theory on middle age. Freud's significant emphasis on sexuality as the main causative factors behind all the problems was contended by Jung with his assertion that sexuality was just one of the drives in a person's life and that spirituality as an aspect cannot be ignored completely.

According to Jung, the development of spiritual knowledge and enlightenment is the final purpose of human life. He speaks about individual process that encompasses a transformation of the entire unconscious into conscious by the end of one's life. A stage when an individual is completely aware of his suppressed memories and resolves them, although all cannot achieve their goals. His theory on midlife transition emphasizes that self-doubt and internal disharmony/conflict starts emerging as one glides into middle age. A sufficiently emotionally prepared individual usually happens to make a smooth transition, compared to an individual who still lives with some of his/her misconceptions and baseless assumptions. Such individuals confront their midlife with a different and negative perception altogether. He states that internal conflicts at this stage of life are usually caused by the sexual impulses as well as inferiority complex due to over sensitivity. Another major cause of this conflict is found to be an individual's need to hold on to youth.

According to Jung, depression during midlife, in women, started earlier (before 40) as compared to menfolk, who relatively exhibit symptoms of depression at age forty and above. Often rigid and inflexible personalities may exhibit depression symptoms. According to him, midlife transition may occur in forties or may be even in fifties. His theory emphasized upon the presence of parents of middle-aged individual, which may delay this whole transition process. In men, death of a father, causes a greater impact on the individual described by Jung as "catastrophic ripening". He states that, the transition or transformation happens more in an individual's psychic realm than in the physical dimension. For that individual, it becomes more significant to be with one's own self during the second half of life because that is the period of self-illumination and awakening. Aspects of first half should not be carried over to the second half as it may lead to regrets and issues with the acceptance of one's own inevitable end. Jung postulated that midlife witnesses a gradual alteration in the character and intent of people and these changes are often unconscious to them. They

stumble upon sudden realizations that some of their most treasured dreams or aspirations could never be materialized or have been left half baked. Jung asserts that problem usually emerges for those who couldn't come into terms with the realities of their life, the harsh truth that life can always take a different unexpected turn. Often this rigid mindset and nonacceptance causes most of the emotional turmoil during his/her midlife (Jung, 1933).

(c) Eriksonian Theory: A Stage-based model on Human psychosocial Development

Although a fervent follower of Freud, just like Jung, Erickson departed from the rigid Freudian psychosexual model and put forth his own "Stage based model", his theory on Human psychosocial Development. According to his analysis, he states that a crisis is caused by a conflict between elements of the psyche, which are compatible with the goals and needs of our ego and turbulent elements. Erickson termed psychosocial theory as 'epigenetic' whereby he conveys that although all the eight stages are hierarchical, each next stage is a sum of the previous stages as well as the ego strengths or drawbacks achieved during life. The seventh stage of Erickson's theory is the midlife stage that deals with the issue of generativity. He opines that whenever generativity goals are not achieved, an individual will recede into "an obsessive need for pseudo-intimacy often with a sense of stagnation" (Erikson, 1950). He emphasizes this stage as the peak of a person's lifetime in terms of learning, accomplishments, contributions to his/ her family, society etc.

He says, as the middle-aged generation takes the responsibility of nourishing the next younger generation, they become more enriched, and their ego interests also expands. And the one who fails to achieve this, leads to stagnation and psychological depletion. He calls this phase a significant stage known as the midlife period. As their children embark upon their adolescence and young adulthood, comes a period that could dig out some of the unresolved issues from stage four or even earlier (Erikson, 1950).

Erikson's theory suggests that individuals first develop a sense of identity and their role in society before committing to others through marriage. Once they have achieved this, they are ready to focus on the well-being of future generations, which Erikson refers to as generativity. Erikson defined generativity as "primarily the

concern in establishing and guiding the next generation" (Erikson, 1963 as cited in Hargrave, 2006). This can be expressed through parenting, but also through other productive and creative activities, teaching, and leadership (Lachman, 2001 as cited in Hargrave 2006).

If an individual fails to achieve a sense of generativity, they will feel stagnant and unable to create a meaningful legacy for themselves. This can lead to self-preoccupation, where the individual focuses on themselves rather than others. The virtue associated with successfully navigating this stage is care, which is expressed through family relationships and the care of one's own children. However, generativity can also extend to caring for society as a whole. Erikson believed that generativity arises from both internal needs and external societal influences. This stage is seen as a normal part of development, although the strength of generative feelings can vary among adults. Generative behaviour is aimed at benefiting society and is associated with psychological maturity, mental health, and overall well-being (Lachman, 2001 as cited in Hargrave, 2006). Jung (1933) and Erikson (1950;1959) were the most well-known theorists in the first half of the 20th century when it comes to adult development psychology.

2.3.2 Late Modern Stage Theorists

Second half of modern stage has witnessed the emergence and contribution of viewpoints of notable theorists namely Gould (1978), Havighurst (1972), Levinson et al (1978) and Levinson (1996). All of them basically followed a psychodynamic approach and were immensely impressed by the views of Jung and Erickson as can be found in various quotes of their works from these two theorists. They are popularly known as stage theorists.

(a) Levinson et al (1978): Levinson D., Klein, Levinson E., Darrow and McKee

Their views are an explanation of Erickson's (1950) theory rather than a theory in itself. He mentions about transitional periods, that are followed by six to ten years of stable periods. This transition being a link between static spells. This view has been disapproved by Farrel and Rosenberg (1981), McCrae and Costa (1986). The main criticisms were against Levinson et al's (1978) assertions that:

- Some form of crisis is normal

- There are some specific ages when it happens
- Midlife witnesses a personality change

Different eras or time of life in the life cycle were mentioned such as early adulthood (ages 17 to 45 yrs) and middle-adulthood (ages 40 to 65yrs). He states that even though his research did not start off with clear concepts of midlife, but later during the course of his research, the concepts of midlife started emerging. According to him, the shifts in eras was not usually marked by some eventful happening such as events taking place during puberty. For his research team, events such as depression, empty-nest syndrome, divorce etc can happen at different time periods of life cycle and therefore, do not provide a foundation for a generalized view on aging. General assessment was that, although the instinctual youthful drives such as passionate fervour, enthusiasm, a typical high energy packed persona, a commanding presence, high aspirations for growth and progress were not lessened or reduced in midlife, but definitely during middle-age individuals suffered less from the compulsions of such drives.

For them, their preferred term had been 'midlife transition' rather than the term 'midlife crisis'. They believed that midlife crisis should be used only for those circumstances which are marked by utter turmoil and distress, whereas midlife transition refers to a mild change and therefore, more appropriate to be used. Furthermore, they did not perceive a crisis in midlife to be a pathological as such. They believed that crisis in midlife presents itself as an opportunity for personal development and failure to cope with this transition can lead to stagnation and decline. Therefore, an individual in his/her midlife must accept these developmental tasks of midlife transition so as to avert this stagnation and decline. The whole process of coping with the recurrent thoughts of one's own death and death of dear ones is something that characterizes the whole midlife period. Levinson et al opined that even an individual who claims to have gone through this transition period without much confusion and disillusionment may actually be denying the actual truth. Midlife transition according to them, also impacts one's career life. They observed that, regardless of the success status they have accomplished during their youthful period, individual still tend to assess their level of progress or advancement as they reach

their middle age. Some of the most common questions they often ask themselves are: what have I done so far? Where have I reached in my life now? Is my life valuable enough to the society and to myself? Could I reach my destination/dream that I had envisioned for myself? etc. Levinson et al stated that it is to be accepted that midlife surely brings about certain significant events such as promotions or failures in the work arena, challenges in family life and relationships, illnesses and death of loved ones, especially those from older generation. Often such events bring a realization of some turning points in life as certain triggers that often initiates midlife transition. The strange fact being that the same event at a different time period in one's life may not have the same impact. Levinson's theory has emphasized occupation and family as central themes and assert that the person is in society and the society is in the person. There is an interconnectedness, that is an essential part of the conceptual model of midlife transition (Levinson et al, 1978 as cited in Palk, 2015).

Some of the major focused tasks of middle-aged individual are to:

- Probe and cross examine their present life scenario
- To explore the scope for possible modifications or alterations in the self as well as the environment
- Execute a new journey as planned and charted out.

Midlife as a period presents an individual a kind of life stage that lies in both the early adulthood and middle-age eras, which means, taking forward what is learnt from one era to the next. Object relation paradigm is also discussed for instance, loss of partner due to divorce or death, feelings of abandonment, grief etc. Levinson talks about how a lost object becomes internalized and in spite of the loss of the external object, the individual satisfies himself/herself with that internalized object and maintains his relationship with it.

Some of the striking features of midlife transition laid down by Levinson et al (1978) are as follows:

- Loss of youth
- Sense of seniority, position wise in one's world
- Resolution of inner conflicts

- Thoughts about one's own death and death of dear ones

According to Levinson et al (1978), each transition period is followed by a period of stable life, when the individual feels the need to establish himself/herself as per the current situation he is facing, leading to a constant attempt to settle down as per their need. There is a time gap, which individuals use to build a larger life for themselves until they reach late thirties when they finally engage in re-evaluation leading to an appropriate perception that not all they felt as right is actually right.

There is more of a feeling of being stuck in one's life with a fiery need for some change or a new start. There is markedly a strong internal urge to leave or change, especially in the case of those who carry unresolved issues from their past (Butler, 2007 as cited in Palk, 2015).

Levinson asserts that there is a noticeable change that happens in the internal aspects of an individual, such as significant changes in social perspective and personal value system. In his study, around 90% of the respondents dealt with certain conflicts, both internal and external. As per the study, middled aged men put up a very undisturbed transition from the outer appearance while from inside, completely perplexed and trapped within their own conflicts, with the outcomes only being visible later. There is always a contrast with some who manage to cope with this phase without much disturbance or conflicts. Those disillusioned are the ones who probably carry the burden of anxieties, insecurities, guilts, animosities of previous years etc. These negative emotions act as hurdles preventing a healthy modification of their life structure.

Levinson et al agree with Erikson (1950) on the fact that one of the most meaningful relationships would be to mentor the younger generation since that role makes the middle aged more generative and thus satisfied. According to Levinson et al, midlife is usually a period when marital problems for some become unbearable. Their marital discord or incompatibilities can, for some, lead to separation, divorce or even attempts to improve by coping efficiently with the difficulties although disputing claims have also been raised by McCrae and costa (2003) that in the USA, divorce rate is found on the higher side more among the young adults than among the middle aged.

Two aspects of Levinson et al's theory that has been questioned since its publication have been, one, the perspective that almost everyone in their midlife will confront with a transitional challenge and second, the assertion of certain specific chronological life stages or time periods for each development to take place. In their research, the main generational cohort consisted of respondents from pre-baby-boomers generation, who were in their middle age during the 1960s.

Levinson et al (1978) has acknowledged these limitations especially about the samples which was proved to be too less to prove any valid points. Lack of resources was mentioned as one of the main reasons. The researcher feels that, as a theory in its evolution, Levinson's work has definitely been a great contribution in spite of certain limitations. Their ideas and findings carry some weightage that has a significance of its own in terms of knowledge addition to the overall research on middle age transition (Levinson et al., 1978).

(b) Roger Gould (1978)

His postulations point towards the core realization at midlife about the permanent loss of the 'protection of the parents'. They tend to become more authoritative than their aged parents. By this time, the parents also are in a way disengaged from the active social roles of commanding and contributing which they prior to their old age used to enjoy and cherish. Gould also highlights the 'issue of death', as a prime issue for the middle-aged individuals as their ailing and aging parents undergo the tribulations of illnesses or even death during this period. The emotional distress faced by the middle aged due to their parental mortality and disease burden can be aggravated by their feelings of reduced control or power with their children, physical ailments, loss of youth and zest etc. Even instances of sudden bouts of anxiety or self-destructive behaviour can be seen as symptoms of their midlife experiences which is a straight analogy to the midlife crisis.

According to Gould (1978), women during this period live through a subdued version of femininity, whereby they exercise their power through men, an assumption that, women in general cannot survive without a man to defend her. His fourth assumption is that marital experience with regard to sex, parental shame, embarrassment and censorship of passion etc results from the experiences during the period of child

raising. Attitude and behaviour undergo a change during midlife which demands a need to consider novel ways of excitement and pleasure. He opines that if these issues are not addressed at the appropriate time by these parents, that may lead to separation, infidelities or even divorce during middle age. His last assumption speaks about the need for a self-renewal process, in which middle aged individual becomes aware of their own negative shades of personality and different emotions leading to self-acceptance and realization of what they actually are (Gould, 1978 as cited in Palk, 2015). Two popular modern era midlife theorists who investigated more deeply and specifically about midlife are namely Jaques (1965) and Neugarten (1968).

(c) Elliot Jaques (1965)

Jaques's contribution to the midlife research has been immense. He is one of the most widely quoted in most academic works based on midlife crisis and transition. He is more popularly known for his words he had coined on midlife journey, as the 'midlife crisis'. He has mentioned this term in his seminal essay 'Death and the midlife crisis'. Several films have been made on the so-called concept of midlife crisis popularized by Jaques. From his research work, he observed that the reactions of the participants varied from severe crisis to a less troubled midlife period. Intensity of experience was found to be varied where on one hand some experienced very intense emotions and events like separation or death while on the other hand there are some who rarely experience much crisis at all. Jaques posits that midlife transition is marked by a phase of deep contemplative pessimism, which is different from what one experiences in late adolescence and early adulthood. He sees it as a depressive crisis and more of a paranoid schizoid condition in some.

He observes that during early adulthood, certain negative impulses such as hatred are unconsciously denied. But the same features at midlife are brought into one's awareness, keeping the defenses like denial in check. If this could be achieved, then he says, the midlife crisis can be resolved and a mature and stable adulthood could be achieved. Creativity at midlife can be continued only if depressive and pessimistic aspects can be worked through or addressed in a qualitative way. He noted that young adults do not bother to work through the depressive feelings related to death or loss of dear ones, as they tend to postpone it, considering it as not a pressing matter.

In middle age, the concept of death or loss of dear ones becomes a very personal matter rather than an illusion that it only happens to others, or it is a distant thing. It makes one brood over one's own death. Midlife crisis includes a depressive anxiety about death and life becomes a psychological disaster if death as a reality to one's own self is denied, rejected or not accepted. The sooner it is accepted, the better would the quality of life (Jaques, 1965 as cited in Palk, 2015). One of Jaques' midlife patients coping with depression had aptly described midlife as follows:

> "Up till now life has seemed an endless upward slope, with nothing but the distant horizon in view. Now suddenly I seem to have reached the crest of the hill, and there stretching ahead is the downward slope with the end of the road in sight–far enough away it's true, but there is death observably present at the end."

He observed certain common patterns among middle aged individuals such as:

- Attempts to maintain or achieve youthful energy and appearance
- Becoming health conscious
- More attention on sexual aspects to attain youthfulness and power
- Absence of genuine happiness and enjoyment and more of concerns
- Midlife sees the emergence of wisdom and fortitude that enables individuals to redirect their course of life along with the development of acceptance.

(d) Bernice Neugarten (1968)

Neugarten is considered eminent in the field of aging psychology and had a distinguished career of 40 years at the Centre for Aging at the University of Chicago (Janega, 2001). She was one of the first researchers to highlight the significance of midlife, which had been overlooked in previous studies. In her work, Neugarten (1968) defined midlife as the middle stage of life, typically around the age of fifty, is a significant period of change where individuals re-evaluate their sense of self, time, and mortality. During this time, there is a noticeable increase in introspection and a tendency towards contemplation, reflection, and self-assessment. In a study conducted by Neugarten and Guttmann (1968 as cited in Palk, 2015), they examined

the relationship between age, gender roles, and personality during middle age. The results of their research suggested that there are significant changes in personality between the ages of 40 and 70. For instance, women appeared to become more tolerant of contentious and self-centered tendencies.

The idea of the timing of life events, whether they occur at the expected time or not, was first explored by Neugarten in 1968. Being on-time meant that events like marriage happened when they were supposed to. Neugarten also introduced the concept of the discrepancy between a person's career expectations and achievements, asking whether they were late, early, or on time. Being late could lead to problems like anxiety or impulsive decisions. Neugarten also discussed the changing time perspective in middle age, where the focus shifts from time since birth to time until death. On the positive side, Neugarten (1968) viewed middle age as a period where individuals have the greatest ability to handle complex environments and experience contrasting emotions.

According to Neugarten (1968), there are changes in personality that occur during midlife. Men tend to show an increased need for affiliation, while women become more aggressive and self-centered. Men tend to cope with these changes in a non-concrete and rational manner, while women cope in a more emotive and demonstrative way. These changes are referred to as ‘interiority’ and are said to occur predominantly between the ages of 35 and 60. The term "interiority" has also been mentioned by other authors such as Clausen (1993), Gould (1978), Lachman (2001), Levinson et al. (1978), and McAdam (1993). McCrae and Costa (2003) describe interiority as an intrapsychic process that is not easily observable by others.

2.3.3 Other Late Modern Era Midlife Theorists

(a) Lois Tamir (1982)

Tamir was the first researcher to investigate the differences between middle-aged men and those who were younger or older. Tamir considered middle-aged individuals to be a unique group because they were neither young nor old, and they held significant power and wealth, making them crucial for maintaining societal structure. Tamir identified three areas where tension was experienced: the individual's inner and outer world, their work experience, and their social relationships. Tamir's perspective was

that the midlife transition occurred between the ages of 40 and 49. Her research involved comparing men in this transition phase (aged 40 to 49) with younger men (aged 25 to 39) and older men (aged 50 to 69). Tamir's study aimed to define the changes in midlife transition in terms of quality of life, work, family, and social relationships.

Tamir defined quality of life experience as an evaluation of wellbeing, time perspective, and values during the midlife transition. Tamir utilized several measures, including internal psychological state (such as happiness, satisfaction, enthusiasm, and self-esteem), psychological and physical symptoms (such as immobility, alcohol-related issues, anxiety, and physical health problems), sources of life satisfaction (such as leisure activities, work at home and outside, being married, and being a parent), time perspective (past and future), and value orientation (choice of values) (Tamir, 1982 as cited in Palk, 2015).

(b) McCrae and Costa (1986, 2003)

McCrae and Costa (1986) believed that the big five personality traits, including extroversion, neuroticism, openness to experience, agreeableness, and conscientiousness, remain stable and do not undergo changes over time. These traits are seen as existing on a continuum, with their opposite traits at the other end of the scale. For instance, extroversion is contrasted with introversion. McCrae and Costa (2003) conducted extensive research on the topic of the midlife crisis and concluded that there is no evidence to suggest that everyone goes through this phase. McCrae and Costa (2003) strongly argue that personality remains consistent throughout adulthood.

Their theory appears to be completely different from the theories put forth by Erikson (1950, 1959), Gould (1978), Jung (1933), Levinson et al. (1978), and Neugarten (1968). These theorists all emphasized change as the central aspect of their theories and suggested that personality undergoes various changes. According to McCrae and Costa (2003), personality traits tend to remain consistent over time, but there are certain aspects of personality that can change during adulthood. These aspects include physical characteristics, self-concept, social roles, attitudes and values, and interpersonal relationships. These factors all contribute to how individuals choose their words, actions, and emotional reactions. McCrae and Costa (2003) argue that

studying personality traits allows researchers to predict how people will generally behave in the long term. Personality is also considered an important aspect by major midlife theorists such as Erickson, Jaques, Jung, and Neugarten. Therefore, it is crucial to examine the role of personality in midlife transition and crisis when investigating these topics.

According to McCrae and Costa (2003), the personality traits and other aspects of personality mentioned earlier do influence the midlife transition and potential crisis experienced by individuals. However, they recognized that it was too simplistic to claim that personality is always stable, considering the increasing complexity of life. They acknowledged that individuals experience both stability and change in their lives, and proposed a model that incorporates both aspects.

(McCrae & Costa, 2003)

2.3.4 Midlife Development from Lifespan Theory

Many individuals associate midlife with negative stereotypes, believing that middle-aged individuals are experiencing a crisis or feeling bored, and that this stage of life is characterized by decline and despair. However, the life-span perspective challenges this simplistic view of development and instead views it as a complex and multidimensional process that occurs throughout one's entire life. The theory of lifespan suggests that the development of an individual is a continuous process influenced by both biology and culture. It emphasizes the importance of the interaction between a person and their environment, referred to as "transactional adaptation." Transactional adaptation refers to the idea that as individuals age, not only does their psychological functioning change, but so do the environments they are in and the effects of their development.

This theory rejects the idea that development is solely determined by pre-programmed biological factors or simple reactions to external stimuli. Instead, it recognizes that individuals are constantly seeking, adapting to, and being influenced by their changing contexts, including societal changes. According to life-span theory, traditional biological models that suggest development occurs primarily in the first half of life and is followed by aging are insufficient when considering psychological

perspectives on development (Lachman, 2001 as cited in Hargrave, 2006). As per the life-span theory, midlife can be described as both continuous and discontinuous depending on the specific life events experienced by individuals. For instance, middle-aged women who return to work after their children have grown up face new developmental challenges. These challenges may result in significant improvements in certain intellectual areas. Other examples of life circumstances that involve discontinuity include unemployment or the loss of a spouse, as well as health and functional changes that occur due to the natural process of aging (Moen & Wethington, 1999 as cited in Hargrave, 2006). Development encompasses both growth and decline, as it encompasses the entire range of possibilities from progress to stability to loss. It rejects the notion that development is always a linear progression towards higher levels or a constant decline (Lachman, 2001 as cited in Hargrave, 2006).

The period of midlife, also known as the afternoon of life, has gained significant attention from researchers studying the lifespan. It plays a crucial role in preparing individuals for old age. Despite the existence of continuity in various aspects of life throughout adulthood, one's consistent sense of self serves as a valuable resource and foundation for the future. What stands out the most is the wide range of experiences and trajectories during midlife. As scholars increasingly focus on this stage, it becomes clear that describing midlife is a complex task due to the diverse and varied experiences of middle-aged adults. However, it is possible to broadly characterize midlife by identifying a set of common issues and challenges that arise during this period. Although the specific content and coping mechanisms may differ, there are shared experiences among middle-aged adults. The nature of midlife is influenced by factors such as gender, cohort, socioeconomic status, race, ethnicity, culture, region, personality, marital and parental status, employment, and health (Lachman, 2004).

2.3.5 The Postmodern Period in Midlife Development Psychology

The postmodern era in the field of midlife development psychology is believed to have begun in the 1980s. During this time, there was a shift towards cognitive behaviorism and a departure from depth psychology, as noted by Vaillant (1993 as cited in Palk, 2015). The research conducted by late modernist psychologists, such as

Gould (1978), Jaques (1965), and Levinson et al. (1978), was criticized by postmodernist psychologists for lacking the necessary psychometric properties of reliability and validity, particularly in relation to the concept of midlife crisis (Palk, 2015). Stewart and Ostrove (1998 as cited in Palk, 2015) have posited that the duration of middle-age is contingent upon the specific generation that is experiencing this life stage within a given historical context. This phenomenon is influenced by societal and technological changes, such as advancements in medical science that may impact the upper threshold of middle-age.

The establishment of The Research Network on Successful Midlife Development (MIDMAC) in 1990 by the John D. and Catherine T. MacArthur Foundation in the USA marked a significant milestone in the advancement of theory and research on midlife transition and midlife crisis. Brim, Ryff, and Kessler (2004), who were all involved with MIDMAC, observed that while there was a wealth of literature on early life, childhood, and old age, there was surprisingly little attention given to the middle years, despite middle age being the longest phase of the human lifespan. Recognizing this gap, a multidisciplinary team of 13 distinguished researchers from various social science fields was assembled into a 'midlife network' to investigate the physical, psychological, and social well-being of individuals specifically in midlife. They conducted extensive research in order to gain a comprehensive understanding of midlife. In order to accomplish this, the network established a foundation of empirical evidence to systematically record and comprehend the experiences that occur during these transitional years. This data was then juxtaposed with the perceptions of middle age held by individuals of both genders, spanning different age groups and cultural backgrounds.

The research team at MIDMAC conducted several interconnected studies, one of which is the MIDUS Survey. The acronym MIDUS stands for Midlife Development in the United States. One significant discovery from the survey, pertaining to the midlife transition, indicated that the emotional profiles of individuals in midlife were more susceptible to contextual influences compared to those of younger or older adults.

(Brim et al., 2004; Lachman, 2004)

Significant Areas of Midlife Theory Derived From the MIDMAC Research

Lachman and James (1997 as cited in Palk, 2015) characterized paths of life as various approaches to functioning that encompass psychological aspects of the self, interpersonal relationships, physical well-being, and work life. These paths often intersect during midlife, where physical changes may coincide with children leaving home, as well as changes in employment such as promotions, layoffs, dismissals, or reaching a career plateau. The multitude of roles and responsibilities during midlife, and the ability to effectively manage them, can contribute to the experience of stress. However, this period also represents a time of heightened performance and self-directed actions aimed at personal growth. These findings align with Neugarten's (1968) concept of an executive process of personality in middle age, as well as a diverse range of cognitive abilities.

Aldwin and Levinson (2001 as cited in Palk, 2015) proposed that the middle adulthood stage is characterized by significant challenges and obstacles that individuals must overcome, such as job loss, failure to achieve personal goals, health issues, and the onset of chronic illnesses for oneself, spouse, and/or parents. Additionally, difficult relationships with adolescent children, infertility, divorce, widowhood, and the death of parents can also contribute to the stress experienced during this period. The ability to effectively cope with these challenges is believed to have an impact on an individual's physical health outcomes. Brim further suggested that middle adulthood is a transitional phase in terms of goal orientation and aspirations, particularly when faced with obstacles. In conclusion, Lachman and James (1997 as cited in Palk, 2015) assert that individuals have the flexibility to pursue and adapt their goals in various domains throughout their lives. The domains in this regard are as follows:

- gender issues
- the self or interiority including self-concept, identity in midlife
- stability and change in midlife
- adaptation and well-being
- generativity
- work issues

- social relationships including the family and community
- stress coping styles
- religious factors
- turning points and life events.

The MIDMAC research program represents an extensive investigation of individuals in the middle stage of their lives, providing valuable data that will serve as a valuable resource for researchers and policymakers in the foreseeable future (Brim et al., 2004).

2.4 CONCEPTUAL FRAMEWORK

2.4.1 Introduction

The researcher has conducted an investigation into the various aspects of middle-age specifically pertaining to educated non-working middle-aged mothers. The literature review encompasses a thematic presentation of the multi-dimensional midlife experiences of women in alignment with the objectives of the study. Middle-age represents the 7th stage of Eric Erikson's Psychosocial Development stages, popularly termed as a period of generativity versus stagnation. It is considered to begin at age 36 and continues till 60 or 65 yrs. of age (APA, 2022). These individuals often experience a range of biopsychosocial issues that are not readily apparent or often go unaddressed. There is also a dearth of research and interventions in this area.

Middle-aged non-working mothers constitute a somewhat overlooked demographic, often constrained by societal and cultural norms that discourage them from openly voicing their needs and difficulties. Hence the researcher was interested in exploring the psychosocial changes in women during middle age. Some of the major challenges faced by them, as per the literature review: menopausal changes, empty nest syndrome, relationship aspects, role conflicts, economic dependency, caring for the ailing elderly, loss of dear ones, parenting complexities and identity crises. This research is a social work intervention research that intends to study their quality of life and as per the need assessment, develop an intervention module that can enhance the Quality of Life of middle-aged non-working mothers through attitudinal, perceptional and behavioral changes in them.

Many experts believe that unlike the problems seen in previous theories of development, there is not much empirical evidence to support the idea of midlife and the changes that come with it (Ashford et all, 2001). The concept of midlife, as suggested by various research studies, may be subjective and open to interpretation. It can vary from person to person, and in this context, from woman to woman. However, there are certain commonalities that provide a foundation for this research and need to be explored and analysed.

This intervention research thematically explores the quality of life for middle-aged mothers in three main sections: Physiological, Psychological, and Social. Each section delves into various midlife themes supported by international and national studies, establishing a comprehensive background for this multi-dimensional study and intervention.

2.4.2 Physiological Dimension

A. Menopause

Midlife is a time of transition and transformation. The midlife crisis is triggered by a vivid realization of one's own steady degradation in terms of physical capacities, as well as a significant mismatch between one's previously seen dreams and current reality. According to Zastrow (2001), menopause is a significant event that occurs during a woman's middle age. This stage is characterized by a decrease in biological capacities and an increase in social responsibilities. In order to assess the applicability of Levinson's theories to women, Levinson and Levinson (1996) as cited in Zastrow (2001) conducted a study involving 445 middle-aged women. One notable finding from this study was that women undergo a predictable series of developmental changes as they age, which can often be distressing and tumultuous. Interestingly, menopause and middle age coincide, making it even more challenging for women to navigate this period of their lives. The study reveals that both homemakers and career women face numerous hardships and mental tribulations during this time. These difficulties can arise from unfulfilled dreams, children leaving home, the stress and trauma associated with the loss of loved ones, marital problems, parenting challenges with adolescent children, work-related stressors, and complications in personal relationships and various family responsibilities (Zastrow & Karen, 2001).

Portes et al studied the Scottish women and Hulte studied the Norwegian women and came to the conclusion that the most prominent symptoms (hot flashes, vaginal dryness) were related to menopause while other complications were mainly due to ageing. Non-western countries portray a different picture. Some even did not present as complaints, with regard to menopausal symptoms and the westerners labelled that it is due to the women being unwilling to acknowledge the ***climacteric*** (Portes et al, 1996 and Hulte, 1992 as cited in Gannon, 1999).

Climacteric can be divided into three phases:

Premenopause: During this phase there is little disruption of ovarian function and the menstrual cycle remains regular. Some symptoms may begin to occur in this phase.

Perimenopause: Represents declining ovarian function with menstrual irregularities and symptoms commonly start or become troublesome during this time.

Post menopause: When there have been no menses for 12 months, the post menopause phase is entered.

Natural menopause occurs following three stages such as perimenopause, menopause and post menopause. Perimenopause can begin 8 to 10 yrs before menopause, when the ovaries slowly produce less oestrogen and finally reach a stage when ovaries stop producing egg. Finally, menopause is a point when a woman no longer has menstrual periods. Menopause is usually diagnosed when a woman has gone without a period for 12 consecutive months (Ashford, 2001).

The common physiological symptoms of menopause as described by Borker et al., (2013), Moser et al., 2020 as cited in Dehghan et al., 2022, Dr. Shah Duru (2015), Prof. S Ramanathan and Mrs Sumathi (2014), and Zastrow and Karen (2001):

- Hot flashes
- Night sweats or cold flashes
- Vaginal dryness, discomfort during sex
- Urinary urgency
- Insomnia
- Emotional changes

- Dry skin, eyes or mouth
- Worsening of PMS
- Irregular periods
- Difficulty in concentration and memory loss, irritability.
- Weight gain, hair loss
- Palpitations, headaches, choking, fatigue, muscular pain, changes in libido etc.

According to the World Health Organization (WHO, 2022), Menopause is the permanent cessation of menstruation due to loss of ovarian follicular activity. However, there are a few shortcomings with this definition as outlined below –

a. Follicular activity can continue even in the absence of menstruation, for example, in case of hysterectomy, ovaries may remain functional.
b. Follicular activity can end, but menstruation can continue through the use of cyclic hormonal therapy.
c. The way in which women experience menopause varies within and between the social groups. Most women perceive menopause to be a marker for the end of childbearing. Some women may react to the cessation of menstruation with relief (no more birth control); other may describe deep sadness because they can no longer bear children.

As per the estimation by World Health Organisation (WHO, 2018), the average age of menopausal attainment in India is 46 years and life expectancy around 70.3 years (Meeta et al, 2020).

In a cross-sectional study on 7319 middle aged women from Gansu province in China, information on demographics, their menopausal status, reproductive history and history of chronic diseases was gathered. Their severity of menopausal symptom was also measured. As per the results, about 3606 (49.27%) were suffering from moderate or severe menopausal symptoms. There were many factors linked to the severity of menopausal symptoms in Chinese women. As women age, the severity of these symptoms tends to increase, so it is important to pay more attention to managing them (Wang et al., 2021).

A qualitative exploratory study with 20 women was carried out among postmenopausal women aged 46–55 in Sri Lanka. The results showed that women in Sri Lanka often handle menopausal challenges independently, considering it a natural aspect of aging, which may lead to unnecessary suffering and overlooked preventable issues. It was found that by establishing support groups for menopausal women and encouraging proactive health-seeking behaviour, including participation in screenings for cervical and breast cancer, could enhance their well-being (Ilankoon et al., 2021).

In a community based cross-sectional study on women (40-60 years) of Haryana, India, in which around 400 women participated in 2018, menopausal rating scale was used to study the prevalence of menopausal symptoms and their quality of life. As per the results, the prevalence of menopausal symptoms was found to be 87.7%. The majority of the participants in the study experienced anxiety (80%), followed by physical and mental exhaustion (71.5%), sleep problems (61.2%), irritability (60.7%), joint and muscular discomfort (56%), and heart problems (54%). The most common symptom of menopause, hot flushes, was reported by 36.7% of the participants. The average age of menopause was 47.53 years with a standard deviation of 4.5 years. The quality of life was impaired in 70.2% of the participants, with psychological symptoms accounting for 70.8% of the poor quality of life. The study came to the conclusion that in order to enhance the quality of life and reduce menopausal symptoms in these women, it is necessary to adopt a comprehensive approach that includes making changes to their lifestyle and behaviour (Kalhan et al, 2020).

Menopause is a major milestone in a woman's life and leads to various physical changes that have a lasting impact. These changes can be influenced by different socio-demographic factors and coping mechanisms. One of the studies aimed to identify the most commonly reported symptoms experienced by middle-aged women during menopause and to examine how these symptoms relate to the coping strategies employed by the participants. About 150 menopausal women in the age category of 40-60 years were interviewed to study their menopausal symptoms related to somatic, psychological and urogenital domain. The results revealed that their mean age of menopause was found to be 49.8 years (±4.9) (range 43 - 57 years). The most common symptoms found were joint and muscular discomfort (70.6%); physical and mental exhaustion (61.3%); and sleeping problems (59.3%). Other than physical, they

also suffered from symptoms of anxiety (48.6%); irritability (45.3%) hot flushes and sweating (38.6; dryness of vagina (37.9%); depressive mood (38.0%). Other complaints included incontinence/Frequency of urine (27.3%) and heart discomfort (23.3%). A higher percentage of women in the perimenopausal stage (47.2%) reported experiencing more physical and psychological symptoms compared to premenopausal (15.6%) and postmenopausal (37.2%) women. However, urogenital symptoms were more prevalent in the postmenopausal group. The study also found a significant correlation between menopausal symptoms and the coping strategies adopted by women going through menopause. According to the conclusion of the study, the timing of symptoms during menopause can vary. Some women may experience symptoms earlier during perimenopause, while others may experience them later. It is important to use different coping methods, such as building social support networks, to improve the behaviour of women after menopause in various areas (Agarwal et al., 2018).

Some of the most commonly reported menopausal symptoms in India have been urogenital symptoms, fatigue, weakness, body aches, and pains, hot flushes, mood swings, and sexual dysfunction. As per one study conducted in West Bengal among the middle-aged women who have attained natural menopause in the age category of 40 to 55 years, health of women during menopause is largely affected by menstrual, reproductive history, socio-demographic variables, their lifestyle pattern, genetic factors and their accessibility to adequate health care. The same study revealed that one of the major reasons behind the variation in the menopausal experience, socio-demographic and reproductive factors can be linked to the difference in ethnicity (Dasgupta et al, 2015).

In one of the studies in rural North India conducted by Singh and Arora (2005), 558 women aged 35-55 were involved for research on menopause. The most common reported symptom at the time of menopause was loss of vision; women commonly blamed this on the end of menstruation. Many of these women did not consult anyone for the symptoms they experienced, though some of them agreed that a consultation was needed to get relief from the menopausal symptoms. The majority of the women admitted that menopause affected their physical health, while others said their daily routine was altered after menopause. The women reported no use of drugs to treat

their symptoms, nor were HRT utilized. The study showed that the majority of the women welcomed this stage and considered it as a privilege of passage into a newfound stage of womanhood.

Dr. Rani Bang (1999 as cited in Bavadam, 1999), co-founder of the Maharashtra based NGO, 'Search', explains about the physical impact of menopause. She conducted a study of 100 post-menopausal women and according to her, rural women are undoubtedly influenced by psychosomatic factors, yet overshadowed by various other challenges. Menopause appears less significant to them, and as a result, often goes unnoticed. 78 per cent of the women did not reveal their menopausal problems to anyone and 90 per cent did not visit a doctor as per her findings. They hardly felt any need to inform their husbands about menopause. Around 55 per cent said that their sexual desires have also decreased. Women are influenced by the age-old belief that after a certain age, sex is not to be practiced and that sex is only meant for procreation. Many women revealed that menopause for them represents freedom from social and religious constraints and also sexual harassment.

As per Dutta et al (2019), generally in industrialized countries, the average age to attain menopause is found to be ranging from 43 to 49 years. It is generally accepted that the average age at menopause is about 51 years in industrialized countries, but in developing countries, it ranges from 43 to 49 years. Menopause is viewed as both an objective hormonal occurrence and a subjectively experienced endocrine transition (Sidhu S et al cited in Dutta et al, 2019).

A Pan India Survey (2016), based on the data gathered from 2184 menopausal women from 21 cities and 26 doctors all over India revealed that the mean menopausal age of the Indian women was figured to be 45.59 years. It included those women whose menopause was induced. Also, the average age for attaining natural menopause was estimated to be 46.2 years. Such a mammoth survey dealt with the largest ever sample size for the menopausal middle-aged women reported till date. The research revealed that menopausal age is a highly significant biomarker of loss of fertility in middle-aged women and also an indicator of different kinds of life-style diseases and illnesses, some of which can surely be averted through proper preventive measures through timely health interventions such as lifestyle modification, hormone therapy, supplementations such as calcium, vitamin D and micronutrients. As compared to the

western countries, the Indian age of attaining menopause was found to be less among the middle-aged women (PAN India Survey, 2016 as cited in Ahuja, 2016).

A Karnataka based study was undertaken to understand the menopausal health problems among pre and post-menopausal women. The study also assessed to understand the association between menopause status of women with their family composition, menstrual history, present symptoms, family history, dietary history etc. The mean age to attain menopause was assessed to be 45.32 years. Some of the presenting menopausal symptoms were found to be muscle and joint pain as mentioned in the above-mentioned study, vasomotor symptoms, urinary issues, vulvovaginal symptoms, hot flushes experienced by post-menopausal women (Avin Alva and Chethan, 2016 as cited in Sajitha, 2017).

Sagar A. Borker, P.P. Venugopalan, and Shruthi N. Bhatt conducted a study (2013) of menopausal symptoms, and perceptions about menopause among women at a rural community in Kerala**.** Their main aim was to find the prevalence of menopausal symptoms and perceptions regarding menopause among menopausal women of Kerala. For this, a community based cross-sectional house to house survey was conducted at Anjarakandy, an area under Kannur Medical College. It was found that the mean age of getting menopause was 48.26 yrs and some of the prevalent symptoms among women seen were typical emotional problems like (crying spells, depression, irritability) 90.7%, headache 72.9%, lethargy 65.4%, dysuria 58.9%, forgetfulness 57%, musculoskeletal problems (joint pain, muscle pain) 53.3%, sexual problems (decreased libido, dyspareunia) 31.8%, genital problems (itching, vaginal dryness) 9.3%, and changes in voice 8.4%. Only 22.4% of women knew the correct cause of menopause. The author has emphasized that the ladies should be made aware of these symptoms, their causes and treatment respectively so that their journey through this particular phase does not become tumultuous.

Another study was conducted by Bindhu Anil (2013) in the rural Kerala by undertaking a cross-sectional study and data from 320 women were collected. The results concluded that the climacteric symptoms differ significantly between women who attained menopause and women who have not attained menopause. The study also confirmed that women in India are very much influenced by the social, cultural

and economic parameters. Menopause was once overlooked in research, but it has now gained recognition as a significant period of transition impacting women's health. The authors emphasize the importance of prioritizing menopausal health in the Indian context, especially in Kerala, where there is limited research on the climacteric symptoms experienced by women.

Various coping mechanisms were explored to manage menopausal and other midlife health challenges. Alternative therapies were found to be beneficial for menopausal women as it helped to relieve women from insomnia, decreased energy levels, hot flashes etc (Cramer et al., 2004). Historical evidence and scientific studies suggest that herbal medicine is helpful in relieving menopausal symptoms. The choice of herbs and their dosage is tailored based on individual signs and symptoms (Kargozar et al, 2017). Adopting naturopathy and yoga can help women manage the challenges of menopause, addressing both emotional and physical aspects for a more balanced and comfortable experience (Hindustan Times, 2023). Growing evidence indicates that practicing Yoga, even for a short period of time, can reduce both psychological and physiological risk factors associated with cardiovascular disease (CVD). Research suggests that the ancient practice of 'Yoga' and 'Pranayama' is quite effective in addressing menopausal symptoms (Vaze & Joshi, 2010). Given the limitations of Hormone Replacement Therapy (HRT), it is essential to explore alternative approaches for addressing menopausal symptoms through non-hormonal medications and non-pharmacological methods. Current suggestions include lifestyle changes, regular exercise, dietary adjustments, and the incorporation of stress-reducing practices such as yoga and therapeutic massage. Meditation has been shown to elevate plasma melatonin levels, and it appears that melatonin plays a beneficial role in enhancing the quality of sleep. (Cohen & Wameke, 2004; Khalsa, 2004 as cited in Vaze & Joshi, 2010).

B. Sexuality in midlife

Women and even men undergo different physical changes during the middle age and women have to fight symptoms of menopause. It was observed that middle-aged women, facing menopausal symptoms and concerns about their physical appearance, may experience changes in the sexual response cycle. During the desire phase, hormonal shifts can increase erotic interest, but a drop in estrogen during the

excitement phase may lead to vaginal dryness, affecting the sexual experience. Scarf emphasizes the need for proper treatment to address these issues for the well-being of the couple (Scarf, 1992 as cited in Ashford et al., 2001).

In a qualitative study involving 15 middle-aged mothers, their sexual needs and expectations were analysed. Themes included the need for information on physiological and psychological changes, appropriate feedback, emotional expression space, societal acceptance of middle-agedness, a shift in societal concepts of femininity, and addressing sexual problems. The study highlighted various sexual needs and expectations during midlife, suggesting that addressing these needs could enhance the sexual and mental well-being of middle-aged women (Reyhani et al, 2018). In another study that was conducted on the aggravating factors for menopause symptoms and quality of life in Turkish women showed that quality of sexual relationship during midlife can be considered as a most important determinant of sound mental health and quality of life during middle-life (Karacam et al. cited in Reyhani, 2018).

As per a cohort research in this area, it was found that, for many women, interest in sexual activity begins to decline during early menopause while at the same time various physiological symptoms start emerging due to decreased level of oestrogen during late menopause (N. E. Avis, Stellato, Crawford, Johannes & Longcope, 2000; Nancy E Avis et al., 2005; Guthrie et al., 2004; Woods, Mitchell & Smith-Di Julio, 2010 cited in Hippel et al, 2019).

In one of the studies on the prevalence of sexual activity and dysfunction symptoms among middle-aged women, around 68,131 women participated in a nurses' health survey (2013). It was to assess sexual activity and dysfunction symptoms among these women in the age category of 48-68 years. About 73% of these women were found to be sexually active, 50% of sexually active women had symptoms of sexual dysfunction. Sexual dysfunction symptoms were less common among unpartnered than partnered and there has been a positive link between menopause and sexual dysfunction in unpartnered women than in partnered women. The study came to the conclusion that sexual function is common among middle-aged women. If regular monitoring of

women's sexual function is undertaken then timely supportive interventions can be provided to these women in their middle-age (Hippel et al, 2019).

There has been research on the factors influencing the changes in sexual satisfaction, its frequency in middle-aged women and also how these women explain such changes in their midlife. A survey by the researchers from the University of Glasgow and UCL revealed that out of 2000 women in the age group of 40 to 59 who participated in the survey, about a third had not indulged in sexual activity in the past month but less than half of this proportion were unhappy with their sexual life. The study results showed that age and menopause stage were not much significant in determining the sexual satisfaction level, function and frequency than relationship, lifestyle and health aspects. Few follow up interviews further confirmed the previous results of the survey. Few women mentioned menopause as the main reason behind diminished quality or frequency of sexual activity. What the survey failed to understand was the ultimate pressures on the mothers during their midlife. These women described their day-to-day hectic schedule comprising of balancing her family, work, relationships, and social lives. They looked preoccupied about their financial glitches, relationship issues, family concerns, demands of parenting their adolescent children, aging and ailing parents. Many women led such a hectic life that they were hardly left with any time or energy to enjoy a regular and satisfying sexual life (Henderson, 2023).

As per the reports from the study of Women's Health across the nation (SWAN), about 76% of middle-aged women, regardless of their age or menopausal status, admitted that, for them, sex was moderately or extremely an important part of their lives. Their sexual passion has continued irrespective of their menopausal conditions during their midlife (Cain VS et al as cited in Thornton et al, 2015). At the same time there has been reports that sexual activity and function usually decline with age. As per the Women's Healthy Ageing Project (WHAP) cohort, which is an extension of the Melbourne Women's Midlife Health Project, there was a significant decline from 74% to 56% as far as sexual activity was concerned between early postmenopausal women and late postmenopausal women (Lonnee-Hoffmann et al as cited in Thornton et al, 2015).

In one of the cross-sectional studies on the sexual activities and behaviors of about 2109 middle aged women within the age category of 40 to 69 yrs. from the Kaiser

Permanente Medical Care Program of Northern California, around 75% of those participants were sexually active in their midlife (Eden and Wylie as cited in Meeta, 2021).

In Asian Countries, studies reveal that subjective sexual well-being of older adults was found to be low as compared to that of young adults. Mostly open discussions on sexuality are heavily dependent upon the societal norms and practices of a particular society or region (Lachmann et al, 2006 as cited in Srivastava and Upadhaya, 2022).

Coming to the Indian context, studies reveal about the presence of sexual practices among the middle-aged heterosexual couples, but the only factor is the absence of public discussion on the same topic (Kalra et al as cited in Srivastava and Upadhaya, 2022). Perhaps, this is to avoid a negative societal response. The socio-cultural perceptions have undoubtedly a great hold and impact over the perception of sexuality at middle-age. Cultural doctrines set certain age specific behavioural limitations defined by "ashrams" in Hinduism, which becomes one of the major reasons behind this perception (Neugarten et al., 1965; Saraswathi et al., 2011 cited in Srivastava and Upadhaya, 2022). In our society, discussing sexual intimacy among middle-aged and elderly couples is challenging due to the personal nature of these matters. In the Indian context, the stress of not having an active sexual life is only relevant to those who desire it. Those who are content with or have embraced cultural norms regarding sexual practices during midlife may choose not to engage in open discussions, aligning with their personal choices and preferences.

Another such study on the Indian population reveals that people continue to believe in the popular myth that sexual relationship is primarily meant for the purpose of procreation and not for pleasure purpose. Indulging in sexual activity in a later stage is considered to be an embarrassing act which is seen to be morally an inappropriate behaviour (Rao as cited in Srivastava and Upadhaya, 2022). It is a fact that often our religious and spiritual doctrines influence our belief system and way of living. We go by certain common practices called as societal norms. According to some western authors, sexual intimacy at a later age is essential as it helps in the management of psychological and sexual health among the aging individuals (Hillman, 2012; Štulhofer et al., 2018; Souza et al., 2021; Traeen et al., 2021 as cited in Srivastava and Upadhaya, 2022).

In a Kerala study, "Menopause-related symptoms and correlates: a community-based cross-sectional study in Kollam district," respondents were randomly chosen from rural and urban areas. The study found that sexual dysfunction was higher in post-menopausal phases than during menopausal stages. The percentage of women reporting severe symptoms increased from 3.5% in the menopause transition period to 11.4% and 13.7% in early and late menopause stages, respectively (Sajitha, 2017).

Respondents, experiencing psychological anxiety, depression, and menopausal symptoms, primarily sought medical help for physiological symptoms, neglecting sexual dysfunction. This highlights a significant knowledge gap in treatable menopausal symptoms, including sexual complications. Lack of awareness persists even in highly literate Kerala, indicating the need for education on menopausal symptoms (CDS, 2005 as cited in Sajitha, 2017).

C. Life-Style Diseases and Health Complications During Midlife

Lifestyle significantly influences health, with daily choices impacting overall well-being and lifespan. A healthy lifestyle involves behaviors that contribute to well-being, encompassing actions individuals can control to manage health risks (Zeidi et al., 2012 as cited in Mahdipour et al.,2013). Lifestyle covers a range of factors, such as diet, physical activity, self-care, tobacco and alcohol use, illicit drug use, social connections, and stress management (Mcdonald & Thompson C, 2005 as cited in Mahdipour et al.,2013). An unhealthy lifestyle is also a significant contributor to chronic illnesses such as colon cancer, high blood pressure, chronic obstructive pulmonary disease, liver cirrhosis, peptic ulcer, and cardiovascular disease (Black et al., 2005 as cited in Mahdipour et al.,2013).

In 2005, there were 35 million deaths worldwide caused by chronic non-communicable diseases, accounting for 60% of all deaths and 47% of the disease burden. Unhealthy diet, lack of physical activity, and smoking were found to be the risk factors for chronic diseases. By eliminating these risk factors, it is possible to prevent approximately 80% of cardiovascular diseases, stroke, and type-2 diabetes, as well as about 40% of cancer cases (WHO, 2009; Report of Joint WHO/FAO Expert

Consultants,2013 as cited in Mahdipour et al.,2013). The World Health Organization (WHO) suggests that lifestyle changes can help address these risk factors. Regular exercise is a crucial behaviour for improving health, preventing or delaying chronic diseases, and reducing premature death (Inter Health Steering Committee, 1991 as cited in Mahdipour et al.,2013). Numerous studies have shown that regular physical activity also promotes mental well-being by reducing depression and anxiety, increasing life satisfaction, and improving overall quality of life (Aghamolaei, 2018; Giacobbi et al., 2008 as cited in Mahdipour et al.,2013). Engaging in regular physical activity offers protection against chronic illnesses such as cardiovascular disease, high blood pressure, obesity, diabetes, osteoporosis, cancer, depression, and anxiety. According to statistics from the World Health Organization, physical inactivity is responsible for 1.9 million deaths worldwide each year (Yap & Davis, 2008 as cited in Mahdipour et al.,2013).

Middle-aged women have been found to have lifestyle factors that predict chronic diseases and mortality. This has led to the development of healthcare plans that focus on family health, with women being seen as the central figure in promoting healthy lifestyles for their family members and future generations. In a descriptive-analytical cross-sectional study, about 138 middle aged women (40-50 years) participated in Iran. The study came to the conclusion that the lifestyle status of middle-aged women is moderate and has the potential to be improved. To achieve this, educational programs can be implemented at various community locations such as care centers, gyms, schools, cultural centers, and mosques. These programs can focus on promoting psychological health, including effective social and familial communication, reducing stressors at home and outside, engaging in physical activities, and adopting healthy eating habits. Additionally, involving spouses in the process of changing, modifying, and maintaining a healthy lifestyle also could be beneficial. To ensure comprehensive education, cultural aspects should also be addressed. This can be done through the creation of audio and video programs that promote healthy lifestyle choices, as well as establishing counselling centres and cultural-sporting landmarks specifically for women (Sabzevar, 2013).

Musculoskeletal conditions (MSC) are more prevalent in middle-aged women. With this in view, an experimental randomized controlled design was conducted in a

primary healthcare clinic in South Africa. Therefore, women aged 40 to 64 years who tested positive for MSC using the COPCORD screening tool were enrolled in the study. A 6-week program of physiotherapy intervention was created that did not involve medication. The purpose of this study was to assess how effective this intervention was for middle-aged women who had a musculoskeletal disorder, with or without additional health conditions such as hypertension, obesity, or type II diabetes. The intervention group participated in a weekly 2-hour educational program that included a workbook, discussion group, and exercise class. In terms of self-efficacy, the intervention group experienced significant changes within the group in terms of managing fatigue and discomfort. It is crucial for primary health care systems in South Africa to establish effective strategies for managing the functional effects of chronic lifestyle diseases and musculoskeletal conditions. Physiotherapists and other healthcare professionals should now be involved in creating community-based interventions that focus on improving the functioning and quality of life for individuals with these diseases (Barnes et al., 2019).

A descriptive study was conducted in 2016 on the lifestyle and its relationship with health-care value of middle-aged women involving 287 middle-aged women of Isfahan. The average health value score in these women was found to be 59.6, and the total lifestyle score was 57.9 out of 100, both of which are in the semi-desirable range. Among the lifestyle dimensions, interpersonal relationships received the highest score (67.6), while physical exercise received the lowest score (39.4). The study came to the conclusion that Mid-aged women in Isfahan have a semi-desirable lifestyle and health value, and lifestyle has a direct association with health value. As a result, lifestyle changes can improve health and take efforts to promote community health (Mousavi et al., 2018). Walker and Hill-Polerecky classified lifestyle aspects into six domains: health responsibility, physical activity, nutrition, interpersonal relationships, stress management, and spiritual growth (Walker & Hill-Polerecky, 1996 as cited in Mousavi et al., 2018). Improving individuals' perceptions of health value is the ultimate goal of providing health services.

Public health nutrition programmes are highly advised for middle-aged women, as they play a crucial role in modelling family dietary habits, and the quality of their own

diet can impact the overall nutritional well-being of the family (Jovanovic et al., 2010).

A significant research work by Sheema Naaz ,"To study the prevalence of diseases and impact of health education in middle-aged women" was undertaken to assess the health challenges of middle-aged women and thereby, take initiatives to educate and counsel them through health education programme. For this, an interview-based survey was taken both in urban and rural parts of Aurangabad district, Maharashtra (Naaz, 2010).

As per M. Glass and Mora et al (2006), a cross sectional analysis of more than 27000 healthy women aged 45 and above brought out the facts that lower levels of physical inactivity and high levels of BMI were associated with cardiovascular risks even after adjusting for parameters like age, race, smoking, blood pressure, hormone treatment, menopausal status etc. favourable results were found among women with an optimal BMI (19-25) who took regular care of their physical fitness through exercises, thus emphasizing upon the need for regular exercise and healthy nutritious diet to maintain optimal BMI. The research study showed the trend of prevalent illness and health complications among middle-aged women belonging to both the urban and rural population. The statistical analysis projected Hypertension as the highest prevailing disease (30.04%) among the urban women and 30% among the rural middle-aged women. The results further projected the prevalence of Anaemia at 39.28 % among the rural women and moderately at 30.04% among the urban women. Osteoporosis and arthritis affected 25.82% and 17.8% and 15% and 16.43% women respectively among urban and rural population. About 12.86% and 6.57% rise coronary heart diseases among urban and rural women. Diabetes Mellitus was found prevalent between 11.7% and 5.7% among urban and rural middle-aged women. Common complaints among women included backaches, sleeplessness, irregular periods, fatigue, depression, weakness, headaches, and kidney stone issues. A doctor's survey supported the data, and a Health Education Camp received an overwhelming response. Expert lectures emphasized lifestyle changes for improved health among middle-aged women.

In the next decade, about 15% of India's population will be middle-aged, with specific health needs, including those of middle-aged women. According to WHO, lifestyle diseases like stroke, cardiovascular disease, kidney disease, respiratory disease, etc are leading causes of death in women globally. Middle-aged women are more vulnerable to diabetes, hypertension, obesity, menopause, cancer, and depression. Diabetes and hypertension are increasing rapidly among women, with a 44% higher incidence of heart attacks and a 27% higher incidence of stroke than in men. Urbanization contributes to obesity, leading to cardiovascular diseases, diabetes, stroke, osteoporosis, and arthritis. Menopausal women suffer from hot flushes, weight gain, depression, and osteoporosis. After menopause, there's an increase in female cancers like breast, cervix, and ovary, with breast cancer being the most common among Indian women. Depression is more common in women due to hormonal changes during menopause. (The Indian Express, 2020).

In India, studies on lifestyle diseases have been conducted by Indian Council of Medical Research (ICMR) and other institutes which revealed that the estimated proportion of death due to non-communicable diseases (NCDs) has escalated from 37.09% in 1990 to 61.8% in 2016. This shows a highly risky trend among people including the middle-aged population. Similarly, as per ICMR's cancer registry data, the cases have plummeted from 13,28,229 in 2014 to 15,17,426 in 2017 which clearly shows the reality of disease burden in India due to various factors, one of the major factors being the life-style pattern and nature of dietary consumption. The Indian Government has formulated the National Health Policy, 2017 which aims to achieve better quality of health and well-being for each individual through a well-planned out preventive and promotive health strategies and policies in all the developmental policies. The policy drifts from the notion of sick care to wellness, where prevention and promotion is given much significance. The main thrust is given on three most prevalent cancers- breast, cervical and oral. For early diagnosis and prevention, already initiatives have been undertaken in over 150 districts of the country in 2017-18 under NHM as a part of primary healthcare programme (PIB, 2018).

According to a 2017-19 Longitudinal Ageing Study in India focusing on women aged 45-65, it revealed that women face multimorbidity, impacting their quality of life.

Current women's health programs often concentrate on reproductive health, neglecting midlife. National Health Mission strategies primarily target reproductive health, overlooking issues in later life. Midlife, characterized by critical health conditions, is neglected, exacerbated by socio-economic and cultural factors requiring intensive interventions. This research aims to inform healthcare professionals and policymakers about midlife multimorbidity prevalence. The study identified hypertension as the most prevalent condition, followed by gastrointestinal and musculoskeletal disorders among middle-aged women, with Chandigarh and Punjab reporting the highest cases (Puri et al., 2022). Women lack inclusiveness and freedom in health decision-making processes.

A study involving 372 respondents in the age group of 35-55 years from three districts of Kerala revealed data with respect to various illness and health complications among middle-aged women as a result of changing lifestyles and value systems. Signs of aging, greying and thinning of hair, problems with memory and retention, chronic illnesses/non-communicable diseases, stress, muscular pain, accumulation of body fat, cardio-vascular issues etc. Other than these, they are prone to certain more serious challenges such as cancer, stroke, coronary heart diseases, hypertension, obesity, mental disorders, diabetes etc. This period in life also witnesses various age-related disorders such as asthma, dementia and epilepsy. Nutritional deficiencies were also found to be prevalent among these women due to changing life-style habits and dietary patterns (Athira, 2016).

According to the World Health Organization (WHO), the disease patterns and their categories in India are undergoing significant changes. WHO has identified India as one of the countries that will experience a high number of lifestyle-related disorders in the coming years. India is already known as the global leader in diabetes cases. The most prevalent sedentary lifestyle disorders in India include obesity, hypertension, and heart diseases. According to a report by the WHO, the total number of deaths due to non-communicable diseases (NCDs) is 2,967,600, with 2,273,800 deaths in males and females respectively (WHO, 2011 as cited in Senapati et al., 2015).

Reports indicate that the age group most at risk is shifting from the fifth decade of life to possibly the fourth decade or even younger individuals. A sedentary lifestyle, characterized by a lack of physical activity, is a major contributor to preventable

deaths worldwide. This type of lifestyle puts physiological stress on the body, leading to an increased risk of conditions such as high blood pressure, abnormal lipid levels, high blood glucose, respiratory diseases, and obesity. These risk factors act together and have a synergistic effect on the body's metabolic processes (WHO, 2011; Willet et al., 2006 as cited in Senapati et al., 2015). The author stresses on the fact that it is now possible to easily achieve a healthy lifestyle through various interventions such as nutritional counselling, exercise training, de-addiction programs, regular medical checkups, and stress management techniques.

In the context of self-care in middle aged women, a qualitative study was conducted in Iran on the self-care behaviour of the 20 middle aged women. The study's findings encompass a primary category of preventive self-care behaviours, understanding of health and disease, health-related knowledge and recognition of health threats. The findings suggested that preventive self-care behaviours of these women were associated with their understanding about health and diseases and awareness regarding health risks. Preventive behaviour comprised of those strategies which women apply in their lives to enhance their physical and mental health (Ghaljaeli et al., 2017)

D. Body Image and Quality of Life

midlife brings in physical changes as a part of aging process. But often it leads to nonconformity between what they actually desired and their real image and this can have adverse effects on their health and quality of life (Cobo CMS cited in Medeiros de Morais MS et al, 2017). As per a cross-sectional study of 250 middle-aged women within the age group of 40 to 65 years, living in Brazil, who were evaluated with respect to body image and quality of life, 82% of women were found to be dissatisfied due to their overweight and 4% were unhappy due to having low weight. It was concluded that these women who showed overweight and underweight experienced worst quality of life as compared to those who were found to be satisfied with their body weight (Medeiros de Morais MS et al, 2017).

Midlife is characterised by a decrease in oestradiol during menopause which leads to a rise in fat mass. There seems to be an uneven distribution of fat in the body (Bea JW et al cited in Medeiros de Morais MS et al, 2017). There is a greater accumulation of

adipocytes that goes from the femur-gluteal region leading to mid-section (abdominal) widening (Fu X et al cited in Medeiros de Morais MS et al, 2017). Apart from these hormonal factors, lack of physical fitness, consumption of unhealthy food also are closely associated with midlife weight gain according to American Menopause Society (NAMS). These are clearly linked to one's lifestyle and behavioural factors in female aging (Bachmann GA et al cited in Medeiros de Morais MS et al, 2017).

During menopause, hormonal shifts, particularly in estrogen levels, cause physiological changes in women's body shape, including mid-section widening. Before menopause, women typically accumulate body fat in the hip and thigh areas, creating a 'pear-shaped' figure, while men store fat in the abdominal area, resulting in an 'apple-shaped' appearance. Menopausal symptoms, such as hot flashes, disturbed sleep, mood swings, and irregular periods, accompany these changes. According to Victoria Vieira-Potter, an associate professor of nutrition and exercise physiology at the University of Missouri, this physiological shift affects nearly all women as they age (Greendale, 2021 as cited in The Economic Times, 2022). Greendale and her colleagues figured this out as a result of a pre-post experimental study in 2021 among 380 middle-aged women in Boston and Los Angeles. According to her this visceral fat, concentrated deep in the abdomen, poses health risks like cardiac diseases, diabetes, and cancer. Referred to as "troublemaker fat," it can expand due to menopause, stress, poor fitness, unhealthy diet, and other factors. In contrast, fat deposited in the hips and thigh area appears to provide protection against diabetes and heart disease in women.

Women's bodies alter as they age, which might affect body image perception, but little is known about body image in midlife. One such study examined relationships between body image and depressive symptoms in Caucasian and African-American midlife women from the Study of Women's Health Across the Nation (SWAN). SWAN is a multi-ethnic, seven-site longitudinal study of women going through menopause. The study involved 405 women between the ages of 42 and 52. The cross analysis found that perceived beauty (r=0.51; p0.0001) and weight satisfaction (r=0.54; p0.0001) were significantly positively connected with body image satisfaction. Weight satisfaction and perceived attractiveness were also strongly associated (r=0.62; p0.0001). Women who were dissatisfied with their body image

were nearly twice as likely as those who were satisfied with their body image to report clinically significant levels of depressive symptoms (OR=1.91 (95% CI, 1.05, 3.48; p=0.04). Body image dissatisfaction and perceived unattractiveness were shown to be connected with clinically significant levels of depression symptoms in midlife women, according to the study. These findings imply that negative body image may be linked to depressed symptoms (Jackson KL et al., 2014).

There have been some studies that suggest that the menopausal transition is associated with negative body esteem (Mangweth-Matzek et al., 2013 as cited in Agnieszka, 2017). The consequences of menopause on hormones, emotions, and overall physical state have an impact on quality of life (Chiu, Moore, Hsu, Huang, & Chuang, 2008 as cited in Agnieszka, 2017).

In a study of middle-aged women (44-64 years) in Poland, body esteem was negatively linked to BMI and menopausal symptoms, but positively associated with optimism and global self-esteem. Global self-esteem correlated with Sexual Attractiveness and Physical Condition, not Weight Concern. This study aimed to explore factors influencing body esteem in middle-aged women, with BMI identified as a predictor, aligning with previous research (Mangweth-Matzek et al., 2013; Pilafova et al., 2007 as cited in Agnieszka, 2017). Women were more satisfied with their bodies when their BMI was lower. This supports the notion that BMI is one of the key factors on body satisfaction in both young and middle-aged women (Sira & White, 2010 as cited in Agnieszka, 2017). The study's findings suggest that menopausal symptoms are related to body image. Another key finding is that cultivating an optimistic mindset may aid in the development of self-esteem. This study has significance for the development of interventions for women in their forties and fifties.

Studies have shown that body dissatisfaction in women irrespective of their age, brings immense negative consequences as body image is highly connected with an individual's overall self-concept (Stowers & Durm; Webster & Tiggemann as cited in Peat et al, 2008). At the same time, a negative body image is linked with low self-esteem. Body dissatisfaction has its own risk factors in the form of various psychopathology including anxieties, disordered eating and depression (Forman & Davis, 2005; Jaeger et al., 2001; Klemchuck, Hutchinson, & Frank, 1990; Tylka,

2004; Woodside & Staab, 2006 as cited in Peat et al, 2008). According to Peat et al, body image as a construct is a multidimensional one that encompasses weight, shape and one's satisfaction level with their own appearance.

A survey of 1244 women (15-65 years) across twenty Indian cities revealed that 76% are influenced by media portrayals of beauty, leading to body shaming. About 90% believe films and TV mock those not conforming to beauty standards. Around 89% feel uncomfortable about themselves due to social media comments on appearances, with 67% expressing anger. Shockingly, 96% don't realize they engage in body shaming, contributing to psychological issues. The power of social media in diminishing others' worth based on body image and societal criteria remains largely unaddressed. It was found that around 89% of women undergo body image stress after reading the social media comments, as revealed by the survey. Body shaming is increasingly on the rise especially on social media which has a strong impact over the thought process of the viewers as opined by Dr. Samir Parikh, Director, Mental Health and Behavioural Sciences, Fortis Healthcare (Asian News International, 2019).

Body image is consistently a prime matter of attention, and it is frequently shaped throughout one's life irrespective of whether it is late childhood, teenage or youth. But when it comes to body dissatisfaction, it affects particularly the midlifers.

2.4.3 Psychological Dimension

According to Erik Erikson, a normal aspect of adult development during the middle years of life involves the question of whether one's life has meaning and purpose. This question typically arises in relation to various aspects of one's life, such as work, family, relationships, and spirituality. This marks the beginning of the Midlife Transition, a significant phase in which individuals reflect on the first half of their lives and align themselves with the realities of the second half. Midlife is seen as a stage in which adults achieve "full maturity" as their responsibilities become more complex. Modern theorists, including Jung, Erikson, Levinson et al., and Gould, have also focused on developmental conflicts during this period. While they do not emphasize the occurrence of crises in midlife, they acknowledge that unresolved developmental issues and tasks can potentially escalate into crises. Many scholars consider midlife transition as a period characterized by significant changes in

relationship dynamics, including marriage, the birth of children, the illness or death of a parent, retirement, and shifts in roles (Arnold & McKenry, 1996; Kruger, 1994; Waskel & Phelps, 1995 as cited in Palk, 2015). Other researchers have focused on internal changes, such as shifts in an individual's behavior, values, and identities (HudsonAllez, 1999; Vaillant, 1977 as cited in Palk, 2015), arguing that midlife transition necessitates addressing the emotions that may arise from these changes. Becker (2006 as cited in Palk, 2015) posited that the existential questions revolved around four fundamental elements: death, isolation, freedom, and meaning.

In contrast, Neugarten (1968) noted that the middle years of life signify a significant juncture characterized by the reorganization of one's perception of time, self, and mortality. Neugarten employed the terms 'time', 'change', and 'interiority' to describe the tendency of individuals to engage in introspection and self-assessment during this phase. Midlife is a stage of life that is characterized by a significant amount of introspection and self-evaluation (Neugarten, 1986 as cited in Ashford et al., 2001). Maslow discusses the inherent desire to express gratitude, which often manifests as a motivation to make positive contributions to society and the world (Maslow, 1962 as cited in Ashford et al., 2001). According to various adult developmental theories, midlife can be a challenging period that necessitates numerous adjustments. The need to adapt to new roles, engage in profound self-reflection regarding personal achievements, and search for new sources of meaning can potentially lead to psychological risks (Ashford et al., 2001).

A. Menopause: The Psychological Dimension

Menopause brings with it lot of changes which affect the emotional stability of women. The physiological changes also lead to psychological changes which may continue even after menstruation has ceased. Some of the major disturbing feelings evident among menopausal women are feelings of losing feminine characteristics and appearance, beauty and vigour because of physical and hormonal changes. They become quite hostile, depressed, self-critical, feelings of guilt conscience sometimes marked with ***climacteric*** neurosis and psychosis. They find it highly difficult to cope with their physical changes, facing irritability and low self-esteem/ image. It is said that those who make a good adjustment in terms of psychological reactions to menstruation at puberty, are able to cope better with menopausal symptoms.

Usually, women during this phase are unwilling to accept that they are growing old, and no longer have youthful appearance. Some as a result try to compensate these things by dressing youthfully, resorting to emotional dependency etc. While some turn to be remorseful and pessimistic. Hurlock (1980) talks about the psychological adjustment a menopausal woman has to make with the new changes of life. They become rebellious against accepting the very fact of getting old. As per Ashford (2001), "Women undergo feelings of unfulfilled potential, worthlessness or satisfying their suppressed desires."

The psychological effects of menopause vary among individuals, and the specific differences remain unclear. According to Apter (1995, as cited in Ashford et al., 2001) menopausal psychological effects are subjective experiences with some experiencing increased energy, confidence, and passion. However, uncertainties exist about episodes of depression or irritability during menopause, as aging itself introduces mental stressors (Ashford et al., 2001). Every woman experience menopause in a unique manner, and not all women face psychological challenges during this phase. The experience varies based on the individual's attitude and interpretation, whether it is positive or negative, towards menopause. If a woman perceives this transition as one among several other life changes, she may not encounter significant difficulties. Additionally, her optimism may stem from the relief of no longer having to deal with menstruation or concerns about pregnancy (Dan & Bernhard, 1989 as cited in Ashford et al, 2001).

According to Zastrow (2001), Menopause is usually a stage marked by an era in a woman's life when they have reduced biological capacities but increased social responsibilities. As an evaluation of the application of Levinson's theories to women, Levinson and Levinson (1996) as cited in Zastrow (2001) conducted a study in which 445 women (in their Midlife) were interviewed. Menopausal women experience predictable, age-related changes, that coincides with middle age, creating challenges. The study highlights hardships for homemakers and career women, including unfulfilled dreams, children leaving home, traumatic experiences, marital difficulties, and complications in personal relationships.

Osinowo HO (2003) conducted a study on the psychosocial factors related to perceived psychological health, perception of menopause, and sexual satisfaction in menopausal women. About 45 female participants from Ibadan participated in the study. The study focused on attitude towards sex-role, self-image, and marital satisfaction as factors affecting psychological health, perception of menopause, and sexual satisfaction in women going through menopause in Ibadan, Nigeria. According to him, post-menopausal women reported better psychological health compared to pre-menopausal women. However, there were no significant differences in their attitude towards sex roles. Post-menopausal women had a more positive attitude towards sex. The study also found that educational level and social support were predictors of a positive attitude towards sex. Marital satisfaction was found to significantly predict better sexuality.

In a study involving 60 menopausal women and their spouses, their attitudes towards menopause were assessed through a range of variables. Another important aim of the study was to understand the relationship between menopausal attitudes and the menopausal symptoms experience. The results showed that both of them had a positive attitude towards menopause. It was also found that women who already had a negative perception towards menopause reported severe menopausal symptoms. It also reported that the scale of severity of menopausal symptoms might be associated with the attitudes of their spouses towards menopause (Aksu et al., 2011).

A research study on Emirati women titled "Psychological Symptoms and Attitudes towards Menopause among Emirati Women" found that menopausal women experience a variety of psychological symptoms compared to premenopausal women. These symptoms include difficulties with memory, alertness, concentration, depression, anxiety, insomnia, fatigue, irritability, and high levels of stress. These symptoms can significantly impact their quality of life and ability to cope (Wilbur et al., 2006).

The primary treatment options for mood-related disorders in middle-aged women are typically medication and cognitive behavioural therapy. These options have been thoroughly evaluated and proven to be effective. Additionally, transdermal estradiol may be used as part of the treatment plan, but its effectiveness in preventing

psychological symptoms during midlife has not been fully tested or confirmed (Soares, 2020 as cited in Ali et al., 2020).

In a recent cross-sectional study, about 18.4% of middle-aged women in Canada were reported having depression. Those women who experience menopause before the age of 40 years showed highest incidence of depression and in a Turkish study, menopausal women through Beck depression inventory revealed that about 27.5% of them have depressive disorder. 54.1% of women held negative attitudes towards this transition. Women who reported low depressive symptoms and a positive attitude towards menopause revealed better positive body image scores (Erbil, 2018).

Ms. Sudha Sharma and Ms. Neha Mahajan did a cross-sectional study on Menopausal symptoms and its effect on quality of life in urban versus rural women in Jammu, India. 490 urban and 380 rural women participated in the study. The somatic, psychological, and urogenital symptoms were found to be high in rural women than in urban women. The rural women showed a considerably low QOL in the psychological, social, and the environmental domains of the WHO QOL questionnaire when compared to their urban counterparts and the results were statistically significant. Rural women were more from low socio-economic status, whereas the women living in the urban area were having more reach and accessibility to social, cultural, or economic activities. In contrast, women in rural areas are more labile to a diminished self-esteem at the end of their child-bearing age. Symptoms were found to be more severe among the rural women whereas the quality of life in the urban setting was better than in rural women (Sharma & Mahajan, 2015).

Another study, by Ms. Manisha Kale (2014) was on the "Psychological Distress of Menopausal Married and Unmarried Women in Relation to Physiological Symptoms", life events, and social Support". The sample of 400 menopausal women was selected randomly and the data revealed that physical problems are usually of minor concern for most women but psychological difficulties arising due to her inability in coping with the aging process are invariably linked to the socio-cultural environment and situations of the society where she lives in. She stated that psychological problems such as depression was something that needs a particular study to go beyond women's hormonal influence during the middle age and most

importantly a life-course approach is necessary to understand the emotional distress in women during menopause or middle age.

The average menopausal attainment age in India is estimated to be 46.2 years as compared to 51 years in western countries. Menopausal transition has a wide impact over woman's life affecting their health, mental health, well-being and overall quality of life. Around 33% of menopausal women have withdrawn from their social life due to its unpleasant symptoms (British Menopause Society Fact Sheet). Besides physical symptoms, they also suffer from psychological and emotional symptoms like depression, anxiety, sleep disturbances and fatigue. They also become vulnerable to mood swings or disorders, increasing their irritability, poor concentration or brain fog, low self-esteem which drastically affects one's coping abilities too (Monteleone et al.,2016).

Some of the steps suggested to cope with the emotional distress of menopause are breaking the silence which involves openly speaking about it with family or friends to seek support without causing much delay. Family as a vital support system to cope with such stages of life by making one feel less lonely. There are various kinds of treatments available to cope the symptoms related to menopause. One can also seek help from medical practitioners to deal with the challenges of menopause (Namazi et al., 2019_as cited in Abbott Newsroom, 2022). Mental health repercussions are common among menopausal women as it can have a wider impact on our day-to-day life by influencing our mood, lack of motivation, stress and other mental health problems (Monteleone et al., 2018 as cited in Abbott Newsroom, 2022).

Generally, psychological complaints seen among the Indian women during their menopausal phase include, loss of confidence, depressed mood/sadness, irritability, forgetfulness, difficulty in concentrating, panic attacks and anxiety (Borker SA et al., 2013 as cited in Agarwal et al., 2018). One of the empirical studies was carried out in Gwalior, Madhya Pradesh, India among the menopausal women in the age group of 40-60 years 150 menopausal women. The major psychosocial problems assessed were depression, irritability, mental stress and anxiety. Among the women who suffered from psychological problems about 61% reported of having physical and mental exhaustion, 48% anxiety, 45 depression. Common psychological symptoms in

menopausal women were identified in the study. It showed that women often attribute biopsychosocial issues to age-related illnesses rather than recognizing menopause as the primary cause during midlife.

In another study, the prevalence of menopause related symptoms was found to be 87.7%. Majority of the subjects suffered from anxiety (80%), mental and physical distress (71.5%), sleep problems (61.2), joint and muscular discomfort (56%) and heart problems (64%). Especially the psychological symptoms attributed about 70.8% towards poor quality of life among them (Kalhan et al., 2020). As per their study findings, Afshar and team found that, majority of these middle-aged women indicated poor sexual activity. It was interesting to note that women who had a positive body image experienced higher sexual function, as compared to women with a negative body image (Afshari et al, 2016).

During menopause, neurotransmitter imbalances, including serotonin, norepinephrine, dopamine, and GABA, play a crucial role. This leads to unpredictable mood swings and a surge of emotions, including happiness, stress, anxiety, fear, and depressive feelings. Women often revisit unresolved issues from the past during this phase, intensifying the impact of menopausal challenges on their physical and emotional well-being (Goswami, 2013).

B. Body Image and Depression

In a cross-sectional study on body image and depression involving 405 African - American and Caucasian women between the ages of 42 to 52 years, the results showed that those women who were dissatisfied with their own body image ultimately were at a greater risk of depressive symptoms as compared to women who were satisfied with their own body image.

Slade (1988), as cited in Jackson et al (2014), defines body image as “the picture we have in our minds of the size, shape and form of our bodies”. In the process of aging, women witness several dramatic changes in their bodies (Sowers et al., 2007 as cited in Jackson et al., 2014). These bodily changes can have a negative impact upon their body image perception and also their satisfaction level (Deeks, 2004 as cited in Jackson et al, 2014).

Studies have shown that there is a positive association between body esteem and the level of happiness which implies that an individual's body image is a significant contributor to her happiness level, which is more evident in women irrespective of any age (Strokes and Frederick, 2003 as cited in Afshari, 2016). Few other studies have shown a correlation between depression and obesity too, which has a direct impact upon a middle-aged woman's self-perception about her body (Zeighami and Mojdeh, 2009 as cited in Afshari et al., 2016).

Puberty, pregnancy, and the onset of menopause are significant stages in a woman's life that bring about physical changes and symptoms which can greatly impact her perception of her own body. The alterations in appearance and bodily functions that certain women experience can alter their thoughts and emotions regarding their physical selves (Chrisler & Ghiz, 1993 as cited in Erbil, 2018). The body of a woman can undergo various changes during menopause, including alterations in shape and weight, experiencing heavy and unpredictable bleeding, disruptions in sleep due to night sweats, and physical signs of aging like changes in skin, hair, and sexual function (Pearche et al, 2014 as cited in Erbil, 2018). A woman's experience during the menopausal transition will be determined by her attitude towards the changes. (Ayers et al, 2010 as cited in Erbil, 2018). These are shaped by the cultural standards of her background and current surroundings (Freeman & Sherif, 2007 as cited in Erbil, 2018).

C. Self-esteem and Body Image during Midlife

Self-esteem is a self-assessment or perception of how much we feel we are worthy and to what extent people value you or consider you worthy. This is an important part of our personality as feeling good about oneself has a positive impact upon our mental health and our day-to-day behaviour and conduct. Those who have high self-esteem have been found to have better self-awareness and they tend to be realistic too. They attract people who value them and admire them for who they are. They feel that their life is very much in their control and are aware of their strengths and weaknesses (Goswami, 2013). When it comes to well-being of a person, self-esteem plays a significant role. It is an essential component of well-being of an individual. It makes an individual believe that he/she is good enough and is being valued (Sowislo & Orth, 2013). Recent studies on physical activity and self-esteem during menopause have

revealed that physical self-esteem was very much related to body attractiveness and physical stamina. Some studies also suggest that one's body esteem may be associated with one's global self-esteem too (Dabrowska J et al., 2015 as cited in Dabrowska M and Dabrowska J, 2021).

Cultural and societal perspectives strongly shape a woman's body image, particularly emphasizing the thin-ideal standard in Western cultures. This standard equates a woman's worth with youthfulness and thinness, impacting her perceived status, value, and power (Fredrickson & Roberts, 1997 ; Saucier, 2004 as cited in Kilpela et al., 2015). In a society that values or promotes unreasonable standards of beauty even in the case of young women, the physical changes in terms of aging that takes place in the older women would go against the societal ideal for feminine beauty (Saucier, 2004 as cited in Kilpela et al., 2015). Such an unrealistic expectation or societal standards has led to expression of anxiety and insecurities about aging and its effect on appearance among middle aged women (Barrett & Robbins, 2008 as cited in Kilpela et al., 2015).

It is often found that menopausal women suffer from a negative body image which directly co-relates with their low self-esteem (Ayers et al., 2010). One can evidently experience such a situation when a middle-aged woman confronts the mirror and measures her own physical status which directly determines her self-esteem too.

Various research studies on the same area that tries to understand the association between fear of aging and body dissatisfaction has led to the common findings that the greater the aging anxiety the higher would be the body dissatisfaction among the women (Gupta, 1995; Gupta & Schork, 1993; Lewis & Cachelin, 2001; Midlarsky & Nitzburg, 2008 as cited in Kilpela et al., 2015). Studies have revealed that there is a strong relationship between their BMI and their satisfaction with their body esteem which implies that when there is a change in the body due to menopausal transition, women have to face a decline in their self-esteem too (Linde et al., 2006).

Studies show that the more active middle- aged women are, the better was found their body esteem and global self-esteem level, thus establishing physical fitness to be a significant contributor towards better self-esteem (Dabrowska J et al., 2015;

Sonstroem et al., 1994). A longitudinal study evaluating the exercise and self-esteem mode in middle-aged women also showed that women with lower BMI reported a higher level of physical self-worth, which was related to global self-esteem (Elavsky, 2010).

A previous study by Elavsky et al. (2007) involving middle-aged women in a 4-month randomized experiment with yoga exercises and walking revealed that these women experienced a small improvement in their self-esteem in the walking and yoga groups in comparison to the control group. The study found that low-intensity activities like yoga or walking positively impact self-esteem in middle-aged women. Higher physical activity levels were associated with better self-esteem. Incorporating physical activity into the lives of middle-aged women could enhance their mental health, but further research with a larger sample is needed (Elavsky et al., 2007 as cited in Dabrowska-Galas & Dabrowska, 2021).

D. Body Image and Sexuality During Midlife

Body image during menopause has a strong association with sexuality during midlife as it is an individual's perception about the sexual attractiveness of his or her body that has a critical role to play in sexuality of that individual. This perception consists of thoughts, beliefs, feelings about one's own physical appearance. There have been various studies that shows association between a negative body image and depression during midlife. Body image plays a central role in an individual's marital and social life, impacting the quality of life itself.

Body image is an individual's perception of the aesthetics or sexual attractiveness of his/her body. In fact, there is a relationship between depression and negative body image. An individual's social and marital function, interpersonal relationships, and quality of life can be affected by negative body image (Simon GE et al., 2008). In one of the studies on body image and sexual functioning, a cross-sectional study involving 437 middle-aged women was conducted in Iran during 2014–2015. The study explored the impact of body image on social, marital, and interpersonal aspects, focusing on sexual satisfaction and function during midlife. Findings showed 58% satisfaction, 35% dissatisfaction, and 7% moderate dissatisfaction with body image. Body image had a significant negative association with sexual satisfaction and

function, influencing sexual desire, pain, arousal, orgasm, and overall satisfaction. Positive body image correlated with better sexual function, emphasizing its importance in sexual health (Afshari et al., 2016). Few studies on body image of middle-aged women have asserted that a positive perception about one's own body may enhance sexual satisfaction and also self-confidence of middle-age women (Woertman and Van den Brink, 2012 as cited in Nazarpour, 2021).

Women in midlife experience feelings of insecurity about their social attractiveness as they age. To find satisfaction in their marriages, they prioritize emotional closeness and intimacy (Lodge & Umberson, 2012 as cited in Kaur, 2020). The decline in sexual interest can be attributed to physical changes during menopause (Patricia & Phyllis 2002 as cited in Kaur, 2020). Women perceive sexuality as a complex and holistic experience, which is influenced by their life experiences. Midlife women often feel vulnerable and frustrated with their aging bodies, particularly in relation to their sexuality (Banister, 1999 as cited in Kaur, 2020). Accepting the aging process can be challenging for them (Saucier, 2004 as cited in Kaur, 2020).

A qualitative study undertaken in Iran has demonstrated that many women there, perceived menopause to be the termination of their sexual life (Rimaz S, 2013). Cultural influences significantly shape a woman's perception of menopause, associating terms like "losing femininity" with changes in gender roles. Women express concerns about social interactions during menopause and believe that it impacts their femininity. The need for culture-specific health services during menopause is emphasized to address these concerns effectively.

In a study with 1026 middle-aged women, negative body image and menopausal symptoms predicted poor health-related quality of life in midlife. Sexual and relationship satisfaction positively impacted mental health. Bodily changes during menopause significantly influence a woman's body perception (Karacam et al., 2007 as cited in Chang et al., 2019). Lack of physical fitness, urogenital issues, negative self-image and depressive symptoms were some of the common issues experienced by women with sexual displeasure (Chang et al,. 2009 as cited in Chang et al,. 2019). The quality of perception about body image has a significant impact upon a woman's self-esteem and her confidence level during the midlife and later years of her life (Greene, 1998 as cited in Chang et al., 2019).

A study with 367 middle-aged adults found a positive correlation between quality of life, body image, and sexual quality of life, while depression showed a negative correlation. The study suggests nursing interventions to enhance positive self-image, sexual quality of life, and cope with depression in middle-aged adults for better overall well-being (Jeong & Sook, 2015).

There have been ample studies related to body image and its critical role in sexual health from the western perspective especially in the context of women. But when it comes to India, studies are limited to certain variables such as weight, body mass index, eating disorders. Therefore, this area has much scope to be explored further, since study on midlife is incomplete without a glimpse into this particular area. Aging, declining physical appeal, and anxiety are interconnected, with middle age being a critical period marked by physical changes that may trigger anxiety about losing youthfulness. Negative body image can lead to body shame and anxiety, especially when comparing oneself to younger individuals. Positive body image contributes to activities enhancing quality of life. Anxiety affects sexual satisfaction, leading to avoidance of sexual activities due to perceived decline in physical appeal enjoyed during youth (Dundan & Rellini, 2010 as cited in Das & Raman, 2019).

In one of the reviews on sex and aging, Kaplan came to a conclusion that men and women who were generally most physically fit and healthy usually remain sexually active even in the later years of their life. It was found that the primary partner associated sexual function was the only unaffected aspect in this study emphasizing upon the importance of a partner at menopause (Omidvar et al., 2011 as cited Meeta et al., 2021).

A study on perimenopausal and menopausal women (129 menopausal, 112 premenopausal) aimed to understand the relationship between sociodemographic factors, physiological aspects, and sexual function. While sociodemographic factors didn't impact sexual function, postmenopausal women showed increased urgency related to vaginal atrophy. Overall sexual function scores were significantly lower in the menopausal group ($P < 0.001$). Perimenopausal women scored higher in sexual interest, satisfaction, vaginal lubrication, and orgasm. The study, supported by the Indian Menopause Society, concluded that sociodemographic factors don't impact

sexual function, emphasizing the importance of tailored psychosocial counselling and education to address menopausal women's sexual well-being (Meeta et al., 2021). Beautiful women from their younger days often face emotional challenges in accepting the reality of aging, struggling with the loss of attention and adoration they once enjoyed. Unlike ordinary women who may have accepted their appearance earlier, the self-worth of these women is closely tied to their perceived attractiveness, leading to a resistance against aging and a desire to maintain appeal.

As Crawford (1984 as cited in Goswami, 2013) has rightly put it, bodily aspects, features and appearance etc are powerful markers that create social definitions of the self and the role. Physical appearance creates one's own body self-image i.e., how one sees himself or herself and also how others perceive their looks. It has been observed that women who do not believe in measuring one's self-image or self-worth in terms of one's beauty or appearance, do not get affected or impacted by the aging process.

In the Indian context, the most commonly seen issues with ageing are that it robs off a woman's powerful role as an individual once her son gets married. She may start doubting her own self-worth as she observes a younger woman replacing her and becoming the anchor of the house on the pretext of aging and the age-related inadequacies in her. In middle age, women undergo various transitions in appearance, functions, and household roles, leading to potential feelings of insecurity and worthlessness. If not positively addressed, these feelings can impact a woman's psyche, affecting her relationships and self-worth. Despite menopausal changes, women often report increased enjoyment of sexual activity after menopause, as concerns about pregnancy diminish. The continued production of male sex hormones post-menopause contributes to sex drive, muscle tissue maintenance, and overall well-being, with women in developing countries, including India, expressing appreciation for this phase. Women in the developing countries and especially in India have been reported to have appreciated this phase called menopause (Flint and Samil 1990; Singh and Arora 2005; Gupta et al. 2006 as cited in Goswami, 2013), as she is able to enjoy a new sphere of freedom in the context of sexuality. In some Indian communities, women view sex and sexuality as less significant post-menopause, associating menstrual bleeding with a cleansing process that ends with menopause, leading to feelings of weakness and diminished significance. This perception

contributes to a sense of loss of femininity, impacting confidence and self-esteem. In a study on middle-aged and older women (40 years and above), the findings suggest that during midlife, there is no direct correlation between body self-image, moods, and self-esteem. While women may experience mood-related issues due to perimenopausal symptoms, they exhibit high self-esteem, possibly attributed to their improved role in handling responsibilities and increased confidence during this life stage in the Indian context. Various physiological and emotional changes aggravate these feelings such as reduced physical capacity, loss of interest in social life, loss of sexual interest and stamina, sense of loosing youthfulness and other depressive feelings associated with menopause (Kaulagar, 2010 as cited in Goswami, 2013). In one of the studies, most of the respondents showed satisfied sexual life which also justifies for their high scores in body self-image, mood and self-esteem (Goswami, 2013).

E. Cognitive Health and Information Processing

Schaie's series of studies has transformed the understanding of cognitive development in middle age. These studies showed that verbal ability reaches its peak during midlife (Schaie & Strother, 1968 as cited in Ashford et al., 2001). Intellectual functioning remains stable in middle age, with a decline typically setting in after the age of 60. Certain abilities, such as numerical computations and spatial reasoning, may decline with age, and women generally exhibit somewhat better reasoning abilities. Additionally, fluid intelligence tends to decrease during midlife, while crystallized intelligence increases, influenced by various life experiences.

In a population study that included 212 individuals aged 45-55, both men and women underwent clinical and cognitive testing as well as hormonal assessments. The results showed that women in their early midlife performed better than men of the same age in all memory tests, but the differences between sexes were less pronounced for postmenopausal women. The ability to learn and retrieve memories was especially affected, while the ability to store and retain memories remained intact. These findings highlight the importance of the decrease in estrogen production during midlife and its impact on memory function (Rentz et al,.2017).

In a longitudinal study in Taiwan with women aged 40-54, those entering perimenopause showed no significant cognitive decline compared to premenopausal

women, except in verbal fluency. On average, perimenopausal women had 1.3 fewer items in verbal fluency measures during the follow-up, suggesting limited cognitive impact during the menopausal transition (Ling Fuh et al., 2006).

Studies, such as the ongoing Women's Health Across the Nation (SWAN) since 1996 with 3302 menopausal women, have not established a clear link between estrogen levels and cognition. However, these studies indicate that menopausal women may experience a decline in cognitive abilities, especially in learning, during their midlife transition (Greendale et al., 2009). Another study that has shown that the presence of estrogen hormones in women has a notable impact on the cognitive processing and neural functions of the brain. As women enter middle age, they may start to notice a gradual and subtle decline in cognitive abilities. However, the connection between reduced estrogen levels during menopause, hormone replacement therapy (HRT), and the risk factors for cognition and dementia is unclear and contradictory (Conde, 2021).

Another similar study by Kilpi et al (2020) involving 2411 middle-aged women from United Kingdom, revealed that during the perimenopausal period, the processing speed as well as immediate and delayed verbal episodic memory of women tend to decline. Various studies have also reported that consistent estrogen exposure would result in a better state of cognitive health (Georgakis et al., 2016).

In the MIDUS (Midlife in the United States) Study, it was revealed that individuals who enjoyed supportive social relationships, exercised regularly and focussed on physical fitness and were positive about midlife discipline were found to be maintaining better functional health as well as cognitive abilities over a period of 10 years. The more positive they were, the better their quality of life was found (Lachman & Agrigoroaei, 2010). One such similar finding was revealed in the whitehall longitudinal British study which showed that healthy life-style patterns during midlife can lead towards better health and cognitive functioning in the later stages of life (Sabia et al., 2012).

Severe effects on the cognitive abilities of middle-aged women were studied in which severe neuroplastic illnesses such as cognitive decline due to Alzheimer's disease, which often gets misinterpreted as a part of normal aging process were investigated.

This effect on the cognitive abilities often goes unnoticed and uncared for which can perhaps lead to more serious and irreversible health issues (Casaletto et al., 2019 as cited in Ali et al., 2020).

n a study by Mitchell and Woods (2001), women in the Late Reproductive and Early MT stages, as well as hormone users, faced more memory difficulties, particularly in verbal memory. Around 72% reported occasional issues with names, and 50% had challenges with various memory aspects. While not severe, these problems were associated with lower health ratings and increased feelings of depression. Memory problems correlated with higher stress levels, often attributed to fulfilling multiple roles. Women, averaging 47 years, linked memory changes to factors like increased responsibilities, aging, health issues, hormonal changes, concentration difficulties, and emotional factors (Mitchell & Woods, 2001 as cited in Woods & Mitchell, 2016).

F. Attitudes and Emotions

Midlife brings both rewards and challenges, with middle-aged women feeling overwhelmed by the awareness of limited time and the need to accomplish much. The period prompts self-reflection on life choices, accompanied by emerging physical changes like memory loss, highlighting the harsh reality of aging. These experiences challenge the fundamental human need for control. Research emphasizes that the feeling of being in control is crucial for health and well-being at midlife (Lachman ME et al., 2011; Lachman, Rocke, and Rosnick, 2009, as cited in Lachman et al., 2015). Despite this, midlife becomes a period where many feel out of control and helpless, leading to significant stress in middle-aged women (Lachman ME et al., 2011; Dickerson & Kemeny, 2004, as cited in Lachman et al., 2015).

The most important question to be addressed is whether the emotional symptoms, changes in cognitive processing and somatic complaints are all associated with the deficiency of oestrogen during the menopausal period or is it caused by various psychosocial factors including life-style aspects that indicates or predicts the menopausal well-being of women (Greene and Cooke, 1980; Avis et al.,1997 as cited in Barth et al.,2000). Researchers suggest that the psychological well-being of a group mirrors its sociocultural expectations. Psychosocial factors, coping abilities with midlife changes, aging, and stress are key indicators of well-being. Women's

perceptions of menopause shape their experiences, with a positive attitude linked to better outcomes, contradicting the deficiency-disease model (Gannon and Stevens, 1998; Groeneveld et al., 1993 as cited in Barth et al.,2000). Women have also been found to hold positive outlook about maintaining their femininity and sexuality after menopause (Leiblum and Swartzman, 1986 as cited in Barth et al.,2000).

Studies have focused deeply on the childhood aspects that has a major influence on the well-being during adulthood as well as the personality effects of personality (Hampson et al, 2013 as cited in Lachman et al, 2015). Miller et al talks about a "biological embedding of childhood adversity" model which says that stress during sensitive periods of life has an influence over the body functioning at later stages in the form of inflammatory responses and poor self-regulatory functions (Miller et al, 2011 as cited in Lachman et al, 2015).

One of the striking psychological features of middle adulthood is the change in time perspective as proposed by Neugarten. There is a perceptional shift from 'time since birth' to 'time left to live' in middle aged individuals. There is a sudden onset of realizations that their future would not give them flexible options as they once used to enjoy in their youth and that it will be now more challenging to set new goals and ambitions at this age. There is a constant feeling of being stuck with the choices of their past and being trapped by the varying demands and duties thrown by one's professional world or family life (Neugarten, 1968 as cited in Freund et al., 2009).

Freud was pessimistic with regards to the prospects of midlife development among women and he suggested that by age 30, women ''often frighten us by her psychical rigidity and unchangeability'' (Freud, 1965, as cited in Steward et al., 2001). Some believe that change is possible for men and women during their midlife journey, and they have demonstrated that the change that occurs is characterized by increased competence (Helson, 1997 as cited in Steward et al., 2001). There are some who describe it as a shift that initiates a long-term decline in one's life (Clausen, 1986; Levinson, Darrow, Klein, Levinson, & McKee, 1978; Schaie & Willis, 1986; Troll, 1985 as cited in Steward et al., 2001). There has been a widespread assumption that middle-age brings in a long period of downturn that leads towards death and that this period will be associated with rise in thoughts about death and mortality (Becker,

1973; Clausen, 1986; Jacques, 1965; McAdams, 1985 as cited in Steward et al., 2001). There is also a drop in the perceived physical as well as psychological capacities (Clausen, 1986; Levinson et al., 1978; Schaie & Willis, 1986; Troll, 1985 as cited in Steward et al., 2001).

Midlife in certain individuals may also involve erotic fantasies, weird obsessions, dependencies, mood shifts and marital disruptions. There is a dire need in some to cut off from the usual norm and explore something new. Middle age is always not about crisis as they term it, these stresses of midlife may lead the individual to resolve his/her unresolved aspects of the past life while at the same time take them towards altogether a new and unknown future. Midlife transition does not always lead to disequilibrium as often there are individuals who are able to accept and embrace the next stage of adulthood with dignity through a wise choice of life goals, self-reflections and re-evaluation. Careful planning and decision making with regard to new directions in life enable them to move towards self-growth and evolution. There is a process of self-realization that alters the way one feels and perceives about life which includes better emotional management or regulation (Magai and Halpern, 2001 as cited in Rawat & Srivastava, 2020).

A longitudinal study was conducted on 261 Australian-born women in the age group of 45-55 years to examine whether the patterns of worries about aging tend to change in women during their menopausal years. The data revealed that 36% of participants did not undergo any attitudinal change during the 5-year follow-up period. About 30% of them became more worried and 33% became less worried. There was no significant association found between the attitude towards aging scores and scores of changes in the self-rated health, work status and marital status. It was concluded that the menopausal changes do not induce rise in worries about aging (Netz et al., 2005).

The attitude about aging prevailing in the ageist and sexist society has a great influence upon women's emotional well-being across adulthood. However, this scenario has received limited attention in terms of research. If researched well, their experiences can help in revealing the prevailing patterns on aging that has intrigued several scholars in this regard (Barretta & Toothman, 2016). In a study on Turkish menopausal women, 54.1% showed a negative attitude toward menopause, with 27.5% borderline depressed. Women with positive attitudes had higher positive body

image scores and lower depression rates, emphasizing the role of attitude in shaping the menopausal experience (Ayers et al, 2010 as cited in Erbil, 2018). Ayers et al. observed that women who generally had a positive disposition of mind and attitude towards menopause tended to perceive this change as a natural part of a woman's life. The cultural aspects and the present environment too impact their menopausal experience (Freeman & Sherif, 2007 as cited in Erbil, 2018).

Few observations from the studies from different countries showed that 78.79% of Pakistani postmenopausal women experienced a kind of liberty when their menstruation came to an end (Nusrat et al, 2008 as cited in Erbil, 2018). About 57.8% of Turkish women with an average age of 30.06 years old had a negative attitude towards menopause (Erbil et al, 2012 as cited in Erbil, 2018). One of the previous studies by Berger revealed that the reasons behind women's negative attitudes towards menopause were mainly due to the loss of sexuality and attractiveness during this period (Berger, 2018 as cited in Erbil, 2018). The study concluded that optimistic women enjoyed a more positive body image and experienced lower depressive symptoms as compared to others who were pessimistic. Likewise, the results showed that body image and the menopausal attitudes of women who embraced menopause naturally were found to be more positive than those who had undergone surgical menopause. Providing timely and accurate menopause information to women is crucial for fostering a positive attitude. Monitoring women with pre-existing depressive symptoms during menopause is essential, emphasizing the need for mental health vigilance. Encouraging diverse activities during menopause can enhance attitudes, body image, and aid in managing depressive symptoms.

In a qualitative study involving 23 Iranian middle-aged individuals, health emerged as a primary concern, outweighing financial uncertainties, perspectives on aging, and planning for productive time management, which were perceived as less priority areas. According to the researchers, preparing for healthy aging is a multidimensional concept. Embracing healthy lifestyle habits is crucial for promoting overall well-being in aging. This includes maintaining physical activity, a balanced diet, regular health checkups, avoiding unhealthy habits, managing weight, and ensuring timely eye examinations. The study highlights middle-aged women expressing concerns about aging, particularly fearing dependence on others (Solhi et al., 2022).

Prof. Sabiha Hussain (2018) in her study on the middle-aged women, "A Situational Analysis of Psychosocial Wellbeing of Middle-Aged Women" (45-65 Years) in Delhi-NCR" found that 72% of those women expressed positive self-perception, 17% displayed negative attributes, and 11% lacked self-awareness. The concept of self was challenging with women often associating with caregiving roles. About 12% wished to be good mothers, wives, and homemakers, while 22.5% identified with traditional family roles. Family well-being was central to their self-worth, emphasizing their roles as mothers and wives. Others defined their self in terms of societal contributions, with positive attributes like being good (61%) and being independent, responsible, and strong headed (17%). This position that she takes, becomes a matter of her self-worth too. She tends to value her worth in terms of her self-assessment as a good mother and wife. The study found that women's biological age doesn't hinder their ability to break social barriers and assert themselves. Many homemakers demand autonomy and recognition for their unpaid work. Women in midlife become more aware of their preferences and grapple with past unresolved hurts, declining energy, and physical ailments, posing biopsychosocial challenges to well-being. Interventions addressing their physical, social, and psychological concerns are crucial. The awareness of mortality intensifies midlife crises as women feel time is limited for achieving their dreams and goals. Middle-aged women may face certain mental health issues, which might put them at a greater risk for developing mental health disorders too. This midlife period is a crucial stage between young adulthood and old age (Sharifi et al., 2014). According to Ballinger (1987), there are various somatic as well as emotional changes that occur often during women's midlife, such as mood swings, fatigue, irritation etc. affecting her mental health to a larger extent (Ballinger, 1987 as cited in Chavez, 2021).

Parker in her study emphasizes upon a Group Curriculum encompassing a psychoeducational supportive women's group process for middle-aged women that combines multiple therapeutic strategies such as mindfulness intervention, positive therapy and narrative therapy. This holistic approach aids women in gaining a deeper self-understanding, fostering growth and wisdom as they age (Parker, 2016).

2.4.2.7 Identity Crisis

Midlife is a period that is characterized by an intensive self-evaluation of their lives, of their losses and overall benefits. While for some it might be a period of midlife crisis whereas for others there is a process they often engage in, called life review. There is a consistent search for identity, efforts and attempts towards affirming their own being or identity, independent of their family. It is usually done through education, new career shifts or beginning a career etc. such women who are found to be embarking upon new such beginnings are both psychologically and physically healthier than those who are just struggling to maintain or reduce their career involvement (Etaugh & bridges, 2006 as cited in Rawat & Srivastava, 2020). While some middle-aged women remain satisfied with traditional roles, others harbour restlessness about unfulfilled educational and career dreams. Those vocal about regrets and take steps toward modifications experience better psychological well-being than those who don't. Identity development during middle adulthood is crucial, with prior accomplishments shaping later psychological health. A positive association exists between midlife self-esteem and life satisfaction in women. In brief, accomplishments of previous developmental stages set the stage for her later psychological health (Stewart and Vandewater,1999 as cited in Rawat & Srivastava, 2020).

Midlife entails relationship changes like divorce, widowhood, and remarriage. While divorce can bring independence, it may lead to psychological issues and financial crises. Widowhood may cause emotional trauma and financial struggles. Parental role changes involve evaluating life, focusing on new beginnings, and contributing to the community. As mothers, women shift to advising and supporting adult children, often strained by financial dependency. They become caregivers for elderly family members and emotional support for grandchildren, impacting mental and physical health. The challenges and rewards of this role shift affect the well-being of middle-aged women (Etaugh & Bridges, 2006 as cited in Rawat & Srivastava, 2020).

A study comparing the mental health of middle-aged working and non-working women in India found that non-working mothers experienced greater parenting responsibilities and loneliness, along with lower life satisfaction. Non-working women exhibited a swifter aging process. Desire for personal establishment and

identity creation was more evident in non-working mothers, while regrets regarding achievements, aspirations, and hobbies were lower compared to working women. The concerns observed indicated a stronger influence of midlife crisis among non-working women. Non-working women showed higher mean values for anxiety and depression compared to working women. These findings highlight the distinctive biopsychosocial transitions experienced by women during middle age, with non-working women facing slightly more challenges and crises than their working counterparts (Salma, 2012). This study aligns with previous research on midlife challenges for women, reaffirming differences in mental health between working and non-working women. Cultural background and menopausal adaptation are suggested determinants, with professional engagements possibly serving as a distraction for working women. Non-working women, lacking such distractions, may face challenges more directly.

A study compared identity crisis, life quality, and value systems in menopausal middle-aged women (above 45 yrs.) with normal non-menopausal women in Tehran. Menopausal women showed a higher mean identity crisis degree, which indicated a significant difference in identity crisis and quality of life between the two groups (Aghvami et al., 2013). Another study with 135 women (45 to 60 years) found low depression levels, mildly high self-identity, and relatively low menopausal symptoms. Depression had a moderate negative correlation with self-identity and a moderate positive correlation with menopausal symptoms. The conclusion suggests efforts to improve self-identity and alleviate menopausal psychological symptoms to reduce depression (Han & Lee, 2013).

Julian et al. found that midlife stress is linked to role adjustments during the transition. If these adjustments lead to stress from conflicting youthful roles and identity issues, it may indicate a midlife crisis. Fundamental conflicts in life often surface during midlife, posing challenges to identity (Julian et al., 1990 as cited in Palk, 2015). Ochse and Plug found that identity development reached a significant stage after the partial development of intimacy and generativity, which indicates the possibility of identity crisis in midlife in case the intimacy stage was not adequately developed (Ochse & Plug, 1986 as cited in Palk, 2015).

It was found that women who devoted their time to care for their parents prior to their death, experienced severe anguish and grief due to their loss. It's a hard realization for them that no one is immortal. The loss, especially of the second parent, signifies the disappearance of the parental buffer which further could lead to an identity change. There is a sense of being orphaned and an emergence of an awareness that the individual is no more a child (Aldwin & Levinson, 2001 as cited in Palk, 2015).

G. Empty Nest Syndrome

The term 'empty nest' came into existence in the 70s and there is no other information regarding who used it first or the purpose behind the usage of this terminology. It is an experience of a typical kind of vacuum, sadness or a sense of loneliness which parents and most usually the mothers have when their children start drifting away from their homes for the first time. It is known as the 'launching period', during which children leave their parental nest (Mattessich & Hill, 1987 as cited in Newman, 2017). It is an inevitable event which every parent has to witness whether they prefer it or not. As a consequence, the mother experiences an intense role change or identity change, as she witnesses her role of parenting getting diminished considerably (Aquilino, 1990 as cited in Newman, 2017). Parents, especially full-time mothers, may experience challenges like grief and loss of purpose when their children leave home. This can lead to psychological stress, requiring adaptation to new roles. Women facing identity crises find this transition challenging, expected to navigate it resiliently despite societal pressures to view it positively.

Numerous studies in this specific field have indicated that parents, especially mothers, experience mental health challenges, including identity crises, when their children leave home. This phase may also lead to marital conflicts, adding to the difficulties. (Bart, 1971; Curlee, 1969; Hiedemann, Suhomlinova, & O'Rand, 1998 as cited in Mitchell, 2009). At the same time some of the empirical evidence suggests that this empty nest experience is a positive phase that enables the parents to reconnect with each other and chase their interests which they had put an end to accomplish or fulfil other priority familial commitments (Dennerstein, Dudley, & Guthrie, 2002; White & Edwards, 1990 as cited in Mitchell, 2009).

Studies on the empty nest scenario highlight the importance of considering cultural contexts. In Western cultures, children leaving the nest is seen as a sign of successful parenting, indicating independence. In non-Western cultures, it may be perceived as a family breakdown, suggesting a failure to instill family values. Cultural backgrounds influence perspectives on this transition (Goldscheider & Goldscheider, 1999 as cited in Mitchell, 2009).

Interestingly, there is also a new phenomenon called 'Full Nest Syndrome', which is relatively a recent term in the literature, that denotes a change in the family structure focusing on coexistence. It is characterized by the permanence of adult children in their parents' house Rambo et al., 2018 as cited in Abreu et al, 2022). In one of the surveys conducted by Wong et al. with three ethnic groups (i.e., Malaysian, Indian, and Chinese), it was revealed that half of the women reported of having sadness, emptiness, depression, and extreme loneliness (Wong et al, 2012 as cited in Abreu et al, 2022). The Empty Nest Syndrome (ENS) was a theme frequently repeated as something related to midlife crises. Lack of emotional bonding and communication with the partner are some of the major concerns that aggravate empty nest syndrome among the women. Some serious repercussions seen were negative changes such as unwillingness to live and suicidal ideations. Whereas open communication and interactions diminishes the development of empty nest syndrome (Huerta R et al., 1995 as cited in Abreu et al, 2022). Parents with self-sufficient children tend to navigate the empty nest transition more smoothly. Menopausal women actively engaged in social life report lower levels of sadness or loneliness after their children leave home (Takamatsu et al, 2004 as cited in Abreu et al, 2022).

Chen et al. has emphasized the need for outdoor activities and engagements to lessen the depressive symptoms. Those who engage in intense social interaction hardly experience any loneliness (Chen D et al, 2012 as cited in Abreu et al, 2022). In one of the studies with 381 Australian women in the age group of 45 to 55 years, researchers attempted to determine the women's quality of life after children leave home and return home. The study found that the empty nest situation did not negatively impact the women's quality of life, depression rates, sexual activities, or relationships with their partners. Health care interventions should focus on promoting women's

autonomy and reducing psychological distress associated with empty nest syndrome (Dennerstein et al, 2002 as cited in Abreu et al, 2022).

During this phase, routine exercises, fitness, nutrition, and health care is vitally important to ward of life-style diseases and keep body flexible. Undoubtedly, empty nest is a challenging transition in a parent's life especially the mothers as they suddenly feel that they are no more a part of their children's daily lives. The most vulnerable parents are those who have had an unstable marital life or partnership, identity crisis and other emotional issues (Dorfner, 2017 as cited in Ubaidi, 2017). ENS has its benefits too. As children become independent, couples may experience increased intimacy, enjoying a new phase of their relationship. This shift allows parents to explore a new identity and take pride in their children's accomplishments (Erikson and Kivnick, 1986 as cited in Newman, 2017).

In India, a cross-sectional comparison study compared working and homemaker women aged 50 to 60 using WHOQOL-BREF. Four main domains were studied - physical, psychological, social and environmental quality of life. Women at this age (midlife) often suffer from Empty nest Syndrome when their last child leaves home for future prospects. This causes huge vacuum in their lives leaving behind trails of sadness, loneliness and a sense of loss and purposelessness among the mothers. It makes them vulnerable, often causing in them an identity crisis as to their future roles in their family life or child's life, depressive symptoms and even marital conflicts (Kulkarni et al., 2021).

Parents may experience emotional uneasiness when their child leaves home, especially if the parent-child bond has been strong. The shift from a focus on the child's development to an empty nest can lead to significant sadness and emotional responses. Empty nest syndrome occurs when a home, once filled with a family, is left empty as children explore their futures (Singh & Dubey, 2017). As mentioned before, this phase usually coincides with other midlife changes such as retirement, menopause in mothers that aggravates the feelings of loss, depression, or low self-esteem in parents (Iman and Aghamiri, 2011 as cited in Singh & Dubey, 2017).

Empty nesting offers opportunities to explore shared interests and passions previously hindered by parenting commitments. Some parents, after ensuring their children's

successful launch, may pursue their own identities, while others view the children leaving home as a positive event. One woman expressed it as a chance to reclaim herself. A woman who is on the verge of sending off her children from home has described her feelings this way:

" It is as if I want to take myself back after all these years to give me back to me"

(Rubin, 1980 as cited in Menon & Minimol, 2018)

This perspective reflects the woman's positive and hopeful mindset, ready to find new meaning in life. Empty nest syndrome is not a clinical disorder, but a natural transition marked by sadness, loss, and loneliness, particularly for full-time mothers. The authors suggest that to ease the impact of empty nest syndrome, it is important to acknowledge that feelings of emptiness are normal. Embracing the departure of children as an opportunity for a different life celebration, staying engaged with activities like gardening or home redesign and communicating openly with partners about emotional distress would surely ensure some comfort and support (Menon & Minimol, 2018).

H. Spirituality

Wellness is about enhancing and balancing various aspects of well-being across eight dimensions: physical, intellectual, emotional, social, spiritual, vocational, financial, and environmental. It extends beyond physical health, encompassing mental and spiritual well-being to enhance overall quality of life (UMD, 2017). Spiritual wellness involves having a foundation of fundamental beliefs, principles, or values that guide one's life. It includes having a deep faith, optimism, and commitment to these personal beliefs, which give life meaning and importance. It also involves being receptive to finding purpose and significance in life, questioning everything, and acknowledging the mysteries that are difficult to understand. A spiritually well person aims for balance between their inner self and the external influences in the world (Stoewen, 2017). Around age fifty, many women assert their individuality, breaking free from societal limitations. They rely less on others for identity and shape it through personal decisions. The middle years become a time for personal and spiritual development, prompting reflective women to question acquired knowledge and seek deeper self-understanding.

The unique challenges of later life can overwhelm some women emotionally. However, many women also experience significant spiritual growth during middle age and beyond (Neugarten, 1970 as cited in Genia & Cooke, 1998). This renewed interest in spirituality and religion can be an important factor in helping aging women find a sense of purpose and well-being in the later stages of life (Blazer, 1991 as cited in Genia & Cooke, 1998). Only a few studies have investigated the role of spirituality in the psychological well-being of women who are middle-aged and older. Giblin conducted a study on how spiritual maturity affects the ability of middle-aged couples to adapt in their marriages. Surprisingly, wives who had higher scores in spiritual maturity were more likely to have a fulfilling relationship with God (Giblin, 1997 as cited in Genia & Cooke, 1998). The results of one of the studies conducted with 95 middle-aged women found that having a mature spiritual orientation may contribute to maintaining a positive outlook in later life. This discovery aligns with the current trend of incorporating spiritual interventions into psychotherapy (Shafranske, 1996 as cited in Genia & Cooke, 1998).

It has been suggested that spirituality can play an important role in helping women cope with menopause and midlife by assisting them in dealing with losses, strengthening their spiritual beliefs, and finding new purpose in life (Jaeger 2004 as cited in Steffen, 2011). Furthermore, research has shown that religious and spiritual factors have a positive impact on both physical health and psychological well-being (George et al. 2000 as cited in Steffen, 2011). There are three potential explanations for this phenomenon. One is that religious engagement is associated with adopting healthy behaviours, another is that religiosity is linked to having a more positive outlook on life, and the third is that religion serves as a coping mechanism. For instance, religious people can find solace in religious rituals and receive support from fellow members (Levin and Chatters 1998 as cited in Steffen, 2011).

A study with 218 participants explored spirituality's impact on wellbeing during different menopausal stages. The findings revealed a connection between spirituality and reduced menopausal symptoms, emphasizing its positive influence on overall health. The study proposed that spirituality could either exacerbate or alleviate symptoms based on how women perceived the transition out of childbearing, suggesting a link between spirituality, peace, meaning in life, and improved health.

Spiritual strength was found to reduce menopausal symptoms regardless of life stage. Women drawing strength from spirituality viewed menopause positively, seeing it as a time of personal growth. They were also less preoccupied with body image, aligning with research on the positive impact of spirituality on health. (McCullough et al., 2000; Smith et al., 2003 as cited in Steffen, 2011).

Women going through the midlife transition stage have reported that spirituality plays a significant role during this stage of life (Howell, 2001 as cited in Smithson, 2011). Women may undergo mental and spiritual changes, such as reconnecting with themselves, their past, a higher power, or lost loved ones (Edelstein, 1999 as cited in Smithson, 2011). They may also explore their unconscious mind and integrate neglected aspects of themselves (Brewi & Brennan, 1999 as cited in Smithson, 2011).

A study of 147 African American women found no age or education-based differences in life satisfaction or spirituality. While religiosity was reported more than spirituality, it significantly correlated with life satisfaction. The data indicated higher spirituality levels on a specific BWSRM subscale. Age moderately correlated with religiosity, but spirituality was crucial for life satisfaction in midlife African American women, irrespective of age, income, or education. Spirituality is important for these women in midlife as it helps them navigate this stage successfully. This involves reflecting on the meaning of one's life honestly and openly (Starks et al., 2003). This process includes delving into self-reflection, letting go of past traumas, and experiencing personal growth and transformation through hope and healing (Rupp, 1996 as cited in Starks et al., 2003).

Previous research has shown a positive relationship between spirituality and well-being (Nemati et al., 2017 as cited in Tajonera & Lamig, 2021). This study explored the connections between religious commitment and life purpose, influencing overall well-being in middle-aged professionals from a Catholic University in the Philippines. Kennedy and Kanthamani's study highlighted the positive link between religious commitments and life purpose, impacting overall well-being. This descriptive-correlational study, involving 83 middle-aged professionals from a Catholic University in the Philippines, explored emotional well-being, spiritual wholeness, and

positive functioning. The results showed a strong correlation between emotional well-being and spiritual wholeness.

In order to have good spiritual health, it is important to have overall well-being and a strong connection with the Supreme Being, oneself, society, and the environment. Therefore, having a healthy spiritual disposition is a sign of life satisfaction (Abadi et al., 2013 as cited in Tajonera & Lamig, 2021). This finding suggested that how individuals interact with themselves, and others is linked to their spiritual health. This aligns with the research conducted by Nemati et al. (2017 as cited in Tajonera & Lamig, 2021) which found a positive relationship between spirituality and well-being. Previous studies have also shown that spiritual intelligence improves one's ability to adapt and enhances mental health, as it encompasses various capacities, resources, and capabilities (Abadi et al., 2013 as cited in Tajonera & Lamig, 2021).

Therefore, based on the findings provided, it can be concluded that having a strong emotional well-being and spiritual fulfilment enables individuals to function positively. They are more likely to handle the challenges and difficulties of midlife in a healthy way, being able to accurately identify and comprehend their own emotions as well as the emotions of others. Additionally, they are better equipped to cultivate a deeper connection with the Divine and establish a clear sense of purpose in life (Tajonera & Lamig, 2021).

Another study was conducted to investigate the potential connection between spirituality and menopausal symptoms. A group of 710 peri- and postmenopausal women from the community were assessed for menopausal symptoms, spirituality, health and menopausal status, and socio-demographic factors. The study's results indicate that spirituality is significantly and negatively linked to the severity of menopausal symptoms. In essence, women with higher levels of spirituality tend to experience lower severity of these menopausal symptoms compared to those with lower levels or an absence of spirituality (Pimenta et al., 2013).

Ryff, Singer, and Palmersheim (2004 as cited Palk, 2015) conducted research on what they refer to as "protective factors" in health and wellbeing, such as the role of religion and spirituality in promoting positive health. The authors suggested that

religiosity can represent resilience or strength in individuals, sometimes compensating for a lack of education or other forms of social inequality (Palk, 2015).

2.4.4 Social Dimension

A. Menopause: The Socio-Cultural Scenario

The impact of sociocultural factors on the physical and psychological experiences of menopause must be acknowledged. Throughout history, women have been valued for their youth and fertility, but efforts to change traditional gender roles have led to increased educational and career opportunities for women. However, the deep-rooted influence of patriarchy cannot be easily eradicated. When menopausal women are confronted with a future characterized by depression, isolation, and a loss of femininity, it is understandable that they may be tempted to seek out 'miracle drugs' that promise to restore youth and beauty in order to meet societal expectations. The varying definitions of sexual behaviour in menopausal or post-menopausal women are not based on health, science, or medicine, but rather on cultural beliefs and values. The experience of menopause is shaped by an individual's cultural values and past experiences (Gannon, 1999). According to Janet Seely's research in 1984, women who possess a strong sense of self-worth are perceived to be less susceptible to the detrimental effects of negative stereotypes.

One study conducted on Australian Indigenous Women's experience of menopause suggests that culture significantly influences menopausal experiences for Australian Indigenous women. Research indicates diverse cultural groups have distinct needs and understandings during menopause. Attitudes and outcomes vary across cultures due to the interplay of biological, psychological, social, and cultural factors (Jones et al., 2012). In certain cultures, the perception of menstruation plays a crucial role in determining the significance of its cessation. In some societies, women who menstruate are considered impure, which means that the cessation of menstruation can lead to an elevated status within the community (Bertero C, 2003 as cited in Jones EK et al., 2012). In Islamic and many African societies, postmenopausal women are no longer bound by rigid gender roles. It is observed that women in these societies tend to report fewer symptoms, which could be attributed to the positive changes in their roles during the menopausal transition (Beyene Y, 1986 as cited in Jones EK et al., 2012).

Although there was a significant amount of individual variation observed in different countries, there are some general differences in the experience of menopause between India (Singh & Arora, 2005), Taiwan (Yao, et al., 2002), Puebla, Mexico (Sievert, 2003), Japan (Lock, 1993), and Yucatán, Mexico (Beyene, 1989). For instance, in Puebla, women viewed menopause as a distinct life event that is connected to aging but separate from it. This contrasts with Lock's findings in Japan, where menopause is seen as an ambiguous life event. In Puebla, women were more likely to mention symptoms associated with menopause, particularly hot flashes, and expressed concerns about it being a challenging period. This is also different from the Beyene study, as Maya women did not report experiencing hot flashes or openly express worries about menopause (Singh & Arora, 2005; Yao et al., 2002; Sievert, 2003; Lock, 1993; Beyene, 1989 as cited in Kelly, 2011).

Some women had negative attitudes towards menopause, while others embraced it, especially among Indian and Japanese women. In Indian culture, men hold power until women reach a certain age, at which point their social roles become more important. For example, in Rajasthan, Rajput women were required to live in seclusion and wear veils, but after menopause, they were allowed to leave their designated areas and interact with men, engaging in conversation and sharing drinks. This change significantly affected their gender roles. According to Flint (1975), these women did not experience any menopausal symptoms because of the positive changes in their roles. It can be argued that the long and healthy lives of Japanese women can be attributed to the prosperity of Japanese society, which provides equal access to healthcare, social benefits, and education, all of which are important cultural influences (Flint, 1975 as cited in Kelly, 2011). Women often view menopause as a natural life transition, particularly after completing their families. The perception of early menopause is influenced by biomedical discourse and vernacular health theories, normalizing distress and linking it to concerns like cancer prevention (Goldstein, 2000 as cited in Singh & Sivagami, 2020).

Menopause loses its significance for women who are busy managing the chaos of life, particularly those who are poor and prioritize feeding their families over reflecting on their own health issues. The research highlights that women lacking a support system are more prone to distress during this phase. The study identifies two aspects of

freedom: liberation from the burdens of menstruation management and societal restrictions. Women find relief as they no longer have to manage heavy menstrual bleeding. However, the taboo surrounding menstruation and menopause complicates their management, leading to silent suffering. Despite these challenges, women express happiness and relief upon reaching menopause, enabling them to participate freely in various activities. Their concerns shift to new roles as grandmothers, emphasizing liberation from monthly menstrual distress, a perspective differing from Western studies that emphasize fertility concerns (Nosek, Kennedy, and Gudmundsdottir, 2012).

According to sociological and anthropological studies, it has been found that Indian women have more control over resources after menopause and when they become mothers-in-law (Kaufert, 1982; Inhorn, 2006). The menopause is not only a biological event but also influenced by socio-cultural factors. Anthropological data suggests that a society's perception of the menopause as either positive or negative is related to how they view a woman's status in middle age (Bart, 1971; Flint, 1975; Brown, 1979; Kaufert, 1979 as cited in Kaufert,1982). This evidence requires careful interpretation. Societal definitions of symptom-free menopause don't negate the possibility of women experiencing depression or hot flushes. On the flip side, if depression is viewed as a menopausal symptom, middle-aged women are likely to associate any depression with their "change of life" (Barrett and Roberts, 1978 as cited (Kaufert, 1982).

Several studies have discovered that some women do not experience any symptoms during menopause, while others experience a multitude of symptoms. There are two possible reasons for this difference. Firstly, Aaron, Muliyil, and Abraham (2002) suggest that women may not report menopausal symptoms because they associate them with aging rather than menopause. Secondly, discussing menarche and menopause is still considered taboo in Indian culture.

India, like many other nations, has a patriarchal social system that often disregards or silences women's voices. One particular area where their viewpoints are ignored is the subject of the menstrual cycle. The research findings indicate that menopause occurs at younger ages in Andhra Pradesh, Karnataka, and Bihar compared to Kerala and

West Bengal, which have older ages of menopause. This variation among the states is unexpected and warrants further investigation, considering that menopause is primarily influenced by biological factors. A study in Haryana, India, captured the perspectives of menopausal women from lower socioeconomic backgrounds. Haryana, known for gender inequality, exhibits a low sex ratio compared to other Indian states, signalling a lower social health status in the region (Patel, 2007 as cited in Singh & Sivakami, 2020). Menopause is usually considered as a normal life event and many women related their menopausal experience in a positive way, for example, “I do not have any issue . . . all of a sudden it stopped, and I was happy” as related by a rural resident.

When women perceive menopause as a normal life stage, they often cope better with its symptoms. This normalization is facilitated by comparing experiences with peers and recognizing menopause as a universal phenomenon. Women use phrases like "every woman’s issue" to normalize the experience. However, certain symptoms, like joint pains or headaches, might be attributed to aging rather than menopause. It's crucial to acknowledge that women's experiences with menopause vary, with some having minimal symptoms while others undergo more pronounced changes (Singh and Sivakami, 2014). Several studies conducted in India have reported similar findings that Indian women tend to link menopausal symptoms with symptoms of aging and may therefore report fewer symptoms related specifically to menopause. It is important to note that cultural factors and beliefs can influence women's experiences and perceptions of menopause (Aaron, Muliyil, and Abraham 2002). Indian women experience a higher social status during their post-reproductive years as they are now liberated from the perceived impurity of menstruation and power dynamics (Vatuk 1998 as cited in Singh & Sivakami, 2020; Aaron, Muliyil, and Abraham 2002).

Some studies reveal that societies that place importance on fertility, youth, and physical attractiveness tend to have a negative perception of menopause (Kaufert 1982; Khademi and Cooke 2003 and Hall et al., 2016 as cited in Singh & Sivakami, 2020) while in societies where menopause is seen as a source of social freedom, it is welcomed and accepted (Aaron, Muliyil, and Abraham 2002; Singh and Arora ` as cited in Singh & Sivakami, 2020; Syamala and Sivakami 2005). In such

conducive settings, postmenopausal women enjoy greater self-esteem (Hall et al. 2016 as cited in Singh & Sivakami, 2020). Hence, it can be understood that a multifaceted interaction exists among social, cultural, and biological elements.

Singh and Arora (2005) conducted a study in rural North India, focusing on menopause among 558 women aged 35-55. The study found that women welcomed menopause as a significant milestone, feeling 'cleaner' and relieved from menstrual-related impurity. Over one third engaged in more activities post-menopause, free from menstrual restrictions. Indian women often saw menopause as socially advantageous due to structured rules and rituals. Indian culture indoctrinates women into leading a restrained and disciplined life during menstruation, from adolescence to middle age. Once this restriction of menstruation is over, it is natural that they feel immensely relieved (Singh & Arora, 2005; Rani , 2008). Dr. Rani Bang, who is a co-founder of the Maharashtra based NGO, 'Search', also mentions about the physical impact of menopause. She has conducted a study of 100 post-menopausal women. Rural women often downplay menopause due to other pressing issues. Many keep menopausal problems private, with 90% avoiding doctor visits. Women may not discuss menopause with husbands, influenced by traditional beliefs. Menopause, which is seen as freedom from constraints, varies culturally. In some cultures, like Hinduism, women welcome menopause, perceiving it as a phase that enhances social and religious roles (Bang, 1999 as cited in Bavadam, 1999). Psychosocial and environmental factors significantly influence how women in Haryana approach and respond to menopause, given the state's blend of modern and traditional aspects. The skewed gender ratio of 877 females per 1000 males and an average life expectancy of 69.8 years for women (67.9 years for men) according to the 2011 Census further highlight these dynamics, with women experiencing menopause over an extended period due to their longer life expectancy (Bhutani et al., 2013).

B. Relationships with Elderly Parent

In one of the research studies, the empirical results reveal how middle-aged women's attitude towards parents affect their own psychological well-being. This happens through four main attachment types. Special focus is on the correlations of emotional autonomy from guilt and well-being. It was found that guilt with respect to responsibility usually increases during middle age due to their goal of self-realization

through care given to the aging parents and children, also termed as eudemonic lifestyle. The midlife period is a challenging transition, known as the "sandwich generation," where women care for aging parents and children simultaneously. Balancing familial responsibilities, marriage, and personal needs marks a psychological shift toward independence, reflecting a growing awareness of mortality (Pierret, 2006 as cited Krukova et al., 2019). Balancing care for aging parents and managing personal anxiety and communication challenges contributes to a woman's self-development and well-being during midlife. The support received from aging parents holds personal significance, as their support enrich her life. The adult-daughter relationship with aging parents involves universal phenomena like attachment, closeness-dependence conflict, and feelings of guilt (Voronina, 2018 as cited Krukova et al., 2019).

In the relationship between an adult daughter and her parents, guilt plays a crucial role, influenced by the nature of their early relationship. This guilt can be either constructive or destructive, leading to healthy or irrational guilt patterns. Healthy guilt helps regulate the daughter's attitude, maintaining psychological distance and well-being. On the other hand, irrational guilt can impact mental stability, trapping her in a self-imposed, lifelong, and continuous debt-like process. Women who provide care instead of receiving it tend to have more confidence in their relationships with their parents. Those with positive childhood experiences report intimacy and separation guilt, though they are generally satisfied with their adult daughter-parent relationships. A common theme among middle-aged women is a sense of guilt towards their aging parents (Kryukova et al., 2019).

A report by Pew Group in 2012 reported that about 47% adults between 40 and 59 years, who are raising a child are also taking care of parent or parents over age 65 (Taylor, Parker, Patten, & Motel, 2013 as cited in Lachman ME et al., 2015). This gives an indication that many middle-aged parents are facing stressors from multiple demanding roles in their life. They are basically responsible for two main generations of significant individuals, along with work roles if they are employed (Marks, 1998 as cited in Lachman ME et al., 2015). Both their grown-up children and aging parents totally depend on them for their emotional needs. In such “high exchanger” families, middle-aged individuals are prone to express high levels of family solidarity (Grundy

& Henretta, 2006 as cited in Lachman ME et al., 2015). They act as a bridge between their young children and aging ailing parents. This may help them benefit from mutual exchange of help and support across generations.

In the Seattle Midlife Women's Health Study, a longitudinal study (23years), some of the most challenging events identified were changing family relationships, balancing work/personal life, re-discovering self, securing resources for livelihood and coping with multiple co-occurring stressors, breaking up with partners, diminishing physical health, loss of dear ones. For few of them menopause was the most challenging aspect during midlife. Women were consistently trying to search a balance amidst co-occurring stressors. It is a surprising fact to know that there has been a drastic change in the family structure as we compare it with what one had witnessed in 1900 era. During those times, a middle-aged individual has only a 10% chance of having two parents alive (Cutler & Devlin, 1996 as cited in Papalia et al., 2004). Due to medical and technological advancements, today, life expectation of the aged has improved. Almost seven out of 20 individuals embark upon their midlife with two living parents to care for and there are many who leave midlife with none of them (Bumpass & Aquilino, 1993 as cited in Papalia et al., 2004). Caregiving to the aging parents is one of the major engagements or responsibilities of midlife. It is a general cultural assumption that caregiving is a female responsibility and that a daughter has to finally take up the responsibility to care for her aged ailing parents (Antonucci et al.,2001; Mathews, 1995 as cited in Papalia et al., 2004). Aged mothers mostly prefer a daughter's companionship for their personal care and nourishment (Marks, 1996; Mathews, 1999 as cited in Papalia et al., 2004). Another interesting study has been to understand the impact of the prolonged lifespan of aged parents on the middle-aged women and men from a demographic, sociological and psychological perspective. The loss of parents cause a huge psychological impact over them. The death of the parents is often preceded by a period of parents' dependency on their middle-aged children for their formal or informal care and protection. In countries such as Switzerland, France or Austria, disability free life expectancy of the aged population has increased, and the last phase of their life usually witnesses a huge burden of care and support for their middle-aged children. The situation becomes more complex and burdensome when it comes to taking care of an elderly with dementia.

The extended lifespan of the older generation, coupled with lower fertility rates in the current generation, significantly impacts intergenerational kinship and family structure. The reduced number of children places a greater burden of intergenerational care on them, especially in the case of single children who may bear the responsibility alone, altering the numeric relationship between the aging and next generations (Myers, 1992 as cited in Perrig-Chiello & Hopflinger, 2005).

Middle-aged population face a myriad of negative situations of aging especially during the last years of their aged parents' lives. As they witness their frail and weak parents nearing their end, they get closer to the fear of having to face the same fate themselves at a later age. There is a strong sense of self-realization with respect to the final stages of life and the remaining time left in their lives. Filial maturity is defined as the successful undertaking of the filial task, which is one of the major responsibilities middle-aged come across as a part of their support and care services for their elderly parents. This term finds a detailed explanation in Blenker's (1965) pioneering work "filial maturity".

In 1995, Marcoen proposed a model for "filial maturity" with seven components, including filial love, intimacy, and a sense of obligation. The model suggests that these factors motivate adults to fulfil the caretaker role when parents become dependent. However, voluntary commitment does not solely determine the actual amount of help provided to aged parents.

Then comes Filial autonomy, which denotes the extent to which reciprocity is seen between caregiver and care receiver as well as the cooperation among the siblings in a family to make crucial decision regarding quality of filial care to be delivered (Marcoen, 1995 as cited in Perrig-Chiello & Hopflinger, 2005). Studies show that a secure attachment and feelings of obligation between the middle-aged women and their mothers were closely associated with the quality of support they provided to their aged and ailing parents. There is empirical evidence that middle-aged women's secure attachment to their mothers as well as their feelings of obligation to help, were positively associated with the instrumental support they actually gave (Cicerelli 1993 as cited in Chiello & Hopflinger, 2005).

In India, the voluntary retirement scheme (VRS) has led many middle-aged women to choose retirement not for personal pursuits but to become full-time caregivers at home. Between 2004-2005 and 2011-12, around 20 million Indian women left work for reasons such as marriage, motherhood, spouse transfers, or to care for aging parents/in-laws. However, in the five years from 2012 to 2016, a significant number of women started their small and medium businesses, experiencing an 85% growth from 2015-16, according to Ankhi Das, Director of Public Policy, India, South, and Central Asia (Hindustan Times as cited in Hussain, 2018).

Health complications of self and members in their family has a major role in the quality of well-being of middle-aged women. Women face limitations related to their helplessness in not being able to stay with their parents or bring them to their place to take care of them also adds more guilt and regret in their life. This custom is seen to be a reality which has its roots in patriarchy system and family traditions found in the Indian home where women are expected to be duty bound towards their in-laws. On the other hand, parents of daughters are left alone to fend for themselves during old age (Hussain, 2018).

C. Relationship with Children

In midlife, families must navigate their relationships with adult children and aging parents, forming a crucial link between generations. This period establishes continuity in the family's identity, with mutual support flowing both ways—parents caring for grandchildren and adult children providing support to aging parents during times of illness and hospitalization (Lemme, 1995 as cited in Ashford et al., 2001). The most difficult time for parents is when they deal with their children in the age group of 11 to 14 years. It is mostly at the same time that their middle-aged parents undergo the trials and tribulations of midlife transition. 40% of parents experience reduced psychological well-being during their kid's adolescence period. Some even have to go through marital roller coaster ride during this period (Steinberg, 1995 as cited in Ashford, 2001).

In midlife, individuals face various challenges, including economic problems, career dissatisfaction, identity crises, health concerns, and empty nest syndrome. This phase coincides with adolescents seeking autonomy, causing emotional strain on middle-

aged parents, particularly mothers, leading to conflicts in their relationship. Steinberg observed that if the parents are involved in social activities or a satisfying career, then that will help them cope with this difficult midlife transition. Parenting adolescents demands patience. As children become adults, the parent-child dynamic often shifts to a more friendly relationship. This phase reveals diverse facets of the parent-child relationship, fostering positive connections for many middle-aged individuals.

Adolescence is marked by rapid physical growth, psychological stress, cognitive development, and emotional fluctuations due to identity crises and internal conflicts (Cho BH et al., 2004 as cited in Koo H Y, 2019). In one of the Korean studies, it was observed that, South Korean teenagers were experiencing tremendous pressure to perform well in the tests in a social context, where the main intention of the education system is focused on college admission. This has led to burnout among them while trying to meet such sky-high expectations from the parents (Jeong & Chang, 2017 as cited in Koo H Y, 2019). Midlife challenges can strain relationships between teenagers and parents. Decision-making becomes challenging, with mothers, as primary caregivers, bearing significant responsibility for their children's well-being and development (Jung & Yang, 2011 as cited in as cited in Koo H Y, 2019).

Mothers struggle to handle the tantrums and defiance of their adolescent children, which make them feel frustrated and overwhelmed by the rejection of parental decisions and values (Cho BH et al., 2004 as cited in Koo H Y, 2019). Coincidentally, this period mostly overlaps with the menopausal transition period for mothers which aggravates the family conflicts (Leifer & Fleck, 2012 as cited in Koo H Y, 2019). The stronger the disagreements between the mothers and their teenage children, the more detrimental it becomes for the children to become self-reliant and form their own identity (Kim & Bang, 2008 as cited in Koo H Y, 2019). As teenagers form new social connections, the parent-child relationship shifts from unilateral care and discipline to a more equal dynamics, where both parents and children support each other and share opinions (Schwartz et al., 2009). Parents must play a vital role in creating a supportive environment for their adolescent children, to foster independence and help them grow beyond dependency on their parents (Fosco et al., 2012).

A study explored the impact of a child's age and the parent-child relationship on parental wellbeing. With 6228 participants, the study found that parents experienced higher satisfaction and self-esteem when their oldest child was under five compared to school-age, adolescence, or young adulthood. Parental satisfaction in the relationship played a crucial role, as it was linked to depression levels. However, when the researchers controlled for parenting satisfaction, there were no differences in parental depression, self-esteem, or self-efficacy based on the age of the child. This suggests that parental satisfaction in the relationship is a significant factor in determining wellbeing (Nomaguchi, 2012 as cited in Jordan, 2017).

Luthar and Ciciolla (2016) also examined the impact of the parent-child relationship on parental wellbeing. A total of 2,247 American women participated in an online survey that assessed maternal adjustment, including anxiety, depression, stress, emptiness, fulfillment, and life satisfaction. The researchers discovered that parents with children in middle school (11-14 years) experienced the highest levels of maternal distress and the lowest levels of maternal well-being compared to other stages of child development.

Mothers have a stronger bond with their adult children compared to fathers. They have more regular communication, provide more emotional and practical support, and experience both greater closeness and conflict with their adult children. As a result, the mental well-being of midlife mothers is more affected by their relationship with their adult children and the stressors faced by their adult children (Arnett & Schwab, 2012; Fingerman et al., 2016 as cited in Zhang, 2018).

A 2018 study conducted in the United States revealed that middle-aged mothers considered adolescent parenting issues and adapting to family changes as the primary challenges they face. Other significant challenges include finding a balance between work and personal life, managing changing family dynamics, juggling multiple family responsibilities, and rediscovering their own identity. Additionally, they are also responsible for caring for their spouses, teenage children, and elderly family members, earning them the label of the ‘sandwich generation’ (Thomas AJ et al., 2018 as cited in Fallahi, 2022). Middle-aged mothers face the dual challenges of adolescence and middle age simultaneously, which drastically impacts their parenting

approach. Successfully managing these transitions contributes to the psychological well-being of middle-aged mothers (Zhang Z, 2018 as cited in Fallahi, 2022).

Adolescents, particularly in eastern societies like Iran, perceive mothers as better understanding, more guiding, and more involved in their issues than fathers. This is influenced by the prevalent authoritarian parenting in such societies, where mothers traditionally take the lead in household management and child-rearing. A 2016 qualitative study with 23 Iranian parents revealed themes such as limited father-child interactions, mother-led parenting, conflicts, and united front parenting. The findings emphasize the varying effects of fathers' involvement on adolescent development and highlight the need for strategies to support parents in engaging with their adolescent children's development (Farshi M et al., 2018 as cited in Fallahi, 2022).

An Indian study delves into cultural influences on parenting, particularly regarding adolescents, proposing a model of mindful parenting tailored to the Indian context. The concept of mindful parenting can be seen as a frame of mind in which parents consciously bring present-moment awareness to their relationship with their child. This involves applying various aspects of mindfulness, such as paying attention, recognizing emotions, regulating oneself, and accepting without judgment, into their day-to-day parenting approach. By combining these elements, parents are able to be mindful and stay aligned with their parenting objectives and values within the parent-child dynamic relationship (Duncan L G et al., 2009 as cited in Sondhi, 2017).

A situational analysis of psychosocial wellbeing of middle-aged women (45-65 years) in Delhi-NCR revealed that many middle-aged women have expressed dissatisfaction with their children's self-centred and insensitive behaviour. Majority of women reported strained relationships with their children, while 14% faced difficulties with their in-laws. About 6.3% mentioned poor relationships with their parents and extended family. In the 60-65 age group, conflicts often arise with daughters-in-law and sharing household responsibilities. Participants believe that the younger generation lacks understanding of the needs of middle-aged individuals. The changing dynamics within families and the differences in social and economic status between generations contribute to additional stress. According to Chadha and Bhatia (2005 as cited in Hussain, 2018), older individuals, particularly women in affluent societies,

experience isolation as they are unable to rely on their adult children for emotional support.

A study conducted in India examined the different parenting styles and their impact on the self-esteem of adolescents. It identified four main parenting styles: authoritarian, authoritative, permissive, and neglectful. The study on parenting styles involved 120 adolescents (16-18 years) from Delhi and NCR with intact nuclear families, homemaker mothers, and similar socio-economic backgrounds. Findings revealed no significant self-esteem difference between permissive and authoritative styles. Both were linked to higher self-esteem than the authoritarian style, which negatively correlated with adolescent self-esteem. No notable gender difference in self-esteem levels among urban Indian adolescents was observed (Sharma & Pandey, 2015).

It is undoubtedly a precious time for the middle-aged to pursue their passions, unfulfilled dreams and unique interests along with basking in the glory of their grown-up children's accomplishment. It is like a second innings for them to get hold of all that which they missed to achieve in their youth due to various roles and responsibilities.

D. Relationship with Spouse

During middle and old age, spouses are the main providers of the necessary material, informational, and emotional support for adaptive functioning (Antonucci et al., 2001 Ryan et al, 2014). Compared to young adulthood, couples during middle-age and old age face different kinds of health issues (Berg & Upchurch, 2007 Ryan et al, 2014). Married people experience better health outcomes when their partner actively oversees their health behaviours, offers support when necessary, and serves as a social influence by discouraging risky behaviours (Waldron et al., 1996 Ryan et al, 2014). As a matter of fact, a spouse is expected to be a significant source of support during times of stress (Cohen, 2004; Cutrona, 1996 Ryan et al, 2014).

The concept of social support has been widely linked to adult health and is considered to be a significant psychosocial factor (Berkman et al., 2000; Cohen, 2004; Pinquart & Duberstein, 2010; Uchino et al., 2012 as cited in Ryan et al, 2014). Birditt et al. (2012) explored the interplay between support and strain from a partner in relation to

stress and blood pressure. The study found that perceiving the ability to confide in a partner, coupled with a sense of self-reliance, weakened the impact of high stress on systolic blood pressure. Conversely, seeing a partner as highly demanding was associated with lower systolic blood pressure on high-stress days. This suggests that a combination of support and self-reliance may be healthier. Furthermore, individuals experiencing limited positive support and temporary stress from family and friends had a lower chance of survival 19 years later (Birditt and Antonucci ,2008 as cited in Ryan et al, 2014). The study examined the relationship between perceived support and strain from spouses and self-rated health and functional limitations. Higher levels of perceived support from a spouse were associated with better health and fewer functional limitations. The research highlighted the importance of both individuals' and their spouses' psychosocial experiences in influencing physical health within the context of marriage.

Married adults show lower rates of depressive symptoms than their single, divorced, or widowed counterparts, suggesting the protective role of spousal support against depression. Strong support from a spouse has a more positive impact on reducing depressive symptoms than support from friends or adult children. Conversely, low spousal support, regardless of gender, has a more detrimental effect on depressive symptoms than having no spousal support at all (Dean, Kolody, & Wood, 1990 as cited in Choi & Ha, 2011).

Research conducted on older married individuals, regardless of their health status, discovered that having more positive interactions with their spouse was linked to reduced depressive symptoms and increased satisfaction with life. Conversely, negative interactions or marital conflicts were associated with higher levels of depressive symptoms and lower life satisfaction (Druley & Townsend, 1998; Schuster, Kessler, & Aseltine, 1990; Whisman, Uebelacker, Tolejko, Chatav, & McKelvie, 2006 as cited in Choi & Ha, 2011).

While there is evidence to suggest that the middle years of life may be a time when individuals experience the highest levels of financial earnings and emotional well-being (i.e., Easterlin, 2006; Plagnol, 2011 as cited in Neppl et al., 2021), there are also instances where some people experience increased stress and challenges during middle age when their family and work roles become more stable, which can lead to

financial and emotional problems (Graham & Pozuelo, 2016 as cited in Neppl et al., 2021). Stress and emotional challenges peak in middle adulthood, particularly among those facing financial difficulties. This stress can lead to heightened hostility in couples and increased vulnerability to health issues in later life, according to research (Kiecolt-Glaser, 1999; Marsland, Bachen, Cohen, & Manuck, 2001 as cited in Neppl et al., 2021). Financial hardship strains families by limiting the fulfillment of basic needs, causing stress and emotional distress. This pressure may result in cutting back on essential expenses, impacting health and well-being. The Family Stress Model (FSM) is substantiated by empirical evidence, highlighting its applicability in diverse populations globally (Conger, Conger, & Martin, 2010; Neppl, Senia, Donnellan, 2016 as cited in Neppl et al., 2021).

The Seattle Midlife Women's Health Stud, the women identified several challenging aspects of this stage, including changes in family relationships, finding a balance between work and personal life, rediscovering oneself, securing enough resources, and dealing with multiple stressors at once. Among these challenges, the most commonly reported ones were dealing with multiple stressors, going through a divorce or breakup, facing personal health issues, and coping with the death of parents. Women were trying to find a balance in their lives while dealing with various sources of stress and going through changes, often with limited resources.

In the Seattle Midlife Women's Health Study (2018), many women reported relationship changes as a major source of stress, including partner health decline, caregiving responsibilities, separation, divorce, and unexpected partner death. Those experiencing divorce faced additional challenges, such as children leaving home and the death of parents. Health issues in partners, including heart attacks, depression, and alcoholism, were significant challenges. Transitioning to a new partner relationship was particularly challenging for some midlife women, involving loss, divorce, and starting anew (Thomas et al., 2018). Middle-aged women who end long-term relationships face emotional pain and a notable income decrease. In contrast to younger divorced women, they often experience higher levels of loneliness and distress post-divorce (Sakraida, 2005 as cited in Thomas et al., 2018).

It has been demonstrated that there is a connection between effective communication and a healthy sexual relationship among middle-aged couples, and this is linked to the overall quality of life for women (Abedzadeh et al., 2009; Karacam & Seker, 2007 as cited in Reyhani et al., 2018). The quality of a sexual relationship with one's spouse is influenced by various factors such as lifestyle, self-perception, and how others treat them. Since sexual relationships are influenced by societal norms, cultural values, and personal beliefs, they can have a significant impact on all aspects of a woman's life, particularly during middle age (Obermeyer, 2000 as cited in Reyhani et al., 2018). A woman's sexual relationship with her spouse is influenced by factors like lifestyle, self-perception, and societal norms, impacting various aspects of life, especially during middle age (Ramezani et al., 2014; Hoseini et al., 2012 as cited in Reyhani et al., 2018).

In a qualitative study in Iran, around 15 middle-aged women participated. Along with many other significant needs, the women voiced their need for repairing the sexual relationship, which included subcategories such as finding solutions for sexual problems and paying attention to new aspects of the sexual relationship. Participants stressed the importance of receiving sympathy from their husbands, desiring an empathetic connection and support during middle age. They sought a safe space to express emotions about these changes in their sexual relationships. Societal norms, influenced by culture, were seen as crucial, with some participants advocating for their alteration. The perception of middle age by society significantly influenced individuals' ability to adapt to changes, which further impacts their satisfaction in sexual relationships (Reyhani et al., 2018).

A study was conducted in Iran on 70 menopausal women to evaluate the effect of selfcare education program on the severity of menopause symptoms and marital satisfaction in postmenopausal women. The findings revealed that self-care training was crucial as it had a positive effect on the intensity of the menopausal symptoms in women. It also helped in improving the marital satisfaction in these women. The study recommended for more attention to be paid on providing self-care educational content to these mothers to improve their marital satisfaction and coping mechanisms to deal with menopause (Karimi, 2022).

Couples often attribute post-marital struggles to a lack of love, but psychologist Veena Suryakantha emphasizes that midlife crisis is a common, unrecognized factor. Managing midlife crisis is challenging and can lead to depression, causing issues like unhappiness, anger, boredom, and a perceived lack of love. Psychologists advise viewing midlife crisis as a transition, an opportunity for personal development and new possibilities, rather than succumbing to remorse and worsening the situation (Mukherjee, 2023).

E. Relationship with Siblings

Bonding with siblings go a long way in maintaining the psychological well-being in midlife (Antonucci et al., 2001 as cited in Papalia et al., 2004). Having positive relationships with siblings, despite occasional ups and downs, is beneficial for overall well-being. For women, it contributes to a positive self-concept, and for men, it is associated with higher morale. Stronger sibling connections are linked to fewer psychological problems (Paul, 1997 as cited in Papalia et al., 2004). Sharing the care-giving activities for the aged parents brings some siblings closer but at the same time there can be instances of disagreements and strife among others (Antonucci et al., 2001; Bedford, 1995; Bengtson et al, 1996 as cited in Papalia et al., 2004). The quality of sibling relationship in the early growing years defines the quality and nature of the relationship with the siblings during the adulthood. Unhealthy early relationships may lead to conflicts in adulthood.

A study revealed that among 95 married daughters who provided care services for their parents, siblings' support proved to be a great source of support but there are instances where it also became a critical source of interpersonal stress (Suitor & Pillemer, 1993 as cited in Papalia et al., 2004). It has been seen that after the establishment of their career and settlement of their families, siblings look forward to reviving their bonds (Bedford, 1995; Cicirelli, Puthey and Bengtson, 2001 as cited in Papalia et al., 2004). Sisters tend to stay more in touch and extend their mutual help and support in the times of family crisis (Cicirelli, 1980, 1995; H.G.Ross, Dalton and Milgram, 1980 as cited in Papalia et al., 2004). Sibling relationships become less frequent in adulthood, and conflicts tend to decrease as siblings with strained bonds see each other less (Puthey and Bengtson, 2001 as cited in Papalia et al., 2004).

Research suggests that as individuals enter middle and later adulthood, the frequency of communication between siblings becomes more consistent and stable (White, 2001 as cited in Whiteman SD et al., 2011). Additionally, it has been found that the majority of siblings maintain contact with each other throughout their lives (Cicirelli, 1995 as cited in Whiteman SD et al., 2011). Actually, while studying a group of 7,730 adult siblings that represented the entire nation, it was discovered that over 50% of brothers and sisters communicated with each other at least once per month (White and Riedmann, 1992 as cited in Whiteman SD et al., 2011).

Siblings, often daughters, may take on caregiving roles expecting shared responsibility, but imbalances can arise due to factors like proximity, expertise, and work schedules. Effective communication is key to dividing tasks and managing expectations to avoid resentment. To foster collaboration, it's crucial to assume positive intent and approach caregiving collectively. This ensures a fair distribution of responsibilities among siblings. Addressing caregiving responsibilities as a group, rather than through one-on-one confrontations, encourages open communication, allowing each sibling to express preferences, concerns, and availability (The Guardian, 2023). Long-distance caregivers can play a crucial role by offering emotional support to the sibling residing closer to their parent. Regular calls and active listening provide valuable assistance. They can also help with financial management, appointment scheduling, service arrangements, and gathering health-related information and medication details (Wasilewski, 2020).

In an individual's lifespan, he/she spends about 40- 50 years with one's parents, but life with siblings can last 60-80 years (Bank & Kahn, 1997 as cited in Katoch & Pathania, 2021). Sibling relationships are characterized by the various ways in which siblings provide support to each other throughout their lives. In recent years, there has been a significant increase in research on sibling relationships. This increase can be attributed to the fact that modern society's emphasis on individualization has led to feelings of loneliness and frustration, caused by factors such as demanding jobs, unsatisfying intimate relationships, fast-paced lifestyles, and dependence on technology. The true meaning of life is often lost in the complexities of modern living. It is important to revive our traditional social support systems, where siblings play a central role in our networks.

During middle adulthood, which usually spans from ages 40 to 60, adults become more engaged in their own families and economic pursuits. However, in old age, when their children have moved out, siblings tend to have more frequent and closer interactions (Connidis, 1992; Bedford, 1998 as cited in Katoch & Pathania, 2021). Different festivals such as 'Rakshabandhan' in the northern region and 'Nagarpanchami' in the southern region of India play a role in fostering unity among siblings. Siblings are commonly seen as a potential source of assistance and a form of security for the future (Hochschild, 1973 as cited in Katoch & Pathania, 2021).

During middle adulthood, it is important for adults to reconnect with their siblings and invest in nurturing their relationship. With this in mind, a qualitative study was conducted in Udaipur city of Rajasthan, India, to explore the various types of sibling relationships that fulfil different psychological and social needs, including intimate, congenial, loyal, apathetic, and hostile relationships. The purpose of this study was to examine the qualitative and in-depth relationship between middle-aged siblings using a case study approach. Data revealed that societal expectations, parental favouritism, and property disputes negatively influenced brotherly bonds. Positive relationships between brothers and sisters were shaped by life transitions. Sister-brother dynamics often involved hostility linked to childhood discrimination. While some aspects of their lives were shared, the depth of sharing among middle-aged adults tended to be superficial.

Many case studies have shown that brothers often have limited or infrequent contact with their siblings. They typically reach out to their siblings to check on the well-being of their aging parents, and this contact is seen as obligatory rather than voluntary. The relationship between brothers is influenced by societal expectations, and they maintain their connection out of a sense of duty. In the past, siblings used to visit each other and spend extended periods of time together after getting married. However, this dynamic has changed due to urbanization and privatization, as people are now working harder to make ends meet.

F. Relationship with friends

In middle age, many find it challenging to juggle caregiving and work, realizing they've overlooked friendships. Dr. Marc Schulz highlights the growing busyness during this stage. Some wake up to the need for rebuilding friendships, recognizing their social circle revolves around work or children. People often struggle to foresee the benefits of relationships, and the messiness and unpredictability of connections sometimes make solitude a preferred choice (Schulz & Dr. Waldinger as cited in Mikhail, 2023).

According to the National Academies of Sciences, Engineering, and Medicine, approximately 25% of seniors aged 65 and older experience social isolation. This isolation not only raises the likelihood of heart disease and premature death but also increases the risk of dementia by 50%. Fulfilling relationships reduce the risk of multiple chronic conditions in women, with greater satisfaction further decreasing the risk. Loneliness impacts those living alone or experiencing major life changes. Prioritizing friendships throughout adulthood, regardless of age, is vital for preserving women's physical and psychological well-being (Glass et al., 2000; Wayment & Peplau, 1995 as cited in Degges-White et al., 2020). Nevertheless, despite the expansion of social networks facilitated by communication technology, studies indicate that online support does not provide the same level of mental health support as in-person support (Han, Han, Qu, Li, & Zhu, 2019 as cited in Degges-White et al., 2020). Having friendships has a positive impact on various aspects of mental health and well-being, such as reducing anxiety and depression, boosting self-esteem, alleviating parental stress, and reducing social isolation (Edin & Kefalas, 2005; Edin & Lein, 1997; Fantuzzo, Stevenson, Kabir, & Perry, 2007 as cited in Degges-White et al., 2020). While there is not much research on the significance of best friends in midlife, studies suggest that best friends can assist in making transitions easier and have a positive impact on the emotional well-being and academic success of younger women (Ng-Knight et al., 2019 as cited in Degges-White et al., 2020). As women grow older, they tend to view close friends as family and emphasize the importance of consistent and reciprocal friendships, which contribute to personal growth and increased self-assurance (Piotrowski, 2018

as cited in Degges-White et al., 2020). This, in turn, can lead to greater life satisfaction and overall well-being.

A study on 422 women, ranging from 31 to 77 years old was undertaken to investigate the connections between the size and satisfaction of friendship networks, subjective age, and life satisfaction. Regular social interactions and having a broad network of friends contribute to feeling subjectively younger and experiencing higher life satisfaction. The study emphasizes the positive impact of a sense of belonging in one's social network and being considered a best friend on overall life satisfaction. Additionally, having more close friends and being content with that number are linked to higher levels of life satisfaction, highlighting the importance of cultivating healthy friendships for emotional well-being. Edin and Kefalas (2005) found that the presence of social support is associated with lower levels of depression and anxiety and a greater sense of self-control, as well as self-esteem, which is associated with higher levels of life satisfaction (Diener, Suh, Lucas, & Smith, 1999 as cited in Degges-White et al., 2020). The relationships women have with others are crucial for their personal growth and well-being. Investing time in friendships is a logical choice, as it can provide support, positivity, and inspiration. This can lead to feelings of rejuvenation and relief, ultimately making women feel younger and more satisfied with their lives (Piotrowski, 2018 as cited in Degges-White et al., 2020).

According to the convoy model of social relations social connections are essential for everyone, although the specific level and types of relationships needed may differ from person to person. These valuable relationships are collectively known as one's social support network. A convoy is made up of people who are important sources of social support, such as family, friends, colleagues, neighbours, and others. Convoys play a crucial role in providing individuals with various forms of support, including emotional support, help, guidance, companionship, and caregiving (Antonucci and Akiyama 1995; Kahn and Antonucci 1980 as cited in Nguyen et al., 2016).

As indicated by Kahn and Antonucci (1980 as cited in Nguyen et al., 2016), Convoys, which is represented by concentric circles, depict varying levels of closeness in a person's social network. The inner circle includes the closest members like parents, spouses, and children, providing significant support. The middle circle comprises close friends and relatives, while the outer circle includes less close but still

important individuals like neighbours and co-workers. Diverse social features, such as larger networks and positive family relationships, contribute to greater life satisfaction (Markides and Martin 1979; Pinquart and Sörensen 2000 as cited in Nguyen et al., 2016) self-esteem (Pinquart and Sörensen 2000; Markides and Martin 1979 as cited in Nguyen et al., 2016) happiness (Pinquart and Sörensen 2000 as cited in Nguyen et al., 2016) and general well-being (Ryan and Willits 2007; Thomas 2009 as cited in Nguyen et al., 2016).

Having strong social support and positive relationships can help prevent depression. People who receive a lot of support from friends and family are less likely to be diagnosed with depression and experience fewer symptoms of depression (Elder Jr et al. 1995; Gant et al. 1993; Gant and Ostrow 1995; Horwitz et al. 1998; Russell and Cutrona 1991; Siegel et al. 1994 as cited in Nguyen et al., 2016). Having support from friends can lead to increased self-esteem and well-being (Larson et al. 1986 as cited in Nguyen et al., 2016). Additionally, it can also result in lower levels of depression and loneliness (Poulin et al., 2012; Zhang and Li, 2011 as cited in Nguyen et al., 2016).

The theory of frequency-salience suggests that while positive social exchanges are more common than negative interactions, the negative ones have a significant impact on one's subjective well-being. Negative interactions are often seen as stressors because they are unexpected, go against the usual expectations of polite behaviour, and are experienced as upsetting and stressful events (Rook 1990 as cited in as cited in Nguyen et al., 2016). Having support from friends is an important social asset that helps reduce the negative impact of negative family interactions on happiness. Friendships also help alleviate the negative effects of partner strain on psychological well-being (Walen and Lachman 2000 as cited in Nguyen et al., 2016). Additionally, when there is marital conflict, supportive friendships can help maintain higher levels of marital satisfaction (Walen and Lachman 2000 as cited in Nguyen et al., 2016).

Friends play multiple roles in each other's lives, including being there for one another during meals, casual conversations, and engaging in shared activities (Dykstra, 1990 as cited in Adams & Blieszner, 1995). They also serve as trusted confidants, particularly when family members are not accessible (Connidis & Davies, 1990 as cited in Adams & Blieszner, 1995). However, friendships can also encounter

challenges. Social networks can give rise to conflicting motives, competition for limited resources, scheming, deceit, and breaches of trust (Hansson, Jones & Fletcher, 1990 as cited in Adams & Blieszner, 1995).

Friendships can impact mental well-being in various ways. Having strong social connections is crucial for personal happiness and health (Pavot & Diener, 1993 as cited in Oliver et al., 2014). Individuals who have close relationships with others tend to have a more positive outlook on life and better overall well-being (Antonucci, 2001; Cohen & Janicki-Deverts, 2009 as cited in Oliver et al., 2014). Social connections play a healthy role in subjective well-being by offering opportunities for engagement and participation in social activities (Berkman, Glass, Brissette, & Seeman, 2000 as cited in Oliver et al., 2014).

Studies explore how different social relationships (family or friends) impact individual well-being, emphasizing the crucial role of family relationships in providing support and social integration for the well-being of older adults (Antonucci, Jackson, & Biggs, 2007; Katz, 2009; Koropeckyj-Cox, 2002; Lowenstein, 2007; Silverstein & Bengtson, 1994 as cited in Oliver et al., 2014). Friendship relationships also contribute to enjoyment and socializing (Pinquart & Sörensen, 2000 as cited in Oliver et al., 2014). Therefore, having good relationships with both family members and friends is important for older adults and positively impacts their well-being. Well-being is a crucial measure of successful aging (Freund & Baltes, 1998 as cited in Oliver et al., 2014) and many studies have shown that it has beneficial effects on health, the occurrence of significant life events, and mortality (Diener, 2012 as cited in Oliver et al., 2014). A study using data from the German Aging Survey explored how engaging in activities with family and friends at various ages influences changes in life satisfaction and emotions, using latent change score models. The findings indicate that engaging in leisure activities with social companions is advantageous during middle age. This can contribute to the preservation or even enhancement of enjoyment, curiosity, and overall contentment with one's life situation. The way we interact with family members and friends can vary based on the type of relationship. Interactions with family are predetermined, while friendships are chosen based on similarities. Engaging in leisure activities with social partners during

middle age has positive effects on enjoyment, curiosity, and life satisfaction (Oliver et al., 2014).

G. Empowerment

Gaining knowledge, self-assurance, and understanding of gender equality are key elements of the empowerment process, primarily achieved through education. An educated woman, aware of her rights, is less likely to face discrimination. The government, recognizing women's issues, has introduced schemes to combat crimes against women and enhance their welfare. It is essential to raise awareness and motivate women towards empowerment opportunities. Empowering women involves providing them the freedom to make life choices, encompassing social rights, political rights, economic stability, judicial strength, and all other rights equally. Social empowerment for women and girls involves the ability to independently and collectively influence social relationships and institutions, allowing them to form positive connections, participate in social activities, and make decisions free from gender norms. This process aims to enhance women's access to essential services, enabling them to reach their full potential. Economic empowerment for women means they gain more control over economic resources, allowing them to make decisions that benefit themselves, their families, and communities. This includes improving livelihoods, earning more income, and creating businesses that offer jobs to women, fostering economic independence and self-reliance through training and income-generating activities. The government has introduced programmes and schemes to address societal issues and combat crimes against women, aiming to uplift their well-being. Despite these developments, women in modern India still face gender-based discrimination and underrepresentation in power and decision-making roles. Efforts to address gender inequality should continue, recognizing the need for further action (Jain, 2022). There must be schemes and programmes for educated non-working mothers too, as they still do not find any prominent representation or support system for their upliftment in the society.

Increased knowledge, self-confidence and awareness of gender equity are indicators of the empowerment process. These components develop mainly through education. Educated woman aware about their rights and when women aware about their rights then she/her will not face discrimination (NITI Aayog). In today's global information

society, gender inequalities are reflected in digital gender gaps. The United Nations recognizes the importance of closing the gender digital divide to achieve Sustainable Development Goals (SDGs). Despite global and national initiatives for digital inclusiveness, women still face challenges in personal and professional life due to societal stereotypes. Digital skills are essential for women in the evolving digital landscape. Lack of digital skills may hinder women from business opportunities, participating in decision-making, job mobility, networking, and accessing information from diverse sources. Women's empowerment in digital media can be achieved through some of these major measures such as digital literacy, mentoring, transparency and inclusiveness, lifelong learning opportunities, access to funding, inclusiveness, computer literacy, increasing their confidence in suing technology, digital innovation , networking etc (Pawar, 2017). Digital technologies present distinctive opportunities for empowering and integrating women worldwide, offering new avenues for income, employment, and educational access that can result in substantial progress for women, their families, and entire communities (Bechthold, 2022).

Conclusion

The researcher gathered significant insights from an extensive review of the existing literature, encompassing theoretical perspectives and diverse studies on the subject. This information laid the substructure for crafting an intervention package designed to enhance the quality of life of middle-aged non-working mothers. The thorough exploration of literature covered various dimensions, with the majority of content aligning with the research's overarching objectives. Due to the dearth of studies on the experiences of middle-aged non-working mothers, it was crucial to delve deeply into understanding their challenges in terms of quality of life.

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Chapter 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the logical and systematic methods applied to study the quality of life and the challenges faced by the middle-aged non-working mothers. It also delineates various steps involved in the development of a social work intervention module to enhance the quality of life of these mothers. The methods applied constitute a well-defined methodology that gives the research its authenticity, and legitimacy and provides a scientific explanation to its findings. It comprises the rationale of the study, the objectives, concepts and definitions, the research design, tools and methods of data collection, and a brief analysis and interpretation of the data. Research methodology in this chapter systematically and scientifically delineates the various techniques and methods applied to collect, analyse and interpret quantitative or qualitative data, aiming to address the research objectives.

The present research has been conducted on the quality of life (biological, psychological, and social life) of non-working middle-aged mothers in Thrissur, Kerala. The study has used a mixed methodology using both quantitative and a qualitative study. **The first phase** of quantitative study comprised of two main parts. **First part** was a descriptive study on the quality of life of 356 middle-aged mothers using 'WHOQOL-BREF' and 'Positive Health Behaviour Checklist'. This served the first objective of the research study. It also included the screening/selection of eligible participants for their recruitment in the social work intervention program based on their scores in the QOL assessment in the descriptive phase and their willingness to participate. A group of thirty mothers was finally, screened from 356 respondents who finally partook in the intervention programme.

The second part of the quantitative study comprised of need assessment of the screened participants and development of an intervention module as per the results from the descriptive study, a field trial (pilot study) and the need assessments undertaken. It was followed by the administration of a validated 'Biopsychosocial

Awareness Scale' and a 'Comprehensive questionnaire to study the influence of the midlife challenges on the quality of life' of those 30 screened mothers. This part served the second objective of the study. Post group work and case work interventions, a pre-post quantitative study (of data from all the tools) evaluated the effectiveness of the intervention programme on the quality of life of thirty mothers.

The data was further supplemented by the findings from the qualitative research which formed the **second phase** of the study, by employing 'Focused Group Discussions' and 'Case Studies'. The triangulation through qualitative research helped in testing the validity through convergence of information obtained from quantitative study. It helped in establishing credibility by giving complete picture of the intervention study and its effectiveness in enhancing the quality of life of middle-aged mothers. The details about all the tools used in the quantitative and qualitative phase have been explained in detail in the forthcoming section of this chapter.

This intervention is grounded in the biopsychosocial theory (George Engel, 1977) and psychosocial development theory (Erikson, 1950). It incorporates 'Acceptance and Commitment Therapy (ACT)', an advanced form of Behavioural and Cognitive Therapy, along with Psychoeducation as practice models. The role of social work intervention in this particular area can prove to be an impactful changemaker as there is a dearth of a multi-dimensional intervention approach to help middle-aged women identify their hidden worth and unused potential to enhance her biopsychosocial quality of life. As part of this multi-dimensional intervention programme, the health based interventions would help them develop coping skills to tackle various midlife health challenges and refocus themselves on self-growth.

In her capacity as a social worker, the researcher was eager to take on a significant role in advocating for the biopsychosocial improvement of the often overlooked yet highly productive group of middle-aged non-working mothers.

3.2 Statement of the Problem

Studies on midlife over the past years have revealed that there is a dearth of research on the midlife development period and those studies have probably focused more on men and the biological role of the women. Women's needs and aspirations seldom find a place in theoretical works. Elizabeth Hurlock calls middle age an age of

achievement. She also speaks about the lack of achievement in certain cases when the individual fails to attain recognition, accolades, and success before entering middle age. There are many who enter midlife with their past traumatic burden of unfulfilled desires, regrets, and aspirations along with their feelings of worthlessness and meaninglessness arising thereby. There is a severe hit to their self-esteem and motivation level. The repercussions of these may be manifested in various forms, especially the conflicts in the family, ego complexities, glorification of youth patterns, and anxieties and insecurities (Billing and Adams cited in Hurlock, 1959).

During the midlife transition, people often undergo a noticeable transformation in their mental perspective compared to when they were younger. This shift is marked by a sudden realization that they have already lived half their life, and if luck is on their side, they still have roughly half left to live. Studies indicate that this realization prompts individuals to engage in profound introspection concerning the significance and purpose of their own existence, commonly referred to as existential inquiries. Studies reveal that by midlife, women are socialized into certain roles and are expected to perform well and contribute towards society keeping with the family and societal standards, even if that means compromising their own identity and personal accomplishments. Being a sandwiched generation, women often get stuck amidst the various roles towards their family and society leading to role conflict and role adjustments. Furthermore, if she is incapable of balancing her roles, the dissatisfaction and frustration with oneself increases manifold.

Her tryst with menopausal changes, declining health, empty nest syndrome, relationship aspects, role conflicts, and identity crises land her in a perplexed state of mind, finally paving the way to anxiety and even depression in some. Since there is a notable increase in life expectancy, there is a greater need and interest to obtain an in-depth understanding of some of the least explored areas of women's midlife development period. The research thus intends to study the quality of life of middle-aged mothers, since most of them at this age remain an oddly invisible group with most of their psycho-social hardships not coming to light. Lack of expression of her needs and challenges due to various social and cultural inhibitions causes it to go unnoticed.

In the Indian context, it is important to address the specific challenges faced by middle-aged women who are homemakers or non-working mothers. Many of their biopsychosocial issues are often overlooked and left unaddressed. Their economic dependence and limited exposure to the outside world restrict their abilities and have a negative impact on their self-esteem. While not all homemakers are dissatisfied with their lives, there are certainly many who desire support and assistance in regaining their health and rediscover their identities and potential.

3.3 Rationale of the study

I. Literature review has indicated that there has been a dearth of research on women's psycho-social changes during middle age. Emphasis has been evidently more on the men's midlife experiences but less coverage of the women's midlife psycho-social concerns. There are many other crucial aspects of a woman's functioning other than just the biological role in society. As Gergen (1990 as cited in Hargrave, 2006) puts it, "silences and gaping holes" in the developmental history of middle-aged women.

II. Given the significant rise in life expectancy, there is a greater necessity to gain comprehensive insights into the relatively unexplored aspects of women's mid-life development. The study would undoubtedly serve as a valuable contribution towards enhancing the overall quality of their lives.

III. The prime prerogative of this study is to examine the quality of life experienced by middle-aged women, as this demographic group and their bio-psychosocial concerns often go unnoticed and remain largely unacknowledged. The lack of vocalization regarding their needs and challenges, influenced by societal and cultural constraints, contributes to this oversight. The research aims to determine whether the experiences of middle-aged women, who are being observed, are consistent or vary across different circumstances.

IV. While it may not be possible to make broad generalizations about this midlife condition, it is feasible to conduct a comprehensive study in order to gain an understanding of the overall situation. By connecting the common themes that

emerge, it may be possible to ascertain how middle-aged women perceive this phase of their lives.

V. The study underscores the necessity for social work interventions targeting this segment of society, as there is a noticeable absence of programmes that addresses their midlife issues and leverage their capabilities for community development. In contrast to other life stages like infancy, adolescence, and old age etc., which have received commendable attention in social work research and interventions, this particular group remains unheard and comparatively overlooked.

3.4 Objectives of the study

General objective

To assess the effectiveness of the social work intervention on the quality of life of middle-aged mothers.

Specific Objectives

1. To assess the quality of life of middle-aged mothers.
2. To study the influence of biopsychosocial midlife challenges on the quality of life of mothers
3. To measure the effectiveness of social work intervention on the quality of life and midlife challenges of middle-aged mothers

3.5 Hypothesis

A. Descriptive Study: First Phase

Table 3.1 – Hypotheses for Descriptive Study First Phase

Statement	Hypotheses
Quality of life experienced by mothers and their socio-demographic variables: age, religion, education	H_0: There is no significant variation in the quality of life experienced by mothers in different age groups. H_0: There is no significant variation in the quality of life experienced by mothers in different religions.

level, levels of income.	H_0: There is no significant variation in the quality of life experienced by mothers across different education levels.
	H_0: There is no significant variation in the quality of life experienced by mothers across different levels of income.
Perception of meaningfulness of their life and self-satisfaction level	H_0: There is no significant association between an individual's perception on the meaningfulness of their life, and their level of self-satisfaction.
Level of self-satisfaction and their level of satisfaction in personal relationships	H_0: There is no significant association between their level of self-satisfaction, and their level of satisfaction in personal relationships.
Level of self-satisfaction and their perception about their bodily appearance	H_0: There is no significant association between their level of self-satisfaction, and their level of opinion on bodily appearance.
Quality of life and levels of capacity for work	H_0: There is no significant association between their quality of their life, and the levels of capacity for work
Quality of life and levels of income	H_0: There is no significant association between their quality of their life, and the levels of income
Quality of life and levels of leisure activities	H_0: There is no significant association between their quality of their life, and the levels of leisure activities
Quality of their sex life and importance of bodily appearance	H_0: There is no significant association between their quality of their sex life, and the importance of bodily appearance.
Satisfaction in personal relationships and the level of negative feelings	H_0: There is no significant association between their satisfaction in personal relationships, and the level of negative feelings.

B. Hypotheses for Comprehensive survey domains (Physiological, Psychological, Social) to study the influence of biopsychosocial midlife challenges on the quality of life of middle-aged mothers:

Table 3.2 – Hypotheses for Comprehensive survey domains

Level	Null Hypothesis
Domains of the survey	H_0: There is no statistically significant difference in the mean value of 'Physiological Domain' before and after the intervention
	H_0: There is no statistically significant difference in the mean value of 'Psychological Domain' before and after the intervention
	H_0: There is no statistically significant difference in the mean value of 'Social Domain' before and after the intervention
Aspects within 'Psychological' Domain	H_0: There is no statistically significant difference in the mean value of 'Cognitive Development and Information Processing' before and after the intervention
	H_0: There is no statistically significant difference in the mean value of 'Communication' before and after the intervention
	H_0: There is no statistically significant difference in the mean value of 'Interests/Passions' before and after the intervention
	H_0: There is no statistically significant difference in the mean value of 'Perception' before and after the intervention
	H_0: There is no statistically significant difference in the mean value of 'Self Concept' before and after the intervention
	H_0: There is no statistically significant difference in the mean value of 'Attitude' before and after the intervention
	H_0: There is no statistically significant difference in the mean value of 'Emotions' before and after the intervention
	H_0: There is no statistically significant difference in the mean value of 'Spirituality' before and after the intervention
Aspects within 'Social' Domain	H_0: There is no statistically significant difference in the mean value of 'Relationship with spouse' before and after the intervention
	H_0: There is no statistically significant difference in the mean value of 'Relationship with child' before and after the intervention
	H_0: There is no statistically significant difference in the mean value of

	'Caring for the elderly' before and after the intervention
	H_0: There is no statistically significant difference in the mean value of 'Relationship' with siblings) before and after the intervention
	H_0: There is no statistically significant difference in the mean value of 'Friendships' before and after the intervention
	H_0: There is no statistically significant difference in the mean value of 'Environmental factors' before and after the intervention

3.6 Definition of concepts

3.6.1 Middle-Age

Conceptual definition

The period of middle-age is customarily assumed to begin between the ages of 35 and 45 years and to end at the age of 65 years (Barclay, Stoltz, & Chung, 2011; Kertzner, 2001 as cited in Shiri Shinan-Altman and Perla Werner, 2019).

Given the growing interest in adult development and aging among scientists and the general public, it may no longer be true to refer to the middle years or age—that relatively long period when one is neither young nor old—as a neglected time. Middle age is often perceived as merely a stopover on the way to old age when one gathers their strength and tries to stock up on the resources (health, wealth, and relationships) that will be required for the challenges of the latter stages of life. The middle years have been described more as a period of transition than as a time of development, fulfilment, and creativity, but for many women, they were a time of unexpected joy and even power despite a number of difficulties (Baruch & Brooks-Gunj, 1984).

Middle age as per traditional construct extends from age forty to sixty in one's life span and an adult between forty and sixty years of age is identified as "middle-aged" (Hurlock, 1959). As per Jung (1933), Midlife is the afternoon of life in his essay on "The Stages of Life. Adults between the ages of 40 and 60 are typically considered middle-aged, although there is a 10-year range on either end, thus it is not uncommon for some to view middle age to begin at 30 and conclude at 75.

Operational definition

In this research, middle-aged mothers who are homemakers belonging to the age group of 37 years to 60 years have been considered for the first phase descriptive study and mothers belonging to the age group of 37 to 50 years for the intervention study.

3.6.2 Quality of life

Conceptual definition

According to WHO, Quality of life is defined as "individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". It is a comprehensive concept that encompasses a person's physical health, psychological condition, amount of independence, social interactions, personal views, and their relationships to visible characteristics of the environment in a complicated way (WHO, 1998).

Quality of life (QoL) is a concept which aims to capture the well-being, whether of a population or individual, regarding both positive and negative elements within the entirety of their existence at a specific point in time. For example, common facets of QoL include personal health (physical, mental, and spiritual), relationships, education status, work environment, social status, wealth, a sense of security and safety, freedom, autonomy in decision-making, social-belonging and their physical surroundings (Teoli & Bhardwaj, 2023).

Operational definition

The research intends to study the quality of life in terms of the biopsychosocial dimensions of well-being of middle-aged mothers who are homemakers. It is also inclusive of spiritual components that help them cope with their midlife stress and storm leading to self-contentment.

3.6.3 Biological Dimension

Conceptual Definition

The biological dimension refers to 'the role of biological systems-be they within our bodies (e.g. genetic predispositions), or outside (e.g. airborne pathogens that impact our functioning), upon our health and well-being' (Lewis, 2023).

It refers to: of or relating to biology or to life and living process, genetics (Merriam Webster Dictionary, 2023).

'In midlife, there are a few major biochemical and physical changes. There are alterations in vision and hearing, as well as increased joint pain and weight gain (Lachman, 2004). Weight gain, sometimes known as the middle-aged spread or fat deposition in the abdomen, is a typical concern among middle-aged adults' (Lazzara, 2020).

Operational Definition

Biological aspects in this study refer to the quality of health (physical) of middle-aged unemployed mothers (37 to 60 years age group) that includes awareness on lifestyle diseases, diet and nutrition, exercise for mind and body, regularity in consultation and medication, coping with menopause-related challenges, and sexuality. The researcher has focussed mainly on the preventive aspects excluded the details of diseases.

3.6.4 Psychological Dimension

Conceptual Definition

'The supposed collection of behaviours, traits, attitudes, and so forth that characterize an individual or a group. Psychology (noun form) is the study of the mind and behaviour. Psychology is now a diverse scientific discipline comprising several major branches of research (e.g., experimental, biological, cognitive, lifespan developmental, personality etc)' (American Psychological Association, 2023).

'Psychological attributes are not linear or unidimensional. They are complex and expressed in terms of dimensions such as cognitive, emotional, social etc. They are multi-dimensional attributes such as intelligence, aptitude, interests, personality, values etc' (NCERT).

Operational Definition

Psychological dimension in this study refers to cognitive development, information processing, communication, interests, perceptions, self-concept, attitudes and emotions of middle-aged unemployed mothers (37 to 60 years age group) of Thrissur.

3.6.5 Social Dimension

Conceptual Definition

Social according to Collins dictionary (2023) means relating to society or to the way society is organized. Social means relating to the status or rank that someone has in society, leisure activities that involve meeting other people etc.

'Social dimension refers to social well-being which implies harmony and integration within the individual, between each individual and other members of society and between individuals and the world in which they live' (Cmich, 1984 as cited in Park, 2009).

'It is rooted in "positive material environment" focusing on the financial and residential matters and "positive human environment" which is convened with the social network of the individual' (Fillenbaum, 1984 as cited in Park, 2009).

Operational Definition

Social aspects in this study refers to the quality of relationships and handling disagreements, social participation and contribution, social support system and empowerment of middle-aged unemployed mothers (37 to 60 years age group) in Thrissur.

3.6.6 Sexuality

Conceptual Definition

The quality or state of being sexual, the condition of having sex, sexual activity, expression of sexual receptivity or interest especially when excessive (Merriam Webster, 2023).

'Human sexuality can be defined as the ways in which people experience and express themselves as sexual beings. The study of human sexuality draws on many disciplines. Biologists are interested in the physiological mechanisms of sexual arousal and response. Medical science informs us about sexually transmitted infections like HIV/AIDS and the organic bases of sexual dysfunctions. Psychologists study the effect of perception, learning, thought, motivation, emotion and personality

on sexual behaviour and attitudes. Sociologists focus on the contexts of sexual behaviour pertaining to the relationships between sexual behaviour and religion, race and social class' (SA Fam Pract 2004, as cited in El Kok, 2004).

Operational Definition

Sexuality in this study refers to body image/physical appearance, quality of sexual experiences, menopause, and aspects related to feminity and beauty among middle-aged mothers (homemakers) during their midlife.

3.6.7 Perception

Conceptual Definition

'Perception refers to our sensory experience of the world. It is the process of using our senses to become aware of objects, relationships. It is through this experience that we gain information about the environment around us' (American Psychological Association, 2011).

'Perception is how we gather and interpret information from the world around us. Since we constantly gather and interpret information from our environment, it is accurate to say therefore that perception is a process and not an action' (Perreault and McCarthy, 2005 as cited in Amodu, 2006). According to Jobber 'perception is the complex process by which people select, organize and interpret sensory stimulation into a meaningful picture of the world' (Jobber, 2004 as cited in Amodu, 2006).

Operational Definition

Perception in this research denotes the way middle-aged mothers notice/perceive and interpret themselves, people, things, events, and relationships by means of their senses and their past life experiences. It includes their perception of themselves being worthy or not worthy enough, dependent or self-reliant, stuck or moving ahead in life, their concept of time in midlife etc

3.6.8 Self-grooming

Conceptual Definition

Activity leading to skilled behaviour, self-training, preparation, the activity of getting dressed, providing oneself opportunity for practice and guidance in making right decisions, to train or prepare oneself for a particular task, occupation etc (Webster Dictionary, 1913).

'Being well groomed enhances their potential, abilities and thinking' (Gurukul School of Design, 2019).

Self-grooming enhances personality, helps create a better version of yourself, and leads to significant improvement of your self-esteem. A boost in self-esteem will allow you to be more comfortable and this, in turn, enables your true personality to shine forth.

Operational Definition

Self-grooming here refers to efforts taken by middle-aged mothers towards self-care that includes personality development, prioritising one's own needs, physical and emotional fitness, active social life, empowerment, and self-improvement to improve self-worth and self-image during the midlife transition period.

3.6.9 Self-concept

Conceptual Definition

The mental image one has of oneself, one's description and evaluation or appraisal of oneself, including psychological and physical characteristics, qualities, skills, roles, and so forth. Self-concepts contribute to the individual's sense of identity over time (APA definition of psychology, 2023)

"The self-concept is one's full set of beliefs about oneself or self-knowledge. It includes beliefs about personal characteristics, such as traits, abilities, values, preferences, and opinions, as well as beliefs about one's social identities, such as social roles, relationships, and social groups. It is, in essence, the beliefs one can draw on to answer the question, "Who am I?" (Jordan, 2020)

Operational Definition

In this research, it refers to her individual identity as a middle-aged mother, her different roles and status in her family system as she sees, her evaluation of herself in terms of her decisions and individuality, her perspectives regarding aging, her physical appearance/self-image and self-care during midlife period.

3.6.10 Spirituality

Conceptual Definition

"Spirituality is considered as an aspect of the human experience, and often as a tool to enhance resilience in the face of adversity, and as a compass for navigation of a fulfilled life" (Sargeant & Yoxall, 2023). 'The quality of being connected with religion or the human spirit (Oxford Dictionary, 2023).

Spirituality is defined as experiencing transcendence through inner peace, harmony, or connectedness to others' (Boswell et al., 2006 as cited in Bozek et al., 2020).

Operational Definition

Spirituality refers to a medium that helps middle-aged women cope with their fears and insecurities, regrets, or conflict situations with patience and fortitude. The practice of gratitude, forgiveness, and acceptance act as prime tools for self-contentment, positive mental health, and self-development. Something that is more connected with inner peace and knowing oneself in a better way. Spirituality transcends religious and cultural borders. Spirituality is defined by faith, the search for meaning and purpose in life, a sense of connection with others, and the transcendence of self, all of which culminate in a sense of inner peace and well-being.

3.6.11 Emptiness

Conceptual Definition

'Emptiness—as it relates to mental health—is an existential feeling that has to do with how you connect to yourself and the world around you. It's considered a component of self-criticism, dissociation and unstable self-identity. Emptiness refers to a compilation of feelings—including loneliness, sadness, numbness or disconnection from others—that can be felt by most people at some point in their life' (Catherine Del Toro as cited in McDermott, 2023).

Operational Definition

Emptiness, in this study, indicates the emptiness syndrome that a middle-aged mother often undergoes during her midlife once her children grow up and move away from home for their future ventures in life. Some mothers suffer from unexplainable feelings of sadness or a vacuum and find life no more meaningful.

3.6.12 Empowerment

Conceptual Definition

'The term empowerment surfaced in the 1920s but was not widely accepted in its use until the 1970s. Empowerment refers to increasing the power of a low-power group so that it is equal to the high-power group. It is the interpersonal process of providing the proper tools, resources, and environment to build, develop, and increase the ability and effectiveness of others to set and reach individual goals' (Bradys et al, 2019; Lu H et al, 2019 and Lean M et al., 2019 as cited in Haddad & Tony-Butler, 2023).

The act of giving somebody more control over their own life or the situation they are in is the empowerment of the individual (Oxford Learner's Dictionaries, 2023).

Operational Definition

Empowerment here refers to women's empowerment especially during midlife, when homemakers get empowered by means of right awareness (Biopsychosocial), information about privileges/rights, career restart, financial independence, learning, fulfilment of their unfinished dreams, assertiveness, decision-making, social contribution and improvement in their individual status in their family etc.

3.7 Pilot Study

The researcher aimed to assess the viability of conducting a descriptive quantitative study focused on middle-aged non-working mothers in Thrissur, Kerala. Preliminary discussions were undertaken with various resident associations, officials in the Thrissur Municipal Corporation, and social science research experts to understand the scope of data collection from the target population. As part of the investigation, 20 women in one of the communities were interviewed to understand their general perspectives on the midlife changes. Few women's organisations were also visited to

check the availability of middle-aged women members with an aim to prepare a sample frame for the research. Due to some technical concerns and sampling-related constraints, other alternative avenues were explored to obtain the required population for the study. Meetings and discussions with some of the ward counsellors at the Municipal Corporation helped the researcher to understand the extent of accessibility to middle-aged non-working mothers in Thrissur Municipal Corporation divisions (wards). Permission and guidance from the panchayat president were also sought to carry out the proposed study. Further, meetings with Integrated Child Development Services (ICDS) supervisors of the selected divisions and the 'Anganwadi' workers helped in garnering their support for gaining accessibility to the middle-aged mothers' population. With their help and support, a list of the target population from the randomly chosen six divisions under Thrissur Municipal Corporation was obtained along with their contact details.

Pilot study was conducted to check the feasibility of the research instruments used in the first and second phase of the research. Permission was sought from the concerned authorities (WHO) for the use of the tools in the current research study. WHOQOL-BREF (a standardised questionnaire) and the 'Positive Health Behaviour checklist' were tested on a group 27 middle-aged mothers to check their feasibility. This was to review the suitability and accuracy of the questions in the present research context and make the necessary changes. Further, during the intervention stage, a self-made questionnaire and a scale were also tested for their validity and reliability by means of a pilot test with 35 middle aged mothers. Preliminary statistical tests were run to study the data distribution and performance of the tools. Face validity was also conducted through the review by seven experts in this field. Necessary suggestions were incorporated to ensure its suitability for the proposed target population. The intervention module prepared by the researcher also underwent a field-trail test (pilot) to evaluate its feasibility and effectiveness. Meetings with the concerned experts and interventionists helped in the improvement of the quality of the intervention module.

In the qualitative phase, the interview guide (case studies) and the FGD guide (for FGD) were also tested for their accuracy. They were given to few experts and a group of middle-aged mothers to review the nature of questions and their relevance.

3.8 Research Design

The present study was undertaken in two phases and followed a mixed methodology using both quantitative and qualitative study. The study was conducted using **One Group Pre-test–Post-test design of Quasi-experimental research.** In this research, phase one of quantitative study has been a descriptive study with 356 middle aged mothers, undertaken to understand and analyse their midlife quality of life, to gather useful information necessary for the preparation of the intervention module, and also for the selection/screening of the participants for the intervention program. The research design is diagrammatically represented below:

Where:

E ⟶ Experimental Group

$Y_{1,}$ ⟶ Measurement of Dependent Variable (Quality of life) and midlife challenges of mothers before the introduction of X (Pre-Intervention)

X ⟶ Independent Variable (Social work Intervention)

Y_2 ⟶ Measurement of Dependent Variable after the introduction of X (Post Intervention)

Figure 3.1: One Group Pre-test Post-test Research Design *(Lal Das, 2022)*

The first phase of the study followed a quantitative methodology. **The first part** of the first phase comprised of a descriptive study using WHOQOL-BREF and a Positive Health Behaviour checklist. This study helped the researcher to understand their quality of life during midlife and in the selection/screening of eligible mothers (intervention group) to participate in the social work intervention programme. About 356 middle-aged mothers participated in the descriptive study. They were divided into ten deciles based on their QOL scores in the descriptive study. Individuals in the five bottom deciles were approached for the intervention.

Second part of the first phase comprised of social work intervention for 30 mothers who scored less on the QOL assessment in the descriptive phase and were willing to partake in the intervention as mentioned earlier. They were screened from 356 mothers as per the above-mentioned criteria. This was followed by a personal interaction and need assessment round with the screened participants and development of an intervention module based on the descriptive study results, a field trial of the preliminary intervention module and the need assessments. The screened mothers were administered validated awareness scale and a comprehensive questionnaire to study the influence of midlife challenges on their quality of life post which they were subjected to an intervention programme comprising both social group work and social case work methods. This was followed by a quantitative study of the pre-post intervention data to assess the effectiveness of the social work intervention on the quality of life of middle-aged mothers. The details of the tools used have been briefed in the tools for data collection section.

The second phase of research consisted of qualitative inquiry to supplement the findings from the quantitative study. It helped to explain the gaps and extent of the effectiveness of the intervention given to the group (Creswell, 2006). It consisted of two focused group discussions with the first and the third quartile of the participants respectively and three case studies. The purpose was to understand the level of effectiveness/impact of the social work intervention program on the quality of life of those mothers. Qualitative research was specifically used for this purpose because it helped the researcher understand the know-how of their real-life predicament on a subjective level through personal in-depth interviews. It also helped her to subjectively explore and provide a deeper understanding of their midlife needs.

3.9 Five Stages of Social Work Intervention Research

The social work intervention research underwent five distinct but interwoven steps -

(1) Problem specification and program theory development; (2) Development, primary testing, and revision of program materials (3) Refinement and confirmation of program components; (4) Effectiveness assessment and (5) Dissemination of findings and program materials (Soydan, 2013).

In the context of the present research, the researcher has delineated the five stages of her social work intervention research.

1. Problem specification and programme theory development

In this social work intervention research, it was essential to explore and identify the midlife quality of life and challenges faced by the middle-aged non-working mothers due to the dearth of previous studies or social work interventions in this particular area. This necessitated the first phase of quantitative study, which is a descriptive study as explained in the above section. The data obtained from 356 respondents from the descriptive phase of the first phase of the quantitative study was used as the research evidence to identify those factors which either instigated or prevented their specific midlife problems known as the risks and preventive factors respectively. Based on the knowledge thus received, the researcher developed a preliminary intervention module to prevent or reduce the incidence of the problems faced by those mothers. Further, personal interactions and in-depth need assessment of each participant contributed more ideas to streamline a needs-based intervention module for them to enhance their biopsychosocial quality of life. "Conceptualization and program design are two steps that define and operationalize concepts into actions to be taken as a part of the intervention (Soydan, 2013).

2. Development, primary testing, and revision of program materials

The preliminary module was field tested (pilot) among the middle aged non-working mothers in one of the communities by the researcher. The suitability of the intervention module was tested by means of a feasibility study. As per the feedback and suggestions of the participants, the preliminary module was further refined after necessary incorporations and modifications. Various aspects were explored during this stage, such as: the number of treatment sessions, the type of sessions, time duration for each session etc. Additionally, meetings with subject experts such as doctors, psychologists and social work interventionists in this area were undertaken to evaluate the quality of the intervention module. These initiatives further led to the development of an intervention module which was used for the enhancement of the quality of life of selected middle-aged mothers. Once the feasibility was established, the researcher explored various bottlenecks that might cause hurdles in the successful

implementation of intervention for instance, unavailability of participants due to unavoidable personal reasons, challenges due to Covid pandemic, low motivated participants who tend to procrastinate, conflicts (group dynamics) between participants, availability of resource persons and other factors.

3. Refinement and confirmation of program components

This phase involved the refinement of the intervention module and the final confirmation of the programme components/activities. The relevance of each programme activity was individually explored through repeated discussion with the subject experts, resource persons and trainers to understand its efficacy in producing the intended outcome in the participants as per their expectations and needs. By this time, the core intervention activities of the module were determined to facilitate replication of the intervention in real life scenario. Examining each element of the intervention offered insights into the relative significance of the activities in achieving the desired outcomes. It was highly necessary to align their mode and content of education/ activities with the actual needs/expectations expressed by the participants. Finding the right resource person for each session was one of the core responsibilities of the researcher to make the intervention fruitful and meaningful. The intervention programme was carefully divided into psychoeducation sessions, skill development activities and emotional enrichment sessions. The other concurrent program activities for individual and group development were also planned with the participants alongside the main event. As per the plan, the social work intervention programme sessions (evidence based) were finally disseminated to 30 participants of the intervention group. Intervention endeavoured to bring about attitudinal, perceptional and behavioural changes in mothers for the enhancement of their quality of life during their midlife transition period. For the dissemination of the programme activities/materials, social group work and case work methods based on Psychoeducation and Acceptance & Commitment Therapy (ACT) as practice models were applied which consisted of purposeful and targeted set of initiatives to enhance the quality of life of middle aged non-working mothers. The intervention process was spread over a span of five months followed by evaluation and analysis. The details pertaining to the intervention have been delineated in the Social Work Intervention

Chapter. After a specified period of social work intervention, its pre-post measurement was undertaken to study its effectiveness.

4. Effectiveness assessment

One of the main goals of any intervention research is to study how effective an intervention would be in the real-life scenario. The researcher was keen to know the level of effectiveness of the intervention on the quality of life of 30 participants who took part in the intervention programme. Feedback forms which were prepared prior to the intervention were given to the participants to evaluate the effectiveness of each session and the resource-persons. Much thrust was given on the evaluation process which was based on the theory of change model (Weiss, 1995 as cited in Goldsworthy, 2021).

5. Dissemination of findings and programme materials

This stage involves the purposeful dissemination of the various findings and the programme components of the social work intervention module. It will be disseminated through various ways such as PhD research reports, journal articles, as manuals for future interventions so that a greater number of middle-aged women can benefit from such social work intervention sessions to improve their midlife quality of life.

3.10 Conceptual Framework

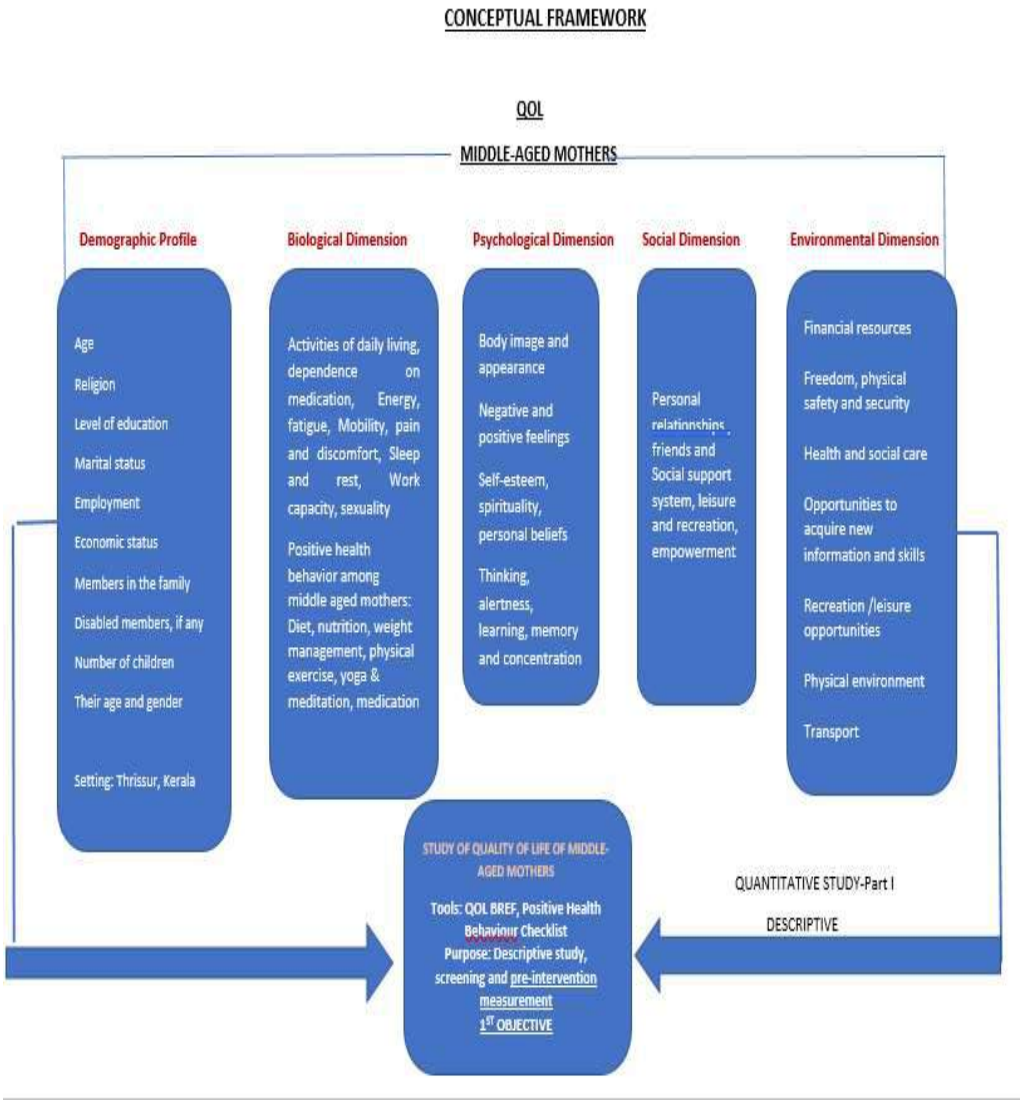


Figure 3.2 – Conceptual Framework (Part-I)

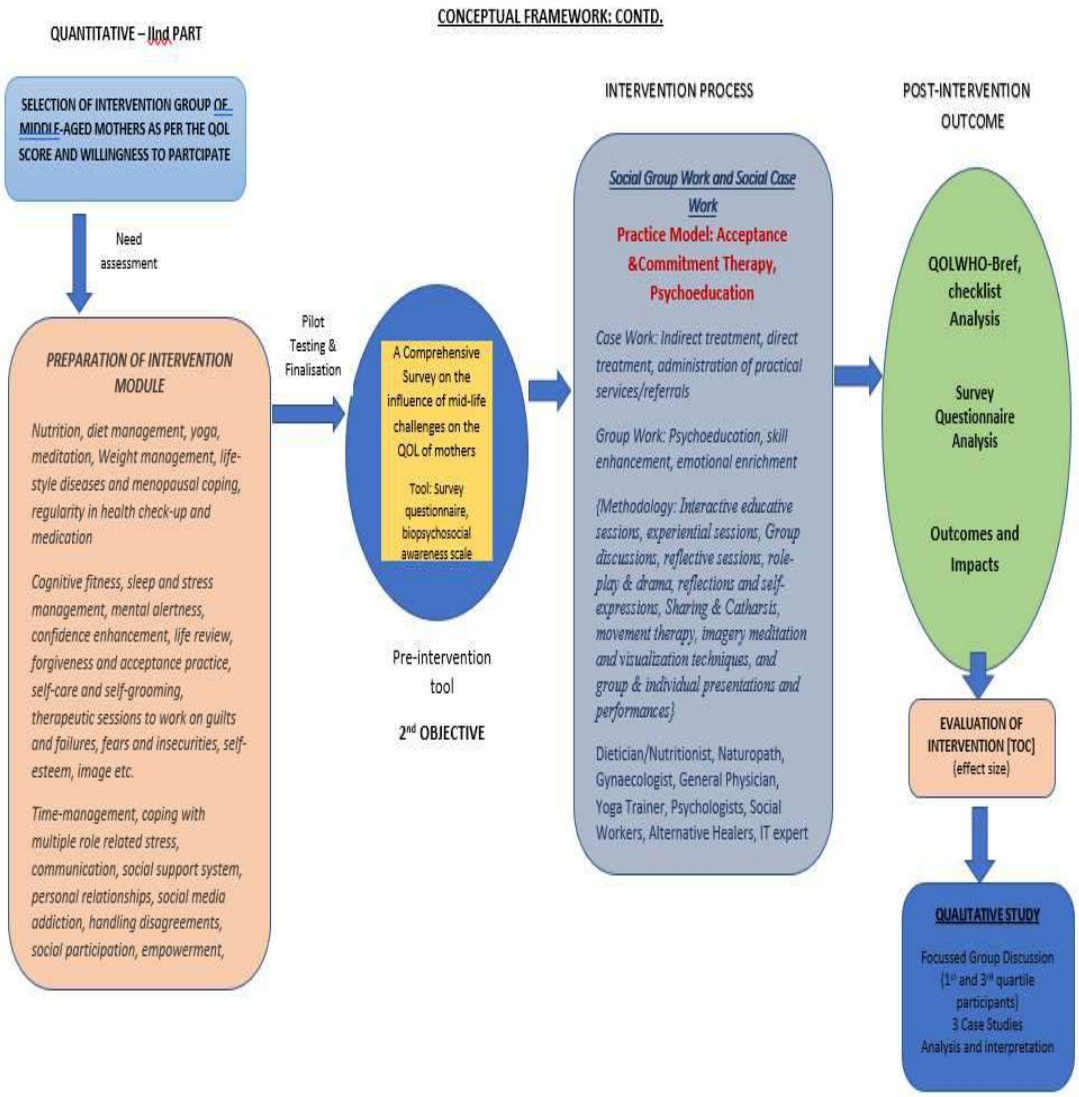


Figure 3.3 – Conceptual Framework (Part-II)

3.11 Phase 1: Quantitative Research

Part 1: Descriptive Study

3.11.1 Universe

The universe of the study consisted of all the educated middle-aged non-working mothers in the age group of 37 to 60 years, who are residing in Thrissur Municipal Corporation

3.11.2 Unit of Analysis

A middle-aged educated non-working mother in the age group of 37 to 60 years, who resides in Thrissur Municipal Corporation

3.11.3 Sampling Design

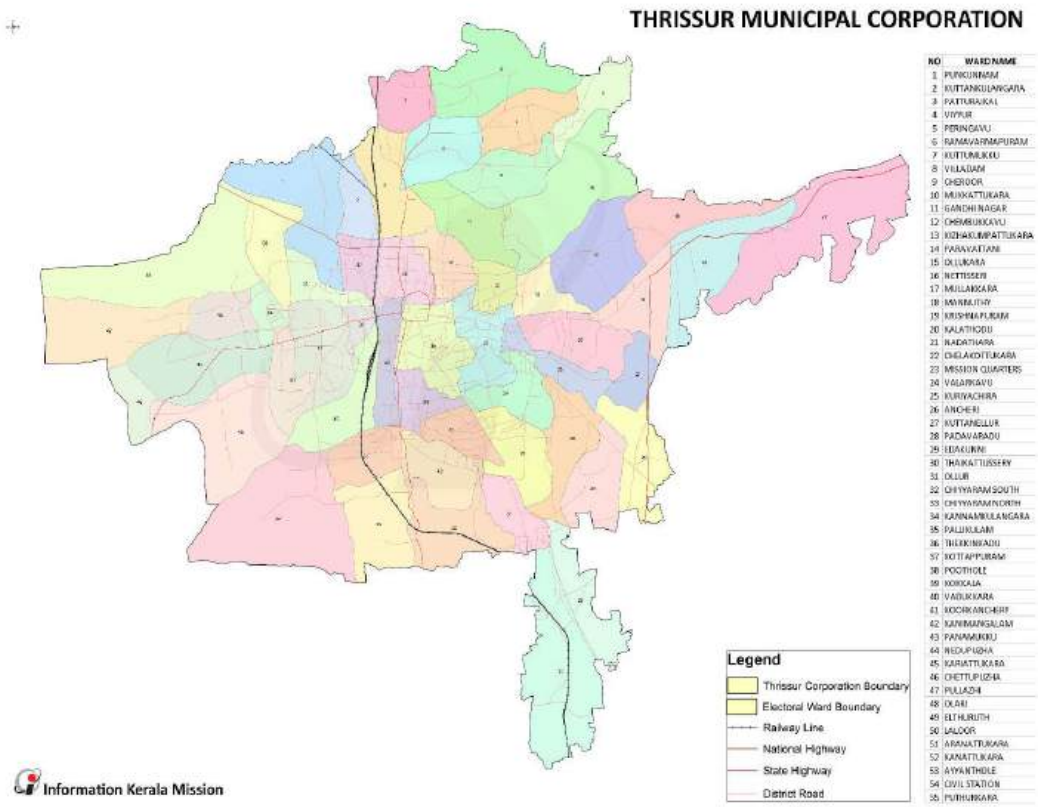
Probability Random Sampling design was adopted in this research in which, 'Simple Random Sampling' technique and ''Census method was opted to recruit the samples.

(A) Selection of Divisions and Anganwadis

In this intervention study, Thrissur Municipal Corporation was chosen for the execution of this intervention program due to the following reasons:

Thrissur is Kerala's cultural centre and a key academic hub for various educational and government institutions. It is also Kerala's primary financial and commercial centre. All of this ensures the establishment of a diverse population and women from various parts of Kerala. It has a population of about 21 lakh people and is Kerala's second most populous urban district. It is the largest urban district in terms of area, with a high population density and built-environment infrastructure. Thrissur, the most populous of the five sub-districts of Thrissur District, has a population of 7.6 lakh people. Because this is an intervention-based study, Thrissur Municipal Corporation was opted as the site of intervention program to make it accessible and practical for the target audience to take part in the program and experience its advantages.

Six of the fifty-five divisions (commonly referred to as wards) in the Thrissur Municipal Corporation were chosen through a simple random sampling method (through a lottery system). The supervisors of Integrated Child Developmental Services (ICDS) were contacted to obtain a list of "anganwadis" within these six randomly chosen divisions. 'Anganwadis' operating under each division were all chosen using the census method.



Official Web Site of Thrissur Corporation, Government of Kerala (2023)

Figure 3.4 - Division Map of Thrissur Muncipal Corporation

(B) Population of the study

All the 'Anganwadi' workers under those six selected divisions provided the necessary details of the mothers (as per inclusive criteria), the list of which was prepared to conduct simple random sampling post-sample size calculation. The table below shows the total population of mothers taken through the census method from each division as well as the number of samples taken from each of these divisions.

Table 3.3 - Population of the study taken through census method

District of data collection centres	Divisions	No. of Anganwadis	Total Population	Number of Samples
Thrissur	*Olarikkara*	12	888	70
	Ayyanthole	11	836	61

	Cheroor	8	624	52
	Punkunnam	14	952	50
	Chiyyaram	12	826	71
	Viyyur	6	654	52
		Total Sample Size	**4780**	**356**

(C) Selection of Respondents

For sampling, Cochran's formula for sample size calculation for a finite population was used. The total population of these six divisions was found to be 4870 and the total samples to be selected from these six divisions was 356, which is the sample size calculated as per Cochran's formula. These 356 respondents were selected using simple random sampling (random number generator method) from the list of total population of 4780 mothers. The respondent count (as per the random number generator) from each division from the selected 356 respondents is also shown in the table.

(D) Sample Size Calculation

Utilizing Cochran's formula for finite population, the sample size for the purpose of this research was determined. As per data received from the anganwadis, there were 4780 mothers who met the inclusive criteria. If we substitute this in Cochran's formula for finite population (shown below), a sample size of 356 households could be attained.

Formula:

$$n = \frac{n_0}{1 + \frac{(n_0 - 1)}{N}}$$

n_0 - Cochran's sample size recommendation

N - population size

n - the new, adjusted sample size

Sample size = 385 / [1 + (385-1) / 1000] = 356

All the 356 respondents were administered the phase one questionnaires: WHOQOL and Positive Health Behaviour Checklist to conduct a descriptive study on the quality of life of the middle-aged mothers in Thrissur.

Part 2: Intervention Phase

3.11.4 Selection/ recruitment of participants for social work intervention

- From 356 respondents in the descriptive phase, mothers for the intervention group were selected on the basis of the inclusive criteria, their QOL scores, and their willingness. They were divided into ten deciles based on their QOL scores. Individuals in the five bottom deciles were approached for the intervention. Thus, 86 mothers were screened from 356 respondents. This was followed by an in-depth interaction with these screened mothers.
- From 86 mothers, thirty-four mothers were finalized for the intervention group. Further, need assessment of these mothers was undertaken to understand their needs and expectations from the programme that was considered for the further planning of intervention programme.
- Before the commencement of the intervention, these participants were administered the validated comprehensive questionnaire to assess the influence of midlife challenges on their quality of life. It also included a scale to study their awareness level of concerning the biopsychosocial aspects of middle-age (*93 questions).*
- Thirty-Four participants took part in the intervention after giving their ethical consent. Four of them quit the program due to some unavoidable personal reasons.
- In the intervention phase, thus, 30 middle-aged mothers finally participated in 'Social Group Work' and 'Case Work' intervention sessions covering a range of significant biopsychosocial components.
- The social work intervention extended for a duration of five months, followed by subsequent analysis and a qualitative phase. Concurrently, case work was carried out alongside the group work intervention sessions.

3.12 Phase 2: Qualitative Research

The second phase of the research was a qualitative approach to supplement the quantitative results and understand the level of effectiveness of the intervention on the quality of life of 30 mothers. The two qualitative approaches used were two 'Focused Group Discussions' with the first and the third quartile of the participants and three 'Case Studies'. The participants for case study approach were selected through purposive sampling method.

3.13 Inclusion And Exclusion Criteria

Inclusion and exclusion criteria were set to make a clear demarcation as to who should be included in the study based on their specific characteristics and who all should be disqualified for not satisfying those specific requirements. Inclusion and exclusion criteria are mentioned as below.

(a) Inclusion criteria

1. Only those mothers in the age category of 37 to 60 years, were eligible to participate in the descriptive study. For the intervention phase, only mothers in the age category of 37 to 50 were considered.
2. Mothers belonging to all socioeconomic strata were included in the study.
3. Mothers' qualification: 10^{th} and above
4. Non-working mothers who are residing in Thrissur Corporation came in the purview of this study.

(b) Exclusion criteria:

1. Middle-aged mothers in the age group of 51 to 60 years were excluded from the intervention research study.
2. Mothers with qualification below 10^{th} standard were not considered for this study.
3. Employed and self-employed mothers were excluded from this study.
4. Non-working mothers who have lost their husbands did not come under the purview of this study.

3.14. Research Instruments/Tools Used in the First Part of the First Phase of the Quantitative Study (1st Objective)

First part descriptive study comprised of the following tools:

1) Socio-demographic details
2) WHOQOL-BREF - 26 questions
3) A checklist for the assessment of 'Positive Health Behaviour' among middle-aged mothers - 17 questions

1. **The socio-demographic questionnaire**

   The questionnaire covered the basic socio-demographic details of the mothers such as their names, contact details, age, religion, address, level of education, marital status, employment, socio-economic background, number of family members at home, members with disability (if any), number of children and their age.

2. **WHOQOL-BREF**

   WHOQOL-BREF is a standardized scale developed by World Health Organisation to measure the quality of life. The cultural adaptability of these tools including the language translation was timely ensured. This standardized questionnaire comprises of 26 questions on the individual's perception of their health, well-being, and overall quality of life. Prior permission was sought in writing from the concerned author (WHO) for administering the standardized scale. The cultural adaptability of these tools including the language translation by two independent translators was ensured before administering it to 356 middle-aged mothers. It consists of 4 four main domains, namely:

   - Physical Health
   - Psychological Health
   - Social Relationships
   - Environment

<u>WHOQOL-BREF Questionnaire: Overview</u>

Quality of life assessment was developed by the WHOQOL group with fifteen international field centres in a simultaneous process with an aim to develop a quality

of life assessment, that would be applicable cross-culturally. The need for this assessment arises genuinely due to the requirement of an international measure of quality of life, for a continued attempt towards the promotion of a holistic approach towards health and health care. The WHOQOL-BREF Field Trial Version, on the other hand, provides a short and convenient form of quality of life assessment that is easy to administer. It consists of a total of 26 questions covering all the dimensions as shown below in the table. The WHOQOL-BREF (Field Trial Version) aids in the creation of a quality of life profile based on four domain scores: physical, psychological, social, and environmental. Two other items are investigated separately: question 1 about an individual's overall perception of quality of life and question 2 about an individual's overall perception of health. The four domain ratings represent a person's perception of quality of life in each domain. Domain ratings are scaled positively (higher scores indicate higher quality of life). The domain score is calculated using the mean score of items within each domain. The mean scores are then multiplied by four to generate domain scores comparable to WHOQOL-100 scores. There are also explicit instructions for reviewing and cleaning data, as well as computing domain ratings.

(WHOQOL-BREF, 1996)

3. Positive Health Behaviour Checklist

It comprised of 17 questions to gauge their general health practices and willingness to participate in the intervention. Both the WHO-QOL and the physical screening/checklist was administered to the middle-aged non-working mothers for the purpose of the descriptive study and selection of respondents for the intervention group.

The checklist focused basically on these areas:

i. Level of their health-related awareness- It covered questions on diet and nutrition, menopause, yoga and meditation.
ii. Measures taken to improve their quality of health- It covered questions on weight and diet management.
iii. Use of medication- This covered regular diagnostic tests, doctor consultation, timely medication etc.

iv. Question to assess if they were keen to have psychoeducation and awareness with respect to midlife health aspects for prevention of health challenges and for better coping.

v. Question to assess their interest in attending a health-related intervention program that aims to help them cope with midlife biopsychosocial challenges.

3.15 Research Instruments/Tools used in the second part of the 'First Phase' of the Quantitative Study

(1) A comprehensive questionnaire to study the influence of midlife challenges on the quality of life of mothers in the intervention Group (2nd Objective)

A validated comprehensive questionnaire to study the influence of physiological, psychological, and social midlife challenges on the quality of life of thirty middle-aged mothers of the intervention group was used in the second part of the first phase of the quantitative study before the intervention. It covered all the four major dimensions as mentioned in WHOQOL-BREF and was used to serve the second objective of the research. It comprised of 84 questions pertaining to biopsychosocial aspects of middle-aged mothers.

(2) Biopsychosocial Awareness Scale

A validated awareness scale was also used to assess biopsychosocial awareness level of the middle-aged mothers**.** This scale consisted of 9 questions pertaining to awareness level regarding: Life-style diseases and causative factors, healthy diet and nutrition, menopausal changes and its awareness among family members, benefits of yoga and meditation, mental health and awareness about mental health support services, awareness on women empowerment avenues etc.

Both these tools were adequately tested for their validity and reliability following a pilot test with 35 middle-aged mothers.

3.16 Translation and Back-Translation

All the above-mentioned instruments/tools underwent forward translation and back - translation by two independent translators. Post back-translation, the tools were reviewed by an expert after which they were pilot tested on a small group of

participants. The review of the pilot test further led to the finalisation of the tools (Wild et al., 2005).

3.17 Pre-Test

Pre-test of the both the self-made questionnaires was conducted on thirty-five middle-aged unemployed mothers to test the reliability and validity of the instruments/tools prior to their final distribution. Preliminary statistical tests were used to study the data distribution and applicability of the tools.

{***The pre-intervention tools*** *used in the first phase were re-administered during the post-intervention phase. These are as follows:*

1. *Socio-demographic details*
2. *WHOQOL-BREF*
3. *A checklist for the assessment of positive health behaviour among middle-aged mothers.*
4. *The comprehensive self-made questionnaire to study the influence of midlife challenges on the QOL of middle-aged mothers. It includes a scale to study the awareness level of middle-aged mothers with respect to biopsychosocial aspects of middle-age.*

The first three questionnaires were administered to 356 mothers for the purpose of a descriptive study and screening the mothers for intervention. The last two questionnaires were administered to thirty mothers who have been selected for intervention through the screening process based on their level of scores in the descriptive study and their willingness to participate. Post-intervention, these tools were re-administered to gauge the effectiveness of the intervention on the quality of life of thirty mothers. The Malayalam version for all the above-mentioned tools was used along with the English version for more clarity and convenience}.

3.18 Research Instruments Used in the Qualitative Phase

For qualitative research, 'Focused Group Discussions' and 'Case Study' approaches were used. For focused group discussion, the FGD Guide (theme-based) was used to dive deep into their subjective midlife experiences and help them elicit answers through open-ended questions. The questions motivated discussions among the participants for a stipulated time period. For FGD, open-ended questions and probes were used. The time duration for each FGD was set to be 2.5 hours. For case studies, an interview guide was utilized on significant midlife transition themes based on their biopsychosocial quality of life. In-depth personal interviews, observation, and several documents were used to carry out the qualitative data collection from the mothers. Both interview guide and FGD guide were reviewed by the experts and tested for its accuracy.

3.19 Tools of Data Collection

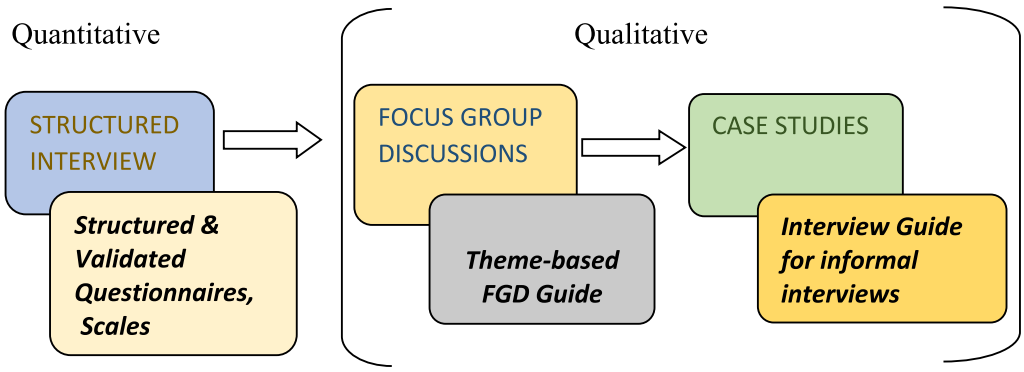


Figure 3.5 – Tools of Data Collection

3.20 Data Processing and Analysis

Analysis of quality of life assessment data and other pre and post-intervention data were processed and analysed using a statistical package for social sciences (IBM SPSS). Both descriptive statistics and inferential statistics were used such as Frequency Distribution, tests of equality of means and means plots, ANOVA (Test of Variance), Chi-square test, OLS Regression, and paired t-tests.

3.21 Ethical Consideration

The research proposal was presented before the ethical committee in the research centre at Vimala College (Autonomous) and the ethical approval for the research study was obtained.

1. The respondents were informed in detail regarding the purpose and relevance of the research and the following interventions before their consent was obtained. Informed consent was obtained from each participant in oral and written form before the commencement of the study to ensure that these participants voluntarily took part in the study. The researcher prepared a write up and a verbal description about the purpose of the research, in a language which can be easily understood by the participants. The description also included the methodology and the risks and benefits of this intervention research for the potential participants of the study. The researcher made sure that all the participants signed the informed consent form after carefully reading and understanding the description of the research provided in the consent form. Participants' consent was taken before making any Photographic and video records of intervention session.

2. All the pros and cons of this intervention research were explained in detail to the participants during the home visits and via group communication.

3. During the data collection phase, permission was obtained from the all the concerned authorities such as ward members, panchayat president, ICDS supervisors and 'anganwadi' workers and confidentiality with respect to their names, address and contact numbers were strictly maintained. Respondents were duly informed about the confidentiality and anonymity of their personal information and their identity.

4. Timely assurance was given to them that they will get benefited by attending the programme and will not be harmed in anyway or coerced into participation. They could leave the programme anytime as per the urgency of their personal commitments. If the participants experienced any distress or difficulties, they were encouraged to contact the researcher for support or report/contact the research guide.

5. Some respondents remained inactive in the online group due to personal problems. Despite their interest, they chose to be silent. To keep them updated, the researcher provided individual updates through calls and messages, ensuring their continued participation.

6. The research did not involve collection of any human specimens. The activities involved in the research has been mainly the collection of their opinions/data related to the area under study and the sole aim of the intervention programs has been ultimately aimed to enhance their quality of life/wellbeing.

7. Qualitative research (FGDs & Case Studies) was undertaken as per the convenience and availability of the participants even if it meant delay in the meetings. Some needed extra time for ventilation, which was duly provided by the researcher for client's satisfaction.

8. Clients' choices were highly respected, ensuring their dignity and self-determination. Sometimes, they changed their minds about certain services provided to them they had initially asked for, and the researcher, with patience, acknowledged their autonomy and addressed their evolving needs.

9. There were about 86 eligible and willing mothers for the intervention, but most of them could not join the programme due to their unavoidable personal commitments Covid limitations. The researcher plans to conduct a separate intervention programme for them after her PhD work taking into consideration their passion and availability for the same.

10. To acknowledge them for their participation and contribution, they were recognized with certificates and a token gift. They were consistently assured that their involvement significantly contributed towards the success of a much needed holistic intervention for middle-aged mothers.

11. Participants were informed about the possibility of publishing the outcomes of the research (academic publication) without revealing any personal information or identity of the participants.

3.21 Limitations of the study

1. Only wards under Thrissur Municipal Corporation have been considered for the selection of respondents. Being an intervention study, the geographical proximity,

accessibility, and availability of non-working mothers for the intervention needed to be ensured.

2. Mothers with psychotic illnesses or other disabilities have not come in the purview of this research.
3. Only non-working mothers with an education level of matriculation and above came into the purview of this research.
4. The major focus of the research was on the psycho-social aspects of middle-aged mothers with limited focus on their biological dimension. Most significant areas under biological dimension covered were the preventive aspects such as physical fitness, nutrition and balanced diet, timely medication and consultation for the prevention and management of life-style diseases and menopausal symptoms. The researcher has not delved deeper into the types and nature of various diseases.
5. Only women belonging to the age group of 38 to 50 years were considered for the intervention phase.
6. Since it is a women's study, there were ethical limitations during the selection and recruitment of participants for the intervention. Only mothers who have shown interest and willingness to participate were considered for the group and casework interventions.
7. The intervention phase has followed a single experimental group design since the intervention was done with a small group of mothers and their interaction with the control group would affect the analysis.
8. During the need assessment phase, a few participants were reluctant to give permission for house visits (due to fear of Covid). For them, telephonic interviews were undertaken to understand their needs and expectations with regard to the intervention.
9. The researcher originally intended to conduct face-to-face (offline) training sessions. However, certain sessions in the intervention program had to be shifted to online formats due to constraints associated with Covid-19 pandemic.
10. The researcher couldn't thoroughly delve into sensitive areas like the sexuality or the quality of sexual life of the mothers it was highly dependent upon the openness and readiness of the participants involved.

Chapter 4

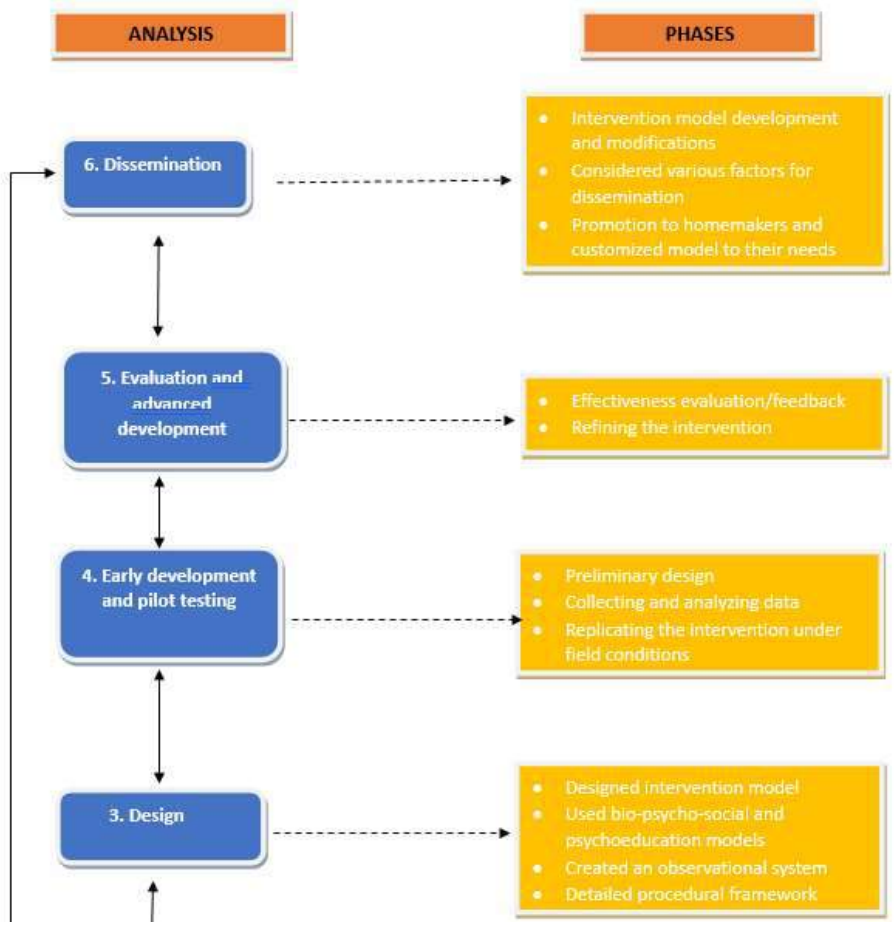
INTERVENTION RESEARCH

4.1 Introduction

Researchers in human services fields like social work, mental health, and public health have long looked for methods of conducting studies that produce findings that can be applied practically by administrators, practitioners, and decision-makers. Intervention research employs scientific methods, incorporating evidence from various sources, including the perspectives of practitioners, consumers, and experts, to inform the design and development of programs. After a program has been formulated, it undergoes field trials with a similar cohort to evaluate its efficacy or effectiveness. It provides the necessary information to further refine the content or identify the missing content (Fraser et al., 2009). Intervention research refers to research efforts aimed at developing, implementing, and evaluating innovative interventions that can be applied in real-world settings to solve problems and improve quality of life (Comer, Meier & Galinsky, 2004; De Vos, Strydom, Fouché & Delport, 2005; Proctor, 2003; Schilling, 1997 as cited in Strydom, 2014). Marlow (2005) further emphasizes that the intervention should be modified based on the recommendations that arise from testing.

The intervention research consists of six phases: problem analysis and project planning, information gathering and synthesis, design, early development and pilot testing, evaluation and advanced development, and dissemination (De Vos et al., 2005 as cited in Strydom, 2014). Each phase involves specific operational steps. Although the model proceeds in a sequential order, certain activities might extend beyond the introduction of the next phase or revisit earlier steps (Rothman & Thomas, 1994). The researcher has followed the intervention research process model prescribed by Rothman and Thomas (1994) for the development of her social work intervention design. The model vertically outlines the critical strategies or operations used in each phase of the intervention research process. Each phase comprises distinctive activities that need to be accomplished in order to complete the tasks of that particular phase. Although there is a prescribed stepwise sequence, but certain activities associated with each phase may continue even after the introduction of the next phase (Bender, 2002).

4.2 Phases and Activities Of Intervention Research (IR) (in the context of this research)



(Adapted from Rothman & Thomas, 1994:28)

Figure 4.1: Phases and Activities of Intervention Research

Phase I: Problem analysis and social work intervention planning

As per Rothman and Thomas (1994 as cited in Bender, 2002), the intervention research begins with the problem analysis and the project planning phase. Each activity in the intervention research requires a collaboration between the researcher and the participants, as it is crucial to gain their support and cooperation for conducting the intervention research. Several activities which are critical to this phase are as follows:

a) Identifying and involving clients/participants

The Quality of Life assessment of the middle-aged non-working mothers helped analyse their status concerning their quality of life and problem areas to be addressed through the intervention programme. This phase also helped in identifying the participants who have scored relatively low on their QOL assessment and have expressed keenness in participating in the intervention programme.

b) Gaining entry and cooperation from settings

In order to gain entry into the group of participants (middle-aged mothers) and seek their cooperation, all the selected participants were brought together on a single online platform for the dissemination of necessary intervention related information. A collaborative relationship was thus formed prior to the intervention programme to inculcate in them a sense of ownership in the group.

c) Identifying concerns of the population

Need assessment and personal interviews helped identify and analyse their core midlife problem areas to be addressed through a well-designed social work intervention programme.

d) Analysing identified needs (problems)

Problems were analysed in terms of the negative repercussions of the problem for the affected participants, i.e., the discrepancy between the ideal and the actual conditions of the problem with respect to the screened participants studied. Decisions on whom to be recruited to address the problem areas and standards to be followed for the problem redressal were also analysed.

e) Setting goals, objectives, and outcomes

Broad goals and objectives were determined which helped in clarifying the proposed direction of the intervention programme. The end results of an intervention programme termed “outcomes”, both critical and specific were determined before the intervention. As a result of the various sessions, the participants would acquire various skills, values, and healthy attitudes toward life situations and relationships. Psychoeducation would also enhance their knowledge regarding various biopsychosocial aspects pertaining to midlife which either they were unaware of or

help in reinforcing the existing knowledge they previously had about the topics. Some of the major critical and specific outcomes were determined before the intervention. Critical outcomes were the intended results of the intervention programme i.e. broad outcomes such as knowledge enhancement with regard to physiological, psychological, and social aspects of midlife. Physical fitness, menopausal awareness, diet and nutrition, emotional enrichment, mental health awareness, skill development, etc constituted the critical outcomes. Specific outcomes were the defined abilities that the participants should possess after completing an intervention programme. These outcomes encompassed: coping with menopausal experiences, management of specific life-style diseases, chronic pain management, physical fitness and adoption of healthy eating practices, better communication skills, assertiveness, decision making skills, confidence development, attitudinal/perception changes, positive parenting strategies, values for better relationships, emotional management, mindfulness, acceptance, forgiveness and gratitude skills (spiritual insights), team-work skills, leadership qualities, self-growth, etc.

Phase II: Information gathering and synthesis

A thorough literature review was conducted to discover what has already been done or documented on the problem concerned. This helped in gaining better insight into the existing models or programs that have already been undertaken for the concerned population under study. The review helped to study some of the empirical research and reported practices in the field. Natural examples were studied whereby research on the mothers who have been undergoing similar problems was undertaken to get more insight into their midlife challenges. Related intervention programmes were also studied, and gaps were identified. Potential useful features of the previous interventions in a similar scenario were also identified. The information gained was synthesized in the context of the present study which helped in guiding the design and development of an exclusive social work intervention model for middle-aged mothers and non-working mothers.

Phase III: Design

The stages of design, initial development, and pilot testing are closely interconnected, making it challenging to distinguish between the activities. As stated by Rothman and Thomas (1994), intervention research yields two outcomes:

1. Research data that can potentially reveal the connections between the intervention and the behaviours or outcomes that define the problem under investigation.

2. The intervention itself includes different components like strategies, methods, programs, information or training materials, environmental design factors, motivational systems, updated policies, or other procedures.

In this intervention research, the researcher at one level designed a social work intervention module/package based on theoretical frameworks, and at another level, designed a methodology i.e. methods and tools to implement the intervention programme. The biopsychosocial model (George Engel, 1977) and the psycho-social model (Erikson, 1950) form the theoretical premise of the research. Acceptance and Commitment therapy (Hayes, 1982) and the Psychoeducation model (Anderson et al., 1980) were considered as the practice models for the dissemination of the intervention. The entire themes were determined based on the three-dimensional approach, namely biopsychosocial dimensions of the quality of life of middle-aged mothers who are homemakers.

The two important activities during this phase were as follows:

- It involved designing an observational system which was actually a way to observe events related to the situation and explore or unveil the effects that followed the intervention.
- This phase involved specifying a procedural framework or a blueprint for the social work intervention programme. The elements or contents have been specified in detail in the chapter in order to be replicated by others. These elements constitute the structure of an eventual model which later on became part of the final outcome (Rothman & Thomas,1994:34-36 as cited in Bender, 2002).

Phase IV: Early development and pilot testing

- **Preliminary design:** The researcher developed a prototype of the intervention model after thoroughly considering the responses during the QOL assessment and the needs expressed by the mothers during the need assessment phase.
- **Collecting and analysing data:** Existing intervention studies were explored which mainly focussed on the older population and their needs. Most of the

intervention studies are aimed at adults over age 60 years (Masi et al., 2011). A review of intervention studies helped in harnessing more knowledge about the current trends regarding intervention models.

- **Replicating the intervention under field conditions:** A pilot study was conducted among a homogeneous group of middle-aged mothers in a community by applying the prototype of the social work intervention design to check its feasibility and effectiveness on that population.

Phase V: Evaluation and advanced development

- **Collation of feedback for refinement of intervention:** Effectiveness feedback/evaluation with regard to the quality and efficacy of the intervention model was obtained from the participants. As per their suggestions, improvisations were incorporated into the preliminary intervention module in alignment with the time demands and learning outcomes of the participants. A preliminary design was thus evolved into a form that was experimented with and evaluated under the field conditions during the early development phase of the social work intervention module and accordingly, necessary changes were made to make it more viable and effective (Rothman and Thomas, 1994 as cited in Bender, 2002).

- **Refining the intervention:** At this point, modifications were made to the content and methods of the intervention in order to achieve the desired changes in behaviour and outcomes. For this, not only the participants but also the subject experts and social work research scholars were interviewed about the efficacy of the design of the intervention programme. With their expert guidance, certain aspects of the programme were redesigned or adapted to mitigate the shortcomings or gaps in the intervention model. This process facilitated the development of a final refined version of the intervention module.

The social work intervention module developed by the researcher for the potential users comprises social group work and social case work methods. The intervention module for the enhancement of the quality of life of middle-aged homemakers has been elucidated in the next section and an elaborate intervention module has been attached in the appendix section.

Phase VI: Dissemination

Post pilot study, evaluation, and modifications, the social work intervention module was finally developed and was ready for dissemination. In the preparatory stage preceding the dissemination, several factors were carefully considered. These included the selection of a suitable name for the program, obtaining necessary permissions from relevant authorities, timely communication of intervention-related information to participants through an online group, development of a programme brochure, determination of appropriate time and venue, identification of qualified trainers and experts, the establishment of guidelines for the implementation of the intervention, and other essential logistical arrangements. Creating a demand for the intervention was specifically taken care of during regular intervals. The middle-aged homemakers, who are the potential users, were persuaded and encouraged through both word of mouth and advertisements about the advantages of the intervention. They were consistently assured that the intervention was a customized model designed to address their specific needs and problems identified in the earlier phase. Dissemination Phase of the intervention research process has been discussed in detail in the coming pages.

(Rothman & Thomas, 1994; Bender, 2002; Strydom, 2014)

4.3 Social Work Intervention

4.3.1 Introduction

The social work intervention module for this research has been structured by the researcher for the middle-aged unemployed mothers living in Thrissur, Kerala for the enhancement of their quality of life during midlife. This approach is rooted in the biopsychosocial theory of George Engel (1977) and the psychosocial development theory of Erik Erikson (1950), with the goal of delivering a holistic intervention to address their biopsychosocial midlife problems. It incorporates 'Acceptance and Commitment Therapy', a modern form of Behavioural and Cognitive Therapy, as well as 'Psychoeducation' as the practice models.

In this biopsychosocial intervention, physiological aspects include areas such as nutrition and diet, physical fitness, menopausal awareness, awareness regarding lifestyle diseases and their management. Psychological or emotional aspects

encompass mental health awareness, enhancement of various emotional skills for emotional coping, mindfulness catharsis, defusion, acceptance techniques, etc. The social dimension includes skills related to parenting, positive family and social relationships, empowerment, knowledge enhancement about social welfare services and schemes, women's rights, laws for protection, etc. The intervention module has been structured as per the need assessment of these mothers that was undertaken after the initial personal interaction with them. This intervention primarily seeks to bring about a shift in their perception, attitude, and behaviour in order to facilitate an improved quality of life for middle-aged mothers.

As an intervention, the researcher has incorporated significant areas from other studies on women's health. It is an amalgamation of different health promoting strategies focussing on the interconnectedness of the three major dimensions namely, biological, psychological, and social. This implies that the quality of health should be measured considering all three dimensions as it is not feasible to study one dimension in isolation while disregarding the equally significant psycho-social-spiritual aspects. Members of the intervention group were exposed to intensive group work and case work interventions along with referral services and family counselling in certain cases. The intervention extended for a duration of five months, followed by subsequent analysis and a qualitative phase. Concurrently, case work intervention was undertaken in conjunction with the group work intervention. The researcher also ensured that the participants have not attended any training programme or workshops of similar nature during the intervention.

4.3.2 Social Group Work and Social Case Work Methods

Social Group Work

"Social Group Work is a method through which individuals in groups and in agency settings are helped by a worker who guides their interaction in programme activities so that they may relate themselves to others and experience growth opportunities in accordance with their needs and capacities to the end of the individual, group and community development".

(H.B. Trecker,1955)

In Indian context, Social Group Work refers to working with a small group (members ranging from 7-10) to a medium size group (members ranging from 10-20) for a

variety of purposes beginning from recreation to behaviour modification on the one hand and accomplishing tasks including social change and development on the other, with a variety of clients ranging from children to elderly. The worker makes use of the expertise in human relationships to help these groups to achieve the group goals in a participatory manner while paying adequate attention to individual needs and social norms.

(H.Y. Siddiqui, 2008)

Social Case Work

"Social case work is an art in which knowledge of the science of human relation, and skills in a relationship are used to mobilize capacity in individual and resources in the community appropriate for the better adjustment between the client and all or way part of his total environment". (Bowers, 1950)

"Social casework is a method employed by a social worker to help the individual find the solution to a problem of social adjustment which they are unable to handle in a satisfactory way by their own effort". (Hollies, 1957)

4.3.3 Intervention Methodology

In this social work intervention, social group work and social case work were employed as methods to provide interventional services to middle-aged mothers identified from a pool of 356 mothers in the initial descriptive study. The aim was to improve their biopsychosocial quality of life.

A. **Social Group Work Intervention**

Group structure: Thirty middle-aged educated mothers (non-working) in the age group of 37 to 50 years participated in both case work and group work intervention programme organised by the researcher. These participants were those who had scored low on the QOL assessment scale and had expressed their willingness to take part in the intervention programme. The details of the recruitment of the participants have been explained in detail in the methodology chapter.

Content of Group Work: The group intervention programme consisted of 16 sessions and a concurrent group development program. The 16 sessions primarily

emphasized psychoeducation, skill enrichment, emotional empowerment and self-development through a group experience. These sessions were structured to cover a range of topics based on the participants' assessed needs.

Frequency and duration of the session: The sessions were conducted twice a week, utilizing both in-person and online platforms. Most of the sessions lasted approximately up to two hours, with the exception of a few that addressed more extensive topics. These specific sessions have been outlined in detail in the group work module attached in the appendix.

B. Social Case Work Intervention

Social casework was individually tailored for all the thirty participants, addressing their specific subjective needs and concerns. Case work intervention was conducted alongside the group intervention. The direct treatment approach involved various psychological support services, including psychoeducation, self-awareness enhancement, motivation, coping strategies (both physical and emotional), counselling services, therapies, and emotional empowerment. The indirect approach focused on the administration of customized practical services to each client as per her unique needs. In the case work's direct treatment approach, the practice model of Acceptance and Commitment Therapy was employed for individual and family counselling.

4.3.4 Theoretical Framework and Practice Models Used for the Intervention

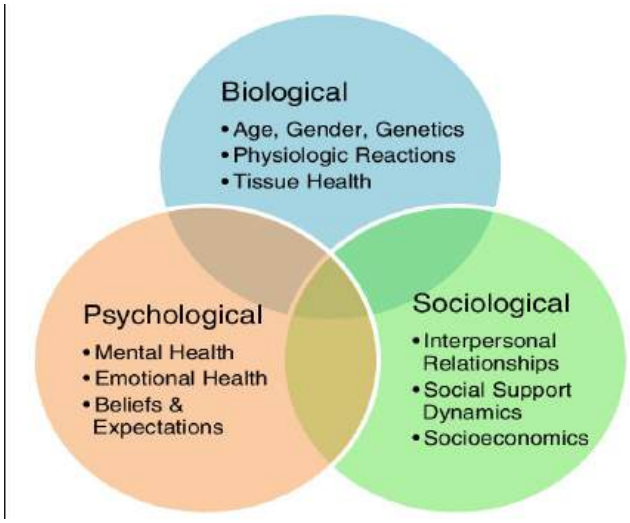
Table 4.1 – Theoretical Framework and Practice Models used for intervention

Theoretical Base	Practice Models
Biopsychosocial theory (George Engel, 1977) and Psychosocial Development theory (Erik Erikson, 1950).	*Psychoeducation and Acceptance and Commitment Therapy, a new form of Behavioural Therapy (Steven C. Hayes, 1986), Psychoeducation (Anderson et al, 1980).*

A. **Biopsychosocial Model (George Engel, 1977)**

Engel (1977) has suggested that a person's health or medical condition cannot be assessed only through his biological factors but also his psychological state of mind

and social factors that exists in his environment. All these together define the overall health of a person. It is an approach that allows us to perceive how health changes not only biologically but how each person is influenced by his/her own inner thought processes, feelings, and the society where he resides (Weber, 2018).



(*Gliedt et al.,2017)*

Figure 4.2 – George Engel's Biopsychosocial Model

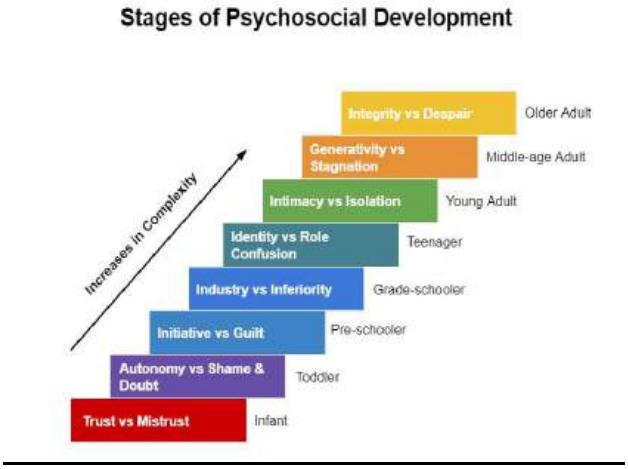
B. Psycho-Social Development Theory

In 1950, Erikson, a psychoanalyst delineates about the personal development of human from birth through death and that people follow a sequence of stages of development till their death. He identified eight psychosocial stages of human development and according to him; each of these stages is marked by different and specific tasks which every human is expected to master in his struggle to adjust to the various demands of his environment. Each stage presents its own level of psychosocial crisis or conflict. Whether these conflicts get resolved or not, an individual is pushed into the next developmental stage both by biological maturation and social demands.

This intervention research is based on the seventh stage of Erik Erikson's theory of psychosocial development is termed as **'Generativity vs. Stagnation'**, which takes place during middle adulthood, approximately between the ages of 40 to 65.

According to Erikson, the quality of the middle-adulthood goes a long way in determining the quality of the last stage.

(Ashford et al., 2001)



(Erikson, 1959)

Figure 4.3 – Erik Erikson's Stages of Psychosocial Development

C. Acceptance and Commitment Therapy: Practice Model

Steven C. Hayes, the founder of Acceptance and Commitment Therapy Model (ACT) in 2004 is based on the underlying theory of human language and cognition popularly known as 'Relational Frame Theory'. Hayes observes that ACT is more about 'getting out of your mind and into your life'. ACT is basically a behavioural therapy, that emphasizes on 'taking value-guided action'. Its core message is to practice mindfulness, accept what is out of your personal control and take a committed value-based action that finally makes your life meaningful and enriched. ACT equips the client with certain psychological skills to handle his/her stresses, painful thoughts, and feelings. Another important aspect of this therapy is 'clarification' which implies helping a client to clarify what is truly important and meaningful to him/her, in a way clarifying his/her own values. ACT model is built on six core therapeutic and all these are six facets of one diamond (The ACT Hexaflex) which is called as 'Psychological Flexibility'. Therefore, the primary role of ACT is to increase or improve one's 'Psychological Flexibility'. When these six processes are clustered together into three

functional units, it becomes 'The ACT Triflex'- Be present, Open up, Do what matters.

Psychological Flexibility & The Six Core Processes of ACT

There are six core processes in ACT that was used by the social work researcher as the practice model during case work intervention.

1. **Contacting The Present Moment** refers to being psychologically present: actively engaging with whatever is occurring in the current moment.

2. **Defusion** refers to the process of distancing oneself from unhelpful thoughts, worries, and memories. Instead of becoming entangled or overwhelmed by these thoughts, one learns to observe them from a detached perspective, allowing them to come and go without getting caught up in them, just like the cars driving past outside our house. This enables individuals to respond effectively to their thoughts rather than becoming consumed by them.

3. **Acceptance** involves allowing and creating space for uncomfortable emotions and physical sensations. It involves releasing the resistance towards them and allowing them to exist without becoming entangled or overwhelmed by them.

4. **The Observing Self** is the aspect of oneself that is accountable for awareness and focus. The mind is composed of two parts: the thinking self, which is constantly engaged in thoughts, beliefs, memories, judgments, and fantasies, and the observing self, which is capable of being aware of one's thoughts, emotions, and actions in any given moment. The development of mindfulness skills relies on the presence of the observing self. Through practicing mindfulness, one can improve their awareness of this aspect of the mind and access it when necessary. In Acceptance and Commitment Therapy (ACT), this is referred to as "self-as-context".

5. **Values** are the core principles and beliefs that guide our life and define what is important to us. They represent what we want to prioritize, how we want to spend our time, and what we want to be remembered for by our loved ones.

6. **Committed action** refers to the act of taking action based on one's values, even in challenging or uncomfortable situations.

When we combine all of these elements, we develop a state of **"psychological flexibility".** This refers to the capacity to be fully present in the current moment, with mindfulness and receptiveness, and to take purposeful action based on our personal values. Essentially, it means being present, open up and prioritize meaningful actions. The more skilled we become at this, the higher our overall quality of life will be – including our sense of energy, contentment, and satisfaction.

(Harris, 2009)

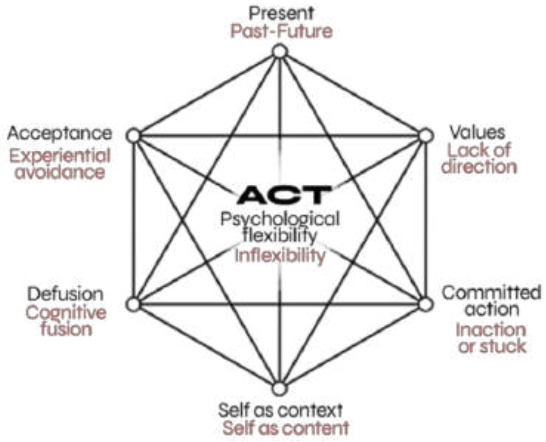
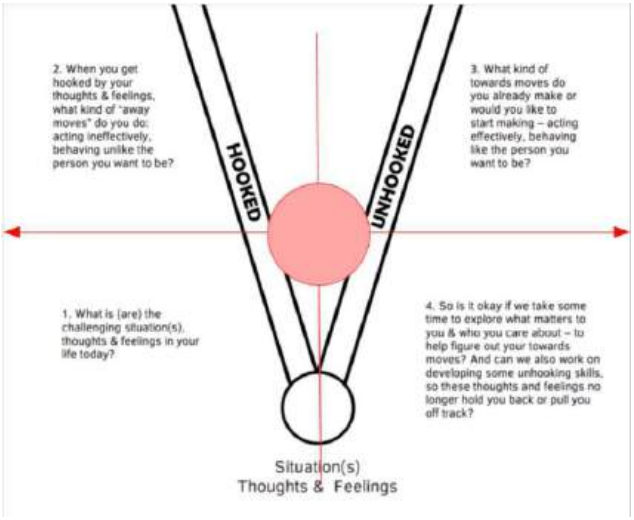


Figure 4.4 - ACT Hexaflex model

Choice Point Framework

In Choice Point, "Away moves" refer to behaviours that are ineffective and do not align with one's values. Essentially, it means moving away from the person one desires to become or moving away from the life one wants to create. "Away moves" are often a result of avoiding certain experiences. However, they can also stem from being overly attached to reasons, rules, the need to be right, the desire to appear good, seeking pleasure, or trying to make sense of things. These behaviours may arise from being fused with a combination of positive or negative thoughts, feelings, emotions, urges, or memories. Some actions we take can lead us closer to the life we desire - taking effective action, behaving in a way that aligns with our desired identity - and we can refer to these as 'towards moves'. For instance, 'away' actions that lead away from a situation could involve overthinking, being anxious, becoming disinterested,

losing concentration, and fixating on something. On the other hand, 'towards' actions that lead towards a situation could involve calming down, acknowledging, redirecting attention, getting involved, contemplating on personal values, and speaking kindly to oneself.



(Harris, 2006)

Figure 4.5 - Choice Point Framework

Dropping Anchor

Dropping Anchor is a 'Mindfulness' technique created by Russ Harris, a specialist in Acceptance and Commitment Therapy (ACT), to help us find calmness when we feel overwhelmed. This practice involves slowing down and being fully present in the moment, allowing us to have more control over our reactions. The purpose of 'Dropping Anchor' is to (i) acknowledge our emotions and thoughts while also being aware of the present moment by (ii) focusing on our physical sensations and (iii) engaging with the world around us using our five senses. Dropping Anchor has three steps, which can be remembered with the acronym ACE: *"***Acknowledge what you are thinking and feeling, Come back into your body, Engage in the world around you."** (Lee, 2021)

Mindfulness exercise (Russ Harris, 2006)

Figure 4.6 – Dropping Anchor Mindfulness Technique

Mindfulness involves being consciously aware of your present experience with an open and receptive mindset. It includes being fully engaged in the present moment and not getting caught up in your thoughts. It also involves allowing your emotions to be as they are, without trying to manipulate or suppress them. By observing our personal experiences with openness and receptiveness, even the most distressing thoughts, feelings, sensations, and memories can appear less intimidating or overwhelming. Unlike most western psychotherapy, ACT does not aim to reduce symptoms. ACT aims to transform our relationship with them. In this intervention research, ACT as a practice model was applied to enable the participants learn coping mechanisms through emotional management and self-awareness. It taught them to embrace acceptance of life's turbulent midlife experiences with an open mind yet lead a value laden life to make it more worthwhile and meaningful. (Harris, 2006)

D. Acceptance and Commitment Therapy (ACT) and Social Work Practice

The ACT intervention model promotes psychological flexibility through the practice of mindfulness, acceptance, and alignment with personal values. Social workers frequently utilize these principles, even if they do not explicitly identify them as ACT. ACT has been proven effective in more than 130 trials for various concerns such as

anxiety, depression, chronic pain, and weight loss, making it beneficial for a wide range of clients. ACT acknowledges that individuals often exhibit patterns of inflexibility, prioritizing avoidance of pain over their values. It encourages a non-hierarchical and empowering perspective that aligns with the principles of social work, reducing power dynamics in the therapeutic relationship (Praxis CET, 2016). ACT is an effective evidence-based practice in social work that aligns with the NASW Code of Ethics. It values the dignity and worth of the client, emphasizing collaboration in the therapeutic relationship and eliminating distinctions between social workers and clients (New Harbinger Publications, 2014 as cited in Shanika et al, 2019). Social workers can heavily draw from ACT techniques such as the six core to deal with clients with diverse issues such as anxiety, depression, chronic pain and other disorders. Social workers can use ACT to change the client's response to their own maladaptive thinking and feelings by using its six core processes (Katherine et al., 2011). In the context of this intervention research, the researcher completed a course on 'ACT as a Brief Intervention' from 'Psychwire' (online course) by ACT Therapist Russ Harris.

E. Psychoeducation (PE): Practice Model for Group Work Intervention

Psychoeducation, a strengths-based practice model by Anderson et al (1980), used in this intervention programme incorporates both educational and therapeutic techniques to impart knowledge and information. It is highly flexible in nature, which can be offered to individuals, groups, communities, or multiple family groups etc. As a practice model, it can be adapted to help people with various medical, psychiatric and other life challenges. By large, it consists of educational content that provides essential information and coping strategies for various aspects of illness or life challenges by giving recipients a frame of reference for their experiences. A group experience always enhances the experiences and impact of the information on the participants. The approach is grounded in principles that include (1) to enable a mutual learning exchange between providers and recipients, recognizing both professional and everyday knowledge, (2) to implement a structured curriculum that guides facilitators, providing illness or problem-specific information along with general insights into stress and coping with utmost flexibility (3) allocate time for processing information and emotions that may be distressing or challenging to

understand, (4) to use strategies to improve functioning, enhance quality of life, and reduce stigma and burden among participants, and (5) to pay careful attention to adjusting the content, timing, and approach based on cultural context and language. Psychoeducation can be used as a primary or adjunctive component to other forms of care and is often integrated as part of cognitive-behavioural therapy (Lukens, 2015).

F. Social Work Intervention Flowchart

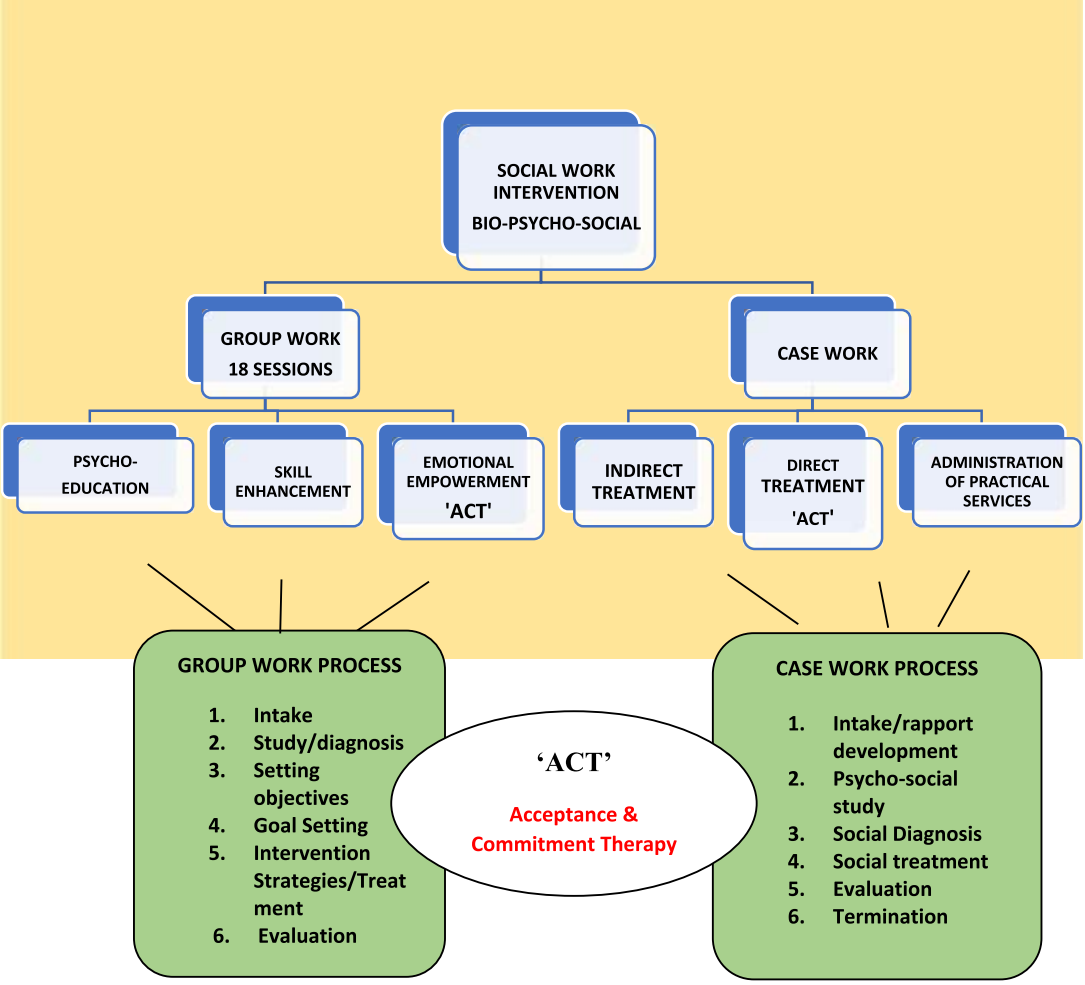


Figure 4.7 - Social Work Intervention Flowchart

4.3.5 Intervention Module: An Overview

Table 4.2 - Social Group Work & Social Case Work

Group Work Intervention	General Methodology Used	Nature of Sessions (Bio-Psycho-Social)
Psychoeducation **Skill enhancement** **Emotional Empowerment** **Group Development Concurrent Activities**	*Interactive educative sessions, experiential sessions, Group discussion, role-play & drama, reflective sessions, sharing & Catharsis, therapeutic sessions, movement therapy, imagery meditation and mindfulness, visualization techniques, group & individual presentations, and performances.*	***Psychoeducation*** Gynaecological aspects, Nutrition & Diet, Lifestyle Diseases Prevention & Management, Naturopathy: Alternative Medicine, Parenting & Setting expectations from children, Mental Health Awareness, Women empowerment & protection, Acceptance & Commitment group therapy, Positive relationships & self-development, Eye- care & protection: Medical camp and awareness session ***Skill development & Emotional empowerment*** Menopausal Coping, Emotional coping & life enrichment, Yoga & Fitness, Mindfulness exercises & stress management, Dealing with guilts/regrets, Anger management, Self-esteem & confidence enhancement, Dealing with procrastination, Mental alertness, Acceptance & commitment towards value-based living, Self-care, Forgiveness & Gratitude, Digital empowerment, Confidence enhancement, Leadership skills, Presentation skills.
Social Case Work	1) **Indirect Treatment**/ Environmental Modification 2) **Direct Treatment** which involves **ACT** based Counselling services, therapeutic interviewing, psychological support clarification & guidance for insight development. 3) **Administration of practical** services & referrals	• Individual and family counselling • Observation • Home visits • Need based referral Services such as connecting the client with specific agencies, institutions and medical services, training programmes, group experience activities, etc

4.3.6 Social Group Work Process

4.3.6.1 Introduction

There were several stages to the process of social group work (Brandler & Roman, 1999). This process included intake, study/investigation, objectives, goal setting, intervention/treatment strategies, and evaluation. Members were chosen at intake based on the advantages they wanted to earn from the collective group effort, as expressed during the need assessment phase. The study phase included a detailed study about the advantages and disadvantages of the group members for their formal intake into the group. To provide a clear understanding of how the group must operate as well as for the purposes of evaluation and direction, objectives were specified. Setting goals entailed deciding on an objective, then assigning tasks to team members and carrying them out. Intervention/ treatment methods are strategies that are used to influence group dynamics and address the needs of group members. Periodic evaluations after each session were carried out to assess the level of effectiveness of the group work on its members. It was carried out on a regular basis to assess the group's and its members' degree of achievement.

4.3.6.2. Intake

Their presenting problems were identified during the need assessment phase and personal interactions. Based on that tentative group goals were formulated between the participants and the group worker. Being a contract making stage, both of them assured commitment towards taking the group to the further stages of group work.

4.3.6.3. Study/ Social Diagnosis

With the help of QOL, positive health behaviour checklist data, and two rounds of need assessment through personal meetings, the group worker could measure/study the strengths and weaknesses, advantages and disadvantages, attitudes, interests, expectations, needs, and aspirations of each participant. Mothers who scored low in the QOL assessment were screened and interviewed during the need assessment to understand their biopsychosocial predicament. Personal interaction with the

participants helped gather more subjective aspects of midlife challenges they have been dealing with. Intake and Study went hand in hand most of the time. Some of the most prominent issues faced by them were found to be menopause related physical and emotional distress and relationship issues etc.

The study phase is also known as the fact finding about each participant or the group as a whole. The group was regularly assessed to check if there were any instances of conflicts, cases of apathy, or inadequate decision-making among the group participants. The group worker at this stage followed the principle of individualisation and acceptance as she considered each participant unique with her own sets of concerns and needs. The group itself is considered as unique which is different from the other groups in terms of its nature and complexities. During this phase, the group worker started exploring different treatment or intervention strategies. The nature of the group activity was decided and the working methodology for imparting the intervention was also finalised in consultation with experts and the supervisor. It was a combination of educational, therapeutic as well and recreational activities to address the needs of the group participants. The frequency of the group sessions, venue, and time was also finalised considering the convenience of the participants.

Exploring the facts about the members in the group helped the worker to understand each individual's role and relationships in the group, the kind of influence the group has on the individual, the individual's impact on her group atmosphere, and the overall interpersonal relationships outside the group.

Various tools used by the group worker to explore the facts were:

- Basic understanding of how individuals and groups behave
- Active listening to group members
- Observing, seeking advice, and getting assistance from external sources
- Visiting individuals at their homes
- Individual contact with the members

4.3.6.4. Setting of objectives and goals with respect to this intervention research

It was essential to determine a set of objectives and goals through which services or programs could be planned and developed for the enhancement of the quality of life of the selected participants in the group. It was aligned with the needs and the

problems expressed by each member of the group. The objectives acted as guideposts for the group worker who helped the group with guided and purposeful group interaction throughout the group work intervention. These objectives defined the purpose of the group intervention and a major part of the evaluation process revolved around the purpose of this research.

Once the purpose of the research was clear i.e. the enhancement of the biopsychosocial quality of life of middle-aged non-working mothers, it was feasible to effectively mobilize and focus the individual and group energy towards the ultimate goal. Through this, the priorities could be determined, and programs could be developed and measured accordingly. The group worker spent considerable time with each participant to decide upon the intervention goals and objectives according to their needs and wishes. Their personal goals became the core components of the group goals. As they were involved in the formulation of the group goals, their commitment to the accomplishment of these goals also became evident.

Table 4.3 – Objectives of 'Group Work' in the context of this research

- To help middle-aged mothers enhance their biopsychosocial awareness to attain a better quality of life.
- To help them experience psychosocial skill development through various experiential and expressive activities and teamwork.
- Learn emotional coping and self-management skills and experience positive self-development with the mutual support of a group in a group setting.
- Experience individual growth through group development

4.3.6.5. Social Group Work Intervention/ Treatment: An Overview of Group Sessions

Before embarking upon the details and explanations of the group work interventions, the group worker would like to throw some light on the initiation/activation of this group which comprises middle-aged non-working mothers. Prior to the beginning of the intervention sessions, the worker formed a WhatsApp group by the name "Aham Janani" as suggested by the group members. Mothers from different varied life situations were enabled to join this group to come under a single digital platform for availing intervention related instructions/guidelines/ discussions. This digital group was essential to help these mothers familiarize themselves with each other and build

some rapport prior to their future group engagements. This immensely helped the worker to connect with each of them individually and in a group setting where the actual intervention began. Intervention related information was sent to the group where every single participant could access the information. As mentioned earlier, the worker interacted with each participant individually too as part of her rapport building activity to create more impact and effectiveness. Therefore, despite the pandemic scenario, this online group could be mobilized for rapport development and information exchange even before the main programme was initiated. Group 'Aham Janani' was formed on the 3rd of April 2022.

As part of preparing the group for the group work intervention and to instill in them trust and optimism towards the training programme, the group worker at the outset, began with a motivational session for the adolescent children of these participants. This motivational session was delivered with an aim to develop mental preparedness among them for their upcoming board exams. It was given through online mode by a Life Coach and Trainer.

After a thorough discussion with the group members and some experts in the field, the group worker decided upon the type and number of sessions as per the preference and convenience of the group members. In view of severe pandemic restrictions in Thrissur, Kerala, the group work was split into eight offline and eight online sessions. The offline group program took place over a span of three days in person with a total of eight sessions and additionally, there were eight days of online sessions. The social work intervention was spread over a span of five months. Case work intervention was conducted in conjunction with the group work intervention to address their specific needs. The planning was done in consultation with the participants considering their convenience and availability. Programme dates were decided as per their convenience and preferences to ensure their availability and wholehearted participation. The intervention programme activities and sessions were designed as per mothers' needs and interests.

Table 4.4 – Topics covered in Group intervention/ Treatment

<table>
<tr><th>GROUP PSYCHO-EDUCATION SESSIONS FOR MOTHERS</th><th>GROUP SKILL ENHANCEMENT SESSIONS FOR MOTHERS</th></tr>
<tr><td>Topics covered-
Gynaecological aspects
Nutrition & Diet
Lifestyle diseases: Prevention & Management
Menopausal coping
Naturopathy for middle-aged mothers: Alternative Medicine
Parenting & setting expectations from adolescent children
Mental Health Awareness
Women empowerment, safety & protection
Positive relationships & self-development</td><td>Topics covered-
Yoga, pranayama & physical Fitness for mothers
Mindfulness exercises & stress management
Digital empowerment
Theme based group discussion, group and individual presentation
Expressive art: DMT
Role play & drama
Group and individual performances and talent exhibition
For building confidence, alertness, decision making, assertiveness skill, interpersonal communication, creativity, teamwork ,organising and leadership abilities, presentation skills, and better self-esteem</td></tr>
<tr><td colspan="2">GROUP EMOTIONAL EMPOWERMENT SESSIONS
Topics covered-
Emotional coping & management
Self-awareness
Dealing with guilts/regrets.
Self-esteem & confidence enhancement
Dealing with procrastination
Mental alertness
Defusion skills, Acceptance & commitment towards value-based living
Self-care & Self-expression
Movement therapy: self-expression, mindful based movements, and reflections
Forgiveness & Gratitude: experiential and meditative session</td></tr>
</table>

A. Social Group Work Intervention: Sessions & Activities

Prior to the Group work intervention sessions, an introductory motivational session was organised by the researcher to introduce the participants to the relevance, significance, and future implications of the current social work intervention research. Their participation was emphasized which would be a great social contribution as their data would be instrumental in determining the success of this social work intervention module. This would also open avenues for its future use in improving

the quality of life for many other middle-aged mothers. The details of each session have been mentioned in the group work module given in the appendix for reference.

Table 4.5 – Social Group Work intervention sessions and Group activities

No.	Social Group Work Intervention Sessions/ Group activities (Independent Variable)	Dependent variables (QOL aspects of middle-aged mothers) that were addressed through the group work intervention	Resource Persons/ Experts
1	Simple Yoga for health and physical fitness Offline: Experiential learning session	Physical fitness, energy level, capacity for work	*Yoga and fitness trainer*
2	Psychoeducation on Gynaecological aspects of middle-age Offline: Informative & interactive session and discussion	Menopausal symptoms, coping, important medical tests for women, awareness about breast cancer and testing facilities, Sexuality at midlife, body image, and gynaecological health	*Gynaecologist &Obstetrician*
3	Awareness session on Diet and Nutrition for middle-aged women Online: An interactive group session	Diet & Nutrition, digestive health during midlife	*Dietician & Nutritionist*
4	Lifestyle Diseases: Prevention & Management Online: An interactive group session	Awareness of lifestyle diseases, its prevention and management	*Doctor from Physical Medicine and Rehabilitation*
5	Naturopathy for middle-aged mothers: Alternative Medicine Online: An interactive group session	Alternative medicine for better health and holistic well-being	*Naturopathic Doctor*
6	On parenting -the Do's and Don'ts Online: An interactive group session	Parenting the adolescents, quality of relationship with children, types of parenting, etc	*Social Worker & Counsellor (12yrs experience)*
7	Mental Health Awareness Session Online psychoeducation	Awareness of mental illnesses, prevention and coping strategies, and management of mental health issues.	*Research Scholar Social Worker Medical & Psychiatry*

8	Emotional coping and life enrichment Offline mode: psychoeducation, experiential, and interactive session with insightful reflections and sharing of emotional experiences.	Emotional Health Mindfulness exercises & stress management, Dealing with guilt/regrets, Anger management, Self-esteem, self-concept & confidence enhancement, Dealing with procrastination, Mental alertness, concentration, Parenting adolescents-setting expectations from children, women's protection	*Senior Psychologist & Family Counsellor at Family Court, Women Protection Cell*
9	Dance Movement Therapy Offline: Movement based therapy A fun-based experiential session for stimulating self-expression, creativity, emotional, cognitive, physical, and social integration, and insightful reflections.	Emotional well-being, freedom of expression & communication, self-awareness, creativity & self-exploration, empathy, confidence enhancement, acceptance, and social interaction (sense of togetherness & universalisation)	*Psychological Counsellor, Motivational Trainer, Dance Movement Therapist*
10	Acceptance & Commitment Therapy- An emotional management & mindfulness exercise (Defusion & Acceptance) Offline: Group Therapy, ventilation &Visualization techniques	Emotional coping, thought management, meditation, acceptance and commitment towards value-based decision making and emotional empowerment	*Research Scholar* *Social Worker* *Medical & Psychiatry*
11	Digital empowerment: Online Interactive & demonstrative session	Digital skills for information updation: Digital financial literacy/ online shopping, G-Pay, online banking, filling online applications, mechanisms to track and monitor internet usage by children	*Project Manager* *IT Expert & Trainer*
12	Session on Women Empowerment, Safety, and Protection Online: Informative awareness session	Awareness of avenues for women empowerment/financial literacy, information on women safety and protection, women specific legislation, schemes and programs of State & Central Govt. for women's development	*Psychological Counsellor, Ward Member, Motivational Trainer, Dance Movement Therapist*
13	Positive relationships and self-development Offline: Motivational and therapeutic session	Quality of relationships: personal and social, thought and emotion management, self-care, the importance of practicing acceptance, forgiveness and gratitude, connection between mind, body and soul, spiritual self-growth and emotional strengthening through healing and	*Certified Pranic Healer, Psychotherapist and Life Coach* *World Pranic Healing Foundation* *Alternative Healing*

		meditation	
14	Eye- care & protection: Medical camp and awareness session Offline: Eye Tests and psychoeducation	Psychoeducation on eye-care at midlife and eye medical camp for middle-aged mothers.	*Ophthalmologist and team from eye Hospital*
15	Practicing Forgiveness, Gratitude and Acceptance: An experiential and meditative session Offline: Guided mental imagery, therapeutic dialogue, expression of complex emotions and self-awareness.	To learn acts of forgiveness, acceptance, and gratitude for better quality of relationships, self-care for emotional strengthening, catharsis, healing techniques, positive affirmations and to develop emotional maturity.	*Life Coach, Certified Reiki Healer, EFT Therapist, NLP Trainer,* *HO OPONOPO Practitioner*
16	Session on Self-Care & Self-Compassion Online: Psychoeducation with an interactive session	All the above-mentioned variables encapsulated in one single session for quick glance and reference	*Research Scholar* *Social Worker* *Medical & Psychiatry*
Other Concurrent Program Activities for Individual and Group Development		**Skill development**	**Resource Person**
Offline: Group discussions (four groups) and presentation, Group cultural event, Group tour & reflections, Certificate & gift distribution ceremony. Online: Individual theme-based presentations on various women's health related topics ***End of Social Group Work…..***		Social skills, decision-making skills, confidence development, learning & sharing, presentation skill, creative skills, self- grooming, improving self-worth, group cohesion & teamwork, planning & organising skills, accountability, and leadership skills etc.	*Facilitated by the* *Research Scholar* *Social Worker* *Medical & Psychiatry*

4.3.6.6. Evaluation of Group Work

Regular evaluations were carried out during the group work program to assess the session's effectiveness, the trainer's performance, and the program's relevance to meeting its objectives. These assessments focused on measuring individual and group development as a result of the intervention. They aided the group worker/researcher in gauging how well the group achieved its initial objectives. In addition to this, these

evaluations identified program strengths and weaknesses, guiding future improvements and enhancements. The evaluation was undertaken following the theory of change (TOC) model proposed by Weiss (1995) for effective program delivery and for evaluating the merits of a particular program and its ability to achieve its outcomes.

4.3.6.7 Group Process

In the context of this social work intervention research

Tuckman's model for group formation (1965) was applied in this intervention research. His observations of group evolution through different stages of the group throw light on how heavily a group impacts the evolution of an individual with the help of the group itself. It grows as a team while at the same time paving the way for individual growth in a group. The model consists of five distinct stages of group formation, namely: ***forming, storming, norming, performing and adjourning or mourning***. According to him, these stages vividly represent the obvious inevitable phases of a 'Group Work', ranging from facing unique challenges, problems with interpersonal relationships, tackling those problems, finding meaningful solutions, owning up accountabilities and altogether a great group planning and group effort that ultimately helps the group deliver the results as a team which finally helps the individual as well as the group self-realize and evolve through each phase. As the team develops maturity and ability, relationships are established, and the leadership style changes to more collaborative or shared leadership.

Source: Okpalad, based on Tuckman and Jensen (1977)

Figure 4.8 – Tuckman's Model for Group Formation

A. **Forming**

In this intervention research, during the initial stage of group formation, a WhatsApp group "AHAM JANANI" was created before the social work intervention, to bring all the participants under one single umbrella for group cohesion and regular communication. Initially, they were strangers to each other but had individual interactions with the researcher. A detailed online introductory session for the participants clarified the intervention's objectives, purpose, and future implications. A motivational session for participants' children helped build trust and rapport. Sixteen offline and online sessions were planned to accommodate all participants, along with a group development program. Participants were systematically informed about upcoming biopsychosocial interventions. They were assigned roles and responsibilities, receiving instructions as needed to stay focused.

After ice-breaking sessions and two key offline meetings covering simple yoga and menopause education, the whole group split into four teams. Each team chose its leader and a team name. Duties and development tasks were delegated to each team under their leaders' guidance. The group was encouraged to take ownership of their roles, develop a program plan with researcher supervision, and ensure everyone's participation and ideas were considered. Group rules and norms were consistently emphasized to keep them focused. Additional group psycho-education sessions and skill-enhancement activities were carried out to support the group's progress.

B. Storming

As the program advanced, some participants resisted team participation in group activities, offering various excuses to avoid involvement. These teams had roles in various group program activities like discussions, presentations, skits, group performances, and role plays. This stage saw heightened emotions, competition, disagreements, conflicts, cliques, and even silence within the group. Some members showed apathy due to personal issues at home, attempting to withdraw without notice. These individuals received personal motivation and psychological support to re-engage in group activities. In one incident, a minor disagreement between two group members escalated due to one member's constant annoyance, causing disruption. This led to heated debates and arguments that could have been avoided. Individual egos

became dominant during this storming phase despite reconciliation attempts. Disagreements were expected, but group members were encouraged not to take things personally. Individual mediation was used to address internal conflicts and apprehensions, making the group more flexible. The teams were allowed to experience these dynamics to progress toward reconciliation and normalization.

C. Norming

At this point, the group and different teams were urged to set aside conflicts and maintain calmness for the group's unity. Emphasis was placed on avoiding individual ego dominance and practicing acceptance and forgiveness during group crises. The importance of understanding diverse cultural backgrounds and emotions was highlighted, emphasizing the need to overlook certain issues for group unity. A subsequent group discussion provided an opportunity for emotionally charged members to express their perspectives calmly, fostering resolution and group cohesion. Teams were reminded that differences in a group are natural, and the key is how to move forward despite them. Team members quickly recognized their shortcomings, apologized, and positively re-engaged. This hands-on experience served as a valuable lesson, complemented by observations. Strategies for handling differences included calmly addressing issues, offering praise and motivation, fostering leadership through follow-up, seeking consensus, active listening, conflict resolution, reaffirming group conduct, and resetting ground rules for group growth. Participants were urged to take responsibility, and a rotational leadership approach was implemented to ensure fairness and provide leadership opportunities for everyone in the group. Fortunately, most members displayed emotional maturity, avoiding significant conflicts. Their support helped the group move smoothly through subsequent growth stages, aiding the group worker in her research intervention.

D. Performing

During the performing phase, all members actively engaged in group activities. Hesitations and inhibitions initially appeared but soon gave way to more responsible participation. Everyone contributed ideas on their assigned themes and a group representative took the lead in presenting them from each group. This inclusive approach continued throughout the program. In experiential sessions like dance movement and mindfulness exercises, members grew more empathetic, fostering

unity. The shift from individual competition to group harmony enriched their experience. In theme-based skit performances, teams enthusiastically embraced their roles and the concept. Some members were initially hesitant, but group encouragement prompted their participation, showcasing their potential. Despite the challenge of on-the-spot preparation, they committed to their teams, delivering exceptional performances. Putting aside their inhibitions and differences, they shared a strong relationship based on trust and cooperation. There was a new level of creativity and harmony that could be seen at this stage. The process of stepping back from the scene to watch the emergence of this stage that was blossoming into a beautiful phase of unity and creativity was a unique experience in itself.

E. Adjourning /Mourning

During this stage, the group was informed about the intervention's conclusion in advance, allowing reflection and feedback. Strong bonds developed among members, overcoming initial differences. Members grew more tolerant and embarked on a journey of personal and group evolution. The most distinctive aspect was self-discovery with group support, a novel experience. During performances, participants received recognition. Each shared reflections on the activities. The group's nature transformed positively, shedding initial conflicts. To address individual challenges, customized social case work interventions were conducted alongside group work, considering each individual's specific biopsychosocial needs and expectations from the case worker.

4.3.6.8 Social Group Work Principles Followed During the Intervention Research *(with reference to Group Work Principles by H.B Trecker)*

Introduction

Group experiences are a fundamental human need which are essential for their growth. The interactions and transactions between individuals and their environment are inherent in social group work. Therefore, there are certain principles that guide social group work and provide a framework for the worker to effectively engage with the group. These principles are derived from experience and research and are essential for helping individuals in groups to grow and change. The objectives of social group work can only be achieved within the framework of these principles, making it necessary to address them as the guiding force for group work practice. The

principles by H.B. Trecker in the context of this intervention research have been delineated below.

1. The principle of Planned Group Formation

Being aware of the inherent qualities and factors of the group, the group's potential was used extensively to enable each individual to grow as per her unique needs. This phase relies on the principle of a planned group formation to carry out various tasks for both individual as well as group development. This was all initiated as per the need assessment of each group member. All the participants were brought under one single platform for further intimations and interactions. The group was systematically briefed about the various upcoming biopsychosocial activities. The group was also apprised of the need to have some ground rules to be followed for the sake of the group's integrity and discipline. The group was further divided into four teams with clear goals and objectives to be accomplished by each participant as the group evolved. The initial direction was given to the group at the group formation stage because all the members were in the process of familiarity building at that time.

2. The Principle of Specific Objectives

Major group objectives were delineated for individual and group development that aligned with the wishes and capacities of the group. A roadmap for the group and sub-groups was clearly communicated. The main purpose and the ground rules were established and communicated, whereby each member was entrusted with certain roles and responsibilities with clear personal goals or objectives in mind. Relevant instructions were given from time to time to keep them focused and consistent in their activities.

3. The Principle of Purposeful Worker Group Relationship

A conscious purposeful relationship was maintained with all the participants by accepting each individual as she is. The initial meetings and need assessment interviews helped in establishing a rapport with each participant. These interactions and open discussions with a well-planned layout for the intervention helped the group members accept the worker and have faith in the programme planned for the bio-psychosocial betterment of their quality of life. The relationship was purely based on a specific purpose which gave the main thrust to individual development through group experiences.

4. The Principle of Continuous Individualization

Each group activity was planned and executed in such a way that each member experienced a wider representation whether it be her ideas, suggestions or reflections after each session. Each one was made to feel important and significant for the group. There was enough liberty to express individual concerns and expectations from the group activities. Although each team and the individuals within the team exhibited a different nature, this group experience was well utilized by each member to undergo a continuous individualization process. It was not just the group that was evolving but each individual representing different teams, was growing in terms of a change in themselves, be it their level of awareness, emotional coping skills and other life skills development. Different group activities catered to their different individual needs leading to a sense of fulfilment and more enthusiasm to contribute and make a difference. Thematic presentations and performances sparked the inherent talents of the members who had not used their creative skills for long. This itself induced in them a new surge of confidence and identity to express themselves without any inhibitions. From fun-based games to professional skill-based conversations and presentations, the mothers went through a progression of self-development activities that allowed them to tap into their dormant skills. The majority of the participants have stated in their feedback that they had last received such an exposure during their school days and that they have simply forgotten their hidden potential due to the several other liabilities and tribulations of life. Individual development through group experiences was the main motive of the group work activities.

5. The Principle of Guided Group Interaction

The group was constantly guided with regards to various tasks and activities from time to time. Even though each team was given the liberty to select their leaders and plan their programme, each activity was regularly monitored and evaluated. When groups were divided into four teams, each team was personally visited by the worker to study its nature of work, the attitude of the members and inter-personal behaviour. Accordingly, each team was guided taking into consideration their internal differences / inter-personal issues and each individual's unique needs. During the skill development and emotional management sessions, the group was guided about the purpose of each session and its significance in the enhancement of their quality of life.

In spite of a detached association with the group members, they were constantly guided in each phase of their evolution.

6. The principle of Democratic Group Self-determination

During the programme planning and development activity, the team members and leaders were given the authority and freedom to constructively chart out their action plans for various group activities. Members within each team elected their leaders and every activity was planned and executed with everyone's consensus and contribution. Each member owned up her responsibility in accordance with her capacity and abilities. If someone had any difference of opinion or objection regarding a particular discussion, such concerns were resolved within the team itself. In situations where things escalated beyond control, with timely intervention, such matters were resolved with proper guidance and timely reminders (group rules & ethics).

Each team member was entrusted with certain responsibilities as well as the freedom to execute them with her creativity and imagination. Rotational leadership was promoted to avoid biases and provide leadership opportunities to each individual in the group. As the group work evolved, the members grew increasingly responsible during group ventures such as theme-based group discussions, presentations and skit performances as the group continued to progress to the performing stage. Every team member offered ideas and opinions on the assigned theme. Individual voices became group voices, and the team leader accepted the responsibility to represent her group in the most authentic way.

7. The Principle of Flexible Functional Organisation

Sufficient flexibility was ensured in the group process, whether it be the formation of the group, or various steps involved in the programme planning and development. There was no space for any rigidity in the organisation of the group although group rules were strictly followed. It was thoroughly based upon the felt need of the group at each phase to cater to their present needs and wishes. The flexibility in the group functioning and leadership encouraged more ardent responses, participation, and contribution from the group members.

8. The Principle of Progressive Program Experiences

As mentioned earlier, in social group work, each participant underwent group experiences that began at the level of member interest with simple fun-based activities and moved towards much more complex and rigorous approaches that helped them identify their hidden potential and skills. This easy to complex program structure assisted them in upgrading themselves by exploring their creative skills and knowledge, presentation and leadership skills, and teamwork as a basis to witness the difference in themselves. An evolution of both the individual as well the group could be witnessed through these progressive group work experiences.

9. The Principle of Resource Utilization

The intervention program ensured the maximum utilization of resources available in the social group work environment to enrich the group work content for both the group as well as the individuals in the group. Whether it be the services offered by the resource persons, the arrangements for the group program, training-related materials and technological assistance, expertise and support from the co-scholars and college staff etc, throughout the process, optimal utilization of these resources under minimum cost was ensured in the feasible way possible.

10. The Principle of Evaluation

It was essential right from the initial phase till the last stage to evaluate the quality of the programme that would ultimately help in enhancing the quality of life of the participants. It helped in measuring the effectiveness of each session, its quality and the impact upon the participants. Evaluation helped in enhancing the quality of each session from time to time as the group consistently evolved in terms of its standard and learning. Each session was followed by evaluation feedback to gauge the effectiveness of the session and the efficiency of the resource persons. It also helped to understand the level of significance and relevance of each group activity in guaranteeing the greatest possible self-fulfilment for all. A right evaluation would be instrumental in planning more effective group work intervention programs for future batches of mothers.

4.3.6.9 Conclusion

Social group work as one of the most dynamic methods of social work practice provides a unique experience to the group members who are helped to address their

psycho-social problems with the aid of group experiences and guided interactions. The researcher as a group worker followed certain principles during her group intervention, especially during programme planning and development. The group work intervention was developed out of the interests and needs of the group members. It went through a systematic process that evolved from a simple to a complex stage yet fulfilling the most essential emotional and social needs of its members resulting in a transition in the individual and the group attitude and behaviour. Program planning included various purpose-driven activities, interactions, and relationships to foster growth and self-realization and help the group evolve. The worker maintained a balanced detachment and connection, nurturing group cohesion for their individual development. As with any other group work intervention, the worker/researcher had to deal with varying degrees of challenges to accomplish this intervention programme. Midlife is also a period when most individuals prefer to live within their rigid mental frameworks, which are difficult to break open and help the individual explore her real worth and potential. Despite such challenges, the group work intervention accomplished its objectives to a large extent in creating a favourable impact on the quality of life of those middle-aged mothers.

4.3.7 Case Work Process

4.3.7.1 Introduction

In the Social Case Work Process (Richmond, 1917), there are five phases starting with ***Psycho-Social study, Social- Diagnosis (assessment), Social Treatment, Termination, and Evaluation of outcomes.*** Intervention is given as a part of social treatment during case work intervention. The main objective is to assist the client in coping with his/her emotional distress, enable and restore a well-balanced social functioning of an individual who has come to the social case worker in need of help. Case work intervention works towards enhancing the client's self-awareness and satisfaction along with strengthening his/her ego and functioning of the person-situation system (Dassi, 2020). According to Hamilton, "Treatment/intervention is the sum total of all activities and services directed towards helping an individual with a problem" (Hamilton,1951).

In the context of this intervention research, the case work process was implemented in conjunction with the group work intervention. The purpose of this was primarily to

provide immediate emotional and practical support to mothers who were in urgent need to address their immediate problems. The integration of these two services helped to gain a deeper understanding of the participants and resulted in a more effective impact. The case work aspect of the intervention required a significant amount of time, as there were thirty cases that needed to be individually attended to based on their specific problems. Some cases required more extensive case work interventions, while others had relatively fewer needs to be addressed. Based on the depth and complexity of each case, the social case work process was undertaken starting with psycho-social study, social diagnosis, social treatment, termination, and evaluation. The sections below discusses the case work intervention / treatment approaches used as part of this intervention research. Due to the personal nature of the information, individual case work details have not been shown under this section.

Table 4.6 – Objectives of Case Work

Objectives of Case Work with respect to this research
• Case work in this research aims to help a middle-aged mother attain a better quality of biopsychosocial life. • Develop or refine her potential and make use of the resources in her social surroundings for her own self-development and growth. • Facilitate better adjustment between herself and her social environment through the knowledge of human relations, emotional resilience, acceptance, and commitment to a value-based living by using acceptance and commitment therapy.

4.3.7.2 Case Work Intervention

In this intervention research, case work intervention was undertaken with all thirty mothers in the intervention group depending upon their specific need assessment and the customized support services they expected from the researcher (case worker). Three types of treatment approaches used during the case work intervention are (Mary Richmond, 1917):

1. **Indirect Treatment**/ Environmental Modification
2. **Direct Treatment** which involves Acceptance and Commitment Therapy (**ACT)** based counselling services, therapeutic interviewing, psychological support, clarification & guidance for insight development. The direct treatment approach used ACT as its practice model.
3. **Administration of practical** services & referrals

Table 4.7 –Case Work Treatment Approaches

Types of Treatment Approaches	Services Provided
Indirect treatment/ Environmental Modification	*This approach focused on changing the client's environment to improve her well-being. For instance, some clients wanted to learn new things, so they were encouraged and supported in availing of social resources, training programmes, recreational groups, and therapy programs for their overall development. The family environment was also modified to support the client's growth and well-being through attitudinal changes. Significant family members were involved in this indirect approach to bring positive changes in the client's life. The focus was on altering the physical environment that may have hindered the client's progress, enabling them to function better in their social system.*
Direct Treatment/Intervention	*Direct treatment encompassed ACT-based counselling services for both mothers and adolescent children of some participants. This therapy focused on therapeutic interviewing, psychological support, guidance for insight development, and clarification. ACT empowered clients to embrace self-acceptance, psychological flexibility, and emotional detachment from inner turmoil and resilience. They gained self-awareness and clarity of thought, which allowed them to accept circumstances beyond their control while committing to meaningful, value-based actions for personal enrichment. Clients acquired skills in emotional detachment, acceptance, gratitude, forgiveness, and constructive, value-based living. Instead of identifying with their thoughts, they learned to perceive problematic thoughts objectively. Mindfulness exercises honed skills in defusion, psychological flexibility, acceptance, and staying in the present moment. Therapy included problem assessment, value clarification, and goal setting, employing tools like 'Dissecting the Problem,' 'Bull's Eye,' and the 'Choice Point framework.'*
Administration of Practical Services / Referrals	*This approach, one of the oldest in case work intervention, helps clients access and navigate community services effectively. In this research intervention, mothers received assistance with material aid, legal support, medical services, and other practical help, benefiting both them and their children. For example, information about college admissions, courses, and academic institutions offering computer and accounting training was collected and provided to mothers. Academic counselling was also provided to their adolescent children, guiding them in choosing their future paths and offering clarification on exam-related subjects and dissertation support as per the requirement.*

4.3.7.3 Skills used by the researcher during the social case work intervention

Interviewing, active listening and observation, restatement, reflection, empathy, paraphrasing and summarizing, facilitating and focusing, information dissemination and educating, motivating and initiating, confronting and disclosure.

4.3.7.4 Principles of Case Work Relationship followed by the researcher

- Principle of Individualization
- Principles of Purposeful expression of feeling
- Principles of control emotional involvement
- Principles of acceptance
- Principles of non-judgemental attitudes
- Principles of client self-determination
- Principles of confidentiality

(Biestek, 1957)

4.3.7.4 Effort Towards Group's Sustainability Post Intervention

After the group intervention, it was observed that certain members of the group displayed a strong desire to initiate group ventures aligned with their individual interests and passions. Recognizing this enthusiasm, the researcher organized several group meetings for these mothers, during which important decisions regarding their future initiatives were discussed and tentatively agreed upon. Sufficient time was provided for the participants to contemplate the various activities that could be undertaken. The group was renamed as ***'Aham Janani'***, to make it a digitally viable group. Coordinators were selected by the group members for each sub-group. The researcher, with the consensus and cooperation of the group members, has divided the group into four strength based sub-groups as per their passion areas.

1. Group one: Art and craft
2. Group two: Travel videos, interviewing personalities, and video promotion. The main purpose of this group is to bring to the limelight the hidden talented personalities by interviewing them and creating documentaries.

3. Group three: Cultural wing for the promotion of artists (dancers, singers, percussions, etc) has initiated a dance group that diligently focuses on preparing and performing traditional dance in various cultural platforms.
4. Group four: Food and catering wing (economic empowerment)

The first three groups have commenced their activities and programmes. To promote and motivate these groups, a YouTube channel has been launched, which will enable their content to reach a wide audience through digital representation and promotion. The group members have successfully completed the initial formalities, such as creating a logo and caption. Additionally, an exclusive page dedicated to Aham Janani has been established on social media platforms to promote their interview videos and upcoming activities. Some mothers have already created travel and interview videos, which have been promptly shared on social media for wider circulation. This has not only boosted the confidence of the participating mothers but also garnered a larger audience and viewership for the individuals who were interviewed, showcasing their talents and special abilities. Aham Janani is celebrating the life and artistry of various incredible artists from Thrissur and other areas, whose contributions to the world of creativity are truly exceptional. The fourth group which exclusively stands for economic empowerment, will be carefully considered and discussed as it involves financial transactions. Given the sensitive nature of financial objectives, a thorough analysis of the advantages and disadvantages must be conducted before proceeding. Recently, the group commemorated its inaugural anniversary, with active participation and engagement from the majority of the mothers. The researcher took the opportunity to reset and clarify the group's rules, ensuring that all members were aware of the ethical guidelines and regulations that must be adhered to in order to maintain discipline within the group. The valuable ideas and suggestions put forth by the participants were duly recorded, with the aim of improving the group's functioning in the future. As a collective venture, the group successfully organized an exhibition at Vimala College in Thrissur, where they sold a variety of homemade items such as baked goods, snacks, and traditional Kerala costumes. The members of the group supported and promoted one another, resulting in a highly successful event. Additionally, the team arranged ‘Onam program’, complete with a lavish feast and cultural performances. The event was meticulously coordinated, with tasks being assigned to different committees. The cultural group showcased various

performances, including the traditional Kerala dance known as 'Thiruvathira Kali,' as well as individual and group activities. Furthermore, a group interview was conducted, during which an anchor interviewed the mothers, allowing them to share their cherished memories of childhood Onam celebrations. All of these activities were thoroughly documented and recorded for future reference, with the participants' consent.

4.3.7.5 Challenges and Limitations Faced During the Intervention

One of the most challenging attempts was to bring all the screened participants together for the intervention programme as they were still in the grip of covid fear. Initially, there were approximately 86 screened mothers who were willing to join the intervention programme. Even though they were keen to participate, their domestic commitments and pandemic fear, posed barriers to their voluntary involvement. As a result, only 30 mothers finally formed the intervention group. Planning the time schedule for the intervention considering their availability was also a challenging task. The sample hailed from various areas within the Thrissur Municipal Corporation, resulting in some participants traveling from distant locations, leading to occasional punctuality issues. Additionally, time constraints for certain sessions were identified as a limitation. However, since the timing of each day's program was determined based on the convenience and availability of the participants, adjustments had to be made accordingly. The Covid pandemic presented a significant challenge for the researcher, particularly during the data collection and needs assessment phase.

4.3.7.6 Conclusion

This comprehensive social work intervention package has been designed to serve as an all-encompassing toolkit, aiming to tackle the biopsychosocial challenges faced by the sandwiched generation, an often-overlooked segment of our society. The foundation of this intervention model combines theoretical frameworks and practical models, offering a holistic three-dimensional approach to treatment. These dimensions (biopsychosocial) are interconnected and mutually reinforcing, collectively enhancing one's quality of life. Therefore, it's imperative to consider all three dimensions rather than focusing on just one while neglecting the others. Group work emphasizes individual development through shared experiences in a group of homogenous people, while case work addresses the unique and specific needs and challenges of clients.

The efficacy of the group work intervention played a critical role in improving the physical fitness, social skills, self-esteem levels, communication skills, self-awareness, confidence level decision making skills etc of the participants. The group setting provided a unique environment for emotional growth, to witness universalization and group ventilation through its self-reflective sessions. It helped reinforce some of the known facts through its impactful psychoeducation and creative group work strategies. Case work was run in conjunction with the group work intervention, thereby, accomplishing most of their individual unmet needs too. The documentation and maintenance of recordings and evaluation data were taken care of on a regular basis. Social work intervention carried a great social responsibility which adhered to its varied ethical codes and rules. It was a dedication to helping the target population discover the meaning and purpose of their lives, empowering them to lead emotionally and socially enriched lives.

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Chapter 5

DATA ANALYSIS AND INTERPRETATIONS

5.1 Introduction

The data analysis for this research includes examining a dataset from two phases: the Quantitative Phase and the Qualitative Phase. The Quantitative Phase consists of two main parts - first part was a descriptive study on the quality of life of 356 middle-aged mothers using WHOQOL-BREF and Positive Health Behaviour Checklist (first objective). A group of thirty mothers was therefore shortlisted based on their scores in the descriptive study and willingness to participate, who finally partook in the intervention programme.

In the second part of the quantitative study, an Intervention module was developed as per the results of the descriptive study and detailed need assessment of the screened participants. It was followed by the administration of a 'Biopsychosocial awareness' scale and a Comprehensive questionnaire to study the influence of the midlife challenges on the quality of life of those 30 mothers (second objective).

The second phase of the study comprised of the Qualitative Study, which examined the detailed results of different aspects of middle-aged mothers' lives, including their physical, mental, and social well-being. This phase included three in-depth case studies and two focused group discussions to evaluate the effectiveness of social work interventions on the quality of life for these mothers. Several recommendations have been made to enhance the effectiveness of future interventions aimed at improving the quality of life for middle-aged mothers.

The questionnaires therefore administered during the first phase of the study are as follows:

1) Socio-demographic details of the mothers and WHOQOL-BREF
2) Positive Health Behaviour checklist
3) Comprehensive Questionnaire to study the influence of the midlife challenges on the quality of life

4) Biopsychosocial awareness scale

The questionnaires in points 1 and 2 were administered to 356 mothers for the purpose of the QOL study as well as for screening the mothers for intervention. The last two questionnaires (mentioned in points 3 and 4) were administered to thirty mothers who have been selected for intervention through the screening process based on their level of scores and their willingness to participate. Post-intervention, all these questionnaires were re-administered to gauge the effectiveness of the intervention on the quality of life of thirty mothers.

5.2 Socio-Demographic Profile Analysis

As part of the descriptive study, the socio-demographic details of 356 respondents were collected from the middle-aged mothers (as per the inclusive criteria) from six wards in Thrissur Municipal Corporation, that were selected through simple random sampling.

The socio-demographic profile has been analysed with respect to their age, education, occupation, religion, monthly income, marital status, number of children, and employment status.

5.2.1 Age

Age as a demographic variable is an important aspect that displays the involvement of a specific age group of middle-aged housewife mothers in Thrissur Corporation, Kerala for the study of their quality of life during middle age.

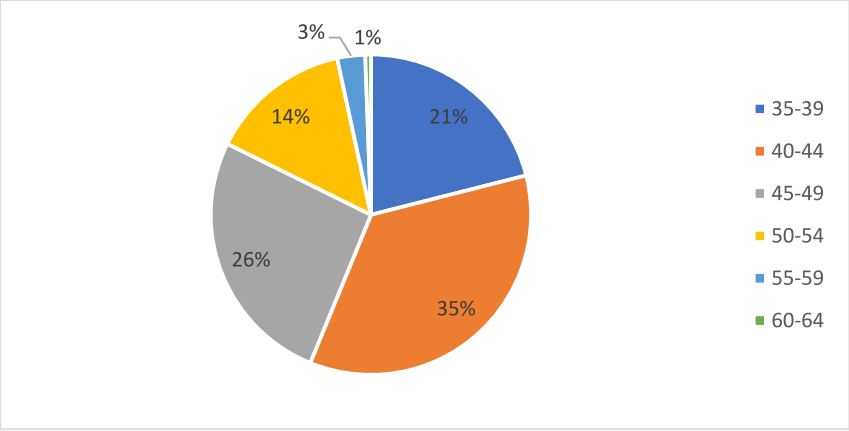


Figure 5.1: Age-wise Distribution of the Sample

Figure 5.1 illustrates the age-wise distribution of the respondents, ranging from 35 to 64 years old. The data shows that 21 percent of the respondents are between the ages of 35 and 39. The largest percentage, 35 percent, falls within the age group of 40-44 years, while the second highest percentage, 26 percent, is in the age group of 45-49 years. This indicates that a significant number of women in the study were below the age of 50. Approximately 14 percent of the respondents are between the ages of 50 and 54, while 3 percent are between 55 and 59, and 1 percent are between 60 and 64.

5.2.2 Religion

Religion as a sociodemographic variable in research refers to the religious affiliations and beliefs of individuals, often studied to understand their impact on a population's social, cultural, and behavioural aspects.

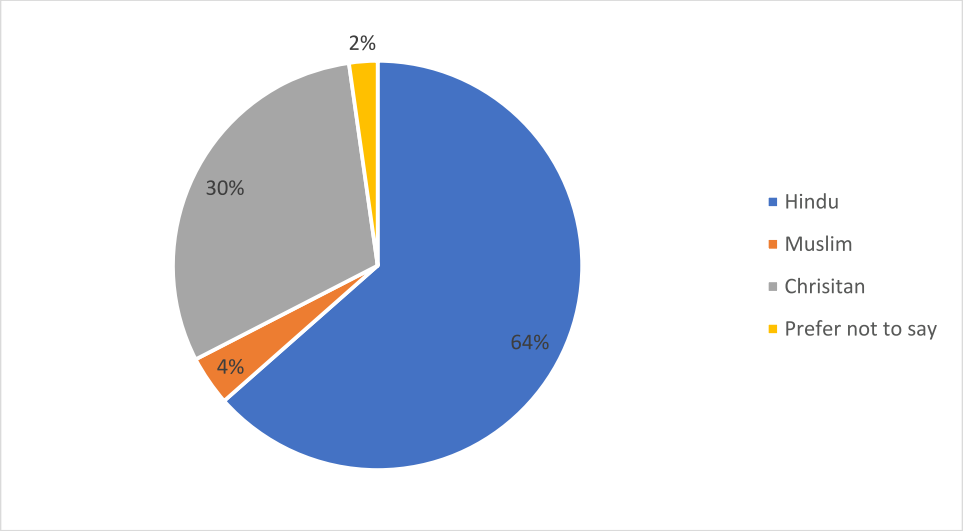


Figure 5.2: Religion-wise Distribution of the Sample

In Figure 5.2, the religion-wise breakdown of the participants is displayed. The Hindu religion accounted for the largest portion, with approximately 64 percent of respondents. Christian respondents made up around 30 percent, while respondents following Islam accounted for about 4 percent. Approximately 2 percent of respondents chose not to disclose their religion.

5.2.3 Educational Qualification

Educational qualifications, as a socio-demographic variable in Thrissur, Kerala, reflect the diverse educational backgrounds and literacy rates within the region, influencing socio-economic dynamics and access to opportunities.

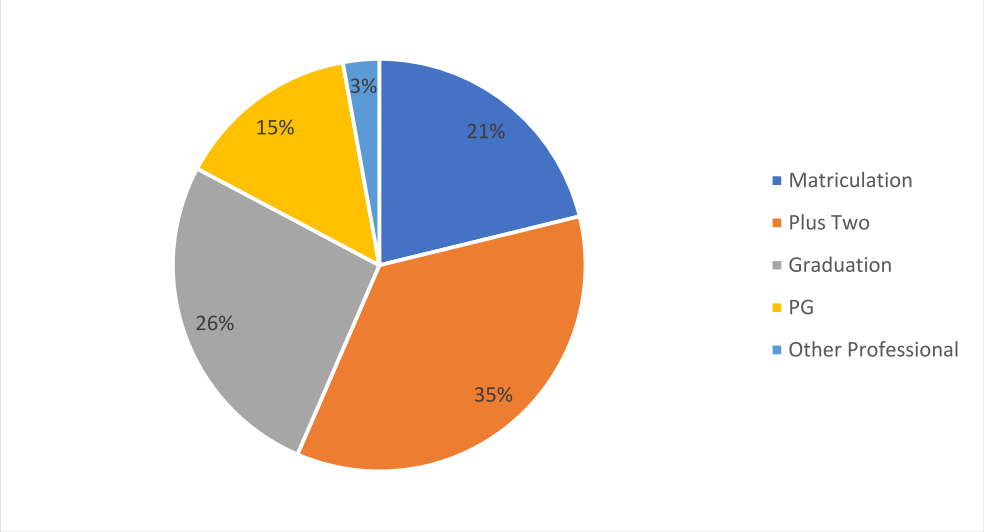


Figure 5.3: Educational level distribution of the sample

According to the educational data provided in Figure 5.3, it can be observed that 21 percent of the participants have finished matriculation, 35 percent have completed Matriculation, and 26 percent are graduates. Additionally, 15 percent of the respondents have pursued postgraduate studies, while only 3 percent have undertaken other professional courses. The data indicates that the majority of the participants have only completed basic schooling, with the majority falling into the Plus Two category.

5.2.4 Annual Income

Annual income, as a socio-demographic variable in Thrissur, Kerala, serves as a key indicator of economic well-being, influencing living standards, access to resources, and overall socio-economic disparities within the region.

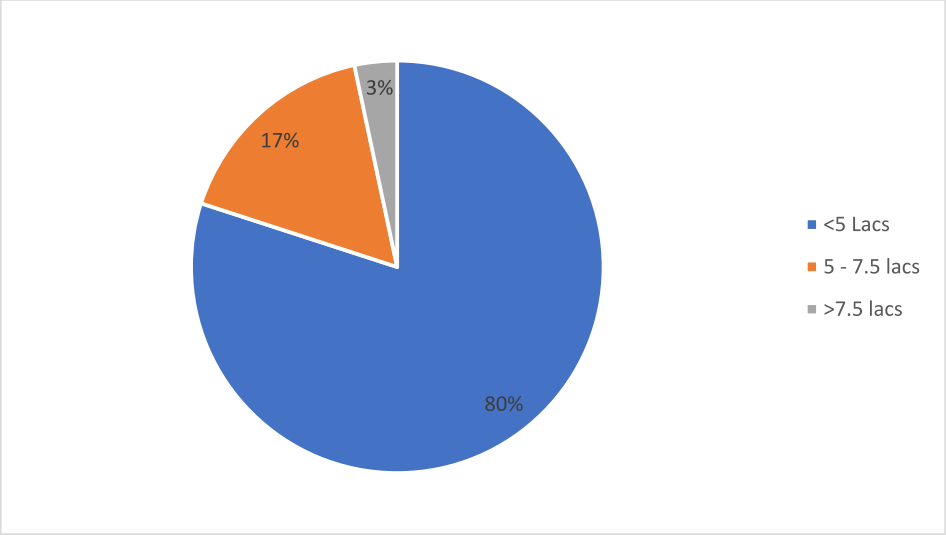


Figure 5.4: Distribution of the sample based on Annual Income

According to the data presented in Figure 5.4, approximately 80 percent of the participants have an annual household income below 5 lacs. Around 15 percent have incomes ranging from 5 to 7.5 lacs, while the remaining 5 percent have incomes exceeding 7.5 lacs. The data reveals that the majority of the respondents have household incomes below 5 lacs, suggesting that most of the mothers involved in the study come from the middle class and lower middle-class segments of society.

5.2.5 Household Size

Household size, as a socio-demographic variable in Thrissur, Kerala, reflects the composition of families and impacts resource allocation, economic stability, and social dynamics within the community.

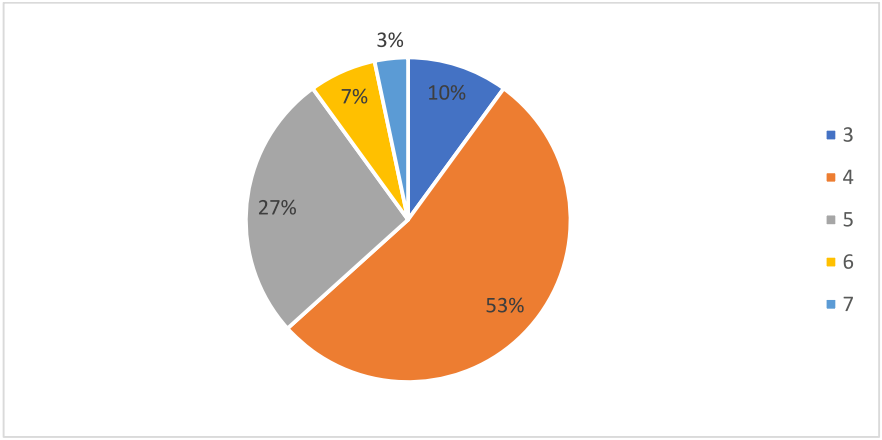


Figure 5.5: Household size distribution of the sample

The data on household size, depicted in Figure 5.5, reveals that approximately 53 percent of the participants have a household size of four individuals. Additionally, 27 percent of the respondents have a household size of five, while 10 percent have a household size of three. Furthermore, 7 percent of the participants have a household size of six, and only 3 percent have a household size of seven. The data indicates that the majority of the sampled population have a household size of four persons, with families having a household size of five following closely behind.

5.2.6 Number of Children

The number of children, as a socio-demographic variable in Thrissur, Kerala, provides valuable data on family planning, educational and healthcare needs, and generational dynamics, shaping the social fabric of the region.

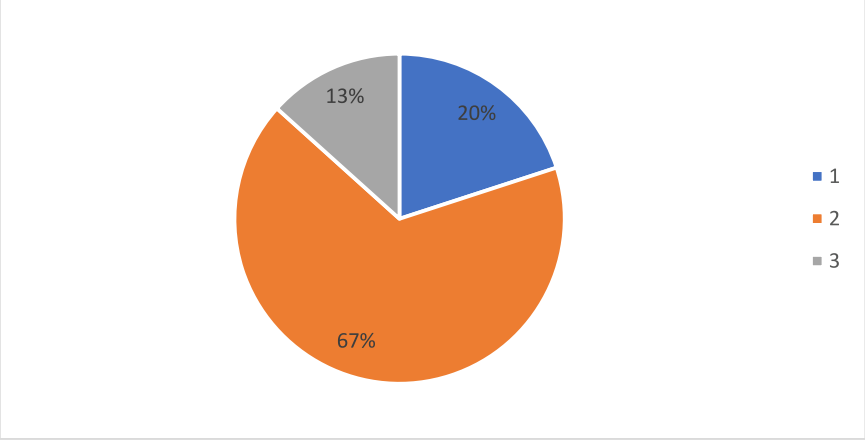


Figure 5.6: Number of children distribution of the sample

The data presented in Figure 5.6 indicates that approximately 67 percent of the respondents possess two children, while 13 percent have one child, and the remaining 20 percent have three children. These findings suggest that a significant proportion of the sampled population consists of individuals with two children.

5.3 WHO QUALITY OF LIFE- BREF TOOL

WHOQOL-BREF tool was administered to 356 respondents in the first part of the quantitative phase. This tool comprises of 4 domains, namely Physical, Psychological,

Social Relationships and Environment. Each domain comprises of various facets which have been measured individually.

QOL 4- FACTOR MODEL

Table 5.1 shows the ratings of the respondents across the 4-factor model of the WHOQOL-BREF. The four domain scores reflect how the respondents perceive their quality of life in each respective domain. The results show that the lowest mean score was that of Psychological dimension (M=64.43), closely followed by Physical Health (M=69.53). The remaining two domains of Social Relationships and Environment have shown better results. It is also observed that across all 3 factors of physiological, social relationships and environment, the majority of the respondents have indicated that they find their present conditions to be good. For the psychological factor, quite a sizeable number of respondents have indicated that they find it to be neither poor nor good, which indicates either a neutral stand or that they require need-based interventions to uplift their quality of life**.**

Table 5.1: Response distribution for 4-Factor model

Domain / Rating	*Very Poor*	*Poor*	*Neither poor nor good*	*Good*	*Very Good*	*Mean Score*
Physical Health	0	11	68	176	101	69.53
Psychological	2	20	117	149	68	64.43
Social Relationships	1	7	54	179	115	74.84
Environment	0	11	69	164	112	70.26

The following table shows the mean score for each individual in the sample across each of the Quality-of-Life domains and overall Quality of Life as well.

Table 5.1a: Domain-wise and Overall mean score for Quality of Life

	Domain 1 Physical Health 0-100	Domain 2 Psychological 0-100	Domain 3 Social Relationships 0-100	Domain 4 Environment 0-100	Quality of Life 0-400
Mean	69.53	64.43	74.84	70.26	279.05
N	356	356	356	356	356
Std. Dev	13.93	15.049	15.417	14.819	50.046

5.3.1 QOL – Physiological Domain

The below section details the various facets under the physical domain and the ratings of the respondents on a scale of 1-5. Domain scores have been scaled in a positive direction which means, higher scores denote higher quality of life (WHOQOL-BREF, 2006). For the variables such as mobility, sleep and rest, activities of daily living and work capacity, it can be noticed that majority of respondents have indicated that they do not have any major challenges in carrying out these activities. For the remaining variables of pain and discomfort, energy and fatigue, and dependence on medical substances, even though the majority of respondents have indicated that they don't face any major challenges, a sizeable number have also indicated that they fared neither poor nor good in these metrics. The overall mean score for this domain is M = 69.53 (as shown in Table 5.1)

Table 5.2: Physical Health Domain Facets

FACETS	1	2	3	4	5
Pain and discomfort	4	34	108	149	57
Dependence on medical substances/medical aids	0	19	110	157	68
Energy and fatigue	2	24	149	111	70
Mobility	3	4	85	201	63
Sleep and rest	9	31	59	178	79
Activities of Daily Living	2	21	46	214	73
Work Capacity	4	18	62	217	55

5.3.2 QOL – Psychological Domain

The below table (Table 5.3) details the various facets under the psychological domain and the ratings of the respondents on a scale of 1-5. For the variables such as positive feelings, spirituality, thinking, learning, memory, concentration and bodily image, appearance, self-esteem, negative feelings, it can be noticed that majority of respondents have indicated a moderate response, which means there are areas to be addressed through intervention to improve their psychological quality of life. Concerning self-esteem, survey participants have conveyed their contentment and lack of significant challenges. When it comes to negative emotions, the majority of respondents expressed being 'very often' satisfied with their present situation, with a nearly equal number expressing satisfaction quite often. The overall mean score for this domain was M=64.43

Table 5.3: Psychological Domain Facets

FACETS	1	2	3	4	5
Positive Feelings	5	21	156	145	27
Spirituality, Religion, Personal beliefs	2	31	164	118	39
Thinking, learning, memory, concentration	11	59	162	109	15
Bodily image and appearance	11	25	93	88	139
Self esteem	5	13	70	182	86
Negative feelings	7	29	122	157	41

Ratings on a scale of 1-5, 1 being the lowest and 5 the highest.

5.3.3 QOL – Sociological Domain

For all the facets under this domain – Personal relationships, sexual activity, and social support, the majority of respondents have indicated that they are satisfied with their current situation. The overall mean score for social domain is M=74.84

Table 5.4: Social Relationships Domain Facets

FACETS	1	2	3	4	5
Personal relationships	0	17	42	203	94
Sexual activity	1	11	39	222	83
Social support	3	23	58	208	64

Ratings on a scale of 1-5, 1 being the lowest and 5 the highest.

5.3.4 QOL – Environmental Domain

The below section details the various facets under the **environment domain** and the ratings of the respondents on a scale of 1-5. The majority of respondents have expressed moderate satisfaction with their current situation in terms of financial resources, leisure activities, and physical environment within this domain. However, for aspects such as freedom, physical safety and security, information for daily life, home environment, health and social care, and transportation facilities, it is evident that the majority of respondents are mostly or very satisfied with their current situation. The overall mean score for environmental domain was *M*=70.26

Table 5.5: Environment Domain Facets

FACETS	1	2	3	4	5
Freedom, physical safety and security	1	15	112	168	60
Healthy physical environment	3	17	169	133	34
Financial resources	9	31	142	83	91
Information for daily life	3	20	105	153	75
Leisure activities	21	67	132	91	45
Home environment	5	13	46	183	109
Health and social care	3	11	43	215	84
Transportation facilities	4	22	50	187	93

Ratings on a scale of 1-5, 1 being the lowest and 5 the highest.

5.4 Positive Health Behaviour Checklist

It comprised of 17 questions to measure the general health practices of the middle-aged mothers. It focused on the following areas: health related awareness, measures taken to improve their quality of health, use of medication (regular tests, doctor consultation, timely medication). It also includes questions regarding their interest in availing psychoeducation and their willingness to participate in the intervention. In a later section (after discussion of hypothesis), the association between these two questions and the socio-demographic variables have been shown.

5.4.1 Awareness of health aspects

The below table details the various health aspects under positive health behavior and the ratings of the awareness of respondents on a scale of 1 to 5. Ratings have been scaled in a positive direction, 1 being Not at all aware and 5 being Extremely aware.

Table 5.6: Awareness of health aspects

HEALTH ASPECT	1 Not at All	2 Very Little	3 Somewhat	4 Quite	5 Extremely
Diet	10	18	139	123	66
Menopause symptoms	92	43	74	84	63
Yoga and Meditation	128	60	82	47	39

For the health aspect of diet, most respondents have indicated that they were somewhat aware of this whereas almost an equal number of respondents have indicated that they were quite aware of this. Regarding the topic of menopause symptoms, high number of respondents indicated that they were not aware about it whereas almost an equal number of respondents indicated that they were quite aware about this topic, while around 74 respondents have stated that they have moderate level of awareness on the topic. Regarding the topic of yoga and meditation, again majority of respondents have indicated that they were not aware/ mildly aware of this topic.

5.4.2 Measures taken to improve the Quality of their health

This section aims to gauge mothers' daily initiatives and conscious efforts for maintaining health, fostering a healthy lifestyle. The below table details the ratings of the respondents on a scale of 1to 5, 1 being Never and 5 being Often.

Table 5.7: Measures taken to improve quality of health

MEASURE	1 Never	2 Rarely	3 Sometimes	4 Often	5 Always
Physical exercise	118	51	96	56	35
Regular workout	187	59	46	41	23
Yoga and meditation	166	68	64	31	27
Regular walking	124	61	61	52	58
Diet control	62	54	118	81	41
Balanced diet	43	47	125	87	54
Frequent meals	95	79	86	65	31
Home meals	8	6	20	82	240
Outside food	191	85	56	14	10
Regular tests	109	55	77	60	55
Doctor consultation	116	78	78	49	35
Timely medication	74	46	88	78	70

Most of the respondents do not follow the measures like physical exercise, regular workout, yoga, meditation, regular walking, outside food, regular tests, and doctor consultation. However, for balanced diet, timely medication, and diet control, respondents indicated inconsistent adherence. Regarding home meals, a significant majority prefer them over outside food. On frequent meals, responses were neutral, with some saying they never follow it and others stating occasional adherence.

5.5 Testing Of Hypotheses

Descriptive Study: First Phase

The results of the QoL survey for 356 mothers (shown in previous sections) was analysed to identity the QoL score for each respondent. The following hypotheses

were tested for understanding the relationship between key variables of the study and these QoL scores. One-way ANOVA test was used for testing the variance in Quality of Life (QoL) across various socio-demographic variables. Chi-square test was utilized to check for association between two independent variables. The researcher was keen to understand the association between some of the important variables during the descriptive study.

5.5.1 Results Of Testing of Hypothesis

1. Quality of life experienced by mothers and their socio-demographic variables: age, religion, education level, levels of income.

1.1 One-way ANOVA was used to test for variance in the quality of life (QoL) score among mothers across different age groups. The ANOVA test has been done with the following null hypothesis:

H_0: There is no significant variation in the quality of life experienced by mothers in different age groups.

The results of the test, shown in table 5.9 show that we may accept the null hypothesis since the value of F is not statistically significant at 95% level of confidence. The variation is shown in table 5.8, where the values range between 270.91-294.0 across age groups. Therefore, there is no significant variation exhibited in the quality of life of mothers across different age groups.

Table 5.8: One-way ANOVA data for age group demographic

		N	Mean	Std. Deviation
Quality of Life	35-39	75	278.87	58.504
	40-44	125	283.96	48.664
	45-49	93	277.10	47.299
	50-54	51	270.51	47.073
	55-59	10	277.90	44.683
	60-64	2	294.00	8.485
	Total	356	279.05	50.046

Awareness Score	35-39	75	8.44	2.708
	40-44	125	9.68	2.561
	45-49	93	8.51	2.918
	50-54	51	8.92	2.415
	55-59	10	11.30	1.418
	60-64	2	5.50	.707
	Total	356	9.03	2.722
Measures taken to improve Quality of Health Score	35-39	75	32.03	8.691
	40-44	125	33.63	9.139
	45-49	93	31.28	8.806
	50-54	51	32.55	8.441
	55-59	10	35.50	8.772
	60-64	2	32.50	3.536
	Total	356	32.57	8.842

Table 5.9: One-way ANOVA score for age group demographic

		Sum of Squares	**df**	**Mean Square**	**F**	**Sig**
Quality of Life	Between Groups	7550.745	5	1510.149	.600	.700
	Within Groups	881589.241	350	2518.826		
	Total	889139.986	355			
Awareness Score	Between Groups	181.559	5	36.312	5.189	.000
	Within Groups	2449.214	350	6.998		
	Total	2630.772	355			
Measures taken to	Between Groups	403.867	5	80.773	1.034	.398

improve Quality of Health Score	Within Groups	27349.377	350	78.141		
	Total	27753.244	355			

The results of the ANOVA test for variance in awareness score among mothers in different age groups, shown in table 5.9 show that we may reject the null hypothesis since the value of F is statistically significant at 95% level of confidence. Similarly, for measures taken to improve quality of health score, we may accept the null hypothesis as the value of F is statistically significant at 95% level of confidence. In the case of awareness, the variation is shown in table 5.8, where the values range between 5.5-11.30 across age groups. In the case of measures taken to improve health, the values range between 31.28-35.50 across age groups. Therefore, we can summarize that there is significant variation observed in awareness but there is no significant variation observed in the measures taken to improve quality of health of mothers across different age groups.

Table 5.10: Robust Tests of Equality of Means for age group

		Statistic[a]	df1	df2	Sig.
Quality of Life	Welch	1.418	5	13.834	.278
Awareness Score	Welch	14.671	5	11.738	.000
Measures taken to improve Quality of Health Score	Welch	.818	5	10.898	.562

Means Plots for Age Group demographic

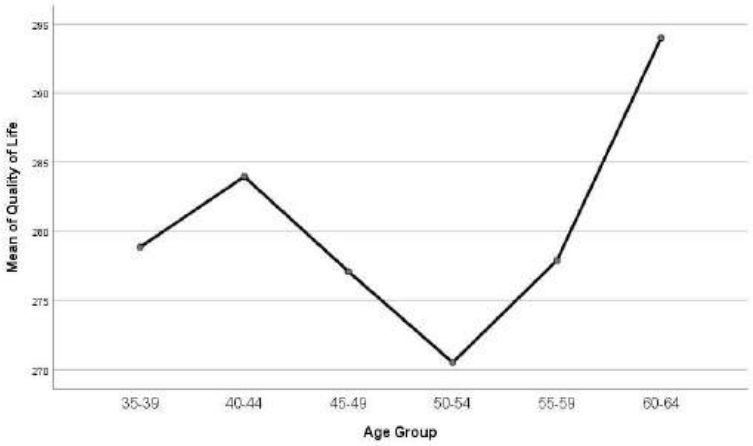


Figure 5.7: Means Plots for QoL across age groups

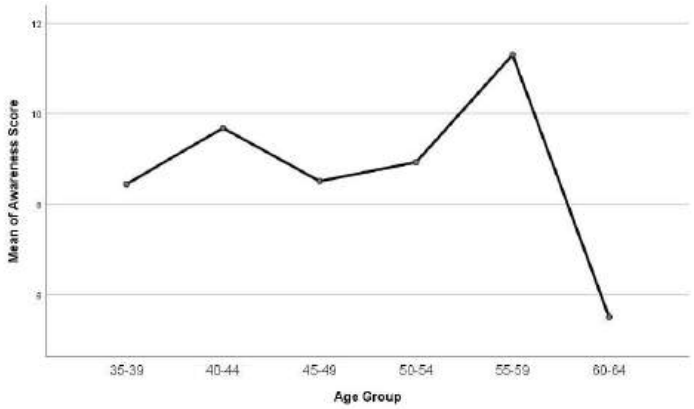


Figure 5.8: Means Plots for Awareness Score across age groups

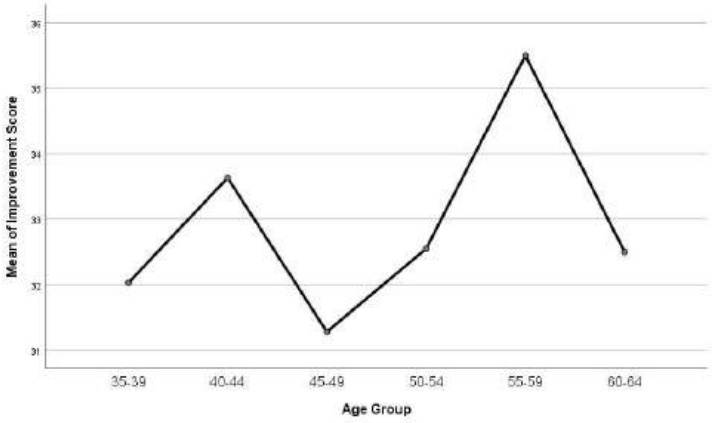


Figure 5.9: Means Plots for Improvement Score across age groups

1.2 We have conducted a one-way ANOVA to test for variance in the quality of life (QoL) score among mothers in different religions. The ANOVA test has been done with the following null hypothesis:

H_0: There is no significant variation in the quality of life experienced by mothers in different religions.

The results of the test, shown in table 5.12 show that we may reject the null hypothesis since the value of F is statistically significant at 95% level of confidence. The variation is shown in table 5.11, where the values range between 247.13-292.79 across religions. Therefore, there is no significant variation in the quality of life experienced by mothers across different religions.

Table 5.11: One-way ANOVA data for religion demographic

		Mean	Std. Deviation
Quality of Life	Hindu	283.51	50.225
	Muslim	292.79	49.208
	Christian	270.31	48.128
	Prefer not to say	247.13	51.709
	Total	279.05	50.046
Awareness Score	Hindu	9.29	2.717
	Muslim	8.93	3.125
	Christian	8.52	2.695
	Prefer not to say	8.50	1.690
	Total	9.03	2.722
Measures taken to improve Quality of Health Score	Hindu	33.55	8.866
	Muslim	33.00	8.806
	Christian	30.59	8.778
	Prefer not to say	30.75	4.559
	Total	32.57	8.842

Table 5.12: One-way ANOVA score for religion demographic

		Sum of Squares	df	Mean Square	F	Sig
Quality of Life	Between Groups	23528.975	3	7842.992	3.189	.024
	Within Groups	865611.011	352	2459.122		
	Total	889139.986	355			
Awareness Score	Between Groups	46.155	3	15.385	2.095	.101
	Within Groups	2584.617	352	7.343		
	Total	2630.772	355			
Measures taken to improve Quality of Health Score	Between Groups	669.807	3	223.269	2.902	.035
	Within Groups	27083.437	352	76.942		
	Total	27753.244	355			

Along with the hypothesis, ANOVA test was also conducted to test the variance in awareness score and measures taken to improve quality of health score across different age groups.

The results of the ANOVA test for variance in awareness score and measures taken to improve quality of health score among mothers in different religions, shown in table 5.12 show that we may accept the null hypothesis since the value of F is not statistically significant at 95% level of confidence. The variation is shown in table 5.11, where the values range between 8.50-9.29 across religions. Similarly, for measures taken to improve quality of health, the values range between 30.75-33.55 across religions. Therefore, we can summarize that there is no significant variation observed in awareness or the measures taken to improve quality of health of mothers across different religions.

Table 5.13: Robust Tests of Equality of Means for religion demographic

		Statistic[a]	df1	df2	Sig.
Quality of Life	Welch	2.989	3	23.487	.051
Awareness Score	Welch	2.138	3	24.388	.121
Measures taken to improve Quality of Health Score	Welch	3.008	3	25.279	.049

Means Plots for Religion demographic

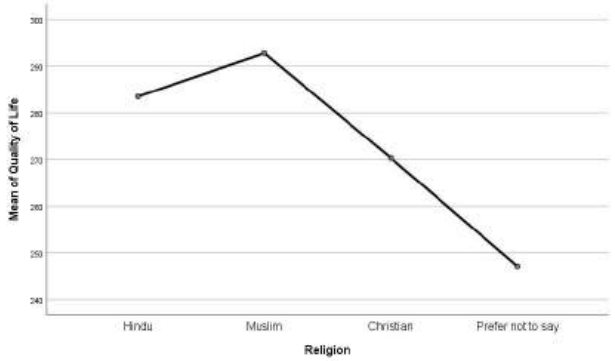


Figure 5.10: Means Plots for QoL across religions

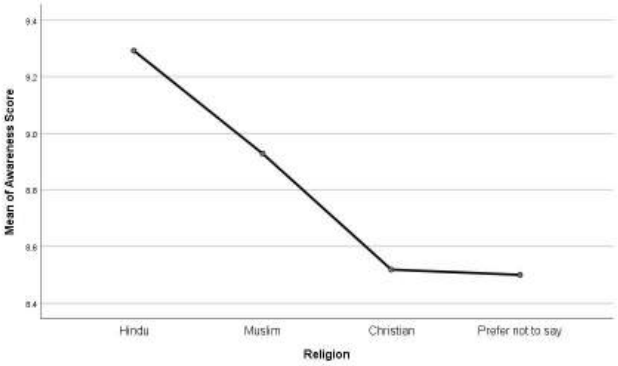


Figure 5.11: Means Plots for Awareness Score across religions

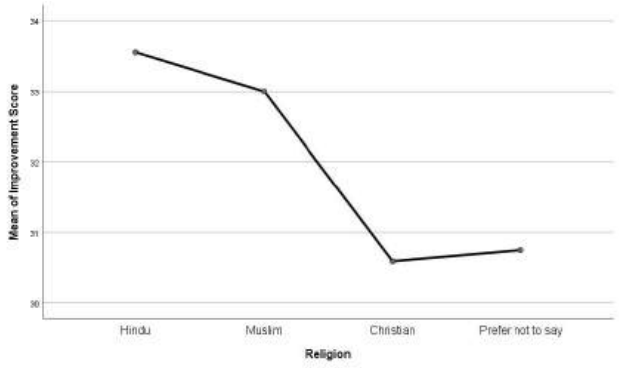


Figure 5.12: Means Plots for Improvement Measures Score across religions

1.3 We have conducted a one-way ANOVA to test for variance in the quality of life (QoL) score among mothers across different education levels. The ANOVA test has been done with the following null hypothesis:

H_0: There is no significant variation in the quality of life experienced by mothers across different education levels.

The results of the test, shown in table 5.15 show that we may reject the null hypothesis since the value of F is statistically significant at 95% level of confidence. The variation is shown in table 5.14, where the values range between 247.00-284.77 across different levels of education. Therefore, there is no significant variation in the quality of life of mothers across different levels of education.

Table 5.14: One-way ANOVA data for level of education demographic

		Mean	Std. Deviation
Quality of Life	Matriculation	247.00	22.627
	Plus Two	272.11	46.258
	Graduate	277.27	52.703
	Post Graduate	284.77	49.220
	Other	279.02	55.492
	Total	279.05	50.046

Awareness Score	Matriculation	9.50	2.121
	Plus Two	8.41	2.419
	Graduate	8.98	2.839
	Post Graduate	9.16	2.820
	Other	9.72	2.733
	Total	9.03	2.722
Measures taken to improve Quality of Health Score	Matriculation	31.50	.707
	Plus Two	32.29	8.747
	Graduate	33.04	9.367
	Post Graduate	32.29	8.909
	Other	33.34	8.700
	Total	32.57	8.842

Table 5.15: One-way ANOVA score for level of education demographic

		Sum of Squares	**df**	**Mean Square**	**F**	**Sig**
Quality of Life	Between Groups	11699.604	4	2924.901	1.170	.324
	Within Groups	877440.382	351	2499.830		
	Total	889139.986	355			
Awareness Score	Between Groups	69.980	4	17.495	2.398	.050
	Within Groups	2560.792	351	7.296		
	Total	2630.772	355			
Measures taken to	Between Groups	68.720	4	17.180	.218	.928

improve Quality of Health Score	Within Groups	27684.524	351	78.873		
	Total	27753.244	355			

Along with the hypothesis, ANOVA test was also conducted to test the variance in awareness score and measures taken to improve quality of health score across different levels of education.

The results of the ANOVA test for variance in awareness score and measures taken to improve quality of health among mothers across different levels of education, shown in table 5.15 show that we may reject the null hypothesis since the value of F is statistically significant at 95% level of confidence. The variation is shown in table 5.14, where the values range between 8.41-9.72 across different levels of education. Similarly, for measure taken to improve quality of health, the values range between 31.50-33.34 across different levels of education. Therefore, we can summarize that there is no significant variation observed in awareness or the measures taken to improve quality of health of mothers across different education levels.

Table 5.16: Robust Tests of Equality of Means for education demographic

		Statistic[a]	df1	df2	Sig.
Quality of Life	Welch	1.631	4	8.133	.256
Awareness Score	Welch	2.125	4	7.865	.171
Measures taken to improve Quality of Health Score	Welch	.760	4	24.778	.561

Means Plots for Education Level demographic

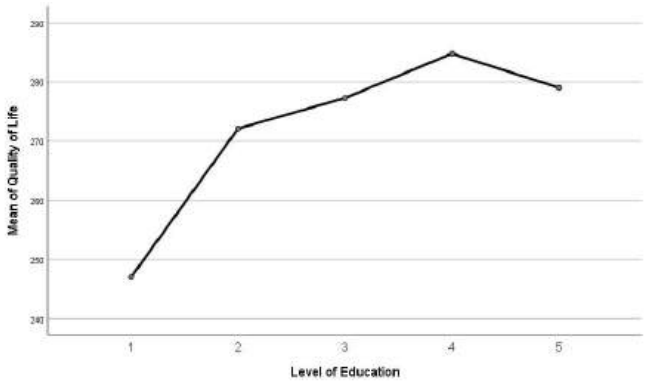


Figure 5.13: Means Plots for QoL across education levels

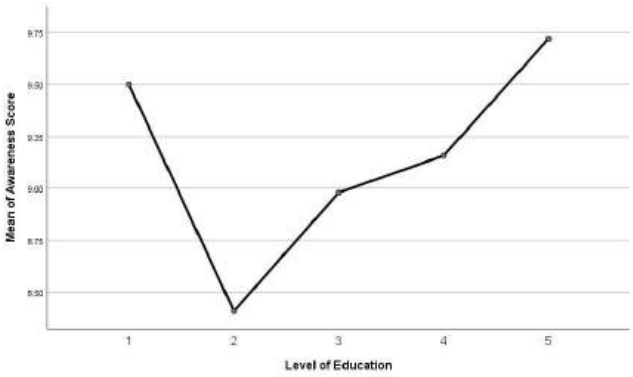


Figure 5.14: Means Plots for awareness score across education levels

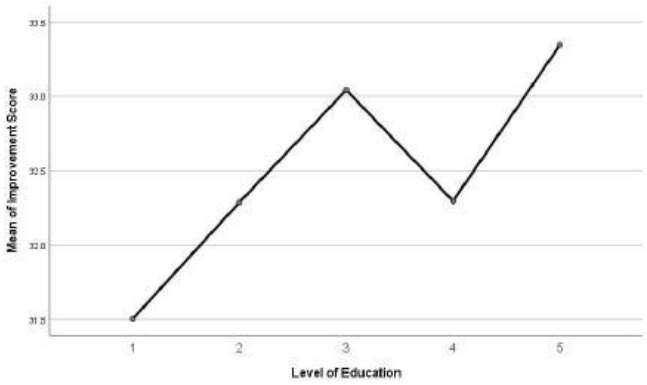


Figure 5.15: Means Plots for Improvement Measures Score across education levels

1.4 We have conducted a one-way ANOVA to test for variance in the quality of life (QoL) score among mothers across different levels of income. The ANOVA test has been done with the following null hypothesis:

H_0: There is no significant variation in the quality of life experienced by mothers across different levels of income.

The results of the test, shown in table 5.18 show that we may reject the null hypothesis since the value of F is statistically significant at 95% level of confidence. The variation is shown in table 5.17, where the values range between 247.00-284.77 across different levels of income. Therefore, there is no significant variation in the quality of life of mothers across various income levels.

Table 5.17: One-way ANOVA data for household income demographic

		N	Mean	Std. Deviation
Quality of Life	<25,000	15	197.60	49.834
	25,001 - 50,000	185	262.64	42.546
	50,001 - 75,000	156	306.35	40.614
	Total	356	279.05	50.046

Table 5.18: One-way ANOVA score for household income demographic

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	265630.042	2	132815.021	75.193	.000
Within Groups	623509.944	353	1766.317		
Total	889139.986	355			

Means Plots for Household Income demographic

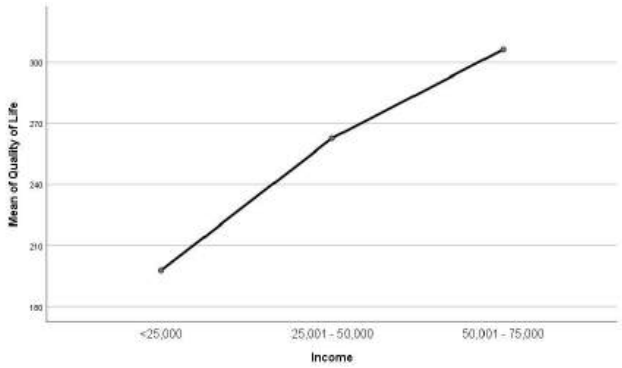


Figure 5.16: Means plot for QoL across household income levels

2. **Individual's perception on the meaningfulness of their life, and their level of self-satisfaction.**

Table 5.19: Self Satisfaction vs Meaningfulness of life

		Self-satisfaction					
		Very dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	Total
Life is meaningful	Not at all	0	0	1	1	0	2
	A little	1	6	9	13	2	31
	A moderate amount	3	5	44	89	23	164
	Very much	0	1	11	69	37	118
	An extreme amount	0	1	5	10	23	39
Total		4	13	70	182	85	354

A chi-square test was performed to check for association between an individual's level of self-satisfaction and their opinion regarding the meaningfulness of their life. The test assumes the following null hypothesis:

H_0: There is no significant association between an individual's perception on the meaningfulness of their life, and their level of self-satisfaction.

The value of $\chi 2$ was found to be statistically significant, and we hence reject the null hypothesis. Therefore, there is a statistically significant association between the individual's perception on meaningfulness of life and their level of self-satisfaction.

Table 5.20: Chi-Square tests for meaningfulness of life

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	82.048[a]	16	.000
Likelihood Ratio	73.374	16	.000
Linear-by-Linear Association	49.884	1	.000
No of Valid Cases	354		

3. Level of self-satisfaction and their level of satisfaction in personal relationships.

Table 5.21: Self-satisfaction vs satisfaction in personal relationships

		Self-satisfaction				
		1	**2**	**3**	**4**	**5**
Satisfaction in personal relationships	2	2	6	4	2	3
	3	1	0	18	17	6
	4	1	6	41	130	25
	5	1	1	7	33	52
Total		5	13	70	182	86

A chi-square test was performed to check for association between the level of self-satisfaction and their opinion regarding satisfaction in personal relationships. The test assumes the following null hypothesis:

H_0: There is no significant association between their level of self-satisfaction, and their level of satisfaction in personal relationships.

The value of $\chi 2$ was found to be statistically significant, and we hence reject the null hypothesis. Therefore, there is a statistically significant association between the level of self-satisfaction and level of satisfaction in personal relationships.

Table 5.22: Chi-Square tests for satisfaction in personal relationships

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	152.465[a]	12	.000
Likelihood Ratio	111.448	12	.000
Linear-by-Linear Association	61.821	1	.000
N of Valid Cases	356		

4. Level of self-satisfaction and their perception about their bodily appearance.

Table 5.23: Self-satisfaction vs bodily appearance

		Self-satisfaction					Total
		1	2	3	4	5	
Bodily appearance	1	2	2	4	3	0	11
	2	0	3	12	6	4	25
	3	2	4	31	48	8	93
	4	0	3	14	58	13	88
	5	1	1	9	67	61	139
Total		5	13	70	182	86	356

A chi-square test was performed to check for association between their level of self-satisfaction and their opinion regarding bodily appearance. The test assumes the following null hypothesis:

H_0: There is no significant association between their level of self-satisfaction, and their level of opinion on bodily appearance.

The value of $\chi 2$ was found to be statistically significant, and we hence reject the null hypothesis. Therefore, there is a statistically significant association between the level of self-satisfaction and the level of opinion on bodily appearance.

Table 5.24: Chi-Square tests for bodily appearance

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	119.609[a]	16	.000
Likelihood Ratio	104.832	16	.000
Linear-by-Linear Association	75.824	1	.000
N of Valid Cases	356		

5. Quality of their life and the levels of capacity for work.

Table 5.25: Quality of Life vs Capacity for work

		Quality of Life Category				Total
		Poor	Neither poor nor good	Good	Very Good	
Capacity for work	1	1	2	1	0	4
	2	2	13	3	0	18
	3	0	25	36	1	62
	4	3	29	155	30	217
	5	0	3	15	37	55
Total		6	72	210	68	356

A chi-square test was performed to check for association between the quality of their life and the levels of capacity for work. The test assumes the following null hypothesis:

H_0: There is no significant association between the quality of their life, and the levels of capacity for work.

The value of $\chi 2$ was found to be statistically significant, and we hence reject the null hypothesis. Therefore, there is a statistically significant association between the quality of life and the levels of capacity of work.

Table 5.26: Chi-Square Test of capacity for work

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	179.100[a]	12	.000
Likelihood Ratio	145.633	12	.000
Linear-by-Linear Association	103.515	1	.000
N of Valid Cases	356		

6. Quality of their life and the levels of income.

Table 5.27: Quality of Life vs Enough money

		Quality of Life Category				Total
		Poor	Neither poor nor good	Good	Very Good	
Enough money	1	3	5	1	0	9
	2	1	17	13	0	31
	3	1	38	99	4	142
	4	0	6	58	19	83
	5	1	6	39	45	91
Total		6	72	210	68	356

A chi-square test was performed to check for association between the quality of their life and the level of income. The test assumes the following null hypothesis:

H_0: There is no significant association between the quality of their life, and the levels of income.

The value of $\chi 2$ was found to be statistically significant, and we hence reject the null hypothesis. Therefore, there is a statistically significant association between the quality of life and the levels of income.

Table 5.28: Chi-Square Test of level of income

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	183.868[a]	12	.000
Likelihood Ratio	148.900	12	.000
Linear-by-Linear Association	107.665	1	.000
N of Valid Cases	356		

7. Quality of their life and the levels of leisure activities.

Table 5.29: Quality of Life vs Leisure activities

		Quality of Life Category				Total
		Poor	Neither poor nor good	Good	Very Good	
Leisure activities	1	4	6	11	0	21
	2	1	25	37	4	67
	3	0	33	91	8	132
	4	0	7	51	33	91
	5	1	1	20	23	45
Total		6	72	210	68	356

A chi-square test was performed to check for association between the quality of their life and the levels of leisure activities. The test assumes the following null hypothesis:

H_0: There is no significant association between the quality of their life, and the levels of leisure activities.

The value of $\chi 2$ was found to be statistically significant, and we hence reject the null hypothesis. Therefore, there is a statistically significant association between the quality of their life and levels of leisure activities.

Table 5.30: Chi-Square Test for leisure activities

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	131.837[a]	12	.000
Likelihood Ratio	114.762	12	.000
Linear-by-Linear Association	77.144	1	.000
N of Valid Cases	356		

8. Quality of their sex life and the importance of bodily appearance.

Table 5.31: Satisfaction in sex life vs Bodily appearance

		Satisfaction in sex life					Total
		1	**2**	**3**	**4**	**5**	
Bodily appearance	1	0	2	5	2	2	11
	2	0	2	5	16	2	25
	3	1	2	12	65	13	93
	4	0	3	11	56	18	88
	5	0	2	6	83	48	139
Total		1	11	39	222	83	356

A chi-square test was performed to check for association between the quality of their sex life and their opinions on importance of bodily appearance. The test assumes the following null hypothesis:

H_0: There is no significant association between the quality of their sex life, and the importance of bodily appearance.

The value of $\chi 2$ was found to be statistically significant, and we hence reject the null hypothesis. Therefore, there is a statistically significant association between the quality of their sex life and the importance of bodily appearance.

Table 5.32: Chi-Square Test for bodily appearance

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	52.738[a]	16	.000
Likelihood Ratio	45.785	16	.000
Linear-by-Linear Association	31.320	1	.000
N of Valid Cases	356		

9. Satisfaction in personal relationships and the level of negative feelings.

Table 5.33: Satisfaction in Personal Relationships vs Negative feelings

		Satisfaction in personal relationships				Total
		2	3	4	5	
Negative feelings – Reversed	1	2	1	2	2	7
	2	4	5	15	5	29
	3	7	20	76	19	122
	4	3	15	91	48	157
	5	1	1	19	20	41
Total		17	42	203	94	356

A chi-square test was performed to check for association between their level of satisfaction in personal relationships and their level of negative feelings. The test assumes the following null hypothesis:

H_0: There is no significant association between their level of satisfaction in personal relationships, and their level of negative feelings.

The value of $\chi 2$ was found to be statistically significant, and we hence reject the null hypothesis. Therefore, there is a statistically significant association between the level of satisfaction in personal relationships and the level of negative feelings.

Table 5.34: Chi-Square Test for negative feelings

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	41.043[a]	12	.000
Likelihood Ratio	36.688	12	.000
Linear-by-Linear Association	27.419	1	.000
N of Valid Cases	356		

5.6 SCREENING/SELECTION OF PARTICIPANTS (ON WILLINGNESS BASIS) FOR INTERVENTION STUDY

As a part of descriptive study comprising of QoL and positive health behaviour checklist, two questions for screening the mothers for their willingness to participate in intervention were included in the questionnaire. The tables below detail the responses given by the mothers to the following questions –

1. Do you think there is a need for better education / awareness and training to overcome midlife health challenges?
2. If yes, would you be interested in attending our intervention program that aims to address the midlife related health issues?

Table 5.35: Need for better education vs Age group

		Better Education		Total
		No	Yes	
Age Group	35-39	27	48	75
	40-44	34	91	125
	45-49	34	59	93
	50-54	14	37	51
	55-59	6	4	10
	60-64	0	2	2
Total		115	241	356

Table 5.35 shows the association between the responses for need of better education across various age groups. Overall, there were 241 mothers who responded that they were interested in getting better awareness, out of which the majority of the mothers were from the age group of 40-44 years old.

Table 5.36: Interested in Intervention programme vs Age group

		Intervention Programme		Total
		No	**Yes**	
Age Group	35-39	47	28	75
	40-44	71	54	125
	45-49	56	37	93
	50-54	31	20	51
	55-59	9	1	10
	60-64	1	1	2
Total		215	141	356

Table 5.36 shows the association between the responses for need for intervention program across various age groups. Overall, there were 141 mothers who responded that they were interested in attending intervention program, out of which the majority of the mothers were from the age group of 40-44 years old.

Table 5.37: Need for better education vs Religion

		Better Education		Total
		No	Yes	
Religion	Hindu	79	147	226
	Muslim	1	13	14
	Christian	34	74	108
	Prefer not to say	1	7	8
Total		115	241	356

Table 5.37 shows the association between the responses for need of better education across various religions. Overall, there were 241 mothers who responded that they were interested in getting better awareness, out of which the majority of the mothers were from the Hindu community.

Table 5.38: Interested in Intervention programme vs Religion

		Intervention Programme		Total
		No	Yes	
Religion	Hindu	142	84	226
	Muslim	5	9	14
	Christian	63	45	108
	Prefer not to say	5	3	8
Total		215	141	356

Table 5.38 shows the association between the responses for need for intervention program across various religions. Overall, there were 141 mothers who responded that they were interested in attending intervention program, out of which the majority of the mothers were from the Hindu community.

Table 5.39: Need for better education vs Level of education

		Better Education		Total
		No	Yes	
Level of Education	Matriculation	0	2	2
	Plus 2	27	71	98
	Graduation	17	32	49
	PG	55	91	146
	Other Professional	16	45	61
Total		115	241	356

Table 5.39 shows the association between the responses for the need of better education across various education levels. Overall, there were 241 mothers who responded that they were interested in getting better awareness, out of which the majority of the mothers had completed their post-graduation.

Table 5.40: Interested in Intervention programme vs. Level of education

		Intervention Programme		Total
		No	Yes	
Level of Education	Matriculation	0	2	2
	Plus 2	55	43	98
	Graduation	27	22	49
	PG	96	50	146
	Other Professional	37	24	61
Total		215	141	356

Table 5.40 shows the association between the responses for need for intervention program across various education levels. Overall, there were 141 mothers who responded that they were interested in attending intervention program, out of which the majority of the mothers have completed their post-graduation.

Table 5.41: Intervention programme vs Quality of life

		Intervention Programme		Total
		No	Yes	
Quality of Life Category	Poor	2	4	6
	Neither poor nor good	38	34	72
	Good	126	84	210
	Very Good	49	19	68
Total		215	141	356

Table 5.41 shows the association between the responses for need for intervention program across various QoL categories. Overall, there were 141 mothers who responded that they were interested in attending intervention program, out of which the majority of the mothers have responded that their quality of life is currently Good

.

Table 5.42: Household income vs QoL Decile

		Income			Total
		<25,000	25,001 - 50,000	50,001 - 75,000	
QoL.Decile	Decile 1	10	29	1	40
	Decile 2	0	30	7	37
	Decile 3	4	28	11	43
	Decile 4	0	18	14	32
	Decile 5	0	28	15	43
	Decile 6	0	11	8	19
	Decile 7	1	14	25	40
	Decile 8	0	10	22	32
	Decile 9	0	10	26	36
	Decile 10	0	7	27	34
Total		15	185	156	356

A chi-square test was performed to check for association between an individual's household income level and the decile levels of Quality of Life. The test assumes the following null hypothesis:

H_0: There is no significant association between an individual's level of household income, and the decile level of Quality of Life.

The value of $\chi 2$ was found to be statistically significant, and we hence reject the null hypothesis. Therefore, there is a statistically significant association between the individual's level of household income and decile level of Quality of Life.

Table 5.43: Chi-Square Test of enough money

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	130.556[a]	18	.000
Likelihood Ratio	129.478	18	.000
Linear-by-Linear Association	91.871	1	.000
N of Valid Cases	356		

One-way ANOVA for Quality of Life deciles

We have conducted a one-way ANOVA to test for variance in the quality of life (QoL) deciles across different household income levels. The ANOVA test has been done with the following null hypothesis:

H_0: There is no significant variation in the quality of life experienced by mothers in each QoL Decile across different household income levels.

The results of the test, shown in table 5.45 show that we may reject the null hypothesis since the value of F is statistically significant at 95% level of confidence. Therefore, there is significant variation experienced in the quality of life experienced by mothers in each QoL decile across different household income levels.

Table 5.44: One-way ANOVA score for Quality of Life Deciles

	N	Mean	Std. Deviation
<25,000	15	197.60	49.834
25,001 - 50,000	185	262.64	42.546
50,001 - 75,000	156	306.35	40.614
Total	356	279.05	50.046

Table 5.45: One-way ANOVA score for Quality of Life Deciles

Quality of Life					
	Sum of Squares	**Df**	**Mean Square**	**F**	**Sig.**
Between Groups	265630.042	2	132815.021	75.193	.000
Within Groups	623509.944	353	1766.317		
Total	889139.986	355			

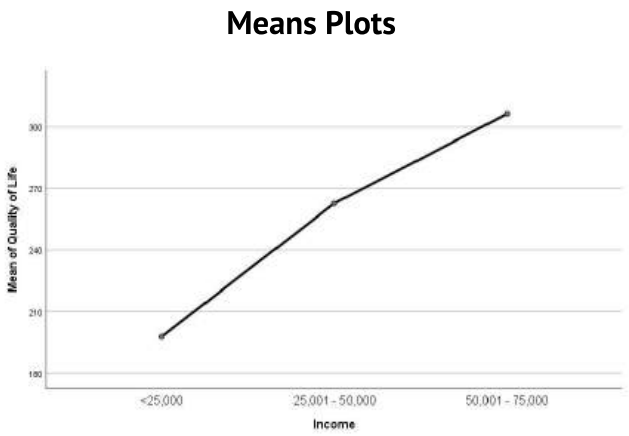


Figure 5.17: Means plot for QoL deciles across household income levels

5.6 Regression

We have performed an ordinary least squares (OLS) regression to assess the relationship between an individual's quality of life (QoL) score and various independent variables that influence this score. The independent variables used in the equation are the individual's age, level of education, family size, presence of disabled members, number of children, household income, awareness score, and measures taken to improve quality of health score. We thus define the QoL as a function of these variables:

$$QoL = f\ (Age, Edu, FS, Y, Dis, Child, AS, MS),\ where$$

(Age = Age of the respondent, Edu = Education attainment, F.S = Family Size, Y = Monthly household income, Dis = Presence of disabled members, Child = Number of children, A.S = Awareness Score, M.S = Measures Taken to Improve Quality of Health Score)

In terms of the variables, the model is expressed as follows:

$$QoL = \alpha + \beta_1 Age + \beta_2 Edu + \beta_3 F.S + \beta_4 Y + \beta_5 Dis + \beta_6 Child + \beta_7 A.S + \beta_8 M.S$$

Table 5.46: Regression model summary

Model Summary				
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	.610[a]	.372	.358	40.111

Table 5.47: Coeffecients summary

Coefficients[a]						
Model		**Unstandardized Coefficients**		**Standardized Coefficients**	**T**	**Sig.**
		B	**Std. Error**	**Beta**		
1	(Constant)	136.016	27.398		4.964	.000
	Age	-.040	.431	-.004	-.092	.927
	Level of Education	-.415	2.015	-.009	-.206	.837

	family members	-1.992	2.207	-.040	-.903	.367
	disabled members	-21.640	10.313	-.090	-2.098	.037
	Children	1.444	1.824	.035	.792	.429
	Income	41.735	3.965	.475	10.526	.000
	Awareness Score	2.042	.955	.111	2.138	.033
	Measures taken to improve quality of health Score	1.060	.293	.187	3.612	.000

a. Predictors: (Constant), Measures taken to improve quality of health Score, family members, Level of Education, disabled members, Age, Children, Income, Awareness Score

The results of the model are given in table 5.46. The model only has an R^2 value of 0.37, which is on the lower side. However, the results do give some strong points for consideration. The results show that among the independent variables considered, four are statistically significant at the 95% confidence level. These are the presence of disabled members, household income, awareness score, and Improvement Measures Score. Age, level of education, family size, and the number of children were found to not significantly influence an individual's level of quality of life.

Among the significant variables, all except the presence of disabled members has a positive effect on the individual's quality of life. Among these, the strongest influence comes from income, which is a variable significant at the 99% confidence level too. Improvement Measures Score is also significant at the 99% level. The results indicate that as the individual's income, awareness score, and measures for improvement score increase, their quality of life also increases. The presence of disabled members in the family, however, significantly reduces their quality of life.

5.7 Pre and Post-Measurement of Quality of Life for Intervention Group

The above sections showed the analysis of data collected from 356 mothers from the descriptive phase (first part) of the research study. In the second part of the first phase, a group of 30 mothers, selected for the intervention study from the initial

descriptive phase, were given social work intervention. The intervention was mainly given to enhance their biopsychosocial quality of life as per the findings from the first part of the descriptive phase and their need assessment. Post-intervention, they were administered tools such as WHOQOL-BREF, Positive health behaviour checklist, Comprehensive questionnaire to assess the influence of midlife challenges on the QoL of middle-aged mothers, Biopsychosocial awareness scale to understand the change / improvement in their quality of life post social work intervention.

This section talks about the **pre-post measurement** of data from the WHOQOL-BREF collected from thirty mothers in the intervention group.

5.7.1 Household and Demographic Data

This section covers the household and demographic data of thirty mothers who were part of the intervention group.

Age

Figure 5.18 shows the Age distribution of the respondents. The age wise dispersal shows that majority of the respondents are in the age group of 41-45, the second largest set of respondents are in the 46-50 and less than 40 age groups. The smallest percentage of respondents is present in the greater than 50 age group.

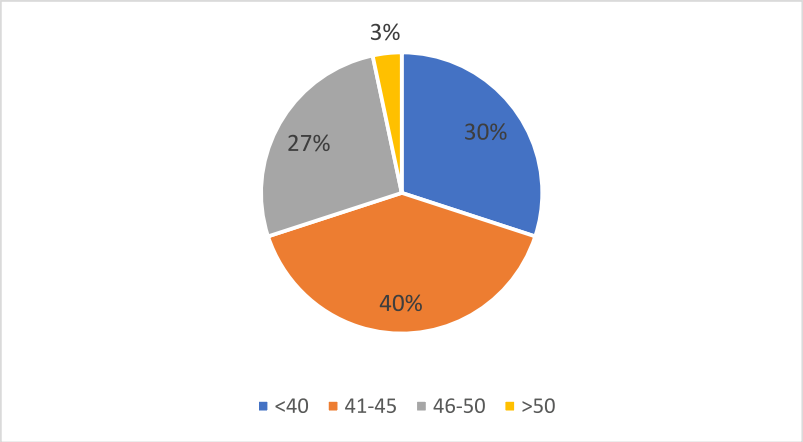


Figure 5.18: Age Distribution of the intervention group

Education

Figure 5.19 shows the distribution of the respondents across various levels of education. The data shows that around 50 percent of the respondents are graduates, the second largest of respondents are educated upto Plus Two, the group of

respondents having completed post-graduation are a close third whereas a very small percentage of the respondents have completed other professional education.

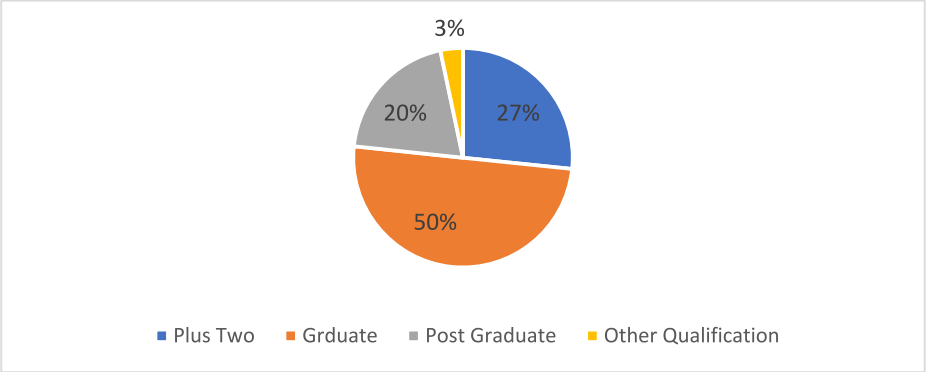


Figure 5.19: Education of the intervention group

Annual Income

Figure 5.20 shows the distribution of the respondents across various levels of household annual income. The data shows that around 80 percent of the respondents have an annual household income less than 5 lacs, around 17 percent of the respondents have annual household income between 5 and 7.5 lacs, whereas only around 3 percent of the respondents have annual household incomes greater than 7.5 lacs.

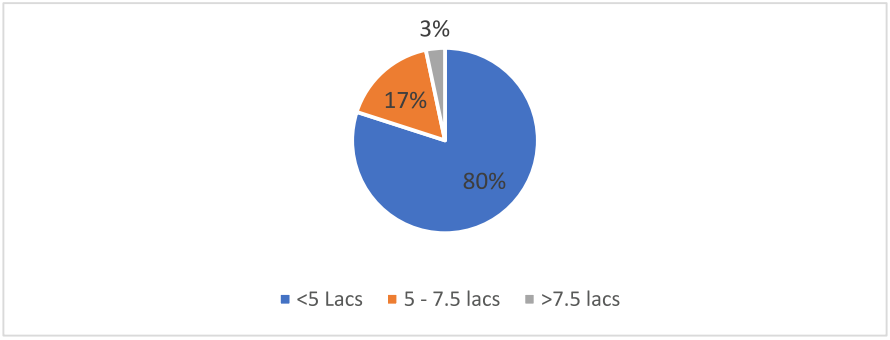


Figure 5.20: Annual Income of the intervention group

Household Size

Figure 5.21 shows the distribution of the respondents across various household sizes. The data shows that around 53 percent of the respondents have a household size of four, respondents having household size of five are around 27 percent, respondents

having household size of three are around 10 percent, respondents having household size of six are around 7 percent and 3 percent of respondents having household size of seven.

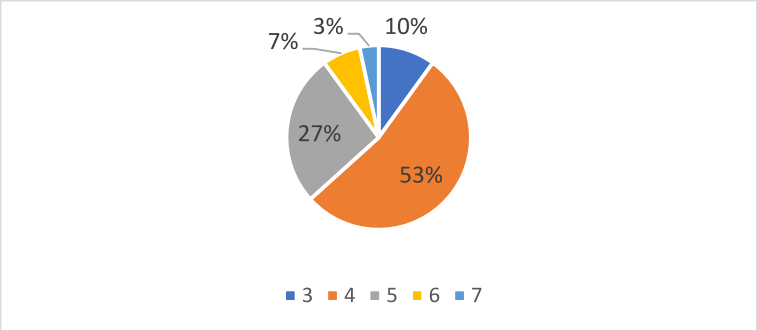


Figure 5.21: Household Size of the intervention group

No of Children

Figure 5.22 shows the distribution of number of children across all respondents. The data shows that around 70 percent of the respondents have two children, the next largest group of respondents have one child and the smallest group among all respondents have three children.

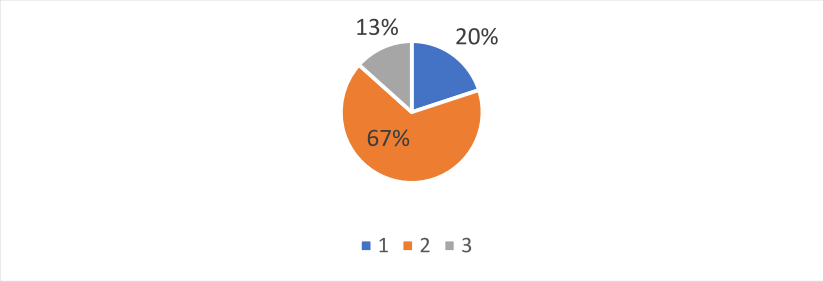


Figure 5.22: Number of Children of the intervention group

5.7.2 Quality of Life – Tables

Table 5.48: Quality of Life

Response	*Before*	*After*
Good	20	21
Neither poor nor good	7	5
Very good	3	4
Total	***30***	***30***

Table 5.48 compares overall Quality of Life scores for mothers in the intervention group. The count of mothers rating as "Good" increased from 20 to 21, "Very Good" increased from 3 to 4, and "Neither poor nor good" decreased from 7 to 5. This suggests the intervention program benefited some mothers in enhancing their quality of life.

Table 5.49: Satisfied with Health

Response	*Before*	*After*
Dissatisfied	5	2
Neither satisfied nor dissatisfied	6	7
Satisfied	16	21
Very dissatisfied	1	0
Very Satisfied	2	0
Total	***30***	***30***

Table 5.49 compares responses from mothers in the intervention group regarding health. The count of mothers rating as "Satisfied" increased from 16 to 21, while "Dissatisfied" and "Very dissatisfied" decreased. There is also an increase in those responding "Neither satisfied nor dissatisfied." Notably, the count of mothers "Very satisfied" decreased from 2 to 0. Overall, there is a positive change in mothers' responses regarding their health after the intervention.

Table 5.50: Physical Pain

Response	*Before*	*After*
A little	15	17
A moderate amount	10	7
Not at all	2	6
Very much	3	0
Total	***30***	***30***

Table 5.50 compares responses from mothers in the intervention group regarding physical pain. The count of mothers rating "A little" increased from 15 to 17, and "Not at all" increased from 2 to 6. Conversely, the count of mothers reporting "A moderate amount" decreased from 10 to 7, and those reporting "Very much" decreased from 3 to 0, which is notably positive. In summary, there is an overall improvement in the mothers' experience of physical pain after the intervention.

Table 5.51: Need Medical Treatment

Response	*Before*	*After*
A little	16	17
A moderate amount	8	6
Not at all	5	7
Very much	1	0
Total	***30***	***30***

Table 5.51 compares responses from mothers in the intervention group regarding the need for medical treatment. The count of mothers indicating "A little" increased from 16 to 17, and those indicating "Not at all" increased from 5 to 7. Conversely, the count of mothers indicating "A moderate amount" decreased from 8 to 6, and "Very much" decreased from 1 to 0. Overall, the mothers demonstrated a positive response to this parameter.

Table 5.52: Enjoy Life

Response	*Before*	*After*
A little	2	1
A moderate amount	23	17
An extreme amount	1	0
Very much	4	12
Total	***30***	***30***

Table 5.52 compares responses from mothers in the intervention group regarding the enjoyment of life. The count of mothers indicating "A little" decreased from 2 to 1, and those indicating "A moderate amount" decreased from 23 to 17. Conversely, the count of mothers indicating "Very much" increased from 4 to 12. However, the count

of mothers indicating "An extreme amount" decreased from 1 to 0. Overall, the mothers demonstrated a positive response to this parameter.

Table 5.53: Life is Meaningful

Response	*Before*	*After*
A little	6	2
A moderate amount	20	15
An extreme amount	1	1
Very much	3	12
Total	***30***	***30***

Table 5.53 compares responses from mothers in the intervention group regarding the meaningfulness of life. The count of mothers indicating "A little" decreased from 6 to 2, and those indicating "A moderate amount" decreased from 20 to 15. The count of mothers indicating "An extreme amount" remained constant at 1. However, there was a notable increase in the number of mothers indicating "Very much" from 3 to 12. Overall, the mothers demonstrated a positive response to this parameter.

Table 5.54: Ability to Concentrate

Response	*Before*	*After*
A little	5	1
A moderate amount	18	11
Not at all	3	1
Very much	4	17
Total	***30***	***30***

Table 5.54 compares responses from mothers in the intervention group regarding the ability to concentrate. The count of mothers indicating "A little" decreased from 5 to 1, and those indicating "A moderate amount" decreased from 18 to 11. The count of mothers indicating "Not at all" decreased from 3 to 1. However, there was a significant increase in the number of mothers indicating "Very much" from 4 to 17. Overall, the mothers demonstrated a positive response to this parameter.

Table 5.55: Feel Safe in daily life

Response	*Before*	*After*
A little	2	2
A moderate amount	17	13
Very much	11	13
Extremely	0	2
Total	***30***	***30***

Table 5.55 compares responses from mothers in the intervention group regarding the feeling of safety. The count of mothers indicating "A little" remained constant at 2, and those indicating "A moderate amount" decreased from 17 to 13. The count of mothers indicating "Very much" increased from 11 to 13, and those indicating "Extremely" increased from 0 to 2. Overall, the mothers exhibited a positive response to this parameter.

Table 5.56: Healthy Physical Environment

Response	*Before*	*After*
A little	2	2
A moderate amount	23	12
Not at all	1	0
Very much	4	14
Extremely	0	2
Total	***30***	***30***

Table 5.56 compares responses from mothers in the intervention group regarding a healthy physical environment. The count of mothers indicating "A little" remained constant at 2, and there was a significant decrease in those indicating "A moderate amount" from 23 to 12. The count of mothers indicating "Not at all" decreased from 1 to 0. There was an increase in those indicating "Very much" from 4 to 14 and those indicating "Extremely" from 0 to 2. Overall, the mothers exhibited a positive response to this parameter.

Table 5.57: Everyday Life Energy

Response	*Before*	*After*
A little	2	0
Completely	2	5
Moderately	20	7
Mostly	6	17
Very Much	0	1
Total	***30***	***30***

Table 5.57 compares responses from mothers in the intervention group regarding everyday life energy. The count of mothers indicating "A little" reduced from 2 to 0. There was an increase in those indicating "Completely" from 2 to 5. The count of mothers indicating "Moderately" significantly decreased from 20 to 7. Conversely, there was an increase in those indicating "Mostly" from 6 to 17 and an increase in those indicating "Very Much" from 0 to 1. Overall, the mothers exhibited a positive response to this parameter.

Table 5.58: Accept Bodily Appearance

Response	*Before*	*After*
A little	2	1
Completely	7	10
Moderately	14	4
Mostly	6	15
Not at all	1	0
Total	***30***	***30***

Table 5.58 compares responses from mothers in the intervention group regarding bodily appearance. The count of mothers indicating "A little" reduced from 2 to 1. There was an increase in those indicating "Completely" from 7 to 10. The count of mothers indicating "Moderately" significantly decreased from 14 to 4. Conversely, there was an increase in those indicating "Mostly" from 6 to 15, and a decrease in those indicating "Not at all" from 1 to 0. Overall, the mothers exhibited a positive response to this parameter.

Table 5.59: Enough money to meet personal needs

Response	*Before*	*After*
A little	5	2
Completely	2	3
Moderately	15	13
Mostly	6	11
Not at all	2	1
Total	***30***	***30***

Table 5.60 compares responses from mothers in the intervention group regarding having enough money. The count of mothers indicating "A little" reduced from 5 to 2. There was an increase in those indicating "Completely" from 2 to 3. The count of mothers indicating "Moderately" decreased from 15 to 13. Conversely, there was an increase in those indicating "Mostly" from 6 to 11, and a reduction in those indicating "Not at all" from 2 to 1. Overall, the mothers exhibited a positive response to this parameter.

Table 5.60: Information for Daily Life

Response	*Before*	*After*
A little	1	1
Completely	2	5
Moderately	16	4
Mostly	10	20
Not at all	1	0
Total	***30***	***30***

Table 5.60 compares responses from mothers in the intervention group regarding the availability of information for daily life. The count of mothers indicating "A little" remained constant at 1. Conversely, there was an increase in those indicating "Completely" from 2 to 5. The count of mothers indicating "Moderately" significantly decreased from 16 to 4. Additionally, there was a 100 percent increase in those indicating "Mostly" from 10 to 20. There was also a decrease in those indicating "Not at all" from 1 to 0. Overall, the mothers demonstrated a positive response to this parameter.

Table 5.61: Opportunity for Leisure Activities

Response	*Before*	*After*
A little	7	1
Completely	1	2
Moderately	16	13
Mostly	3	14
Not at all	3	0
Total	***30***	***30***

Table 5.61 presents a comparison of responses from mothers in the intervention group regarding leisure activities. The count of mothers indicating "A little" decreased from 7 to 1. Conversely, there was an increase in those indicating "Completely" from 1 to 2. The count of mothers indicating "Moderately" decreased from 16 to 13. On the other hand, there was a significant increase in those indicating "Mostly" from 3 to 14. However, there was a decrease in those indicating "Not at all" from 3 to 0. Overall, the mothers demonstrated a positive response to this parameter.

Table 5.62: Get Around Well

Response	*Before*	*After*
Good	13	20
Neither poor nor good	12	4
Poor	1	1
Very good	4	5
Total	***30***	***30***

Table 5.62 compares responses from mothers in the intervention group regarding the ability to get around. The count of mothers indicating "Good" increased from 13 to 20. Conversely, there was a notable decrease in those indicating "Neither poor nor good" from 12 to 4. The count of mothers indicating "Poor" remained constant at 1. On the other hand, there was an increase in those indicating "Very good" from 4 to 5. Overall, the mothers demonstrated a positive response to this parameter.

Table 5.63: Sleep Satisfaction

Response	*Before*	*After*
Dissatisfied	3	3
Neither satisfied nor dissatisfied	7	5
Satisfied	16	18
Very dissatisfied	1	0
Very Satisfied	3	4
Total	***30***	***30***

Table 5.63 compares responses from mothers in the intervention group regarding sleep satisfaction. The count of mothers indicating "Dissatisfied" remained constant at 3. However, those indicating "Neither satisfied nor dissatisfied" decreased from 7 to 5. Concurrently, those indicating "Satisfied" increased from 16 to 18. Likewise, there was a decrease in those indicating "Very dissatisfied" from 1 to 0, and an increase in those indicating "Very satisfied" from 3 to 4. Overall, the majority of mothers responded positively to this parameter.

Table 5.64: Ability to perform daily living activities

Response	*Before*	*After*
Dissatisfied	2	1
Neither satisfied nor dissatisfied	8	4
Satisfied	19	20
Very Satisfied	1	5
Total	***30***	***30***

Table 5.64 compares responses from mothers in the intervention group regarding the ability to perform daily living activities. The count of mothers indicating "Dissatisfied" decreased from 2 to 1. Likewise, those indicating "Neither satisfied nor dissatisfied" decreased from 8 to 4. Concurrently, the count of mothers indicating "Satisfied" increased from 19 to 20. Additionally, there was an increase in those indicating "Very satisfied" from 1 to 5. Overall, the mothers responded positively to this parameter.

Table 5.65: Capacity for Work

Response	*Before*	*After*
Very Dissatisfied	0	1
Dissatisfied	2	2
Neither satisfied nor dissatisfied	8	3
Satisfied	17	20
Very Satisfied	3	4
Total	***30***	***30***

Table 5.65 indicates mothers' responses in the intervention group regarding work capacity. The count of "Very Dissatisfied" increased from 0 to 1, and "Dissatisfied" remained at 2. Meanwhile, those indicating "Neither satisfied nor dissatisfied" decreased from 8 to 3. Concurrently, those indicating "Satisfied" increased from 17 to 20, with an increase in "Very Satisfied" from 3 to 4. In conclusion, the mothers responded positively to this parameter.

Table 5.66: Satisfied with Life

Response	*Before*	*After*
Dissatisfied	3	1
Neither satisfied nor dissatisfied	8	8
Satisfied	15	19
Very dissatisfied	2	0
Very Satisfied	2	2
Total	***30***	***30***

Table 5.66 compares responses from mothers in the intervention group regarding life satisfaction. "Dissatisfied" reduced from 3 to 1, while "Neither satisfied nor dissatisfied" and "Very Satisfied" remained constant at 8 and 2, respectively. Concurrently, "Satisfied" increased from 15 to 19, and "Very dissatisfied" decreased from 2 to 0. Overall, mothers responded positively to this parameter.

Table 5.67: Satisfied in Personal Relationships

Response	*Before*	*After*
Dissatisfied	3	2
Neither satisfied nor dissatisfied	6	4
Satisfied	19	20
Very Satisfied	2	4
Total	***30***	***30***

Table 5.67 displays a comparison of responses from intervention group mothers regarding satisfaction in personal relationships. "Dissatisfied" responses decreased from 3 to 2, and "Neither satisfied nor dissatisfied" decreased from 6 to 4. Concurrently, "Satisfied" responses increased from 19 to 20, and "Very satisfied" responses rose from 2 to 4. Overall, the mothers responded positively to this parameter.

Table 5.68: Satisfied Sex Life

Response	*Before*	*After*
Very Dissatisfied	0	1
Dissatisfied	1	0
Neither satisfied nor dissatisfied	4	5
Satisfied	22	19
Very Satisfied	3	5
Total	***30***	***30***

Table 5.68 compares responses from intervention group mothers regarding satisfaction in sex life. "Very dissatisfied" responses increased from 0 to 1, while "Dissatisfied" responses decreased from 1 to 0. Simultaneously, "Neither satisfied nor dissatisfied" responses increased from 4 to 5. "Satisfied" responses decreased from 22 to 19, but "Very satisfied" responses increased from 3 to 5. Overall, the mothers responded positively to this parameter.

Table 5.69: Friends Support

Response	*Before*	*After*
Dissatisfied	2	1
Neither satisfied nor dissatisfied	10	4
Satisfied	16	18
Very Satisfied	2	7
Total	***30***	***30***

Table 5.69 compares responses from intervention group mothers regarding support from friends. "Dissatisfied" responses decreased from 2 to 1, and "Neither satisfied nor dissatisfied" responses decreased from 10 to 4. Meanwhile, "Satisfied" responses increased from 16 to 18, and "Very satisfied" responses increased from 2 to 7. Overall, mothers responded positively to this parameter.

Table 5.70: Living Place Conditions

Response	*Before*	*After*
Dissatisfied	2	1
Neither satisfied nor dissatisfied	6	6
Satisfied	19	13
Very dissatisfied	2	0
Very Satisfied	1	10
Total	***30***	***30***

Table 5.70 compares responses from intervention group mothers regarding living place conditions. "Dissatisfied" responses decreased from 2 to 1, and "Very Dissatisfied" decreased from 2 to 0. "Neither satisfied nor dissatisfied" responses remained constant at 6. However, "Satisfied" responses decreased from 19 to 13, while "Very satisfied" responses increased from 1 to 10. Overall, mothers responded positively to this parameter.

Table 5.71: Health Services

	Frequency	*Percent*
Dissatisfied	1	0
Neither satisfied nor dissatisfied	8	7
Satisfied	19	18
Very Satisfied	2	5
Total	***30***	***30***

Table 5.71 compares responses from intervention group mothers on health services satisfaction. "Dissatisfied" responses decreased from 1 to 0, and "Neither satisfied nor dissatisfied" decreased from 8 to 7. Simultaneously, "Satisfied" responses decreased from 19 to 18, while "Very satisfied" responses increased from 2 to 5. Overall, mothers positively responded to this parameter.

Table 5.72: Transport

Response	*Before*	*After*
Dissatisfied	4	0
Neither satisfied nor dissatisfied	4	6
Satisfied	18	20
Very dissatisfied	1	1
Very Satisfied	3	3
Total	***30***	***30***

Table 5.72 compares responses from intervention group mothers on transport satisfaction. "Dissatisfied" responses decreased from 4 to 0, while "Neither satisfied nor dissatisfied" increased from 4 to 6. Simultaneously, "Satisfied" responses increased from 18 to 20. "Very dissatisfied" responses remained constant at 1, and "Very satisfied" responses stayed constant at 3. Overall, the majority of mothers positively responded to this parameter.

Table 5.73: Negative Feelings

Response	*Before*	*After*
Never	3	21
Quite often	15	5
Seldom	9	2
Very often	3	2
Total	***30***	***30***

Table 5.73 compares responses from intervention group mothers on negative feelings. "Never" responses increased significantly from 3 to 21. Simultaneously, "Quite often" responses decreased from 15 to 5. "Seldom" responses decreased from 9 to 2, and

"Very often" responses decreased from 3 to 2. Overall, mothers positively responded to this parameter.

5.7.3 An Assessment of Positive Health Behavior among middle-aged mothers

The section on 'health awareness' of this checklist was included in the first part descriptive phase which was a study on the quality of life of 356 mothers. For the pre-post measurement done with the data collated from the intervention group, the 'health awareness' section has been purposefully omitted as it is being covered as part of the 'Biopsychosocial Awareness Scale'. This was done to minimize repetition of same data. The section on measures taken by the mothers to improve their quality of health has been retained.

5.7.3.1 Measures Taken by Mothers to Improve Their Quality of Health

A. Weight Management

Table 5.74: Physical Exercise

Response	*Before*	*After*
Never	10	2
Rarely	8	5
Sometimes	6	12
Very Often	4	6
Always	2	5
Total	***30***	***30***

Table 5.74 compares intervention group mothers' responses on physical exercise. "Never" decreased from 10 to 2, and "Rarely" decreased from 8 to 5. "Sometimes" increased from 6 to 12, while "Very Often" increased from 4 to 6. "Always" increased from 2 to 5. Overall, the majority of mothers responded positively to this parameter.

Table 5.75: Regular Workout (gym/aerobics/dance)

Response	*Before*	*After*
Never	15	6
Rarely	5	4
Sometimes	5	10
Very Often	5	8
Always	0	2
Total	***30***	***30***

Table 5.75 compares responses from intervention group mothers on regular workout. "Never" decreased from 15 to 6, and "Rarely" decreased from 5 to 4. "Sometimes" doubled from 5 to 10, and "Very Often" increased from 5 to 8. "Always" increased from 0 to 2. Overall, the majority of mothers responded positively to this parameter.

Table 5.76: Yoga and Meditation

Response	*Before*	*After*
Never	1	0
Rarely	1	1
Moderately	2	3
Very Often	18	21
Always	8	5
Total	***30***	***30***

Table 5.76 compares responses from intervention group mothers on yoga and meditation. "Never" decreased from 1 to 0, and "Rarely" remained constant at 1. "Moderately" increased from 2 to 3, while "Very Often" increased from 18 to 21. "Always" decreased from 8 to 5. Overall, the majority of mothers did not respond positively to this parameter.

Table 5.77; Regular Walking

Response	*Before*	*After*
Never	13	4
Rarely	5	4
Sometimes	4	9
Very Often	4	11
Always	4	2
Total	***30***	***30***

Table 5.77 compares responses from intervention group mothers on regular walking. "Never" decreased from 13 to 4, and "Rarely" decreased from 5 to 4. "Sometimes" increased from 4 to 9, and "Very Often" increased from 4 to 11. "Always" reduced from 4 to 2. Overall, mothers responded positively to this parameter.

Table 5.78: Diet Control

Response	*Before*	*After*
Never	6	1
Rarely	5	3
Sometimes	12	4
Very Often	4	14
Always	3	8
Total	***30***	***30***

Table 5.78 compares responses from intervention group mothers on diet control. "Never" decreased from 6 to 1, and "Rarely" decreased from 5 to 3. "Sometimes" reduced from 12 to 4, but "Very Often" increased from 4 to 14. "Always" increased from 3 to 8. Overall, mothers responded positively to this parameter.

B. Diet Management

Table 5.79: Balanced Diet

Response	*Before*	*After*
Never	7	0
Rarely	5	1
Sometimes	7	5
Very Often	7	13
Always	4	11
Total	***30***	***30***

Table 5.79 compares responses from intervention group mothers on a balanced diet. "Never" reduced from 7 to 0, and "Rarely" decreased from 5 to 1. "Sometimes" decreased from 7 to 5, but "Very Often" increased from 7 to 13. "Always" increased from 4 to 11. Overall, mothers responded positively to this parameter.

Table 5.80: Frequent Meals

Response	*Before*	*After*
Never	8	6
Rarely	8	2
Sometimes	10	10
Very Often	1	6
Always	3	6
Total	***30***	***30***

Table 5.80 compares intervention group mothers' responses on frequent meals. "Never" decreased from 8 to 6, and "Rarely" decreased from 8 to 2. "Sometimes" remained constant at 10, while "Very Often" increased from 1 to 6. "Always" increased from 0 to 2. Overall, most mothers responded positively to this parameter.

Table 5.81: Home Meals

Response	*Before*	*After*
Never	2	0
Rarely	1	0
Sometimes	2	2
Very Often	5	9
Always	20	19
Total	***30***	***30***

Table 5.81 compares intervention group mothers' responses on home meals. "Never" decreased from 2 to 0, and "Rarely" decreased from 1 to 0. "Sometimes" remained constant at 2, while "Very Often" increased from 5 to 9. "Always" slightly decreased from 20 to 19. Overall, most mothers responded positively to this parameter.

Table 5.82: Outside Food

Response	*Before*	*After*
Never	16	16
Rarely	5	11
Sometimes	7	1
Very Often	1	2
Always	1	0
Total	***30***	***30***

Table 5.82 compares intervention group mothers' responses on outside food. "Never" remained constant at 16, while "Rarely" increased from 5 to 11. "Sometimes" decreased from 7 to 1. "Very Often" increased from 1 to 2, and "Always" decreased from 1 to 0. Overall, the majority of mothers responded positively to this parameter.

C. Medication

Table 5.83: Regular Tests

Response	*Before*	*After*
Never	11	1
Rarely	5	2
Sometimes	5	10
Very Often	4	8
Always	5	9
Total	***30***	***30***

Table 5.83 compares intervention group mothers' responses on regular tests. "Never" decreased from 11 to 1, while "Rarely" decreased from 5 to 2. "Sometimes" increased from 5 to 10, and "Very Often" increased from 4 to 8. "Always" increased from 5 to 9. Overall, the majority of mothers responded positively to this parameter.

Table 5.84: Doctor Consultation

Response	*Before*	*After*
Never	12	3
Rarely	6	2
Sometimes	7	11
Very Often	2	7
Always	3	7
Total	***30***	***30***

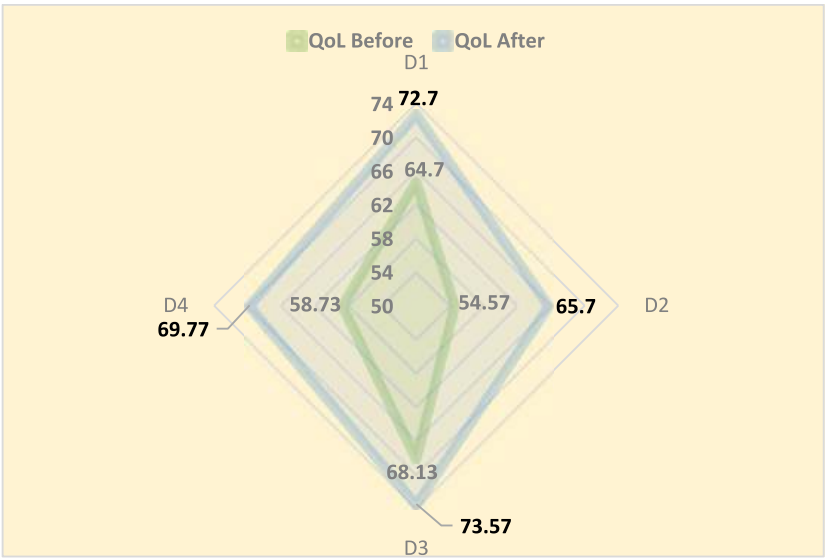
Table 5.84 compares intervention group mothers' responses on doctor consultation. "Never" decreased from 12 to 3, while "Rarely" decreased from 6 to 2. "Sometimes" increased from 7 to 11, and "Very Often" increased from 2 to 7. "Always" increased from 3 to 7. Overall, the majority of mothers responded positively to this parameter.

Table 5.85: Timely Medication

Response	*Before*	*After*
Never	12	2
Rarely	4	2
Sometimes	7	6
Very Often	4	12
Always	3	8
Total	***30***	***30***

Table 5.85 compares intervention group mothers' responses on timely medication. "Not at all" decreased from 12 to 2, and "A little" decreased from 4 to 2. "Moderately" reduced from 7 to 6, while "Mostly" increased from 4 to 12. "Completely" increased from 3 to 8. Overall, the majority of mothers responded positively to this parameter.

5.10 QoL Pre & Post Intervention Assessment



Domains: D1 – Physical Health, D2 – Psychological, D3 – Social Relationships, D4 – Environment

Figure 5.23: QOL Pre-Post Spider Map

Pre – Post Spider Map or Radar Chart (Figure 5.23) was used to map the mean value scores for each domain in the WHOQOL-BREF questionnaire (Physical health, Psychological, Social relationships and Environment) before and after the intervention

for the thirty mothers who were part of the intervention group. It indicates that there is no significant variation for mean value scores for social relationships domain before and after the intervention. For the remaining domains, we can observe a significant variation in the mean value scores before and after the intervention.

Paired t-test was used to compare difference between score means of different domains of WHOQOL-BREF. It gives a succinct statistical analysis of the variations in the intervention group for each domain. The t-tests have been conducted with the following null hypotheses in mind:

Table 5.86: QoL Domain Hypotheses

Hypothesis	Null Hypothesis Description
H_{0a}	There is no statistically significant difference in the mean value of Physical Health domain (D1) before and after the intervention.
H_{0b}	There is no statistically significant difference in the mean value of psychological domain (D2) before and after the intervention.
H_{0c}	There is no statistically significant difference in the mean value of Social Relationships domain (D3) before and after the intervention
H_{0d}	There is no statistically significant difference in the mean value of Environment domain (D4) before and after the intervention

Table 5.87: Paired Samples Statistics for QoL Domains

		Mean	*N*	*Std. Deviation*	*Std. Error Mean*
Pair 1	D1.Before	64.70	30	9.270	1.693
	D1.After	72.70	30	13.714	2.504
Pair 2	D2.Before	54.57	30	11.787	2.152
	D2.After	65.70	30	11.357	2.073
Pair 3	D3.Before	68.13	30	14.474	2.643
	D3.After	73.57	30	14.146	2.583
Pair 4	D4.Before	58.73	30	10.563	1.929
	D4.After	69.77	30	12.283	2.243

D1 – Physical Health Domain, D2 – Psychological Domain, D3 – Social Relationships domain, D4 – Environment domain

Table 5.88: Paired Samples Test for QoL Domains

		Paired Differences					*T*	*df*	*Sig. (2-tailed)*
		Mean	*Std. Deviation*	*Std. Error Mean*	*95% Confidence Interval of the Difference*				
					Lower	*Upper*			
Pair 1	D1.Before D1.After	-8.000	14.057	2.566	-13.249	-2.751	-3.117	29	.004
Pair 2	D2.Before D2.After	-11.133	14.797	2.702	-16.659	-5.608	-4.121	29	.000
Pair 3	D3.Before D3.After	-5.433	18.844	3.440	-12.470	1.603	-1.579	29	.125
Pair 4	D4.Before D4.After	-11.033	13.622	2.487	-16.120	-5.947	-4.436	29	.000

D1 – Physical Health Domain, D2 – Psychological Domain, D3 – Social Relationships domain, D4 – Environment domain

Table 5.89: Paired Samples Statistics for QoL

	Mean	*N*	*Std. Deviation*	*Std. Error Mean*
QoL.Before	246.133	30	34.084	6.223
QoL.After	281.733	30	41.764	7.625

Table 5.90: Paired Samples Test fpr QoL

	Paired Differences					*T*	*df*	*Sig. (2-tailed)*
	Mean	*Std. Deviation*	*Std. Error Mean*	*95% Confidence Interval of the Difference*				
				Lower	*Upper*			
QoL.Before , QoL.After	-35.600	45.947	8.389	-52.757	-18.443	-4.244	29	.000

The results of the t-test (Table 5.88) shows that the null hypotheses can be rejected for three out of four dimensions. Only in the case of Social Relationships domain (D3) does the null hypothesis stand accepted since the p-value exceeds 0.05. This means that there is no statistically significant difference in the mean value of Social Relationships domain before and after the intervention. In the case of the other three domains, the p-values are significant and therefore we may reject the null hypothesis and accept the alternate hypotheses that there is statistically significant difference in

the mean value of the Physical Health, Psychological and Environment domains before and after the intervention.

5.8. Comprehensive Survey to study the influence of midlife challenges on the Quality of Life of middle-aged mothers

In this section, the results of the pre and post assessment of the individual components/ variables of the three major domains of the survey - Physiological, Psychological and Social have been discussed in detail. Further, the results of the t-tests conducted to understand the variations in the intervention group for the above-mentioned domains have been presented in section 5.11.5.

5.8.1 Biological / Physiological Aspects of Middle Age

Table 5.91: Experience muscular/body pain

Response	*Before*	*After*
Never	2	8
Rarely	5	5
Occasionally	6	8
Sometimes	12	7
Often	2	2
Very Often	2	0
Always	1	0
Total	***30***	***30***

Table 5.91 compares intervention group mothers' responses on experiencing body pain. "Never" increased from 2 to 8, while "Rarely" stayed constant at 5. "Occasionally" increased from 6 to 8, and "Sometimes" decreased from 12 to 7. "Often" remained constant at 2, while "Very Often" and "Always" both decreased from 2 to 0 and 1 to 0, respectively. Overall, the majority of mothers responded positively to this parameter.

Table 5.92: Feel tired / Less energetic

Response	*Before*	*After*
Never	1	4
Rarely	4	8
Occasionally	5	9
Sometimes	10	7
Often	7	2
Very Often	3	0
Total	***30***	***30***

Table 5.92 compares intervention group mothers' responses on feeling less energetic. "Never" increased from 1 to 4, and "Rarely" increased from 4 to 8. "Occasionally" increased from 5 to 9, while "Sometimes" and "Often" both decreased from 10 to 7 and 7 to 2, respectively. "Very Often" decreased from 3 to 0. Overall, the majority of mothers responded positively to this parameter.

Table 5.93: Follow healthy diet and nutrition

Response	*Before*	*After*
Occasionally	4	1
Sometimes	8	1
Often	15	5
Very Often	2	15
Always	1	8
Total	***30***	***30***

Table 5.93 compares responses from intervention group mothers on following a healthy diet. "Occasionally" decreased from 4 to 1, and "Sometimes" decreased from 8 to 1. "Often" decreased from 15 to 5. However, "Very Often" increased from 2 to 15, and "Always" increased from 1 to 8. Overall, the majority of mothers responded positively to this parameter.

Table 5.94: Regular exercise

Response	*Before*	*After*
Never	2	0
Rarely	4	0
Occasionally	7	3
Sometimes	10	7
Often	6	11
Very Often	1	6
Always	0	3
Total	***30***	***30***

Table 5.94 compares responses from intervention group mothers on regular exercise. "Never" decreased from 2 to 0, and "Rarely" decreased from 4 to 0. "Occasionally" decreased from 7 to 3. However, "Sometimes" decreased from 10 to 7. Meanwhile, "Often" increased from 6 to 11. "Very Often" increased from 1 to 6, and "Always" increased from 0 to 3. Overall, the majority of mothers responded positively to this parameter.

Table 5.95: Sleep satisfaction

Response	*Before*	*After*
Dissatisfied	4	1
Slightly Dissatisfied	3	2
Neutral	6	0
Slightly Satisfied	8	11
Satisfied	4	8
Extremely Satisfied	5	8
Total	***30***	***30***

Table 5.95 compares responses from intervention group mothers on sleep satisfaction. "Dissatisfied" decreased from 4 to 1, and "Slightly dissatisfied" reduced from 3 to 2. "Neutral" decreased from 6 to 0. However, "Slightly satisfied" increased from 8 to 11. Meanwhile, "Satisfied" increased from 4 to 8, and "Extremely Satisfied" increased from 5 to 8. Overall, the majority of mothers responded positively to this parameter.

Table 5.96: Digestive health issues

Response	*Before*	*After*
Not at All	5	9
Very Little	6	4
Somewhat	1	5
To a great extent	6	4
Mostly	7	5
Often	4	3
Very Much	1	0
Total	***30***	***30***

Table 5.96 compares responses from intervention group mothers on digestive health issues. "Not at all" increased from 5 to 9, while "Very little" decreased from 6 to 4. "Somewhat" increased from 1 to 5, but "To a great extent" decreased from 6 to 4. "Mostly" reduced from 7 to 5. Additionally, "Often" and "Very Much" decreased from 4 to 3 and 1 to 0, respectively. Overall, the majority of mothers responded positively to this parameter.

5.11.2 SEXUALITY

Table 5.97: Sexual life satisfaction

Response	*Before*	*After*
Agree	11	16
Disagree	3	2
Neutral	8	8
Strongly Agree	8	4
Total	***30***	***30***

Table 5.97 compares intervention group mothers' responses on sexual life satisfaction. "Agree" increased from 11 to 16, while "Disagree" decreased from 3 to 2. "Neutral" remained constant at 8, and "Strongly Agree" decreased from 8 to 4. Overall, we can conclude that the majority of mothers have somewhat positively responded to this parameter.

Table 5.98: Least concerned about physical appeal

Response	*Before*	*After*
Agree	10	2
Disagree	13	17
Neutral	5	3
Strongly Agree	2	0
Strongly Disagree	0	8
Total	***30***	***30***

Table 5.98 compares intervention group mothers' responses on maintaining physical appeal. "Agree" decreased from 10 to 2, while "Disagree" increased from 13 to 17. "Neutral" decreased from 5 to 3, and "Strongly Agree" decreased from 2 to 0. Conversely, "Strongly Disagree" increased from 0 to 8. Overall, we can conclude that the majority of mothers have positively responded to this parameter.

Table 5.99: Loss of femininity and beauty

Response	*Before*	*After*
Agree	5	0
Disagree	15	20
Neutral	7	5
Strongly Agree	1	0
Strongly Disagree	2	5
Total	***30***	***30***

Table 5.99 compares intervention group mothers' responses on loss of femininity due to menopause or middle age. "Agree" decreased from 5 to 0, while "Disagree" increased from 15 to 20. "Neutral" reduced from 7 to 5. "Strongly Agree" decreased from 1 to 0, and "Strongly Disagree" increased from 2 to 5. Overall, we can conclude that the majority of mothers have responded positively to this parameter.

5.8.2 Psychological / Emotional Aspects of Middle Age

A. Cognitive Development and Information Processing

Table 5.100: Memory power

Response	*Before*	*After*
Very Poor	1	0
Below Average	9	4
Average	11	5
Above Average	8	10
Good	1	11
Total	***30***	***30***

Table 5.100 compares intervention group mothers' responses on memory power. "Very poor" decreased from 1 to 0, "Below average" reduced from 9 to 4, and "Average" decreased from 11 to 5. However, "Above average" increased from 8 to 10, and "Good" increased from 1 to 11. Overall, we can conclude that the majority of mothers responded positively to this parameter.

Table 5.101: Mental alertness

Response	*Before*	*After*
Poor	2	0
Below Average	8	2
Average	7	3
Above Average	8	8
Good	5	14
Very Good	0	3
Total	***30***	***30***

Table 5.101 compares intervention group mothers' responses on mental alertness. "Poor" decreased from 2 to 0, "Below average" reduced from 8 to 2, and "Average" decreased from 7 to 3. However, "Above average" remained constant at 8, while "Good" increased from 5 to 14, and "Very Good" increased from 0 to 3. Overall, we can conclude that the majority of mothers responded positively to this parameter.

Table 5.102: Speed of response

Response	*Before*	*After*
Poor	1	0
Below Average	4	3
Average	7	0
Above Average	11	7
Good	4	13
Very Good	2	3
No Response	1	6
Total	***30***	***30***

Table 5.102 compares intervention group mothers' responses on speed of response. "Poor" decreased from 1 to 0, "Below average" reduced from 4 to 3, and "Average" decreased from 7 to 0. Similarly, "Above average" decreased from 11 to 7. However, "Good" increased from 4 to 13, and "Very good" increased from 2 to 3. Meanwhile, those who didn't respond increased from 1 to 6. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.103: Concentrate and focus

Response	*Before*	*After*
Very Poor	1	0
Poor	2	0
Below Average	8	2
Average	4	3
Above Average	9	8
Good	5	14
Very Good	1	3
Total	***30***	***30***

Table 5.103 compares intervention group mothers' responses on concentration and focus. "Very poor" decreased from 1 to 0, "Poor" reduced from 2 to 0, and "Below average" decreased from 8 to 2. Additionally, "Average" decreased from 4 to 3, and "Above average" decreased from 9 to 8. However, "Good" increased from 5 to 14,

and "Very Good" increased from 1 to 3. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.104: Ability to learn new skills

Response	*Before*	*After*
Not At All	1	0
Very Little	2	1
Somewhat	8	0
To a great extent	4	5
Mostly	12	4
Often	3	14
Very Much	0	6
Total	***30***	***30***

Table 5.104 compares intervention group mothers' responses on learning new skills. "Not at all" decreased from 1 to 0, and "Very little" reduced from 2 to 1. Additionally, "Somewhat" decreased from 8 to 0, and "To a great extent" increased from 4 to 5. Meanwhile, "Mostly" reduced from 12 to 4. In contrast, "Often" increased from 3 to 14, and "Very Much" increased from 0 to 6. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.105: Intellectual tasks

Response	*Before*	*After*
Never	1	0
Rarely	6	0
Occasionally	3	1
Sometimes	8	3
Frequently	8	8
Usually	4	10
Always	0	8
Total	***30***	***30***

Table 5.105 compares intervention group mothers' responses on intellectual tasks. "Never" decreased from 1 to 0, and "Rarely" reduced from 6 to 0. Additionally, "Occasionally" decreased from 3 to 1, and "Sometimes" decreased from 8 to 3. However, "Frequently" remained constant at 8. In contrast, "Usually" increased from

4 to 10, and "Always" increased from 0 to 8. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

B. Communication

Table 5.106: Communication

Response	*Before*	*After*
Poor	2	0
Below Average	5	0
Average	8	3
Above Average	9	7
Good	5	12
Very Good	1	8
Total	***30***	***30***

Table 5.106 displays intervention group mothers' responses regarding time management skills. The number of mothers who responded "Poor" decreased from 2 to 0, and "Below average" reduced from 5 to 0. Additionally, "Average" decreased from 8 to 3, while "Above average" reduced from 9 to 7. At the same time, "Good" increased from 5 to 12, and "Very good" increased from 1 to 8. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

Table 5.107: Listening skill

Response	*Before*	*After*
Poor	1	0
Below Average	1	0
Average	4	1
Above Average	12	7
Good	12	12
Very Good	0	10
Total	***30***	***30***

Table 5.107 presents intervention group mothers' responses on listening skills. "Poor" decreased from 1 to 0, and "Below average" reduced from 1 to 0. Additionally, "Average" decreased from 4 to 1, while "Above average" decreased from 12 to 7. In

contrast, "Good" remained constant at 12, and "Very Good" increased from 0 to 10. Overall, we can conclude that the majority of mothers have responded somewhat positively to this parameter.

Table 5.108: Assertive communication

Response	*Before*	*After*
Below Average	1	1
Average	6	1
Above Average	14	4
Good	8	18
Very Good	1	6
Total	***30***	***30***

Table 5.108 displays intervention group mothers' responses on assertive communication. "Below average" remained constant at 1, while "Average" reduced from 6 to 1. Additionally, "Above average" decreased from 14 to 4. In contrast, "Good" increased from 8 to 18, and "Very Good" increased from 1 to 6. Overall, we can conclude that the majority of mothers have responded somewhat positively to this parameter.

Table 5.109: Accept others point of view

Response	*Before*	*After*
Very Poor	1	0
Poor	1	0
Below Average	1	1
Average	7	3
Above Average	15	7
Good	5	14
Very Good	0	5
Total	***30***	***30***

Table 5.109 displays intervention group mothers' responses on accepting others' points of view. "Very Poor" decreased from 1 to 0, and "Poor" reduced from 1 to 0. "Below average" remained constant at 1. Additionally, "Average" decreased from 7 to 3, and "Above average" decreased from 15 to 7. In contrast, "Good" increased from 5

to 14, and "Very Good" increased from 0 to 5. Overall, we can conclude that the majority of mothers have responded somewhat positively to this parameter.

C. Interests / Passions

Table 5.110: Self-care activities

Response	*Before*	*After*
Not at all	1	0
Very little	2	0
Somewhat	2	1
To a great extent	8	5
Mostly	14	5
Often	3	13
Very Much	0	6
Total	***30***	***30***

Table 5.110 presents intervention group mothers' responses on self-care activities. "Not at all" decreased from 1 to 0, and "Very little" reduced from 2 to 0. "Somewhat" decreased from 2 to 1, and "To a great extent" decreased from 8 to 5. Similarly, "Mostly" reduced from 14 to 5. In contrast, "Often" increased from 3 to 13, and "Very Much" increased from 0 to 6. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

Table 5.111: Interest in social relationships

Response	*Before*	*After*
Not at all	2	0
Very little	2	0
Somewhat	1	2
To a great extent	9	1
Mostly	11	7
Often	4	14
Very Much	1	6
Total	***30***	***30***

Table 5.111 displays intervention group mothers' responses on social relationships interest. "Not at all" decreased from 2 to 0, and "Very little" reduced from 2 to 0. Simultaneously, "Somewhat" increased from 1 to 2. However, "To a great extent"

decreased from 9 to 1. Also, "Mostly" reduced from 11 to 7. In contrast, "Often" increased from 4 to 14, and "Very Much" increased from 1 to 6. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

Table 5.112: Interest towards social contribution

Response	*Before*	*After*
Not at all	3	0
Very little	1	1
Somewhat	7	3
To a great extent	7	5
Mostly	7	8
Often	5	6
Very Much	0	7
Total	***30***	***30***

Table 5.112 displays intervention group mothers' responses on social contribution interest. "Not at all" decreased from 3 to 0, and "Very little" remained constant at 1. Simultaneously, "Somewhat" decreased from 7 to 3. Additionally, "To a great extent" decreased from 7 to 5. In contrast, "Mostly" increased from 7 to 8. Further, "Often" increased from 5 to 6, and "Very Much" increased from 0 to 7. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

Table 5.113: Interest in financial empowerment

Response	*Before*	*After*
Not at all	3	0
Very little	1	0
Somewhat	4	1
To a great extent	4	4
Mostly	9	3
Often	8	8
Very Much	1	14
Total	***30***	***30***

Table 5.113 displays the intervention group mothers' responses on financial empowerment interest. "Not at all" decreased from 3 to 0, and "Very little" reduced from 1 to 0. Further, "Somewhat" decreased from 4 to 1. However, "To a great extent" remained constant at 4. In contrast, "Mostly" reduced from 9 to 3. Simultaneously, "Often" remained constant at 8, while "Very Much" increased from 1 to 14. Overall, we can conclude that the majority of mothers have responded somewhat positively to this parameter.

Table 5.114: Self-improvement activities

Response	*Before*	*After*
Not at all	2	0
Somewhat	5	0
To a great extent	5	3
Mostly	13	3
Often	5	11
Very much	0	13
Total	***30***	***30***

Table 5.114 displays the intervention group mothers' responses on self-improvement activities. "Not at all" decreased from 2 to 0, and "Somewhat" reduced from 5 to 0. Further, "To a great extent" decreased from 5 to 3. Additionally, "Mostly" has decreased from 13 to 3. In contrast, "Often" increased from 5 to 11, and "Very Much" increased from 0 to 13. Overall, we can conclude that the majority of mothers have responded somewhat positively to this parameter.

Table 5.115: Social media addiction

Response	*Before*	*After*
Not at all	4	2
Very little	6	4
Somewhat	3	6
To a great extent	6	6
Mostly	7	10
Often	4	2
Total	***30***	***30***

Table 5.115 depicts the intervention group mothers' responses on social media addiction. "Not at all" decreased from 4 to 2, and "Very little" reduced from 6 to 4.

Meanwhile, "Somewhat" increased from 3 to 6. However, "To a great extent" has remained constant at 6. Also, "Mostly" increased from 7 to 10. In contrast, "Often" decreased from 4 to 2. Overall, we can conclude that the majority of mothers have responded somewhat positively to this parameter.

D. PERCEPTION

Table 5.116: Dependent on others

Response	*Before*	*After*
Never	2	5
Rarely	3	4
Occasionally	4	6
Sometimes	6	5
Frequently	7	9
Usually	7	1
Always	1	0
Total	***30***	***30***

Table 5.116 compares responses from intervention group mothers regarding dependency perception. "Never" increased from 2 to 5, and "Rarely" increased from 3 to 4. Additionally, "Occasionally" increased from 4 to 6. However, "Sometimes" decreased from 6 to 5. In contrast, "Frequently" increased from 7 to 9. Meanwhile, "Usually" decreased from 7 to 1, and "Always" decreased from 1 to 0. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

Table 5.117: Perceive to be lagging behind

Response	*Before*	*After*
Never	1	3
Rarely	2	7
Occasionally	2	4
Sometimes	6	9
Frequently	9	6
Usually	6	0
Always	4	1
Total	***30***	***30***

Table 5.117 compares intervention group mothers' responses on the perception of lagging behind others. "Never" increased from 1 to 3, and "Rarely" increased from 2 to 7. Additionally, "Occasionally" increased from 2 to 4. Further, "Sometimes" increased from 6 to 9. However, "Frequently" reduced from 9 to 6. Also, "Usually" decreased from 6 to 0, and "Always" decreased from 4 to 1. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

Table 5.118: Late to fulfil my dreams

Response	*Before*	*After*
Never	3	11
Rarely	5	5
Occasionally	4	4
Sometimes	6	6
Frequently	7	2
Usually	2	1
Always	3	1
Total	***30***	***30***

Table 5.120 compares intervention group mothers' responses on the perception of being late to fulfill one's dreams. "Never" increased from 3 to 11. Also, "Rarely" remained constant at 5. Similarly, "Occasionally" and "Sometimes" remained constant at 4 and 6, respectively. However, "Frequently" reduced from 7 to 2. Further, "Usually" and "Always" decreased from 2 to 1 and 3 to 1, respectively. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

Table 5.119: Perceive to be worthless

Response	*Before*	*After*
Never	5	13
Rarely	6	3
Occasionally	2	8
Sometimes	6	3
Frequently	6	2
Usually	2	1
Always	3	0
Total	***30***	***30***

Table 5.119 compares intervention group mothers' responses on the perception of being worthless. "Never" increased from 5 to 13. However, "Rarely" reduced from 6 to 3. In contrast, "Occasionally" increased from 2 to 8. At the same time, "Sometimes" decreased from 6 to 3. Further, "Frequently" decreased from 6 to 2. Also, "Usually" and "Always" decreased from 2 to 1 and 3 to 0, respectively. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

E. SELF-CONCEPT

Table 5.120: Feel good

Response	*Before*	*After*
Rarely	1	0
Occasionally	1	1
Sometimes	8	2
Frequently	15	5
Usually	3	16
Always	2	6
Total	***30***	***30***

Table 5.120 compares intervention group mothers' responses on feeling good about themselves. "Rarely" decreased from 1 to 0. Also, "Occasionally" remained constant at 1. Further, "Sometimes" decreased from 8 to 2. Additionally, "Frequently" decreased from 15 to 5. However, "Usually" increased from 3 to 16. Also, "Always" increased from 2 to 6. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

Table 5.121: Feeling financially dependent

Response	*Before*	*After*
Never	5	10
Rarely	3	2
Occasionally	2	5
Sometimes	9	7
Frequently	5	5
Usually	4	1
Always	2	0
Total	***30***	***30***

Table 5.121 compares intervention group mothers' responses on feeling financially dependent on their spouses. "Never" increased from 5 to 10. However, "Rarely" reduced from 3 to 2. Simultaneously, "Occasionally" increased from 2 to 5. In contrast, "Sometimes" decreased from 9 to 7. Further, "Frequently" remained constant at 5. In contrast, "Usually" and "Always" decreased from 4 to 1 and 2 to 0, respectively. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

Table 5.122: Anxious about losing youthfulness

Response	*Before*	*After*
Never	4	8
Rarely	4	10
Occasionally	7	3
Sometimes	7	8
Frequently	4	0
Usually	3	1
Always	1	0
Total	***30***	***30***

Table 5.122 compares intervention group mothers' responses on anxiety about losing youthfulness. "Never" increased from 4 to 8. Also, "Rarely" increased from 4 to 10. However, "Occasionally" decreased from 7 to 3. Simultaneously, "Sometimes" increased from 7 to 8. However, "Frequently" reduced from 4 to 0. Also, "Usually" and "Always" decreased from 3 to 1 and 1 to 0, respectively. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

Table 5.123: Value own decisions

Response	*Before*	*After*
Not at all	2	0
Somewhat	4	0
To a great extent	7	3
Mostly	8	7
Often	8	11
Very Much	1	9
Total	***30***	***30***

Table 5.123 compares responses from intervention group mothers on valuing own decisions. "Not at all" decreased from 2 to 0. Also, "Somewhat" reduced from 4 to 0. Simultaneously, "To a great extent" decreased from 7 to 3. Similarly, "Mostly" reduced from 8 to 7. However, "Often" increased from 8 to 11. Further, "Very Much" increased from 1 to 9. Overall, we can conclude that the majority of mothers have responded somewhat positively to this parameter.

Table 5.124: Creating independent identity

Response	*Before*	*After*
Very Little	1	0
Somewhat	3	0
To a great extent	7	2
Mostly	7	5
Often	11	12
Very Much	1	11
Total	***30***	***30***

Table 5.124 compares responses from intervention group mothers on creating an independent identity. "Very little" decreased from 1 to 0. Also, "Somewhat" reduced from 3 to 0. Further, "To a great extent" decreased from 7 to 2. Similarly, "Mostly" reduced from 7 to 5. In contrast, "Often" increased from 11 to 12. Also, "Very much" increased from 1 to 11. Overall, we can conclude that the majority of mothers have responded somewhat positively to this parameter.

Table 5.125: Satisfied with physical appearance

Response	*Before*	*After*
Very Little	2	0
Somewhat	3	1
To a great extent	9	2
Mostly	10	5
Often	5	13
Very Much	1	9
Total	***30***	***30***

Table 5.125 compares responses from intervention group mothers on satisfaction with physical appearance. "Very little" decreased from 2 to 0. Also, "Somewhat" reduced

from 3 to 1. Further, "To a great extent" decreased from 9 to 2. Additionally, "Mostly" decreased from 10 to 5. In contrast, "Often" increased from 5 to 13. Also, "Very much" increased from 1 to 9. Overall, we can conclude that the majority of mothers have responded somewhat positively to this parameter.

Table 5.126: Time to spend on self-care

Response	*Before*	*After*
Not at All	1	0
Very Little	5	1
Somewhat	7	1
To a great extent	8	4
Mostly	6	9
Often	3	10
Very Much	0	5
Total	***30***	***30***

Table 5.128 compares intervention group mothers' responses on time spent on self-care. "Not at all" decreased from 1 to 0. Also, "Very little" reduced from 5 to 1. At the same time, "Somewhat" decreased from 7 to 1. Similarly, "To a great extent" reduced from 8 to 4. However, "Mostly" increased from 6 to 9. Further, "Often" increased from 3 to 10. Also, "Very much" increased from 0 to 5. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

F. ATTITUDE

Table 5.127: Motivation to do household work

Response	*Before*	*After*
Poor	2	0
Below Average	2	1
Average	7	2
Above Average	14	8
Good	5	14
Very Good	0	5
Total	***30***	***30***

Table 5.127 compares intervention group mothers' responses on motivation for household work. "Poor" decreased from 2 to 0. Also, "Below Average" reduced from 2 to 1. Further, "Average" decreased from 7 to 2. "Above average" also reduced from 14 to 8. In contrast, "Good" increased from 5 to 14. Also, "Very Good" increased from 0 to 5. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.128: Patience level

Response	*Before*	*After*
Poor	3	1
Below Average	5	4
Average	9	6
Above Average	9	8
Good	3	8
Very Good	1	3
Total	***30***	***30***

Table 5.128 compares responses from intervention group mothers on patience level. "Poor" decreased from 3 to 1. Also, "Below average" reduced from 5 to 4. Further, "Average" decreased from 9 to 6. At the same time, "Above average" has also reduced from 9 to 8. In contrast, "Good" increased from 3 to 8. Also, "Very Good" increased from 1 to 3. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.129: Time management ability

Response	*Before*	*After*
Poor	3	1
Below Average	4	1
Average	7	5
Above Average	10	13
Good	6	7
Very Good	0	3
Total	***30***	***30***

Table 5.129 compares intervention group mothers' responses on time management ability. "Poor" decreased from 3 to 1. Also, "Below average" reduced from 4 to 1. Further, "Average" decreased from 7 to 5. At the same time, "Above average" increased from 10 to 13. Also, "Good" increased from 6 to 7, and "Very Good" increased from 0 to 3. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.130: Attitude towards present life

Response	*Before*	*After*
Very Negative	1	0
Negative	2	0
Slightly Negative	3	1
Neutral	10	1
Slightly Positive	7	9
Positive	7	12
Very Positive	0	7
Total	***30***	***30***

Table 5.130 compares intervention group mothers' responses on their attitude toward present life. "Very Negative" decreased from 1 to 0, and "Negative" reduced from 2 to 0. "Slightly negative" decreased from 3 to 1, and "Neutral" reduced from 10 to 1. However, "Slightly Positive" increased from 7 to 9, and "Positive" increased from 7 to 12. Also, "Very Positive" increased from 0 to 7. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

G. EMOTIONS

Table 5.131: Lose temper on minor things

Response	*Before*	*After*
Never	1	3
Rarely	2	4
Occasionally	6	7
Sometimes	3	8
Frequently	11	6
Usually	5	2
Always	2	0
Total	***30***	***30***

Table 5.131 compares intervention group mothers' responses on losing temper on minor things. "Never" increased from 1 to 3, and "Rarely" increased from 2 to 4. "Occasionally" increased from 6 to 7, and "Sometimes" increased from 3 to 8. In contrast, "Frequently" reduced from 11 to 6. Also, "Usually" and "Always" decreased from 5 to 2 and 2 to 0 respectively. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

Table 5.132: Become sad

Response	*Before*	*After*
Never	0	2
Rarely	3	8
Occasionally	8	8
Sometimes	6	8
Frequently	7	3
Usually	4	1
Always	2	0
Total	***30***	***30***

Table 5.132 compares intervention group mothers' responses on how often they become sad. "Never" increased from 0 to 2, and "Rarely" increased from 3 to 8. "Occasionally" remained constant at 8, while "Sometimes" increased from 6 to 8. In contrast, "Frequently" reduced from 7 to 3. Also, "Usually" and "Always" decreased from 4 to 1 and 2 to 0 respectively. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.133: Self-critical

Response	*Before*	*After*
Never	1	5
Rarely	3	11
Occasionally	8	6
Sometimes	6	6
Frequently	5	2
Usually	5	0
Always	2	0
Total	***30***	***30***

Table 5.133 compares intervention group mothers' responses on self-criticism engagement. "Never" increased from 1 to 5, and "Rarely" increased from 3 to 11. However, "Occasionally" decreased from 8 to 6, and "Sometimes" remained constant at 6. In contrast, "Frequently" reduced from 5 to 2. Also, "Usually" and "Always" decreased from 5 to 0 and 2 to 0 respectively. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.134: Nobody understands you

Response	*Before*	*After*
Never	0	3
Rarely	3	8
Occasionally	7	6
Sometimes	4	6
Frequently	9	3
Usually	4	4
Always	3	0
Total	***30***	***30***

Table 5.134 compares intervention group mothers' responses on feeling understood. "Never" increased from 0 to 3, and "Rarely" increased from 3 to 8. However, "Occasionally" decreased from 7 to 6. In contrast, "Sometimes" increased from 4 to 6. However, "Frequently" reduced from 9 to 3. Also, "Usually" remained constant at 4, and "Always" decreased from 3 to 0. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.135: Regret about unfulfilled desires

Response	*Before*	*After*
Never	2	8
Rarely	2	5
Occasionally	5	4
Sometimes	3	5
Frequently	3	8
Usually	8	0
Always	7	0
Total	***30***	***30***

Table 5.135 compares intervention group mothers' responses on regret about unfulfilled desires. "Never" increased from 2 to 8, and "Rarely" increased from 2 to 5. However, "Occasionally" decreased from 5 to 4. In contrast, "Sometimes" increased from 3 to 5. Also, "Frequently" increased from 3 to 8. However, "Usually" and "Always" decreased from 8 to 0 and 7 to 0, respectively. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.136: Regrets about personal relationships

Response	*Before*	*After*
Never	4	8
Rarely	7	5
Occasionally	2	5
Sometimes	4	6
Frequently	6	6
Usually	4	0
Always	3	0
Total	***30***	***30***

Table 5.136 compares responses from intervention group mothers regarding regret about personal relationships. "Never" increased from 4 to 8. However, "Rarely" decreased from 7 to 5. In contrast, "Occasionally" increased from 2 to 5. Also, "Sometimes" increased from 4 to 6. Meanwhile, "Frequently" remained constant at 6. Conversely, "Usually" and "Always" decreased from 4 to 0 and 3 to 0, respectively. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.137: Feel lonely

Response	*Before*	*After*
Never	9	11
Rarely	1	5
Occasionally	5	8
Sometimes	8	6
Frequently	4	0
Usually	1	0
Always	2	0
Total	***30***	***30***

Table 5.137 compares responses from intervention group mothers regarding feeling lonely. "Never" increased from 9 to 11. Meanwhile, "Rarely" and "Occasionally" increased from 1 to 5 and 5 to 8. In contrast, "Sometimes" decreased from 8 to 6. Also, "Frequently" reduced from 4 to 0. Moreover, "Usually" and "Always" decreased from 1 to 0 and 2 to 0. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.138: Experience hopelessness

Response	*Before*	*After*
Never	8	13
Rarely	2	7
Occasionally	7	3
Sometimes	6	4
Frequently	3	1
Usually	2	2
Always	2	0
Total	***30***	***30***

Table 5.138 compares responses from intervention group mothers regarding experiencing hopelessness. "Never" increased from 8 to 13. Also, "Rarely" increased from 2 to 7. Conversely, "Occasionally" decreased from 7 to 3. Similarly, "Sometimes" decreased from 6 to 4. Moreover, "Frequently" reduced from 3 to 1. In contrast, "Usually" remained constant at 2, and "Always" decreased from 2 to 0. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.139: Terrified by thought of death and illness

Response	*Before*	*After*
Never	4	7
Rarely	4	8
Occasionally	4	9
Sometimes	7	4
Frequently	6	1
Usually	3	1
Always	2	0
Total	***30***	***30***

Table 5.139 compares responses from intervention group mothers regarding fear of death and illness. "Never" increased from 4 to 9. Similarly, "Rarely" and "Occasionally" increased from 4 to 8 and 4 to 9 respectively. Moreover, "Sometimes" decreased from 7 to 4, and "Frequently" reduced from 6 to 1. Additionally, "Usually" remained constant at 3, and "Always" decreased from 2 to 0. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.140: Feel guilty to place priority on needs and desires

Response	*Before*	*After*
Never	4	11
Rarely	7	2
Occasionally	3	5
Sometimes	8	6
Frequently	4	3
Usually	3	2
Always	1	1
Total	***30***	***30***

Table 5.140 compares responses from intervention group mothers regarding guilt about prioritizing needs. "Never" increased from 4 to 11. Conversely, "Rarely" decreased from 7 to 2. However, "Occasionally" increased from 3 to 5. Similarly, "Sometimes" decreased from 8 to 6, and "Frequently" reduced from 4 to 3. Additionally, "Usually" decreased from 3 to 2, while "Always" remained constant at 1. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.141: Clash in expectations between multiple roles

Response	*Before*	*After*
Never	3	4
Rarely	4	7
Occasionally	5	5
Sometimes	5	6
Frequently	9	5
Usually	4	3
Total	***30***	***30***

Table 5.141 compares responses from intervention group mothers regarding clash in role expectations. "Never" increased from 3 to 4. "Rarely" increased from 4 to 7, while "Occasionally" remained constant at 5. Additionally, "Sometimes" increased from 5 to 6. Conversely, "Frequently" reduced from 9 to 5, and "Usually" decreased from 4 to 3. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.142: Anxious for unknown reasons

Response	*Before*	*After*
Never	3	4
Rarely	5	6
Occasionally	3	5
Sometimes	3	7
Frequently	6	7
Usually	8	1
Always	2	0
Total	***30***	***30***

Table 5.142 compares responses from intervention group mothers regarding unknown restlessness. "Never" increased from 3 to 4. Similarly, "Rarely" and "Occasionally" increased from 5 to 6 and 3 to 5 respectively. "Sometimes" increased from 3 to 7. Additionally, "Frequently" increased from 6 to 7. Conversely, "Usually" decreased from 8 to 1, and "Always" decreased from 2 to 0. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.143: Emotionally dependent for happiness

Response	*Before*	*After*
Never	8	10
Rarely	4	7
Occasionally	3	7
Sometimes	8	6
Frequently	5	0
Usually	2	0
Total	***30***	***30***

Table 5.143 compares intervention group mothers' responses on emotional dependence for happiness. "Never" increased from 8 to 10. Similarly, "Rarely" and "Occasionally" increased from 4 to 7 and 3 to 7 respectively. In contrast, "Sometimes" decreased from 8 to 6. Also, "Frequently" reduced from 5 to 0, and "Usually" decreased from 2 to 0. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

H. SPIRITUALITY

Table 5.144: Spirituality helps to cope with fears & insecurities

Response	*Before*	*After*
Never	1	1
Occasionally	2	0
Sometimes	4	0
Frequently	12	3
Usually	11	12
Always	0	14
Total	***30***	***30***

Table 5.144 compares intervention group mothers' responses on spirituality helping cope with insecurities. "Never" remained constant at 1. However, "Occasionally" and "Sometimes" decreased from 2 to 0 and 4 to 0 respectively. Further, "Frequently" decreased from 12 to 3, while "Usually" increased from 11 to 12 and "Always" from 0 to 14. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.145: Practice gratitude

Response	*Before*	*After*
Occasionally	1	0
Sometimes	4	1
Frequently	10	1
Usually	12	11
Always	3	17
Total	***30***	***30***

Table 5.145 compares intervention group mothers' responses on practicing gratitude. "Occasionally" decreased from 1 to 0, and "Sometimes" decreased from 4 to 1. Further, "Frequently" decreased from 10 to 1, while "Usually" reduced from 12 to 11. In contrast, "Always" increased from 3 to 17. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.146: Practicing forgiveness in relationships

Response	*Before*	*After*
Rarely	2	1
Occasionally	2	1
Sometimes	7	0
Frequently	11	9
Usually	8	14
Always	0	5
Total	***30***	***30***

Table 5.146 compares intervention group mothers' responses on practicing forgiveness in relationships. "Rarely" decreased from 2 to 1, and "Occasionally" reduced from 2 to 1. Further, "Sometimes" decreased from 7 to 0, and "Frequently" reduced from 11 to 9. In contrast, "Usually" increased from 8 to 14, and "Always" increased from 0 to 5. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

Table 5.147: Practice acceptance in your relationships

Response	*Before*	*After*
Occasionally	4	0
Sometimes	8	3
Frequently	10	6
Usually	8	15
Always	0	6
Total	***30***	***30***

Table 5.147 compares intervention group mothers' responses on practicing acceptance in relationships. "Occasionally" decreased from 4 to 0, and "Sometimes" reduced from 8 to 3. Further, "Frequently" decreased from 10 to 6. In contrast, "Usually"

increased from 8 to 15, and "Always" increased from 0 to 6. Overall, we can conclude that the majority of mothers have responded quite positively to this parameter.

5.8.3 Social Aspects

A. Relationship With Spouse

Table 5.148: Satisfied with wife role

Response	*Before*	*After*
Somewhat	3	3
To a great extent	8	2
Mostly	3	5
Often	11	11
Very much	5	9
Total	***30***	***30***

Table 5.148 compares intervention group mothers' responses on satisfaction with the wife role. "Somewhat" remained constant at 3, while "To a great extent" decreased from 8 to 2. In contrast, "Mostly" increased from 3 to 5. "Often" remained constant at 11, but "Very Much" increased from 5 to 9. Overall, we can conclude that the majority of mothers have responded somewhat positively to this parameter.

Table 5.149: Emotionally close to spouse

Response	*Before*	*After*
Very Little	2	0
Somewhat	1	5
To a great extent	8	2
Mostly	9	4
Often	8	13
Very much	2	6
Total	***30***	***30***

Table 5.149 compares intervention group mothers' responses on emotional closeness to their spouse. "Very Little" decreased from 2 to 0, while "Somewhat" increased from 1 to 5. "To a great extent" decreased from 8 to 2, and "Mostly" reduced from 9

to 4. In contrast, "Often" increased from 8 to 13, and "Very Much" increased from 2 to 6. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.150: Share information with spouse

Response	*Before*	*After*
Very little	1	1
Somewhat	2	3
To a great extent	8	2
Mostly	8	2
Often	8	9
Very much	3	13
Total	***30***	***30***

Table 5.150 compares intervention group mothers' responses on sharing information with their spouse. "Very little" remained constant at 1, while "Somewhat" increased from 2 to 3. "To a great extent" decreased from 8 to 2, and "Mostly" reduced from 8 to 2. However, "Often" increased from 8 to 9, and "Very Much" increased from 3 to 13. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.151: Assertive in expressing needs to spouse

Response	*Before*	*After*
Not at all	1	0
Very little	0	1
Somewhat	5	0
To a great extent	6	5
Mostly	8	4
Often	8	10
Very much	2	10
Total	***30***	***30***

Table 5.151 compares intervention group mothers' responses on assertiveness in expressing needs to their spouse. "Not at all" decreased from 1 to 0, while "Very little" increased from 0 to 1. "Somewhat" decreased from 5 to 0, and "To a great

extent" reduced from 6 to 5. "Mostly" decreased from 8 to 4. In contrast, "Often" increased from 8 to 10, and "Very Much" increased from 2 to 10. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.152: Participate in making family decisions

Response	*Before*	*After*
Not at all	1	0
Very little	2	2
Somewhat	2	1
To a great extent	6	3
Mostly	4	3
Often	12	5
Very much	3	16
Total	***30***	***30***

Table 5.152 compares responses from intervention group mothers on family decision-making. "Not at all" decreased from 1 to 0, and "Very little" remained constant at 2. "Somewhat" decreased from 2 to 1, and "To a great extent" reduced from 6 to 3. "Mostly" decreased from 4 to 3, and "Often" reduced from 12 to 5. However, "Very Much" increased from 3 to 16. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

B. Relationship With Children / Child

Table 5.153: Satisfied with mother role

Response	*Before*	*After*
Somewhat	5	0
To a great extent	5	5
Mostly	5	3
Often	12	5
Very much	3	16
Total	***30***	***30***

Table 5.153 compares intervention group mothers' responses on satisfaction with the mother role. "Somewhat" decreased from 5 to 0, while "To a great extent" remained

constant at 5, and "Mostly" decreased from 5 to 3. "Often" reduced from 12 to 5, but "Very Much" increased from 3 to 16. Overall, we can conclude that the majority of mothers responded positively to this parameter.

Table 5.154: Spend quality time with children

Response	*Before*	*After*
Somewhat	3	1
To a great extent	3	3
Mostly	15	8
Often	7	11
Very much	2	7
Total	***30***	***30***

Table 5.154 compares intervention group mothers' responses on spending quality time with children. "Somewhat" decreased from 3 to 1, while "To a great extent" remained constant at 3. "Mostly" decreased from 15 to 8, but "Often" increased from 7 to 11. "Very Much" increased from 2 to 7. Overall, we can conclude that the majority of mothers responded positively to this parameter.

Table 5.155: Conscious effort towards making children responsible

Response	*Before*	*After*
Not at all	2	0
Very little	4	0
Somewhat	3	2
To a great extent	5	3
Mostly	10	8
Often	5	11
Very much	1	6
Total	***30***	***30***

Table 5.155 compares intervention group mothers' responses on making children responsible. "Not at all" decreased from 2 to 0, and "Very little" reduced from 4 to 0. Similarly, "Somewhat" decreased from 3 to 2, and "To a great extent" reduced from 5 to 3. "Mostly" decreased from 10 to 8, but "Often" increased from 5 to 11. "Very

Much" increased from 1 to 6. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.156: Conflict of opinions between you and children

Response	*Before*	*After*
Never	2	7
Rarely	5	2
Occasionally	3	6
Sometimes	2	9
Frequently	10	4
Usually	6	1
Always	2	1
Total	***30***	***30***

Table 5.156 compares intervention group mothers' responses on opinion conflict with children. "Never" increased from 2 to 7, while "Rarely" decreased from 5 to 2. "Occasionally" increased from 3 to 6, and "Sometimes" increased from 2 to 9. "Frequently" reduced from 10 to 4. "Usually" and "Always" decreased from 6 to 1 and 2 to 1, respectively. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.157: Feel you are lesser than your grown-up kid

Response	*Before*	*After*
Never	4	8
Rarely	4	4
Occasionally	3	6
Sometimes	4	7
Frequently	10	4
Usually	4	0
Always	1	1
Total	***30***	***30***

Table 5.157 compares intervention group mothers' responses on feeling lesser than grown-up kids. "Never" increased from 4 to 8, while "Rarely" remained constant at 4. "Occasionally" increased from 3 to 6, and "Sometimes" increased from 4 to 7. "Frequently" reduced from 10 to 4. "Usually" decreased from 4 to 0, and "Always"

remained constant at 1. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.158: Experience purposelessness/emptiness when children move away from home

Response	*Before*	*After*
Not at all	6	9
Very little	7	11
Somewhat	5	3
To a great extent	5	4
Mostly	2	3
Often	3	0
Very much	2	0
Total	***30***	***30***

Table 5.158 compares intervention group mothers' responses on experiencing emptiness/purposelessness when children move away. "Not at all (1)" increased from 6 to 9, and "Very little" increased from 7 to 11. "Somewhat" decreased from 5 to 3, and "To a great extent" reduced from 5 to 4. "Mostly" increased from 2 to 3. "Often" and "Very Much" decreased from 3 to 0 and 2 to 0, respectively. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

C. Caring For the Elderly

Table 5.159: Satisfied with care for elderly parents

Response	*Before*	*After*
Somewhat	3	0
To a great extent	9	4
Mostly	6	6
Often	10	8
Very much	2	12
Total	***30***	***30***

Table 5.159 compares intervention group mothers' responses on satisfaction with care for elderly parents. "Somewhat" decreased from 3 to 0, and "To a great extent" decreased from 9 to 4. "Mostly" remained constant at 6, while "Often" reduced from 10 to 8. In contrast, "Very Much" increased from 2 to 12. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.160: Balance needs of the elderly at home

Response	*Before*	*After*
Somewhat	3	0
To a great extent	6	5
Mostly	10	6
Often	10	11
Very much	1	8
Total	***30***	***30***

Table 5.160 compares intervention group mothers' responses on balancing the needs of the elderly. "Somewhat" decreased from 3 to 0, and "To a great extent" reduced from 6 to 5. "Mostly" decreased from 10 to 6. Meanwhile, "Often" increased from 10 to 11, and "Very Much" increased from 1 to 8. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.161: Guilty feeling about inability to care for elderly

Response	*Before*	*After*
Never	2	4
Rarely	3	2
Occasionally	3	6
Sometimes	6	6
Frequently	6	9
Usually	8	3
Always	2	0
Total	***30***	***30***

Table 5.161 compares intervention group mothers' responses on guilty feelings about not being able to care for the elderly. "Never" increased from 2 to 4, and "Rarely" decreased from 3 to 2. "Occasionally" increased from 3 to 6, while "Sometimes"

remained constant at 6. "Frequently" increased from 6 to 9. "Usually" decreased from 8 to 3, and "Always" decreased from 2 to 0. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.162: Encourage caring relationship between children and elderly

Response	*Before*	*After*
Rarely	1	0
Occasionally	1	0
Sometimes	8	1
Frequently	7	8
Usually	13	11
Always	0	10
Total	***30***	***30***

Table 5.162 compares responses from intervention group mothers on encouraging caring relationships between children and the elderly. "Rarely" decreased from 1 to 0, and "Occasionally" decreased from 1 to 0. "Sometimes" decreased from 8 to 1, while "Frequently" increased from 7 to 8. "Usually" reduced from 13 to 11, and "Always" increased from 0 to 10. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

D. Relationship With Siblings

Table 5.163: Maintain regular communication with siblings

Response	*Before*	*After*
Never	1	1
Rarely	2	1
Occasionally	6	1
Sometimes	8	2
Frequently	5	8
Usually	5	6
Always	3	11
Total	***30***	***30***

Table 5.163 compares responses from intervention group mothers on maintaining regular communication with siblings. "Never" remained constant at 1. "Rarely" decreased from 2 to 1, and "Occasionally" reduced from 6 to 1. "Sometimes" has reduced from 8 to 2, while "Frequently" increased from 5 to 8. "Usually" and "Always" increased from 5 to 6 and 3 to 11, respectively. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.164: Seek support from siblings for parents' care

Response	*Before*	*After*
Rarely	4	2
Occasionally	2	2
Sometimes	7	1
Frequently	8	6
Usually	9	8
Always	0	11
Total	***30***	***30***

Table 5.164 compares intervention group mothers' responses on seeking support from siblings for parents' care. "Rarely" increased from 2 to 7, and "Occasionally" remained constant at 2. "Sometimes" decreased from 7 to 1, while "Frequently" reduced from 8 to 6. "Usually" also reduced from 9 to 8. In contrast, "Always" increased from 0 to 11. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

E. FRIENDSHIP

Table 5.165: Maintain an intimate friend circle who support emotionally

Response	*Before*	*After*
Not at all	1	0
Very little	4	3
Somewhat	3	0
To a great extent	4	1
Mostly	11	8
Often	6	6
Very much	1	12
Total	***30***	***30***

Table 5.165 compares intervention group mothers' responses on maintaining an intimate friend circle for emotional support. "Not at all" decreased from 1 to 0, and "Very little" reduced from 4 to 3. However, "Somewhat" decreased from 3 to 0, and "To a great extent" reduced from 4 to 1. "Mostly" reduced from 11 to 8, while "Often" remained constant at 6, and "Very Much" increased from 1 to 12. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.166: Regular interaction with social circle

Response	*Before*	*After*
Never	1	0
Rarely	4	2
Occasionally	3	1
Sometimes	5	3
Frequently	9	8
Usually	7	6
Always	1	10
Total	***30***	***30***

Table 5.166 compares responses from intervention group mothers on regular interaction with their social circle. "Never" decreased from 1 to 0, and "Rarely" decreased from 4 to 2. "Occasionally" reduced from 3 to 1, and "Sometimes" decreased from 5 to 3. "Frequently" decreased from 9 to 8, while "Usually" reduced from 7 to 6, and "Always" increased from 1 to 10. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.167: Handle disagreements in personal relationships

Response	*Before*	*After*
Just ignore them	8	7
Make them understand your perspective	10	17
Argue	3	0
Emotional outbursts	5	4
Accept their point of view to end the argument	4	0
No response	0	2
Total	***30***	***30***

Table 5.167 compares responses from intervention group mothers on handling disagreements in personal relationships. "Just ignore them" decreased from 8 to 7, while "Make them understand your perspective" increased from 10 to 17. "Argue" decreased from 3 to 0, and "Emotional outbursts" reduced from 5 to 4. "Accept their point of view to end the argument" decreased from 4 to 0. "None" or "No response" increased from 0 to 2. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

5.8.4 ENVIRONMENTAL FACTORS

Table 5.168: Dependent on others for transport

Response	*Before*	*After*
Not at all	5	10
Very little	2	1
Somewhat	0	3
To a great extent	5	3
Mostly	8	11
Often	6	2
Very much	4	0
Total	***30***	***30***

Table 5.168 compares responses from intervention group mothers on dependency on others for transport. "Not at all" increased from 5 to 10, and "Very little" reduced from 2 to 1. However, "Somewhat" increased from 0 to 3. In contrast, "To a great extent" reduced from 5 to 3, while "Mostly" increased from 8 to 11. "Often" and "Very Much" reduced from 6 to 2 and 4 to 0, respectively. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.169: Feel safe in daily life

Response	*Before*	*After*
Somewhat	2	0
To a great extent	4	2
Mostly	8	5
Often	9	13
Very much	7	10
Total	***30***	***30***

Table 5.169 compares intervention group mothers' responses on feeling safe in daily life. "Somewhat" decreased from 2 to 0, and "To a great extent" reduced from 4 to 2. Similarly, "Mostly" decreased from 8 to 5. However, "Often" increased from 9 to 13, and "Very Much" increased from 7 to 10. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.170: Enough opportunities for recreation and leisure activities

Response	*Before*	*After*
Very little	1	0
Somewhat	2	0
To a great extent	11	2
Mostly	12	9
Often	3	9
Very much	1	10
Total	***30***	***30***

Table 5.172 compares responses from intervention group mothers regarding recreation and leisure opportunities, "Very little" decreased from 1 to 0, "Somewhat" reduced from 2 to 0, and "To a great extent" decreased from 11 to 2. "Mostly" reduced from 12 to 9. However, "Often" increased from 3 to 9, and "Very Much" increased from 1 to 10. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

5.8.5 t-tests: Comprehensive Survey to study the influence of midlife challenges on the QOL of middle-aged mothers

Paired t-test was used to compare difference between score means of different domains of Comprehensive Survey – Physiological, Psychological and Social domains for thirty mothers in the intervention group. It gives a succinct statistical analysis of the variations in the intervention group for the following domains – Physiological, Psychological and Social.

The t-tests have been conducted with the following null hypotheses in mind:

Table 5.171: Comprehensive Survey domain hypotheses

Null Hypothesis	Null Hypothesis description
H_{0a}	There is no statistically significant difference in the mean value of Physiological domain (Q2) before and after the intervention
H_{0b}	There is no statistically significant difference in the mean value of Psychological domain (Q3) before and after the intervention
H_{0c}	There is no statistically significant difference in the mean value of Social domain (Q4) before and after the intervention

Table 5.172: Paired Samples Statistics for Comprehensive Survey

		Mean	*N*	*Std. Deviation*	*Std. Error Mean*
Pair 1	Q2.Before	3.995	30	.616	.112
	Q2.After	4.167	30	.608	.111
Pair 2	Q3.Before	4.359	30	.369	.067
	Q3.After	4.866	30	.326	.059
Pair 3	Q4.Before	4.532	30	.619	.113
	Q4.After	5.138	30	.677	.124

Q2 – Physiological domain, Q3 - Psychological domain, Q4 - Social domain

Table 5.173: Paired Samples Test for Comprehensive Survey

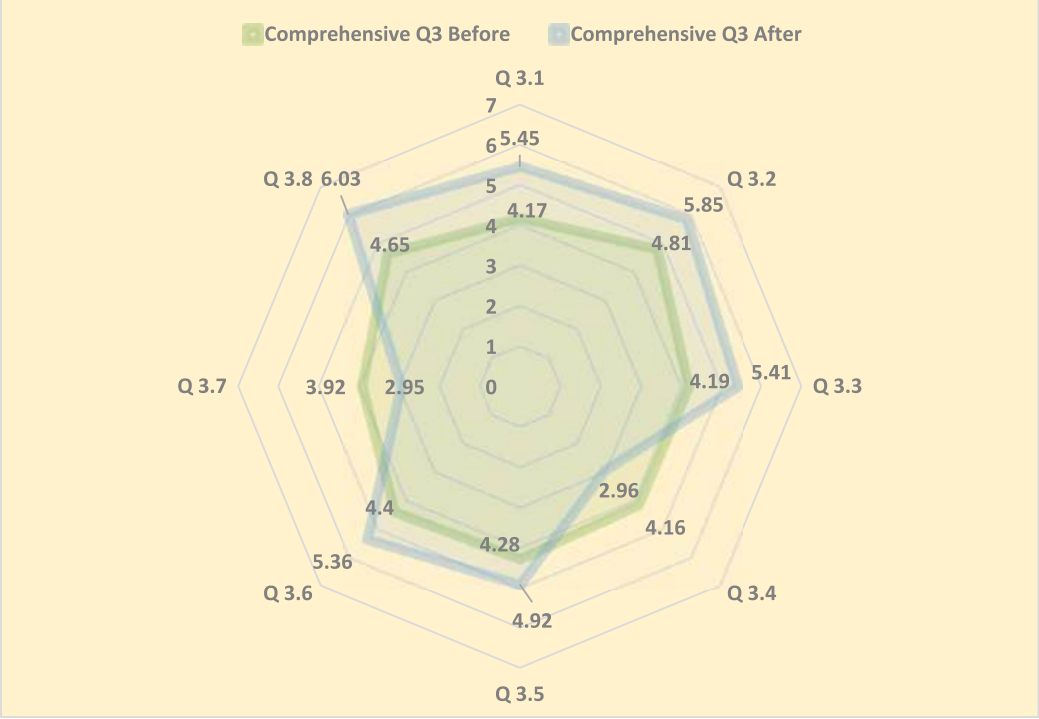
		Paired Differences					*T*	*Df*	*Sig. (2-tailed)*
		Mean	*Std. Deviation*	*Std. Error Mean*	*95% Confidence Interval of the Difference*				
					Lower	*Upper*			
Pair 1	Q2.Before - Q2.After	-.172	.5949	.109	-.394	.050	-1.583	29	.124
Pair 2	Q3.Before - Q3.After	-.507	.3474	.063	-.637	-.377	-7.993	29	.000
Pair 3	Q4.Before - Q4.After	-.606	.3497	.064	-.737	-.476	-9.495	29	.000

Q2 – Physiological domain, Q3 - Psychological domain, Q4 - Social domain

The results of the t-test (Table 5.173) shows that the null hypotheses can be rejected for two out of three dimensions. Only in the case of Physiological dimension (Q2) does the null hypothesis stand accepted since the p-value exceeds 0.05. Therefore, there is no significant difference in mean values of Physiological domain before and after the intervention. In the case of the other two dimensions, the p-values are significant and therefore we may accept the alternate hypotheses that there is statistically significant difference in the mean values of Psychological (Q3) and Social (Q4) domain before and after the intervention.

5.8.5.1 Pre-Post Spider Map for Psychological domain

A pre-post spider map (Figure 5.24) was created for the score means of the various aspects / components of the Psychological domain before and after the intervention.



Q3.1 – Cognitive Development and Information Processing, Q3.2 – Communication, Q3.3 – Interests/Passions, Q3.4 – Perception, Q3.5 – Self Concept, Q3.6 – Attitude, Q3.7 – Emotions, Q3.8 - Spirituality

Figure 5.24: Psychological domain Pre-Post Spider Map

The above spider map indicates that there is significant variation for mean value scores for all 8 aspects of the psychological domain before and after the intervention.

5.8.5.2 Paired t-tests for Psychological domain

Paired t-test was used to compare difference between score means of various components of Psychological domain.

The t-tests have been conducted with the following null hypotheses in mind:

Table 5.174: Psychological domain hypotheses

Null Hypothesis	Null Hypothesis description
H_{0a}	There is no statistically significant difference in the mean value of aspect 1 (Cognitive Development and Information Processing) before and after the intervention
H_{0b}	There is no statistically significant difference in the mean value of aspect 2 (Communication) before and after the intervention
H_{0c}	There is no statistically significant difference in the mean value of aspect 3 (Interests/Passions) before and after the intervention
H_{0d}	There is no statistically significant difference in the mean value of aspect 4 (Perception) before and after the intervention
H_{0e}	There is no statistically significant difference in the mean value of aspect 5 (Self Concept) before and after the intervention
H_{0f}	There is no statistically significant difference in the mean value of aspect 6 (Attitude) before and after the intervention
H_{0g}	There is no statistically significant difference in the mean value of aspect 7 (Emotions) before and after the intervention
H_{0h}	There is no statistically significant difference in the mean value of aspect 8 (Spirituality) before and after the intervention

Table 5.175: Paired Samples Statistics – Psychological domain

		Mean	*N*	*Std. Deviation*	*Std. Error Mean*
Pair 1	Q3.1.Before	4.172	30	1.001	.183
	Q3.1.After	5.447	30	.857	.157
Pair 2	Q3.2.Before	4.808	30	.745	.136
	Q3.2.After	5.850	30	.729	.133
Pair 3	Q3.3.Before	4.188	30	1.001	.183
	Q3.3.After	5.406	30	.855	.156
Pair 4	Q3.4.Before	4.158	30	1.265	.231
	Q3.4.After	2.958	30	1.241	.227

Pair 5	Q3.5.Before	4.276	30	.657	.119
	Q3.5.After	4.919	30	.577	.105
Pair 6	Q3.6.Before	4.400	30	.860	.157
	Q3.6.After	5.3583	30	.74186	.13544
Pair 7	Q3.7.Before	3.9157	30	1.02925	.18792
	Q3.7.After	2.9615	30	.92280	.16848
Pair 8	Q3.8.Before	4.9500	30	.76395	.13948
	Q3.8.After	6.0250	30	.71423	.13040

Q3.1 – Cognitive Development and Information Processing, Q3.2 – Communication, Q3.3 – Interests/Passions, Q3.4 – Perception, Q3.5 – Self Concept, Q3.6 – Attitude, Q3.7 – Emotions, Q3.8 - Spirituality

Table 5.176: Paired Samples Test – Psychological domain

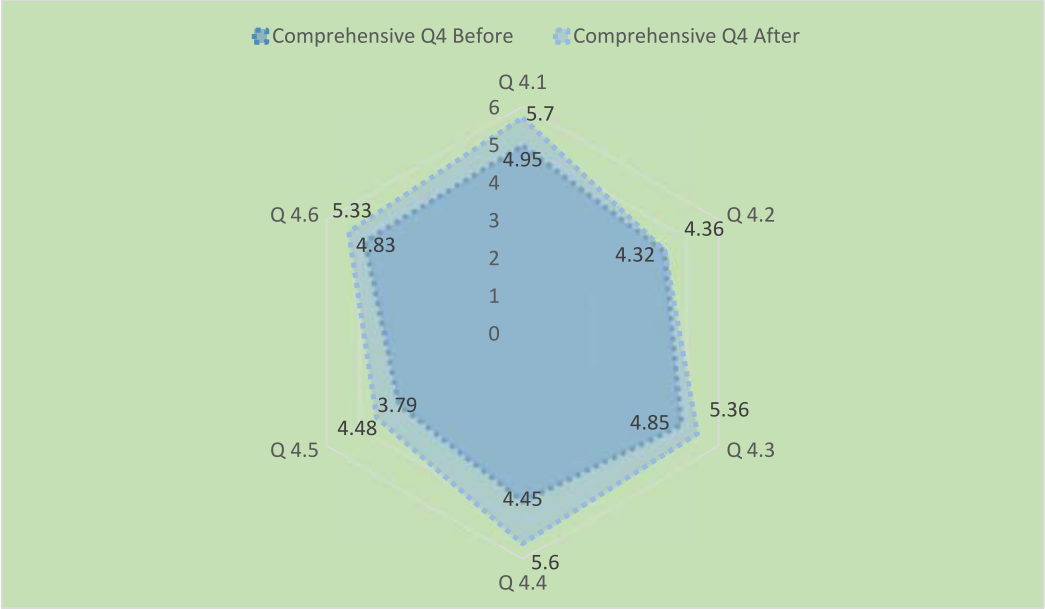
		Paired Differences					***T***	***Df***	***Sig. (2-tailed)***
		Mean	***Std. Deviation***	***Std. Error Mean***	***95% Confidence Interval of the Difference***				
					Lower	***Upper***			
Pair 1	Q3.1.Before ,Q3.1.After	-1.274	.784	.143	-1.567	-.981	-8.908	29	.000
Pair 2	Q3.2.Before , Q3.2.After	-1.042	.630	.115	-1.277	-.806	-9.056	29	.000
Pair 3	Q3.3.Before, Q3.3.After	-1.217	.773	.141	-1.506	-.928	-8.620	29	.000
Pair 4	Q3.4.Before, Q3.4.After	1.200	.783	.143	.907	1.493	8.389	29	.000
Pair 5	Q3.5.Before , Q3.5.After	-.643	.466	.085	-.817	-.469	-7.564	29	.000
Pair 6	Q3.6.Before , Q3.6.After	-.958	.752	.137	-1.239	-.678	-6.983	29	.000
Pair 7	Q3.7.Before , Q3.7.After	.954	.788	.144	.660	1.248	6.635	29	.000
Pair 8	Q3.8.Before , Q3.8.After	-1.075	.711	.129	-1.340	-.809	-8.286	29	.000

Q3.1 – Cognitive Development and Information Processing, Q3.2 – Communication, Q3.3 – Interests/Passions, Q3.4 – Perception, Q3.5 – Self Concept, Q3.6 – Attitude, Q3.7 – Emotions, Q3.8 - Spirituality

The results of the t-test (Table 5.176) shows that the null hypotheses can be rejected for all 8 components of psychological domain mentioned in the above table. Since the p-values are significant, we may accept the alternate hypotheses that there was statistically significant difference in the mean values of all these components of psychological domain.

5.8.5.3 Pre-Post Spider Map for Social domain

A pre-post spider map (Figure 5.25) was created for the score means of the various aspects / components of the Social domain before and after the intervention.



Q4.1 – Relationship with spouse, Q4.2 - Relationship with child, Q4.3 – Caring for the elderly, Q4.4 – Relationship with siblings, Q4.5 – Friendships, Q4.6 – Environmental factors

Figure 5.25: Social domain Pre-Post Spider Map

The above spider map indicates that there is significant variation for mean value scores for 5 out of 6 aspects of the social domain before and after the intervention. Only in the case of Q4.2 aspect – relationship with child, we can see that there is no significant variation in the mean value scores before and after the intervention.

5.8.5.4 Paired t-tests for Social domain

Paired t-test was used to compare difference between score means of various components of Social domain.

The t-tests have been conducted with the following null hypotheses in mind:

Table 5.177: Social domain hypotheses

Null Hypothesis	Null Hypothesis description
H_{0a}	There is no statistically significant difference in the mean value of aspect 1 (Relationship with spouse) before and after the intervention
H_{0b}	There is no statistically significant difference in the mean value of aspect 2 (Relationship with child) before and after the intervention
H_{0c}	There is no statistically significant difference in the mean value of aspect 3 (Caring for the elderly) before and after the intervention
H_{0d}	There is no statistically significant difference in the mean value of aspect 4 (Relationship with siblings) before and after the intervention
H_{0e}	There is no statistically significant difference in the mean value of aspect 5 (Friendships) before and after the intervention
H_{0f}	There is no statistically significant difference in the mean value of aspect 6 (Environmental factors) before and after the intervention

Table 5.178: Paired Samples Statistics – Social domain

		Mean	*N*	*Std. Deviation*	*Std. Error Mean*
Pair 1	Q4.1.Before	4.947	30	1.148	.209
	Q4.1.After	5.702	30	1.238	.226
Pair 2	Q4.2.Before	4.321	30	.573	.105
	Q4.2.After	4.356	30	.673	.123
Pair 3	Q4.3.Before	4.850	30	.747	.136
	Q4.3.After	5.358	30	.733	.134
Pair 4	Q4.4.Before	4.450	30	1.241	.227
	Q4.4.After	5.6000	30	1.34164	.24495
Pair 5	Q4.5.Before	3.7890	30	.98042	.17900
	Q4.5.After	4.4778	30	1.08872	.19877
Pair 6	Q4.6.Before	4.8330	30	.96612	.17639
	Q4.6.After	5.3333	30	.78296	.14295

Q4.1 – Relationship with spouse, Q4.2 - Relationship with child, Q4.3 – Caring for the elderly, Q4.4 – Relationship with siblings, Q4.5 – Friendships, Q4.6 – Environmental factors

Table 5.179: Paired Samples Test – Social domain

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Q4.1.Before - Q4.1.After	-.755	.588	.107	-.975	-.535	-7.035	29	.000
Pair 2	Q4.2.Before - Q4.2.After	-.0346	.489	.089	-.217	.148	-.387	29	.701
Pair 3	Q4.3.Before - Q4.3.After	-.508	.476	.087	-.686	-.331	-5.854	29	.000
Pair 4	Q4.4.Before - Q4.4.After	-1.150	.902	.165	-1.487	-.813	-6.986	29	.000
Pair 5	Q4.5.Before - Q4.5.After	-.689	.783	.143	-.981	-.397	-4.820	29	.000
Pair 6	Q4.6.Before - Q4.6.After	-.500	.592	.108	-.721	-.279	-4.630	29	.000

Q4.1 – Relationship with spouse, Q4.2 - Relationship with child, Q4.3 – Caring for the elderly, Q4.4 – Relationship with siblings, Q4.5 – Friendships, Q4.6 – Environmental factors

The results of the t-test (Table 5.179) shows that the null hypotheses can be rejected for 5 out of 6 components of social domain. Only in the case of component 2 – Relationship with child, does the null hypothesis stand accepted since the p-value exceeds 0.05. Therefore, there is no statistically significant difference in the mean value of relationship with child component before and after the intervention. In the case of the other five components, the p-values are significant and therefore we may accept the alternate hypotheses that in the case of the remaining components, there is statistically significant difference in the mean values of these components before and after the intervention.

5.9 Biopsychosocial Awareness

This questionnaire was given along with the above-mentioned Comprehensive questionnaire to measure the biopsychosocial awareness level of the intervention group during midlife.

Table 5.180: Awareness about lifestyle diseases

Response	*Before*	*After*
Below average	4	0
Average	4	0
Above average	16	4
Good	6	18
Very good	0	8
Total	***30***	***30***

Table 5.180 compares intervention group mothers' responses on lifestyle disease awareness. "Below Average" reduced from 4 to 0, and "Average" decreased from 4 to 0. "Above Average" decreased from 16 to 4. However, "Good" increased from 6 to 18, and "Very Good" increased from 0 to 8. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.181: Awareness about healthy food (diet) and nutrition

Response	*Before*	*After*
Poor	1	0
Below average	2	0
Average	5	1
Above average	12	3
Good	10	12
Very good	0	14
Total	***30***	***30***

Table 5.181 compares intervention group mothers' responses on diet and nutrition awareness. "Poor" reduced from 1 to 0, and "Below Average" decreased from 2 to 0. "Average" decreased from 5 to 1, and "Above average" reduced from 12 to 3. However, "Good" increased from 10 to 12, and "Very Good" increased from 0 to 14. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.182: Aware about menopause and related challenges

Response	*Before*	*After*
Not at all	1	0
Very little	1	0
Somewhat	2	0
To a great extent	8	0
Mostly	14	7
Often	4	11
Very much	0	12
Total	***30***	***30***

Table 5.182 compares intervention group mothers' responses on menopause awareness. "Not at all" decreased from 1 to 0, and "Very Little" also decreased from 1 to 0. "Somewhat" reduced from 2 to 0, and "To a great extent" decreased from 8 to 0. Similarly, "Mostly" decreased from 14 to 7. However, "Often" increased from 4 to 11, and "Very Much" increased from 0 to 12. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.183: Important to educate spouse regarding menopause

Response	*Before*	*After*
Very little	1	0
Somewhat	2	0
To a great extent	3	1
Mostly	8	3
Often	15	10
Very much	1	16
Total	***30***	***30***

Table 5.183 compares responses from intervention group mothers on educating spouses about menopause. "Very Little" decreased from 1 to 0, and "Somewhat" also decreased from 2 to 0. Similarly, "To a great extent" reduced from 3 to 1, and "Mostly" reduced from 8 to 3. Additionally, "Often" decreased from 15 to 10. In contrast, "Very Much" increased from 1 to 16. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.184: Make children aware of menopausal changes

Response	*Before*	*After*
Somewhat	1	0
To a great extent	3	1
Mostly	14	1
Often	12	9
Very much	0	19
Total	***30***	***30***

Table 5.184 compares responses from intervention group mothers on educating children about menopause. "Somewhat" decreased from 1 to 0, and "To a great extent" reduced from 3 to 1. Also, "Mostly" decreased from 14 to 1, and "Often" decreased from 12 to 9. In contrast, "Very Much" increased from 0 to 19. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.185: Aware about menopausal symptoms affecting sexual relationship

Response	*Before*	*After*
Not at all	1	0
Somewhat	5	0
To a great extent	8	1
Mostly	12	5
Often	4	15
Very much	0	9
Total	***30***	***30***

Table 5.185 compares responses from intervention group mothers on menopausal changes affecting sexual relationships. "Not at all" decreased from 1 to 0, and "Somewhat" decreased from 5 to 0. Similarly, "To a great extent" reduced from 8 to 1, and "Mostly" reduced from 12 to 5. In contrast, "Often" increased from 4 to 15, and "Very Much" increased from 0 to 9. Overall, we can conclude that the majority of mothers responded somewhat positively to this parameter.

Table 5.186: Aware about benefits of yoga and meditation

Response	*Before*	*After*
Very little	1	0
Somewhat	3	0
To a great extent	5	0
Mostly	15	5
Often	6	12
Very much	0	13
Total	***30***	***30***

Table 5.186 compares responses from intervention group mothers on yoga and meditation benefits awareness. "Very Little" decreased from 1 to 0, and "Somewhat" decreased from 3 to 0. Similarly, "To a great extent" reduced from 5 to 0, and "Mostly" reduced from 15 to 5. In contrast, "Often" increased from 6 to 12, and "Very Much" increased from 0 to 13. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.187: Awareness about mental health

Response	*Before*	*After*
Poor	1	0
Below average	5	0
Average	10	0
Above average	13	8
Good	1	16
Very Good	0	6
Total	***30***	***30***

Table 5.187 compares intervention group mothers' responses on mental health awareness and support services. "Poor" reduced from 1 to 0, and "Below Average" decreased from 5 to 0. "Average" decreased from 10 to 0, and "Above average" reduced from 13 to 8. However, "Good" increased from 1 to 16, and "Very Good" increased from 0 to 6. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.188: Awareness regarding various avenues for women empowerment

Response	*Before*	*After*
Poor	1	0
Below average	2	0
Average	12	0
Above average	8	14
Good	7	11
Very Good	0	5
Total	***30***	***30***

Table 5.188 compares intervention group mothers' responses on women empowerment awareness. "Poor" reduced from 1 to 0, and "Below Average" decreased from 2 to 0. "Average" decreased from 12 to 0, but "Above average" increased from 8 to 14. Similarly, "Good" increased from 7 to 11, and "Very Good" increased from 0 to 5. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

Table 5.189: Financial literacy and awareness

Response	*Before*	*After*
Very poor	1	0
Poor	3	0
Below average	3	0
Average	7	2
Above average	13	8
Good	3	15
Very good	0	5
Total	***30***	***30***

Table 5.191 compares responses from intervention group mothers on financial literacy. "Very Poor" reduced from 1 to 0, and "Poor" and "Below Average" both decreased from 3 to 0. "Average" decreased from 7 to 2, while "Above average" reduced from 13 to 8. However, "Good" increased from 3 to 15, and "Very Good" increased from 0 to 5. Overall, we can conclude that the majority of mothers responded quite positively to this parameter.

5.9.1 t-tests – Biopsychosocial Scale

Paired t-test was used to compare difference between score means of Biopsychosocial Survey for thirty mothers in the intervention group. It gives a succinct statistical analysis of the variations in the survey response for the intervention group.

The t-tests have been conducted with the following null hypotheses in mind:

H_{0a}: There is no statistically significant difference in the mean value of survey responses before and after the intervention.

Table 5.190: Paired Samples Statistics – Biopsychosocial Scale

	Mean	*N*	*Std. Deviation*	*Std. Error Mean*
BPS.Before	46.93	30	6.591	1.203
BPS.After	61.23	30	5.117	.934

Table 5.191: Paired Samples Test – Biopsychosocial Scale

	Paired Differences					*t*	*df*	*Sig. (2-tailed)*
	Mean	*Std. Deviation*	*Std. Error Mean*	*95% Confidence Interval of the Difference*				
				Lower	*Upper*			
BPS.Before, BPS.After	-14.300	4.793	0.875	-16.090	-12.510	-16.340	29	.000

The results of the t-test shows that the null hypotheses can be rejected as the p-values are significant and therefore we may accept the alternate hypotheses that there is statistically significant variation in the mean values of survey response before and after the intervention. A higher mean value of 61.23 in the post intervention survey indicates that there is an improvement in the awareness of the intervention group.

5.10 Evaluation/ Feedback Data from participants on Social Work Intervention sessions

Following the concepts from Theory of Change model (Weiss, 1995), the researcher conducted an evaluation of the intervention sessions to assess the merits of each

session, the quality of the programme and its ability to achieve the outcomes as expected.

Weiss's Theory of Change in intervention studies acts as a roadmap which describes strategies, actions, resources, causal links that help in the achievement of outcomes It offers a structured approach to conceptualize, implement, and evaluate interventions for more effective social change. Several parameters were assessed such as the quality of the session, the resource persons, the group worker and the case worker. These evaluations were conducted under the following dimensions – Physiological, Psychological and Social. evaluation formats for assessing group work and case work were developed based on the works of Trecker (1995), Mathew (1991), Ijaz (2021), and Mishra (1994).

5.10.1 Physiological Dimension

Table 5.192: Simple Yoga for Physical Fitness Session

	3	*4*	*5*
Session conveyed the needful and Appropriate Information	1	3	26
Session was clear and easy to follow	1	4	25
Audience friendly and interactive	0	7	23
Presenter's knowledge of subject	0	5	25
Session was motivating and inspiring	0	2	28

For the yoga session, participant feedback indicated high satisfaction across various aspects. The majority of participants (N=26) found the conveyed information useful and appropriate, expressing extreme satisfaction. Similarly, regarding clarity and ease of follow-up, the majority (N=25) reported extreme satisfaction. In terms of the session's audience-friendly and interactive nature, the majority (N=23) were extremely satisfied. Participants (N=25) conveyed high satisfaction with the presenter's knowledge of the subject. Additionally, for the session's motivational and inspiring elements, the majority of participants (N=28) expressed extreme satisfaction.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, being motivating and inspiring – the majority of participants were found to be extremely satisfied.

Table 5.193: Menopausal and Gynecology Awareness Session

	3	*4*	*5*
Session conveyed the needful and appropriate information	0	3	27
Session was clear and easy to follow	1	5	24
Audience friendly and interactive	1	8	21
Presenter's knowledge of subject	0	4	26
Overall quality of the session	1	7	22

For this session, with respect to usefulness and appropriateness of the information being conveyed, most of the participants (N-27) responded that they were extremely satisfied. Regarding the session being clear and easy to follow, most participants (N=24) have conveyed that they were extremely satisfied. Majority of participants (N=21) have expressed that they were extremely satisfied with the session for its audience friendly and interactive nature. Coming to presenter's knowledge of subject, majority of participants (N=26) have conveyed that they were extremely satisfied. With regards to the overall quality of the session, majority of participants (N=22) have expressed that they were extremely satisfied with the session's quality.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, overall quality of the session – the majority of participants were found to be extremely satisfied with few exceptions.

Table 5.194: Session on Nutrition for Middle-aged Mothers

	3	*4*	*5*
Session conveyed the needful and Appropriate Information	0	8	22
Session was clear and easy to follow	0	6	24
Audience friendly and interactive	1	9	20
Presenter's knowledge of subject	0	2	28
Session was motivating and inspiring	0	5	25

For this session on nutrition, participant feedback was collated to evaluate the effectiveness of the session. With respect to useful and appropriate information being conveyed, the majority of participants (N-22) responded that they were extremely satisfied. Regarding the session being clear and easy to follow, the majority of participants (N=24) have conveyed that they were extremely satisfied. Majority of participants (N=20) have expressed that they were extremely satisfied with the session for its audience friendly and interactive nature and few participants (N=9) have conveyed that they were just satisfied with this aspect of the session. Coming to presenter's knowledge of subject, majority of participants (N=28) have conveyed that they were extremely satisfied. With regards to the session being motivating and inspiring, majority of participants (N=25) have expressed that they were extremely satisfied.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, being motivating and inspiring – the majority of participants were found to be extremely satisfied.

Table 5.195: Session on Lifestyle Diseases

	3	*4*	*5*
Session conveyed the needful and Appropriate Information	0	6	23
Session was clear and easy to follow	1	3	25
Audience friendly and interactive	0	13	16
Presenter's knowledge of subject	0	4	25
Session was motivating and inspiring	0	7	22

For this nutrition session, participant feedback was collected to assess effectiveness. Regarding useful and appropriate information, the majority of participants (N-22) were extremely satisfied. In terms of clarity and ease of follow-up, most participants (N=24) conveyed extreme satisfaction. While the majority (N=20) expressed extreme satisfaction for the session's audience-friendly and interactive nature, a few participants (N=9) were just satisfied. Regarding the presenter's knowledge, most participants (N=28) conveyed extreme satisfaction. Concerning the session's motivation and inspiration, the majority (N=25) expressed extreme satisfaction with that aspect.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, being motivating and inspiring – the majority of participants were found to be extremely satisfied.

Table 5.196: Session on Naturopathy

	3	*4*	*5*
Session conveyed the needful and Appropriate Information	0	7	23
Session was clear and easy to follow	0	6	24
Audience friendly and interactive	3	10	17
Presenter's knowledge of subject	0	7	23
Session was motivating and inspiring	0	11	19

For the Naturopathy session, regarding useful and appropriate information, the majority of participants (N-23) were extremely satisfied. In terms of clarity and ease of follow-up, most participants (N=24) conveyed extreme satisfaction. While the majority (N=17) expressed extreme satisfaction for the session's audience-friendly and interactive nature, N=10 participants marked just satisfied. Concerning the presenter's knowledge, the majority (N=23) were extremely satisfied. Regarding motivation and inspiration, the majority (N=19) were extremely satisfied, and N=11 participants were just satisfied.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, being motivating and inspiring – the majority of participants were found to be extremely satisfied.

5.10.2 Psychological Dimension

Table 5.197: Session on Emotional Coping and Enrichment

	4	*5*
Session conveyed the needful and appropriate information	2	28
Session was clear and easy to follow	3	27
Audience friendly and interactive	8	22
Presenter's knowledge of subject	2	28
The session was motivating and inspiring	2	28

For the initial session on the psychological dimension, in terms of useful and appropriate information, the majority of participants (N-28) were extremely satisfied. Regarding clarity and ease of follow-up, most participants (N=27) conveyed extreme satisfaction. The majority (N=22) expressed extreme satisfaction with the session's audience-friendly and interactive nature. Concerning the presenter's knowledge, the majority (N=28) were extremely satisfied. In terms of motivation and inspiration, the majority (N=28) were extremely satisfied with that aspect of the session.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, being motivating and inspiring – majority of participants were found to be extremely satisfied.

Table 5.198: Dance Movement Therapy

	3	*4*	*5*
Session conveyed the needful and Appropriate Information	2	10	18
Session was clear and easy to follow	0	7	22
Audience friendly and interactive	1	4	25
Presenter's knowledge of subject	0	6	24
Overall Quality of the Session	2	6	22

For Dance Movement Therapy, concerning useful and appropriate information, the majority (N=18) were extremely satisfied, while N=10 participants were just satisfied. In terms of clarity and ease of follow-up, the majority (N=22) expressed extreme satisfaction. The audience-friendly and interactive nature of the session was extremely satisfying for the majority (N=25). Regarding the presenter's knowledge, most participants (N=24) were extremely satisfied. Concerning the overall session quality, the majority (N=22) expressed extreme satisfaction.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, overall quality – majority of participants were found to be extremely satisfied.

Table 5.199: 'ACT' Session on Psychological Flexibility, Thought Management and Acceptance

	3	*4*	*5*
Session conveyed the needful and Appropriate Information	0	9	21
Session was clear and easy to follow	0	4	26
Audience friendly and interactive	2	7	21
Presenter's knowledge of subject	0	7	23
Overall Quality of the session	1	6	23

In the ACT session, for 'useful and appropriate information,' the majority of participants (N=21) were extremely satisfied. In terms of clarity and ease of follow-up, the majority (N=26) expressed extreme satisfaction. The audience-friendly and interactive nature of the session was extremely satisfying for the majority (N=21). Regarding the presenter's knowledge, most participants (N=23) were extremely satisfied. Concerning the overall session quality, the majority (N=23) expressed extreme satisfaction.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, overall quality – majority of participants were found to be extremely satisfied.

Table 5.200: Mental Health Awareness Session

	3	*4*	*5*
Session conveyed the needful and Appropriate Information	0	5	25
Session was clear and easy to follow	2	6	22
Audience friendly and interactive	2	12	16
Presenter's knowledge of subject	1	4	25
Session was motivating and inspiring	0	5	25

For this session, concerning useful and appropriate information, most participants (N=25) were extremely satisfied. Regarding clarity and ease of follow-up, the

majority (N=22) conveyed they were extremely satisfied. A majority (N=16) expressed extreme satisfaction with the session's audience-friendly and interactive nature, while few (N=12) being just satisfied. Regarding the presenter's knowledge, the majority (N=25) conveyed being extremely satisfied. In terms of motivation and inspiration, the majority (N=25) were extremely satisfied with that aspect of the session.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, being motivating and inspiring – majority of participants were found to be extremely satisfied.

5.10.3 Sociological Dimension

Table 5.201: Session on Parenting at Midlife

	3	*4*	*5*
Session conveyed the needful and Appropriate Information	0	5	25
Session was clear and easy to follow	0	5	25
Audience friendly and interactive	0	10	20
Presenter's knowledge of subject	0	5	25
Session was motivating and inspiring	1	9	20

For this session, regarding useful and appropriate information, the majority of participants (N-25) were extremely satisfied. Concerning clarity and ease of follow-up, most participants (N=25) conveyed being extremely satisfied. A majority (N=20) expressed being extremely satisfied with the session's audience-friendly and interactive nature, while few (N=10) marked being just satisfied. Regarding the presenter's knowledge, the majority of participants (N=25) conveyed being extremely satisfied. In terms of motivation and inspiration, most participants (N=20) were extremely satisfied with that aspect of the session, while N=9 were just satisfied.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, being motivating and inspiring – majority of participants were found to be extremely satisfied.

Table 5.202: Session on Women Empowerment

	3	*4*	*5*
Session conveyed the needful and Appropriate Information	0	4	26
Session was clear and easy to follow	0	4	26
Audience friendly and interactive	2	7	21
Presenter's knowledge of subject	0	1	29
Session was motivating and inspiring	1	4	25

For this session, regarding useful and appropriate information, the majority of participants (N-26) were extremely satisfied. Concerning clarity and ease of follow-up, most participants (N=26) conveyed being extremely satisfied. A majority (N=21) expressed being extremely satisfied with the session's audience-friendly and interactive nature. Regarding the presenter's knowledge, the majority of participants (N=29) conveyed being extremely satisfied. In terms of motivation and inspiration, most participants (N=25) were extremely satisfied with that aspect of the session.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, being motivating and inspiring – majority of participants were found to be extremely satisfied.

Table 5.203: Session on Digital Empowerment

	2	*3*	*4*	*5*
Session conveyed the needful and Appropriate Information	0	2	8	20
Session was clear and easy to follow	0	0	7	23
Audience friendly and interactive	1	2	11	16
Presenter's knowledge of subject	0	1	7	22
Session was motivating and inspiring	0	1	8	21

For this session, concerning useful and appropriate information, the majority of participants (N-20) were extremely satisfied, with N=8 marking just satisfied for this aspect. Regarding clarity and ease of follow-up, most participants (N=23) conveyed

being extremely satisfied. A few (N=16) participants expressed being extremely satisfied with the session's audience-friendly and interactive nature, while few (N=11) participants marked just satisfied for this aspect. Regarding the presenter's knowledge, the majority of participants (N=22) conveyed being extremely satisfied. In terms of motivation and inspiration, most participants (N=21) were extremely satisfied with that aspect of the session.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, being motivating and inspiring – majority of participants were found to be extremely satisfied.

Table 5.204: Positive Relationships and Self Development

	2	*3*	*4*	*5*
Session conveyed the needful and appropriate information	0	1	8	21
Session was clear and easy to follow	1	1	2	26
Audience friendly and interactive	0	0	9	21
Presenter's knowledge of subject	0	0	2	28
The session was motivating and inspiring	0	1	4	25

For this session, regarding useful and appropriate information, the majority of participants (N-21) were extremely satisfied. Concerning clarity and ease of follow-up, most participants (N=26) conveyed being extremely satisfied. most participants (N=21) expressed being extremely satisfied with the session's audience-friendly and interactive nature, while few (N=9) participants marked just satisfied for this aspect. Regarding the presenter's knowledge, the majority of participants (N=28) conveyed being extremely satisfied. In terms of motivation and inspiration, most participants (N=25) were extremely satisfied with that aspect of the session.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, being motivating and inspiring – majority of participants were found to be extremely satisfied.

Table 5.205: Forgiveness and Gratitude

	3	*4*	*5*
Session conveyed the needful and appropriate information	0	8	22
Session was clear and easy to follow	1	7	22
Audience friendly and interactive	0	9	21
Presenter's knowledge of subject	0	4	26
Overall quality of the session	0	9	21

For this session on forgiveness and gratitude, in terms of useful information, the majority of participants (N-22) were extremely satisfied. Regarding clarity and ease of follow-up, most participants (N=22) conveyed being extremely satisfied. Most participants (N=21) expressed being extremely satisfied with the session's audience-friendly and interactive nature, while few (N=9) participants marked just satisfied for this aspect. Regarding the presenter's knowledge, the majority of participants (N=26) conveyed being extremely satisfied. In terms of the overall quality of this session, most participants (N=21) were extremely satisfied, while few (N=9) marked just satisfied.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, overall quality of this session – majority of participants were found to be extremely satisfied.

Table 5.206: Session on Importance of Self-Care

	3	*4*	*5*
Session conveyed the needful and Appropriate Information	0	9	21
Session was clear and easy to follow	0	6	24
Audience friendly and interactive	3	11	16
Presenter's knowledge of subject	0	3	27
Session was motivating and inspiring	1	5	24

For this self-care session, concerning useful information, the majority of participants (N-21) were extremely satisfied. Regarding clarity and ease of follow-up, most participants (N=24) conveyed being extremely satisfied. Most participants (N=16)

expressed being extremely satisfied with the session's audience-friendly and interactive nature, while few (N=11) participants marked just satisfied for this aspect. Regarding the presenter's knowledge, the majority of participants (N=27) conveyed being extremely satisfied. In terms of the session's motivation and inspiration, most participants (N=24) were extremely satisfied.

On all the five aspects such as session being useful, easy to follow, audience friendly and interactive, presenter's knowledge of subject, being motivating and inspiring – majority of participants were found to be extremely satisfied.

5.14 Evaluation of Case Work Interventions

Table 5.207: Case Work Evaluation

FEEDBACK	Exactly as expected	Much Less than Expected	Much More than Expected	Somewhat Less than Expected	Somewhat More than Expected
1. The case-work service was helpful in achieving the desired goals or results	9	0	13	0	8
2. Case work sessions gave relevant information and awareness	6	0	20	0	4
3. The social worker was able to assess mother's needs/ problems and helped her in prioritizing them	3	0	21	0	6
4. The social worker maintained a positive relationship with the mother during her case work	4	0	22	1	3
5. Social worker's listening skill	4	0	23	0	3
6. Social worker's acceptance skill	4	0	20	0	6
7. Social worker showed non-judgmental attitude	6	6	15	1	2

8. Sessions were motivating and built confidence	6	0	19	1	4
9. Your self-determination (client's decision) was given due importance	7	0	17	0	6
10. The social worker maintained necessary and controlled emotional involvement during her work	6	1	16	0	7
11. Confidentiality has been maintained by the social worker with regard to mother's personal details	6	0	21	0	3
12. Social worker's relationship with the mother was a progressive and growth oriented one	2	0	20	0	8
13. Social worker's intervention developed self-awareness in the mother	7	0	18	0	5
14. Social worker helped the mother engage in reflective discussion to find constructive solutions for her problems	6	0	18	0	6
15. Regularity in follow-up	8	0	13	2	7
16. Helped in perception and attitudinal changes for improving the quality of life	6	0	16	1	7
17. Empathy and emotional support by the social worker	4	0	20	0	6
18. Overall satisfaction with casework	4	0	21	0	5

The evaluation/feedback provided for case work (Table 5.207) shows that large majority of participants have expressed positive feedback as evidenced by the

numbers for the following options – exactly as expected, slightly more than expected and much more than expected.

5.15 Group Work Evaluation

Group participants were asked to assess the overall effectiveness of the group work with respect to the intervention sessions on a scale of 1 to 7. No marks were made on options 1, 2, 3, and 4. The following markings represent their evaluation of the group workers performance.

Table 5.208: Group Work Evaluation

QUESTIONS	4	5	6	7
1. Topics were relevant and useful. Improved awareness of participants (bio-psycho-social awareness)	0	2	7	21
2. Sessions were well organized and easy to understand	1	0	11	18
3. The group program gave opportunities for individual growth and skill development through group experience	1	1	13	15
4. The group program gave opportunities for growth of the whole group	1	3	12	14
5. Experienced mutual acceptance and respect in the interactions among the members of the group	1	1	12	16
6. The program helped you develop social consciousness and social responsibility (sense of group belongingness and social contribution)	2	3	9	16
7. The group program encouraged group participation and involvement of all the members as per their ability.	0	3	6	21
8. The group program helped to establish healthy relationship with other members and the social worker.	1	1	9	19
9. Social worker's Approach Motivating	1	2	9	18
Supportive	2	2	10	16
Conflict management	0	3	14	13
Skilful	1	2	12	15
10. The social worker has been understanding in relation to the members' readiness and ability	0	3	8	19
11. Do you think more such training programs should be undertaken for the middle-aged homemakers?	1	1	4	24

The feedback for Group Work (Table 5.208) shows that for all the parameters, the majority of the respondents have responded very positively as indicated by the numbers for 6 and 7 ratings in the above table.

5.11 Conclusion

In the descriptive study assessing the Quality of Life of middle-aged non-working mothers, intervention needs primarily focused on psychological aspects. The survey highlighted significant deficiencies in the psychological domain, followed by the physiological domain based on mean scores. No statistically significant difference was observed in the mean value of the social relationship domain before and after the intervention. Regarding the psychological factor, a substantial number of respondents indicated a need for targeted interventions to enhance their emotional quality of life. In terms of Positive Health Behavior, scores were found to be neutral, indicating neutral awareness of menopausal symptoms, diet, and varying awareness levels of yoga and meditation. The Comprehensive Survey of the intervention group showed a more significant impact on their psychological and social quality of life than on physiological aspects. The mixed methodology provided a comprehensive understanding of the intervention's impact across all three dimensions.

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Chapter 6

QUALITATIVE RESEARCH

Introduction

The purpose of the qualitative research was to evaluate the impact and effectiveness of the social work intervention program on the quality of life of middle-aged non-working mothers. This was done using 'Focused Group Discussions' and 'Case Studies'. The triangulation strategy in qualitative research helped in testing the validity through convergence of information obtained from quantitative study. This approach helped to establish the credibility of the intervention study and provided a comprehensive understanding of its impact on the quality of life of middle-aged mothers. The researcher thus, conducted two focused group discussions and three case studies for gathering data pertaining to the impact and effectiveness of the social work intervention that was given to the middle-aged mothers after conducting their need assessment. First FGD group consisted of first quartile of participants who scored high in terms of the level of effectiveness and positive impact of the intervention in improving their quality of life. Second FGD group, consisted of the third quartile of the participants who scored low in terms of the level of effectiveness and positive impact of the interventions.

6.1 Focus Group Discussion (FGD)

One of the most common methods of qualitative research to obtain data in a social context is the focus group technique. It has been proved to be an effective way of obtaining varied range of information (Morgan, 1997). Focused groups can be used in different ways in social work research such as for developing or evaluating programmes, understand needs of a particular programme, to study consumer satisfaction and other topics (Rubbin & Babbie, 2010; Krysik & Finn, 2010 as cited in Gaizauskaite, 2012). A focus group involves a structured conversation with a small group of purposefully chosen participants, all focused on a specific research topic. It typically follows a semi-structured open-ended questionnaire (called as FGD Guide) or focus group scenario. The purpose of a focus group is to encourage discussion among participants, allowing for active interaction and the sharing of experiences,

opinions, and reactions. This method offers added value compared to individual interviews or survey responses, as it not only provides verbal information but also captures immediate reactions, agreements or disagreements, and non-verbal cues that can be obtained through the unique format of the conversation (Gaizauskaite, 2012). Focus groups require a flexible research design, not randomization. When selecting participants, it is vital to understand that focus groups aim to comprehend, not infer; determine the range, not generalize; and provide insights into how individuals perceive a situation, not make statements about the population (Krueger, 1988 as cited Marczac & Sewell, n.d).

As mentioned before, FGD as a qualitative method has been used as an **evaluation tool** in this intervention research. It has been conducted mainly to study the level of effectiveness, relevance and quality of various interventions that were rendered to the mothers during the intervention programme. The purpose of FGD was to obtain people's opinion, beliefs, attitudes, perceptions, which is neither to come to consensus nor to make decisions. FGD of both the groups and their thematic analysis with respect to each interventional activity has been presented in its order of sequence in the subsequent section.

6.1.1 Methodology

The focus group was conducted in three phases (Krueger, 1988 as cited Marczac & Sewell, n.d), namely:

1. Conceptualization
2. Interview
3. Analysis and reporting

In the conceptualization phase, various aspects were considered such as determining the purpose of the FGD, whom to be studied and finally developing a plan (procedure, time duration, availability of participants, mode of discussion) after estimating the required resources. In the interview/discussion phase, questions were carefully planned. Main open-ended questions and the probes were formulated according to the need of the discussions prior to the FGD. In this research the researcher herself, was the moderator who undertook the task of moderating the group in an unbiased and ethical manner. In this typical setting the researcher facilitated or moderated the group

discussions between the participants rather than between the researcher and the participants (Hohenthal, Owide, Minoia & Pellikka, 2015; Kitzinger, 1994 as cited in Nyumba et al., 2018). It is more of a peripheral role rather than a centre-stage role that the researcher took during the focused group discussions.

As a moderator, the researcher guided the group based on a predetermined set of topics included in the intervention programme, directed the discussions and noted down the proceedings for future reference. The session was recorded (both video & audio) for future analysis purpose. The rules and regulations with regard to FGD were promptly followed and executed.

The participants were systematically and purposively selected (first quartile and third quartile participants) for these discussions. There were seven members in each group who discussed about each intervention session, their significance, effectiveness and suggestions presented in the form of thematic analysis. It helped the researcher collect some valuable suggestions and recommendations from the participants regarding improvisations that can be incorporated into the intervention programme to make it more efficacious and fruitful for middle-aged mothers in future interventions.

In the process, a conducive environment was created which motivated the participants to share their perceptions, viewpoints, and creative ideas. The data gathered was descriptive in nature and has not been measured numerically. This approach is basically used to explore the outcomes that cannot be explained statistically. It comprises of open-ended questioning method, answers to which are generally broad and subjective. Nonverbal communication and gestures during group interactions were observed and noted which conveyed a broad range of perceptions and attitudes of the participants.

The rules and regulations of the focused group discussion was made clear to all the participants at the beginning of the session itself. Each FGD lasted for 2.5 hours during which each participant was encouraged to contribute substantially towards the discussion to make it meaningful and a useful one. The data derived from the FGD transcripts were categorised into three levels that fit the thematic approach, namely articulated, attributional, and emergent. This model helped to clarify the process of interpretation of focus group discussion results. It also brought more transparency to

the evaluation process (Boyatzis, 1998 as cited in Massey, 2011). Each type of data is pertinent and valuable for the researcher and each one adds to the overall comprehension of the meaning from a group perspective.

6.1.2 Objectives of Focused Group Discussions

1. To understand the significance of the intervention activity in improving the quality of life of middle-aged mothers
2. To understand the level of effectiveness of the social work intervention given to the mothers in helping them improve their quality of mid-life.
3. To study more options and suggestions that can be incorporated in the future intervention to make it more effective and relevant.

6.1.3 Focused group discussions on the effectiveness of the intervention sessions

1. **Simple yoga for health and fitness for middle-aged mothers: An experiential learning**

This session was rendered by an experienced fitness trainer from Trivandrum. It was an experiential session customized specifically for middle-aged mothers. It was simple and easy version of yoga to enhance their flexibility, emotional health and promote weight loss.

Note: **- % denotes the segment of the group that has given a specific response**

Table 6.1 – FGD on Simple Yoga for health and fitness

Themes for FGD	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of 'Simple Yoga' session for middle-aged mothers:	**Comments put forward by the participants:** Participants emphasized daily fitness for physical and mental health. 40% of participants knew yoga but struggled to practice daily. "Middle-aged women often neglect health due to time constraints." (70%) "Yoga, especially the meditation, was found to be very essential in our daily lives for developing better control of thoughts and clarity of mind." (50%) "My headaches have subsided due to regular practice of pranayama." (30%) "Pranayama has helped me regain my lost energy. I have never done yoga before in my life. This was my first ever attempt and it has transformed me in terms of my physical appearance and mental peace. Experienced a surge in confidence level and overall appearance."(40%) "Simple Yoga effective for fitness, metabolism, and body awareness." (40%) "Importance of yoga for maintaining self-image and confidence enhancement through a customized fitness program."(60%)	30% of the participants rated this session positively. "Pranayama helped me regain lost energy; my first attempt transformed my physical appearance and mental peace, boosting confidence and overall appearance."(20%) "Necessary for flexibility and bodily control; I do it regularly, finding it easy."(30%) "Simple yoga increased my energy and fitness, stabilizing mood and blood pressure."(30%) "Highly useful for women in middle age, especially those struggling with menopausal symptoms. Deemed as 'must' for future interventions." (40%)
Effectiveness of 'Simple Yoga' session for middle-aged participants:	Participants appreciated the yoga fitness program for weight management, improved digestion, reduced anxiety, enhanced flexibility, and improved body image, particularly beneficial for busy middle-aged women. (60%) The program's simplicity, demanding minimal time, was highlighted for delivering consistent positive results with regular practice.(50%) The importance of commitment and consistency was emphasized. (50%)	"The trainer was effective and engaging." (50%) "Emphasized on health benefits, boosting self-image, and retaining enthusiasm throughout the session".(40%) "It is a simple program for physical fitness which we can easily do in our flexible times". (50%) The programme was effective, but the participants need to be regular and committed. (60%)
Suggestions for improvement from the participants	Participants favoured group sessions for motivation (40%) those who faced procrastination challenges (50%), participants who preferred independent exercise.(30%) Overall, commitment and daily motivation were highlighted as crucial for fitness maintenance. Personalized yoga sessions for addressing individual physiological needs.(30%).	Suggestion for a daily online yoga session so that they will retain their interest and motivation to continue it. (60%) "A group session is highly motivational". (70%) They opined, individual conscious effort is mostly lacking when it comes to mothers who are stuck with many other duties and responsibilities.

Analysis and discussion	The researcher opines that 'Yoga' requires sincere commitment from participants. While most emphasized self-motivation, some sought constant support. Group intervention targets common issues, but specific needs are better addressed in one-on-one sessions, such as during case work. Simple yoga is easy to practice and can be done in flexible hours as per one's convenience.	Simple Yoga, tailored for busy mothers, offers an accessible version of yoga and pranayama for physical and emotional fitness. Active mindful participation is quintessential to understand the real impact of this activity. Lack of regularity in physical fitness programs fail to bring the desired results.
Attributional data from other research studies: As per the MIDUS study, regular exercises, weight management and physical fitness in women helped them with better functional health and cognitive abilities (Lachman & Agrigoroaei, 2010), even the short-term practice of Yoga & pranayama can decrease both psychological and physiological risk factors for cardiovascular disease (CVD) and help in coping with the menopausal challenges (Vaze & Joshi, 2010).		

2. **Psychoeducation on Gynaecological aspects of middle-age and coping with menopausal symptoms:**

This session was an offline session taken by a Gynaecologist. This session included interactions and question and answer section during which participants freely interacted with the doctor and clarified their doubts on various menopausal and other gynaecological issues.

Table 6.2 – FGD for Psychoeducation on Gynecological aspects of middle age and coping with menopausal symptoms

Themes	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of 'Psychoeducation on Gynecological aspects of middle-age and coping with menopausal symptoms' session	**The comments put forward by the participants were:** The session was found to be vital for middle aged women. (80%) "I'm now completely aware of the typical manifestations of menopause." (60%) "the need for platforms for discussing midlife health concerns, emphasizing awareness sessions with doctors for preventive gynecological tests."(60%) Participants appreciated the inclusion of the topic on quality of sexual relationships during menopause, its challenges, emotional aspects, and self-image issues	"We were not aware of the role of hormones in causing the menopausal symptoms during midlife" (50%), "the role of hormones during menopausal transition was an essential information "(50%). 'We could know about so many things pertaining to menopause, coping mechanisms, important gynecological tests, life-style diseases during midlife, empty-nest syndrome and even woman empowerment' (50%). Direct interaction with the doctor was a very special experience for them for they had all the freedom to clarify their doubts (50%).

	during menopause (40%). "We got to know so much about menopause in a capsule form, encompassing all focal points related to menopause and important health tests for the prevention of women-related illnesses during middle-age" (80%). The session had a wide coverage as it included several vital topics pertaining to midlife (80%).	Participants who have not yet reached menopausal (30%) age got sufficient information about menopause for better preparedness and participants who were already undergoing menopausal stress, learnt several coping mechanisms to manage symptoms (60%).
Effectiveness of 'Psychoeducation on Gynecological aspects of middle-age and coping with menopausal symptoms' session	The session was comprehensive, educative, and essential. Positive reviews highlighted its crisp presentation, extensive coverage, and clarity (70%), effectiveness in addressing menopausal symptoms. (70%), "came to know that women's health covers various emotional aspects like relationships, self-concept, hormonal fluctuations, and their repercussions during menopause. However, time constraints limited the in-depth exploration (40%), "the session covered a wide range of topics, including symptoms, coping mechanisms, self-image, challenges in sexual relationships, family education, emotional and physical empowerment, health-related tests, which were highly useful"(80%). Despite the broad subject, the trainer effectively covered various aspects in a thought-provoking and enlightening manner. The doctor efficiently covered menopause despite time constraints, showing responsibility. "The session helped us understand ourselves better, eliminated our fears. It's a must for all the women in their middle-age"(40%).	Mothers found the session effective with a well-selected doctor and detailed presentation.(50%). " In my case it was not a natural menopause, I too had been suffering from few menopausal symptoms. I too used to lose my temper resulting in emotional outbursts. I was totally uncertain about the medical reasons behind this. But this awareness has helped me view it from another angle. Now I feel, I am better prepared to face this ordeal. I personally met the same doctor and underwent few important tests as per her guidance"(20%). Despite the broad topic, the doctor efficiently covered all aspects and included a Q&A session for clarification (60%). But there has been a suggestion for more time allotment for this session. (50%). Participants appreciated the doctor's awareness about the psycho-social aspects of the intervention programme and her excellent teaching style, that left an indelible mark in their hearts (40%).
Suggestions for improvement from the participants	Participants sought explicit discussions on sexual challenges during menopause, including self-image conflicts (50%). They stressed psychoeducation for family members too for better psycho-social support (70%), they suggested distribution of pamphlets explaining menopausal aspects (50%). There was also suggestion for safe sex awareness for women who haven't terminated pregnancies, ensuring enjoyment without fears during midlife (50%).	"This session is a must for the family members too". According to them, only when they become aware, their behaviour and understanding towards the middle-aged woman will change (60%). In response, "there is no necessity for the family members to attend this session. These participants themselves can be a source of information and educate their family members" (30%). "No meaning in educating family members, especially spouses. They would argue, 'other elderly mothers in our family handled it with grace, then why can't you?" (20%), "Instead of trying to change others, it's better to control our own

		emotions and behaviour during menopause" was another response to the query. Differing opinions and perspectives reflected individual positions within their households.
Analysis and discussion	Coordinating trainers and participants in the intervention program proves challenging due to time constraints. The wide range of gynaecology and menopause topics limits time allocation. Ensuring everyone's availability rests on the researcher. Participants' suggestion to include family members, especially spouses, in the menopausal awareness program is considered sensible. Their attendance would enhance mutual understanding and emotional support during these challenging periods in a woman's life.	Participants have diverse midlife experiences, with varying awareness. The societal programming for women to adjust or compromise is highlighted through their experiences or those of elderly relatives. Each participant's menopausal story is unique, creating a subjective experience. The researcher suggests mothers need support in sharing their concerns with family to make their menopausal journey easier. Family sessions are proposed to enhance effectiveness and meaning.
Attributional data: To improve women's quality of life and ease menopausal symptoms, a holistic approach is crucial. This involves adopting lifestyle and behavioural changes (Kalhan et al., 2020), physical activity reduces negative symptoms of menopause and promotes positive mental health (McAuley et al., 2000; Dabrowska M et al., 2019 as cited in Dabrowska M &Dabrowska J, 2021), health education programme for middle aged women is highly recommended (Naaz, 2010).		

3. Awareness session on Diet and Nutrition for middle-aged mothers to improve their quality of life

An online session led by a Nutritionist focused on nutrition for middle-aged mothers, particularly those in peri-menopausal and menopausal stages. It involved active interactions, a Q&A session, allowing participants to freely engage, clarify doubts, and gain knowledge on diet recommendations and nutritional do's and don'ts.

Table 6.3 – FGD for Awareness session on Nutrition for middle-aged mothers

Themes	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of "Awareness session on Diet and Nutrition for middle-aged mothers	**The comments put forward by the participants were:** Mothers play a crucial role in family health. The session refocused them on the specific nutrition needs of middle-aged women (60%), they found it significant as it was tailored for their age group, inspiring increased attention. "The session also raised awareness of general diet and nutrition beneficial for their families" (70%). Those who were less exposed benefited most. "We are now more aware of our midlife diet and healthy food combinations." (70%). They found few directions given in the session highly useful such as importance of fibrous food in the diet, spacing between meals, spacing between intake of fruits and vegetables, dairy products, non-veg etc (80%).	A significant session for middle-aged mothers, "even though we are aware of nutritional aspects, the knowledge was not complete. We could learn various facets of diet and nutrition and freely clarify our doubts too without any inhibitions"(50%), "the information regarding combination of various food items, toxic combinations and its effect on our body was a very interesting area" (50%), "directions regarding certain foods that make digestion better after large meals. Importance of fibrous food in diet, water, spacing between intake of fruits and vegetables, dairy products, non-veg, richness of millets and organic food was all covered in detail (60%).
Effectiveness of 'Awareness session on Diet and Nutrition' for middle-aged mothers:	A detailed session with periodical breaks for clarification and discussion (70%). Freedom for discussion with the resource person (60%). "We have now become more careful regarding our day-to-day nutrition and eating habits"(70%). "Now, after having attended this session, I have become more diet conscious for myself and for my family too. I have started adding more fruits and fibres into my daily	The session maintained a conducive environment for them to be open and eloquent regarding their queries. There was an aura of freedom, and the session made them feel at ease which led to a free interaction. "The session has been quite effective that we have started consciously following the diet instructions"(60%). One of them said that most of the instructions were simple practices that can

	food," (70%) There was more emphasis on the local seasonal food other than a western protocol for diet which they liked the most (60%). Often the local staple food is avoided because of crave for food items that are advertised and promoted. This was a new piece of knowledge for most of the participants. They are now more careful about diet post session. Increased use of ragi and millets in the routine diet, avoidance of junk food. (70%) As per one participant " my children now call me health and nutrition freak, for which I feel satisfied,". Another participant added, she has educated her children too on this area and now they too are becoming health conscious. She is now more careful about various food combinations which are healthy and not toxic for the body.	correct our diet defects. Highly knowledgeable resource person who ensured participation from all (60%). "The trainer had significantly talked about the inclusion of millets in our diet which was a new information for most of us" (60%). Instructions regarding a big no to five white ingredients namely, processed and polished foods was a very useful and impactful information for the participants (50%).
Suggestions for improvement from the participants	Suggestions to include topics on food allergy and substitutes (70%), food options for women who have discomfort during menstrual cycle (60%). As one participant related, "Many do not know that it is better to avoid salty food consumption during periods, as it increases discomfort during menstrual cycle. This was a new information". Another added, "it would be good if more time is allotted on highlighting various healthy and unhealthy food combinations. Similarly, significance of traditional food shall be included".	Inclusion of pamphlets/ booklets or diet cards that can clearly show a diet chart and nutrition-based information (50%). They related that when they try to follow diet instructions at home, their family members do not take the diet modifications seriously. A professional diet chart will be taken more seriously by the family members especially if it is placed in a visible space, accessible to all. "Such sessions are vital and helpful for enhancing our knowledge, but what is more important is that women should make conscious effort to bring changes in their faulty diet practices." (40%), "there is no need to leave our traditional food habits and go behind millets and other food items which we are not familiar with" (30%). Suggestion for sessions on nutrition and diet especially for small children in the school itself. This awareness must be given to them from young age itself to inculcate in them healthy food habits. School curriculum itself must include lessons on diet and nutrition, for example, significance of millets, green leafy vegetables, organic food, kitchen garden etc (60%).
Analysis and discussion	Most participants found the session comprehensive, including interactive discussions. To enhance nutritional awareness, the researcher assured of providing pamphlets/charts in future interventions. Participants' suggestions on allergies and toxic food	Through the session they got a clarity about metabolism during midlife especially in menopausal women and the effect of various food items on the body. Along with nutrition, quantity and quality of food intake was also discussed.

	combinations can be emphasized in detail in future interventions. The researcher feels that most of them were already aware about this subject, but an initiative to refocus their attention and knowledge on this would enhance their quality of life. A mother's initiative would improve family's health too.	The researcher totally agrees with the introduction of young children to healthy eating. This will help the children inculcate healthy diet practices at a very young age itself which will help avert various life-style diseases in them in future too. More sessions in this area were suggested but according to the researcher, this session was more than sufficient to enlighten the participants as it has included all the prominent and relevant areas with a special focus on diet for children. As suggested, card, pamphlets or leaflets on diet and nutrition can be included in the future interventions. It will be easy to memorize and implement the right dietary routine by following such charts which will be available to all at home.
Attributional data: public health nutrition programmes are strongly recommended for middle aged women since they play a significant role in shaping family dietary habits, and their own diet can influence the overall quality of the family's nutrition (Jovanovic et al., 2010), nutritional deficiencies were found to be prevalent among middle aged women because of changing life-style habits and dietary patterns (Athira, 2016).		

4. Psychoeducation on Lifestyle Diseases: Prevention & Management

This online session by a Doctor in Thrissur focused on lifestyle diseases during midlife, emphasizing preventive measures and management. It provided information on crucial medical tests for participants to ward off illnesses and enhance knowledge. The aim was to equip them with coping strategies and keep them updated on the latest medical advancements for a better quality of life.

Table 6.4 – FGD for Psychoeducation on Lifestyle Diseases

Themes	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of "Psychoeducation on Lifestyle Diseases:	**The comments put forward by the participants were**: A detailed listing of important health related tests for prevention and management was a very useful part of the entire session	"This session has been a very significant one as we became aware of changes happening in our own body during midlife. We had a very general awareness regarding lifestyle diseases, but we had not been exposed to it from a midlife perspective" (50%).

Prevention & Management"	(80%). The tests were clearly explained, doubts were also clarified. The session was sufficient in terms of an awareness generation in mothers (70%). "Most significant aspect was its focus on the mid-life health issues and its preventive/management aspects. This knowledge is a must for every mother"(80%). Menopause brings several bodily and emotional changes, therefore, knowledge about one's own hormonal conditions and functions becomes a necessity (70%).	"It was a much-needed session (60%). It has opened the windows of their minds to myriads of physical and emotional illnesses. Mothers must make time for self-care (50%). "We tend to think about the welfare of all at home, but we hardly make time for our health-related initiatives. Work at home never ends, but our body and health will not wait. We were educated about the necessity of prioritising our health needs as that forms the backbone of our family too" (70%). There are some who do certain tests out of fear and doubt, which could be avoided if women were properly educated while the most essential ones are ignored due to lack of awareness. this session helped them to details of health tests and the time gap to be maintained between each test (40%).
Effectiveness of "Psychoeducation on Lifestyle Diseases: Prevention & Management"	Middle-aged mothers experience emotional and physical changes. Unexplainable mood swings and temper issues affect family dynamics. Psychoeducation enlightens participants about bio-psycho-social changes in midlife (80%). Participants find it an eye-opener, dispelling unnecessary fears and insecurities (60%). Timely access to knowledge helps women navigate midlife challenges (40%). Information provided is considered sufficient by some participants (70%). One participant appreciates the clarity on necessary medical tests and their required time gaps mentioned by the doctor.	Information is always the first medium that initiates the process of becoming health conscious which further leads to efforts towards health management (60%). "Normally we don't take much initiative to listen to health talks. But when we are given the information in a customised capsule form in a group setting, we tend to take it more seriously. We have become more conscious now about our daily health related activities" (60%). "I take care of my health now. Regular fitness, meditation, and watching my diet have helped control my blood pressure. I've noticed that reducing stress through yoga and meditation improves health. It makes the mind and body more manageable over time" as one participant related.
Suggestions for improvement from the participants	There is a suggestion for detailed sessions on each illness/disease and its management. Session on thyroid changes and menopausal period could have been more detailed and elaborate (50%).	It would be more effective if detailed sessions are taken for certain topics such as thyroid dysfunction, fatty lever, kidney function during diabetes etc to make the knowledge dissemination more enriching. This can help in covering major information about one particular disease (50%). "Such talks must be imparted to the underprivileged section of our society who hardly get access to such health programs that give awareness and psychoeducation. They remain ignorant about these necessary tests and precautions, which later create health disparity in the society too."(40%) There was a suggestion that mothers in their 30s must get exposure to such awareness sessions so that they can take preventive measures to ward off life-style diseases (60%).

Analysis and discussion	Managing the sessions and resources within the stipulated time schedule was one of the major responsibilities of the researcher. Session was compact yet covered all the necessary aspects that can help mothers to track their own health trough timely and relevant medical tests and management of present illnesses.	It is always useful to conduct detailed sessions but the preference of the majority of participants must be taken into consideration. There might be a challenge of time management if a big chunk of the training programme is given to just one topic. Detailed sessions may be useful in terms of overall coverage of the subject matter, but the willingness and interest level and time constraints also need to be taken care of at each stage as it should not become monotonous.
Attributional data: Adopting a healthy lifestyle, including regular exercise, balanced nutrition, and routine health checkups, is vital for overall well-being (Solhi et al., 2022), six domains of lifestyle: health responsibility, physical activity, nutrition, interpersonal relationships, stress management, and spiritual growth (Walker & Hill-Polerecky, 1996 as cited in Mousavi et al., 2018).		

5. Naturopathy for middle-aged mothers: Alternative Medicine

This online session by a Naturopathic doctor in Thrissur stressed the importance of nature cure for preventing or treating middle-aged women's health issues. Naturopathy promotes toxin-free living, utilizing natural elements like air, water, earth, and fire. With a holistic approach, it considers the mind-body-soul connection in treatment.

Table 6.5 – FGD on Naturopathy for middle-aged mothers

Themes	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of "A Session on Naturopathy for middle-aged mothers: Alternative Medicine"	Novel concept and experience (70%), a must session for any health-related intervention so that women can find alternative means to cope with midlife physical and emotional challenges (80%). Participants, familiar with Ayurveda, found this Naturopathic session a novel experience. They appreciated its holistic mind-body-soul approach. They were pleased with the natural, chemical-free healing and the emphasis on spirituality. (80%)	It was well received by the participants. "Information from the session has helped me reset my day-to-day diet and nutritional practices". " Became more conscious in interlinking the mind, body and soul concept and committedly follow a strict diet and fitness regime (70%). "Careful and more disciplined in following the schedule" (50%). 'These are just small corrections in our daily life, which has enormous power to improve our health status. It is not just health, but the trio, body-mind-soul that needs to be balanced. This brings a huge difference on our overall health status"(70%). " Actually, it is not at all a new one. This is something which

	The Naturopathic mode of treatment gave much attention to the bio-psycho-social dimension which was particularly significant	our ancestors used to practice. It is like going back to our ancestors' way of living who were well aware of the significance of this balance. Nature has the cure for all the diseases. It provides more of preventive measures and management techniques to deal with a disease (70%).
Effectiveness of "A Session on Naturopathy for middle-aged mothers: Alternative Medicine"	The session provided simple nature cure tips, for example, benefits of coconut oil, millets, ragi in our daily routine, various healthy food combinations and toxic food items to be avoided, necessity of fibre intake etc (80%), naturopathy session sparked interest in treatment modalities (60%), much emphasis on mind-body-soul connection which captured attention (80%), enhanced focus on balanced emotional, physical, and spiritual health (70%), found to be suitable for chronic health conditions unresponsive to conventional treatment(60%). Offered hope and effective options for a quality lifestyle (70%).	Very friendly session has shed light especially on the post covid health scenario, the various precautions or measures to be taken for better health management, explained the effectiveness of naturopathy using examples, promptly conveyed the role of various resources in the nature in conjunction with yoga and mindfulness in improving one's quality of life.
Suggestions for improvement from the participants	Middle-aged women can optimally use this knowledge in their day-to-day life which will have a positive influence on their family members too (60%). Naturopathy can be used to cope with the midlife health transition and menopausal challenges (60%). Mind-body-soul connect found to be an interesting area to be explored, requested for more such sessions on naturopathy in the future interventions (80%).	One of the main suggestions put forth by most of the participants was that the time duration for this session was not sufficient and that they were keen to know more about naturopathy
Analysis and discussion	Naturopathy as an alternative healing method, effectively addresses lifestyle diseases by identifying causes and using nature's healing powers. Participants find it reliable, sustainable, and are eager to apply it in daily life.	Future interventions must allot more time for this session as it has significant information to be conveyed. It deals with not just about a particular disease or its management but also about the wholesome connection between our mind, body and soul which is hardly described by any other treatment approach. It is a unique mode of treatment which everyone should be aware of, as nature has all the vital resources to boost our immunity and keep us healthy.
Attributional data: Alternative therapies found to be beneficial for menopausal women, relieves women from insomnia, decreased energy levels, hot flashes etc (Cramer et al., 2004), menopause, demanding on both emotional and physical fronts, becomes manageable for women by adopting naturopathy and yoga (Hindustan Times, 2023), Herbal medicine, supported by historical evidence and peer-reviewed research, is effective in alleviating menopausal symptoms, with specific herb selection and dosing customized to individual signs and symptoms (Kargozar et al, 2017).		

6. ‘On parenting - the Do’s and Don’ts’ for middle-aged mothers

This was an online interactive group session taken by a Social Worker and Counsellor from Thrissur. The session focused on parenting adolescents, covering communication, handling emotional and physiological changes, setting expectations, and parenting do's and don'ts. A Q&A session addressed participants' queries and concerns.

Table 6.6 – FGD on Parenting Do’s and Don’ts for middle-aged mothers

Themes	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of session ‘On parenting - the Do’s and Don’ts’ for middle-aged mothers	60% of participants expressed concerns about differences with their teenage children, adding stress to their midlife challenges. A session on parenting was a great solace for them as they got a platform to vent out their emotions, ask various parenting related queries and could learn some coping mechanisms too to handle such issues (70%) It has helped them to explore their relationship from both the perspectives thus leading to acceptance and patience (60%). Got to know that hormonal changes and behavioural transitions are evident in teenage children, who are often unaware of their emotional transitions during this period (80%). There is a lot of parenting stress during midlife and such a session was essential to learn strategies to address the same (80%).	The session enlightened participants about the far-reaching effects of hormonal changes and its unpredictable impact on both their teenage children and their own behaviour. “We also got to learn that, both parents and children are undergoing a stormy period emotionally and therefore, precautions must be taken” (70%), received diverse information which they never knew before, learnt about reasons behind different attitudes and behaviour. This helped in avoiding conflicts between the parent and child.
Effectiveness of session ‘On parenting - the Do’s and Don’ts’ for middle-aged participants	One participant transformed from an arrogant to an understanding mother, improving the relationship with her teenage daughter. Learned about parenting adolescents and hormonal changes (70%). More focused learning on parenting and coping mechanisms (50%). Shifted perspective, positive changes in outlook and behaviour from both sides (70%). Complex relationships with adolescents have become more understanding, reduced arguments, and increased acceptance (60%). Enhanced value in front of their teenage children, fostering deeper understanding, more accepting and adjusting while monitoring them at the same time (50%).	Very useful session, enough freedom to clarify doubts and queries related to behavioural problems between parents and children (60%), “A better understanding of the role of hormones could be achieved (70%). “Awareness has taught me resilience and patience to look at it from a different perspective”, one mother responded.

Suggestions for improvement from the participants	Participants strongly suggested enlightening sessions for both mothers and their adolescent children too as it would foster mutual understanding, changing this attitude could make the children more responsible and accountable for their lives (60%). Mothers suggested sessions on adolescent challenges, including self-esteem issues arising from comparisons, attraction, and bullying. They emphasized addressing sensitive topics like physical changes, sexuality, and emotional abuse. Mothers seek guidance on handling such situations to better support their children facing societal judgments (60%). In parenting sessions, participants have requested for sessions on role of parents to encourage children's physical fitness, games, and outdoor activities to combat youth obesity. Parents need education to instil healthy habits for their children's well-rounded development and foster a toxic-free lifestyle. Combining sessions for mothers and teens is recommended for promoting a healthy lifestyle (80%).	To increase parenting sessions, covering children's eating habits crucial for their thinking patterns and behaviour, given the impact of diet on their temperament. Mothers play a pivotal role in shaping eating habits and, consequently, behaviour (60%)
Analysis and discussion	The parenting session addressed the general relationship dynamics between mothers and teens. The Q&A session received positive feedback, but time constraints posed a limitation for in-depth discussions on specific topics. Participants stress the importance of detailed sessions on suggested topics, acknowledging the need for careful planning and consideration of time and feasibility. Balancing detailed content with time constraints is a challenge. All the topics, which the participants have suggested were invariably relevant and significant as it directly impacts the quality of life of their children too. However, a primary concern is the extent of time participants are willing to invest in a comprehensive session with their children. While participants value specific topics, time constraints from their end affect detailed discussions.	The participants have requested for more sessions on parenting itself. The researcher agreed with the mothers' viewpoint that parenting is a wide topic that needs more time for presentation and discussion since each participant has unique concerns to relate. Even though most of the relevant matters were covered, allotment of more time would be a better option for clarification of doubts from each participant. Their preparedness and availability, though a crucial factor, is to be considered in this context.
Attributional data: parental satisfaction in the relationship is a significant factor in determining wellbeing (Nomaguchi, 2012 as cited in Jordan, 2017), Middle-aged mothers navigate through parenting challenges as well as midlife changes, which drastically impacts their parenting approach. Successfully coping with these transitions leads to the psychological well-being of middle-aged mothers (Zhang Z, 2018 as cited in Fallahi, 2022), mindful parenting help parents achieve healthy parent-child dynamic relationship (Duncan L G et al., 2009 as cited in Sondhi, 2017).		

7. **An interactive 'Mental Health Awareness Session', for middle-aged mothers**

An interactive online psychoeducation on mental health awareness. The session educated mothers on middle-age mental health, covering basic concepts, disorders, causative factors, and coping strategies—an essential introduction for participants new to the topic. Information on various mental health services, role of psychiatric social workers, coping with stigma, role of spirituality and mindfulness to manage symptoms, coping mechanisms etc were covered.

Table 6.7 – FGD on Mental Health Awareness session for middle-aged mothers

Themes	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of the 'Mental Health Awareness Session'	One of the most significant sessions which they had never been exposed to (70%), so much to learn and understand (80%), received answers for most of their inner questions on relationships, temper issues, misunderstandings, unpredictable behaviour of near and dear ones, indifferences, personality issues etc.(80%). "Mental health is often stigmatized, making open discussions rare. This session provided a judgment-free space, enabling open conversations about mental and emotional well-being"(80%), "women often face unspoken stress, leading to long-term behavioural or cognitive issues. Addressing these concerns early begins with awareness and acceptance, offering a chance to prevent severe emotional distress" (70%), they have realized that mental health is fragile and it can affect anyone. "Emotional support and ventilation is extremely important to vent out emotional burden and stabilize ourselves." (60%). Women should definitely be given awareness on such topics, because they are entrusted with a heavy responsibility of taking care of their children and other family members. It is always them, whom the entire family most often look forward to for attention and timely care (80%).	One of the participants opined that, "we all are mostly aware of physical fitness, but hardly know anything about mental health. Mental fitness is also equally important as emotions drastically effect our health conditions. We came to know about this through this session on mental health". Children today struggle with rejections and failures, lacking resilience. Mothers need awareness about emotional maturity and mental health to enhance their parenting skills (50%). "The mental health session highlighted the importance of spirituality in fostering emotional growth and discipline in children, emphasizing the role of mothers in consistently instilling these values" (70%)

Effectiveness of 'Mental Health Awareness Session, for middle-aged mothers	Participants liked the session because it was clear and open. They felt comfortable discussing their feelings without judgment. The researcher's accepting attitude made it easier for them to talk about personal things (70%). One participant appreciated the idea that mental health issues are normal, just like managing other health conditions. This made it easier for everyone to be more aware and accepting of themselves (60%). The session fostered bonding among participants, breaking pre-conceived notions (50%). It clarified the difference between clinical depression and normal sadness, increasing awareness about mental health. Participants feel better equipped with crucial knowledge (40%).	Most of the participants agreed that it is an essential component of this intervention programme. "We never knew about mental health and its several aspects. The session gave a wide exposure to most of the mental health aspects in an interesting way. We learnt about the role of neurotransmitters, psychotic and neurotic illnesses, psychosomatic illnesses, various coping mechanisms, stigma related to mental health, information regarding mental health centres and services etc. This was entirely a new world for us to explore and understand. It was conveyed in a very simple and comprehensible manner."(60%)
Suggestions for improvement from the participants	Participants highlighted the need for coping mechanisms in dealing with break-ups and academic failures, emphasizing the impact on both the mental health of adolescents and the emotional well-being of mothers (40%). The growing trend of unnecessary drug dependency could be addressed through parental guidance, by developing resilience and discipline. The session could include awareness on the risks of unnecessary medication, encouraging parents to prioritize non-drug approaches before considering medication for psychological illnesses (50%)	One of the most significant suggestions by few participants was that adolescent children must also be given this session on mental health as they too need understand their parents, especially their mothers from a different perspective (50%). Some perceive their parents as enemies who constantly interfere in their personal matters and demoralize them. Only if these children are exposed to mental health awareness, they will start understanding their own selves, and learn to perceive us as their well-wishers and not as enemies (30%).
Analysis and discussion	Midlife brings emotional challenges, often hidden, including depression, anxiety, and panic attacks. Mental health awareness among these mothers is scanty and mental health awareness programmes have also been found to be uncommon. Mothers need awareness to identify and address these issues, strengthening coping abilities and seeking timely help. Empowering them with mental health knowledge benefits the entire family. Their awareness will develop their own resources to build self-esteem and reduce negative psychological traits in themselves and also in others who live with her as a family. According to the researcher it was an essential session to equip them with the basic knowledge of mental	Mental health awareness is a very crucial part of health-based intervention because health cannot be studied in terms of physical aspects only. Health should be understood in terms of bio-psycho and social aspects. There are various psychosomatic illnesses that requires intervention from both the approaches: physical as well as emotional. Social environment too plays a crucial role. There is a very deep connection between mental health and spirituality irrespective of religion, caste, creed, nationality etc. Spirituality can become a great source of emotional support to combat even the most challenging life situation. It helps strengthen our minds and shows a way forward with the practice of forgiveness, gratitude, acceptance and commitment

	health and related services. Empowering them with this knowledge is equivalent to empowering the entire family.	towards a value-based life.
Attributional data: The menopausal transition significantly influences various aspects of a woman's life, including health, mental well-being, overall well-being, and quality of life ((Monteleone et al.,2016), research indicates that spiritual intelligence, encompassing various capacities and resources, enhances mental health and adaptive abilities (Abadi et al., 2013 as cited in Tajonera & Lamig, 2021).		

8. Psychoeducation and experiential session on 'Emotional coping and life enrichment' for middle-aged mothers

An offline session was conducted by a senior psychologist and Family Counsellor. The session provided psychoeducation and an experiential involvement of all the participants in various activities such as 'Mindfulness exercises & stress management', 'Dealing with guilts/regrets', 'Anger management', 'Self-esteem & confidence enhancement', 'Dealing with procrastination', 'Mental alertness', 'Parenting adolescents-setting expectations from children'. The session was loaded with insightful reflections, perceptions and sharing of emotions. There was also a Question Answer session for clarifying individual queries.

Table 6.8 – FGD on Psychoeducation and experiential session on Emotional Coping and Life Enrichment for middle-aged mothers

Themes	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of the Session on 'Emotional coping and life enrichment' for middle-aged mothers	Inclusion of this topic was the core aspect of this intervention. A much-needed session (80%). "An extremely significant topic for women in their midlife" (80%), Emotional health is hardly talked about in open and is often considered as taboo (50%). According to a participant, many a times, their emotions and feelings get suppressed and add more to their mid-life agony. They often remain the most silent and neglected ones. Their emotional health is most crucial for their family and even the future generations, as emotional traumas of one generation often impacts the emotional health of their future generations too (40%).	Emotional health is often the most ignored area. Middle-aged women generally come across programmes that highlight the physical aspects, but emotional /psychological aspects are hardly explored or discussed in open (60%). Educated mothers sometimes face a dilemma: whether to prioritize family over their career dreams. This can lead to pent-up frustrations, especially for those who were ambitious in their youth. The conflict between motherly duties and career aspirations creates mental stress. This discord often leads to emotional turmoil that causes several other repercussions in the family. Emotional management and coping therefore, becomes utmost important. Sessions such as this becomes a source of solace for many as they in due process learn self-

	"Homemakers like us often feel emotionally drained and long for a change. While our spouses and children have their social interactions, they might not grasp our need for recognition. Despite our role in preserving the family foundation, our efforts often go unnoticed and unappreciated throughout our lives. Such interventions make us realize the real worth of middle-aged mothers" (60%). Women too need some learning experiences to feel important and privileged (60%).	awareness, qualities of acceptance, forgiveness and hopefulness to move ahead in their lives without giving up on their hopes (70%). One participant opined that, "emotional coping and mental health awareness is a must for all. Often parents face several emotional conflicts with their children due to lack of awareness. In such situations, awareness on emotional coping and management becomes crucial. Getting introduced to such sessions prior to emotional distress, would help in enhancing their preparedness to face the situation diligently (60%).
Effectiveness of session on 'Emotional coping and life enrichment' for middle-aged mothers	A wholesome experience (80%), a much-needed session for all (70%), has covered all the relevant emotional aspects of middle-aged women (60%), handled with great clarity and precision (70%), the trainer's non-judgmental and complete acceptance towards the participants helped the mothers perceive the whole session optimistically (60%), a wide topic handled diligently with citing real life examples (50%). Topics were equally relevant and significant for middle-aged women who hardly get exposure to these topics which are so central to their midlife experiences (70%). One participant even said that "relationships are so important in our lives that emotional management becomes very crucial for preserving these relationships. We are entrusted with a prime role of taking care of so many people all at once. " The session that has touched upon extremely significant areas of our lives". Experiential aspects of this session too were effective enough to bring practical awareness and understanding (60%).	"Emotional mentoring is very important for parents not only to maintain their emotional balance but also the emotional health of their adolescent children"(40%). The session brought positive changes, enhanced confidence and awareness about mental health precautions. "Session on emotional coping and enrichment has made me work on my weaknesses such as procrastination and constant brooding. I have worked upon anger management too which are showing results. Meditation and physical exercises have helped me control my racing thoughts and find peace with myself enabling me to multitask" (40%). Session was handled meticulously, touching over all the major areas mothers often undergo in their midlife (60%). Q and A session was enlightening as most of them were new to the concepts of thought management and coping mechanisms (50%) . The session also introduced all to the world of thoughts and their influence upon our physical health.
Suggestions for improvement from the participants	Sessions for their adolescent children was highly preferred by the mothers. Each topic means different to each individual due to their subjective experiences in life. Therefore, more sessions were preferred (50%).	Participants suggested involving adolescent children in the session to enhance their understanding of their mothers' perspectives (60%). some also recommended including spouses for insight into their wives' emotional challenges during menopause (50%). Additionally, age-specific emotional coping training for women across different age groups was suggested.
Analysis and	The session covered crucial topics related to psychological dimension.	Emotional enrichment programme included in this intervention mainly caters to middle-aged mothers who are managing their adolescent

discussion	Subjective issues can be handled only during case work intervention. In a group setting such as this, common issues can only be discussed and worked upon. Also, for this comprehensive program, longer sessions face limitations due to participant availability and consent as discussed earlier also.	children. During adolescence, mental conflicts and relationship issues often escalate leaving their mothers in utter disillusionment. They too undergo menopausal distress and exhaustion during this period. During such times, mothers relate better and become more receptive to emotional coping techniques. People often think that they are well-informed and have basic emotional coping skills, but family situations vary. Emotional coping sessions prepare them better to face their children's complex emotions. Basic awareness in psychology equip them with essential emotional skills too.
Attributional data: Middle aged women may experience hostility, depression, self-criticism, guilt, and difficulties coping with physical changes, leading to irritability and low self-esteem (Hurlock, 1980), women experience emotions of unrealized potential, feelings of worthlessness, or the fulfilment of suppressed desires (Ashford, 2001), women can seek help from medical practitioners to deal with the challenges of menopause (Namazi et al., 2019 as cited in Abbott Newsroom, 2022).		

9. **A session on "Dance Movement Therapy"**

A fun-based therapy with experiential and reflective session for stimulating self-expression, emotional, cognitive, physical, and social integration with insightful reflections conducted by a Psychological Counsellor, Motivational Trainer, Dance Movement Therapist. The main purpose of this session has been to help mothers develop self-awareness, self-connect, emotional sharing, self-expression and coping.

Table 6.9 – FGD on Dance Movement Therapy

Themes	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of the Session on "Dance Movement Therapy"	Thoroughly enjoyable session which enabled shedding of inhibitions and rigidity (80%), freedom to express and create (60%), boosted confidence level, fun-based and at the same time thought provoking, helped in self-reflections which otherwise no	Satisfied with the session (70%), experience of freedom and novelty (60%), an essential session, unique, fun-based yet thought provoking (60%), enhanced group unity, interaction, bonding, self-expression, self-

	one would bother to ask them, made them feel important and valuable (70%), an entirely new experience that pulled them out of their shells (80%), each one's opinion was counted (50%),. As one participant relates, "It was very interesting as it helped us unfold ourselves and express ourselves freely without any fear of judgement or shame. We thoroughly enjoyed the session." Another participant related, "dance movement therapy was an essential activity of group programme, as it was fun based and also helped us engage in inner exploration, as to how we think, react and behave in various situations".	awareness. according to the participants (70%), " when we dance or engage in some movements, we tend to forget our present pain and experience a kind of freedom which we cannot express in words (70%). The music and movements help us reach a high frequency level and fill us with positive energy" (40%).
Effectiveness of session on 'Dance Movement Therapy' for middle-aged mothers	Positive feedback regarding the efficacy of the activity (80%), entertaining but at the same time invoked them to think and act wisely, it has made them think, enjoy, learn and evolve as a team (60%), helped them in emotional release and ventilation of various emotions (50%), promoted unity, cohesion among the members (70%), mutual understanding and openness to express themselves without any fear of judgement (50%), took them away from their mundane life that expects us to be complex and serious all the time (70%), became child-like and enjoyed the process. A session like this goes a long way in introducing one to oneself through a fun-based movement approach" (30%).	Fun-based therapy with experiential and reflective session for stimulating self-expression and self-awareness. "This session has helped us to drop our inhibitions, become aware of our own thoughts and feelings" (50%). It was a novel experience that has changed their perspectives upon life and relationships (50%). "There was a 'we' feeling that kept us all united" (70%). "There was a flow of positive energy as we were all focussed and engrossed in our own movements and expressions" (50%). There was also a special feeling of freedom that cannot be verbalized, the trainer has efficiently handled the session and had helped the group members steer their emotions to experience a new level of freedom and self- confidence (70%).
Suggestions for improvement from the participants	Such an action filled spontaneous session must be given frequently as it stimulates the brain and make them think and act creatively. They were curious to know the advanced versions of movement therapy too (70%).	Suggestions for outdoor activity (50%). According to them, this session has its own charm in maintaining the overall flow of the event. But apparently, this session was a brief session. Such interesting sessions give energy and stimulation to the entire group.
Analysis and discussion	Movement based therapeutic approach was primarily used as a means to integrate the participants emotionally, spiritually, socially and physically. As a therapeutic model this approach has its own wider dimensions of activities and mechanisms which were not used in this programme. In this intervention, only a milder aspect of movement therapy was used to induce cohesion and openness in the group as it is a prime requisite for a group work setting. This	The main purpose of this session was to stimulate group interaction and cohesion. Through group interaction the participants were enabled to realize their own emotions and feelings. The basic idea was to make them understand mindfulness and to learn to be in the present. This was an in-between session that created a lot of energy transaction among the participants through music and movements. There was a subtle self-realization about the freedom to dance and move as one likes even though

	approach was used to instil vigour and alertness in mothers and use this medium for their self-expression and emotional connectedness.	some among them may not be good dancers.
Attributional data: Dance Movement Therapy is a type of creative arts therapy that seeks to incorporate physical, emotional, cognitive, and social dimensions into psychological care (EADMT Ethical Code, 2010), DMT has been found to enhance well-being, mood, quality of life, and interpersonal skills while reducing symptoms like depression and anxiety (Koch et al., 2014).		

10. A session on "Acceptance & commitment" towards value-based living- A mindfulness exercise.

This session was taken by the researcher on 'Acceptance and Commitment Therapy '. The session used a group therapeutic approach to help the participants learn the art of emotional thought management and emotional coping through visualization and mindfulness techniques. It involves mindfulness exercises that help individuals view their problems from a third person's perspective, leading to psychological defusion and acceptance.

Table 6.10 – FGD on Acceptance & Commitment Therapy

Themes	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of the Session on "Acceptance & commitment therapy"	Highly significant session, a novel experience to look at their own problem situation from a distance without getting fused with it, better clarity on the thought management process (60%), a new art of looking at things without getting attached to any of the negative emotions that causes pain and confusion (70%). They had rarely come across such an emotional management and coping technique that was taught to them through visualization and meditative techniques (50%). "With this technique, we learn to see our problems from a detached angle rather than going deep into it and losing ourselves. Acceptance of our life situations or problems leads to taking right decisions in life without getting emotionally entangled" (70%) . Visualization of one's own thought process as an activity was quite an interesting part as no one ever takes effort to do this (60%) . The question "Where do you	Mindfulness exercises and their benefits were a new concept to them (60%), helpful session on thought management, thought provoking visualization techniques which made them explore themselves (50%), orientation to future selves' exercises were unique as it made them self-reflect (50%). "Being able to see our problems from a detached perspective through visualization techniques was a novel experience. We could learn acceptance and detachment from our own negative thoughts, moving further towards a value laden life despite the challenges in life. It was a very novel way of looking at things" (60%). After visualization and mindfulness exercises, participants found the activity of expressing emotions therapeutic. It provided emotional relief as the group validated and accepted their experiences (80%).

	see yourself in 10 years?" made us reflect on our values and set goals. The session emphasized our importance and significance." (60%).	
Effectiveness of A session on "Acceptance & commitment therapy"	Very useful and effective, it may not be easily acceptable as it teaches a very different approach of looking at things or problems (40%). One of the participants have opined that "only through practice, mindfulness practice can be developed or reinforced" (50%). This needs the will power, patience and commitment on our part to attain benefits out of this therapeutic approach. But once the clarity is achieved and initial resistance is overcome, it becomes an effective tool towards emotional management (70%). One of them expressed that," problems may never recede, it's just how we learn the art of managing the flow and quality of thoughts despite the problems and choose a value-based option that's the least harmful and the best possible as per a situation."	Learnt thought management through mindfulness exercises of ACT, learnt new concepts such as psychological defusion and flexibility, acceptance of negative thoughts and committed action towards value-based living, became more aware of how mind functions during emotional distress etc. "The session was handled with much care and the concepts were conveyed in a simplified way which we could understand" (70%). The group therapy at the end was a great relief as participants could ventilate their emotions without fear of judgement or stigma (60%). They could realize that people have had much serious situations in their life and that their problems seemed so trivial and insignificant (60%).
Suggestions for improvement from the participants	Since it was entirely a new concept, they were keen to know more about it in depth and were amazed to know about how our mind and thought process work and takes charge of us until we use our own conscious effort to detach ourselves from it.	Some participants found it challenging to grasp the concept of mindfulness exercises initially. One participant suggested providing a booklet for reference. Another interesting suggestion was to maintain a daily record, listing positive and negative thoughts separately, aiming to maximize positive thoughts and minimize negative ones to monitor the thought system regularly.
Analysis and discussion	Based on the eastern philosophy, Acceptance and Commitment Therapy, purely stives to reinforce the concept that an individual cannot be persistently positive all the time. Group therapy was effective due to its 'universalization' effect. It is just a frame of mind that can be altered through complete acceptance of oneself, psychological flexibility and defusion from one's own emotional turbulence. This brings in more clarity and wisdom in seeing the picture from a different angel. Constant mental practice and mindfulness is required to develop this skill. Participants who have been practicing this approach, have related positive responses. ACT therapy provides a mental	Acceptance and Commitment Therapy is comparatively a novel approach in psychology, that derives its core foundation from eastern philosophy. Rather than identifying oneself with the thought, one needs to view it from outside the realm of emotional zone and accept a situation as it is. Mindfulness exercise helps to defuse oneself from a particular emotional pain remain in the present moment and commit to value laden actions that can enrich life and make it more meaningful. This therapy, developed by Steven Hayes, helps clients accept uncontrollable aspects of life while committing to meaningful actions. To enhance understanding, props and information cards can be used during sessions which will provide a lasting reference for participants.

	framework for viewing life events without getting entangled in emotions.	
Attributional data: Mindfulness and defusion exercises, the six four therapeutic processes of ACT (Harris, 2009). ACT aims to create a rich, full and a meaningful life while accepting the painful experiences that life offers, acceptance and commitment therapy reduces anxiety and depression (Heydari et al., 2018).		

11. **A session on "Digital empowerment: Online shopping, G-Pay, online banking, safe digital use, filling online applications, mechanisms to track and monitor internet usage by children".**

It was an online interactive and demonstrative session taken by an IT expert. The purpose was to educate the participants about digital services, the procedures to operate them and to make transactions easier and comfortable. It also provided them guidance to track the various websites which their children visit and seek information from. The main intention was to make the participants digitally independent and empowered.

Table 6.11 – FGD for session on Digital Empowerment

Themes	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of the Session on "Digital Empowerment"	Relevant and useful (80%), session was a necessity for all the mothers who are not internet savvy (60%), recorded sessions post the main session was extremely useful (60%), demonstration made it easier to easily grasp the procedure (50%). "It is an extremely significant session for all the women in their midlife as most of them are not financially literate especially the digital financial literacy" (80%). According to them, most of the times, they have to depend on their spouses or children to carry out their financial transactions or online shopping. This makes them irritable and frustrated. Dependency causes more discomfort too for the mothers. They feel that they are not on par or are outdated.	Session has covered significant areas which a woman must know in this digital era, rated as highly needed session especially for women (80%) as most of them are not updated or depend upon their spouses for financial dealings. It also helps create for them a digital identity, makes life easy and fast (60%).
Effectiveness of	Sessions were delivered with great clarity and was well paced as per their	Participants were satisfied with the quality and content of the session

session on "Digital Empowerment"	mental grasp and agility. Participants said, " I replayed the recorded session several times as and when I needed them to learn from it". Another participant said, "previously, I was totally scared of using online transactions facility, it seemed to me like an alien world to me" (70%). Has been able to remove the initial fear and inhibition to use digital platforms (50%), enhanced confidence, access to recorded video was a great support, was explained in a very detailed manner and was easy to internalise (70%). "It is a highly essential skill for the mothers who hardly use digital platform for shopping and other transactions". Such sessions are highly recommended as it uplifts one's self-esteem too", as one of them mentioned.	(70%). For most of the participants, the session was effective and covered all the major aspects which a participant needs to acquaint with to help herself in this global era of technology and digital transactions (70%). The only concern was with the mode of session, as it was an online session (40%). The trainer was a qualified and experienced person who was patient enough to explain the functions and procedures repeatedly with utmost patience (60%). The recorded sessions were very helpful for future reference and guidance (60%).
Suggestions for improvement from the participants	There were suggestions for imparting knowledge related to women-oriented Government saving schemes on digital platforms. This will help them take independent decisions in their financial matters. Another participant has requested for more detailed session on digital fraudulence, which usually women are unaware of. They often get duped through fraudulent text messages and calls. Therefore, an awareness session on this aspect would be a beneficial to protect women from such incidents. It will prepare them to be more vigilant and safer on digital and social media.	Few participants have suggested for offline training as they needed someone to demonstrate it personally to me since their grasp of digital skills is relatively low (50%). Rest found it convenient to access the digital session as they were comfortable with the online mode. One of them related "my children do not have the patience to sit and explain these things to me. They easily get irritated, lose patience, and chide me for my ignorance. That is the main reason why I need someone to demonstrate it to me personally".
Analysis and discussion	Digital empowerment is highly essential for middle-aged housewives in this era as it keeps them on par with others in their family. This will automatically enhance their confidence level and help them keep themselves updated. Mobile banking and shopping can enable the mothers to avoid long journeys. Their access to finance and other resources can widen their knowledge and enhance digital skills. It would enhance their feel-good factors, which will go a long way in valuing themselves and keep themselves updated. Others in the family will also find this development positive and change the way they perceive their mothers' role and identity in the family.	Digital concepts are easy for those who already have been introduced to the digital world once. Another important observation was that it depends to a great extent whom a mother is relying upon for guidance and training. Some children show interest and passion in training their mothers in this regard, while some show apathy as mentioned above. In some families, spouses take initiative to educate their wives. Although online medium for instruction has been effective , there were certain cases who needed individual attention with repeated practice sessions. Offline mode is always a preferable medium but as mentioned before for other sessions, it heavily depends upon the availability of participants for offline sessions
Attributional data: Digital technologies create unique chances for empowering and including women globally. New income sources, job opportunities, and access to education can lead to significant advancements, benefiting women, their families, and entire communities (Bechthold, 2022), Without digital skills, women may miss out on new business opportunities, accessing or selling products in new markets, participating in decision-making processes, finding or changing jobs, making new		

contacts, and accessing information from various sources (Pawar, 2017).

12. A session on "Women Empowerment and Protection" for middle-aged mothers

It was an online informative and awareness session by a 'Ward Councillor' and a 'Psychological Counsellor'. The main purpose of this session has been to educate the participants about women protection and various avenues for women empowerment especially in the Kerala context.

Table 6.12 – FGD for session on Women Empowerment

Themes	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of the Session on "Women Empowerment and Protection"	The session was highly essential for women, was informative, covering NHGs, income programs, and women's rights. It highlighted 'Kudumbashree', micro-finance, and legal protections and schemes for women. Participants learned about women's cell functions and how to seek help in distress.	Has included all the significant information related to women's protection and empowerment (70%), 'Kudumbashree' initiatives, microfinance and other programmes for their awareness. "Although we receive information about random schemes or programmes on social media, a direct detailed session such as this helped us gather more focussed knowledge" (60%). The session covered women-friendly resources for separation/divorce and laws for women. It was helpful for those who were facing crises and would enable them to support others in similar situations, addressing both empowerment and safety concerns (50%).
Effectiveness of session on "Women Empowerment and Protection"	Participants said that " it has provided them great knowledge and information about the method to approach various women protection organisations in case of any emergencies (70%). Information regarding various women development avenues were also discussed with great clarity (60%). The trainer handled the session very friendly which gave us an opportunity to clarify our doubts and queries (70%)." Another participant has pointed out that "this session was sufficient by all means as it has successfully conveyed most of the basic information required by a woman living in this society".	All the important and relevant areas were covered in-depth (60%). Latest updates with regard to new schemes and programmes under the panchayath, were clearly conveyed to the participants (70%). Question answer session was highly interactive and meaningful. Participants clarified their doubts without any inhibitions (70%).
Suggestions for improvement from the participants	More information on protection against domestic violence and legal policies/schemes could be extensively dealt with as a separate session, as per some of the mothers (50%).	Not many suggestions were put forward regarding this session. Offline session with a direct interaction was preferred compared to online session as per few participants (50%).
	Session on women empowerment and women protection was a highly	The information given through this session was highly significant

Analysis and discussion	essential one as it opens one's mind to several avenues to address their day-to-day problems with respect to domestic violence, women's safety, financial dependency etc. While living in a society, mothers should be aware of various facilities and support systems that are available to empower them socially, emotionally and economically. The functions of social justice department and the various schemes and acts for their upliftment have been a crucial area to be covered as it will keep them abreast of the latest developments happening in their society. This will in turn enhance their mental and social security, opening for them a plethora of avenues for self-development and empowerment.	especially in the context of women who are going through domestic violence, physical as well as emotional abuse, identity crisis during mid-life etc. The researcher feels that this information can truly help participants to get exposed to highly beneficial network of support systems for women in particular that can enhance and utilize the potential of women in their midlife. Their energy and social skills can be positively channelized for productive ventures that can improve their self-esteem as well as benefit the society.
Attributional data: Increased knowledge, self-confidence and awareness of gender equity are indicators of the empowerment process. These components develop mainly through education. Educated women are aware about their rights and when women are aware about their rights, then she/her will not face discrimination (NITI Aayog), the government has acknowledged concerns related to women and implemented various schemes to fight crimes against women and uplift their well-being, it is crucial to generate awareness and encourage them towards empowerment opportunities (Jain, 2022).		

13. <u>A session on "Positive relationships and self-development" for middle-aged mothers</u>

This was an offline session by a certified Pranic Healer who aimed to empower mothers by highlighting the importance of their roles and addressing the complexities and expectations they face. The session focused on the transformative power of positive thinking, healing, and spirituality for positive relationships and self-development.

<u>Table 6.13 – FGD for session on Pranic Healing</u>

Themes	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of the Session on "Positive relationships and self-development"	Session based on personal life experiences was highly inspiring (80%), energy healing was a novel concept (80%), emotionally enriching with positive impact (70%), emphasis on self-healing and emotional empowerment (50%). Participants responded with excitement, "The trainer being a fighter herself who persistently raised herself from illness towards self-development, has been a great inspiration for all". "There is	Entirely a new concept that included spiritual terms like aura, prana, thought as energy etc (50%), significance of mind, body, soul connection and their mutual impact (50%), "a unique concept that made us think and perceive differently" (70%) "I was so captivated by the concepts of self-healing that I enquired

	a positive energy after this session, and it has changed my outlook." Great spiritual knowledge about thought as an energy form which can be channelised for our positive development" (40%). The session shared a mother's personal journey of overcoming sickness and emotional struggles through spirituality and meditation, inspiring others (50%). The session focused on purifying personal energy to radiate positive energy to others. It introduced participants to energy healing (Pranic Healing), highlighting how feelings and thoughts connect with universal energy waves.	about this and found a similar comparison with Reiki, another alternative healing practice"(30%) These concepts were very deep and impactful as they could dive deeper into spiritual realm to know themselves and others. They could understand the power of their thoughts that influences their relationships and day-to-day energy levels. Importance of meditation and yoga was emphasized in this healing as they enhance healing abilities (60%).
Effectiveness of session on "Positive relationships and self-development"	"The trainer handled the session very friendly which gave us an opportunity to clarify our doubts and queries" (70%), "It was indeed a unique session for middle-aged mothers, but not everyone will have belief in it" (60%), " meditation and forgiveness exercises were very easy to understand and practice. They have been effective too" (80%). Another member pointed out "this session was sufficient by all means as it has successfully conveyed most of the basic information required by a woman living in this society". Yet another participant expressed that, "post this session, I have started thinking positively and this session has helped me control my anger bursts immensely. It's a highly needed session and we need more such sessions in future too." .	Participants were satisfied with the trainer who introduced them into the world of energy healing with the help of meditation and positive thought management (60%). She taught them how these practices can evolve them towards self-development. This approach has the ability to keep our energy centres within the body balanced and aligned (50%). One of the participants expressed that, "This session had an unusual effect on us. It made us feel so pleasant and positive about life."
Suggestions for improvement from the participants	One suggestion put forward by few participants (50%) was to teach the group, the concepts of pranic healing in detail with all the necessary supportive props. But since the basic topic was on positive relationships and self-development and not pranic healing in particular, a detailed session on pranic healing was not feasible for this group. But this point will be taken into consideration in future interventions.	Participants suggested a demonstration of pranic healing (60%), but the researcher clarified that the session focused on energizing oneself through meditation and mindfulness, emphasizing positive aura and self-development. It wasn't a specific pranic healing training, but participants were curious about the process and tools used. After the intervention programme, a pranic healing camp was organised, and those who were desirous to know more about it, were enabled to do a course in pranic healing.
Analysis and	The main thrust of the session was to enhance one's own energy system through mindfulness exercises and positive thinking and thereby,	Basically, the session was not on 'Pranic healing'. It was to introduce them to the world of thoughts which carry energy that can positively

discussion	improve one's own quality of life and also the quality of life of others we are connected with in our daily lives. From a researcher and a trainer's point of view, this session would be a highly recommended one as it deals with one's energy level that can be strengthened through possible means of yoga and meditation that has no side-effects so far. Pranic healing is basically an energy medicine that helps in enhancing the physical, emotional, social, spiritual, economic and relationship health of an individual.	enhance or deteriorate our energy levels. It was to show, how mothers can maintain harmony within their family with the help of their own energy system. Towards the end, they were introduced into pranic healing as an alternative healing technique which they could learn if they were interested in knowing more about it and practice it in their personal lives. Energy healing is a very ancient practice which our great grandmothers had also used in different ways to heal our energies. They were mesmerised with the concept of receiving universal energy through meditation and the act of healing self and others with that energy called 'prana'.
Attributional data: Emotional well-being and spiritual fulfilment contribute to positive functioning during midlife, helping individuals cope with challenges, understand emotions, and foster a deeper connection with the divine and a clear life purpose (Tajonera & Lamig, 2021), spiritual intelligence enhances adaptability and mental health by encompassing diverse capacities, resources, and capabilities (Abadi et al., 2013, as cited in Tajonera & Lamig, 2021), building robust social connections and maintaining positive relationships, support from family and friends can act as a preventive measure against depression (Elder Jr et al. 1995; Gant and Ostrow 1995; Horwitz et al. 1998; Siegel et al. 1994 as cited in Nguyen et al., 2016).		

14. <u>A session on Eye- care & protection: Medical camp and awareness session for middle-aged mothers</u>

This free eye check-up camp was conducted offline, followed by an awareness session on eye care and protection especially for middle-aged mothers. It was undertaken by Malabar Eye Hospital, Thrissur. Awareness upon eye care strategies for adolescent children was also provided. Participants were given opportunity to avail ophthalmic treatment from Malabar Hospital at a concession rate in case if they needed any treatment.

Table 6.14 – FGD for session on Eye-care & protection : Medical camp and awareness session

Themes	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of the session on Eye- care and medical camp	Satisfied with the awareness session as they availed opportunity to get their eyes checked free of cost (80%), received useful guidance regarding eye care and protection during midlife (80%), well received by the participants, considered as significant as most often eye care is neglected, importance of regular eye examination was emphasized especially for diabetic patients (60%). Few participants stated "as we age, it is very common to notice change in our vision, which we often ignore. Some of the major changes seen are finding difficulty to see up close, difficulty in distinguishing colours and adjusting to changing levels of light, temperature etc. These issues can be rectified with timely ophthalmic interventions. As we age it becomes important to keep eyes healthy through regular eye examination" (50%).	The inclusion of such a camp was considered to be significant as the camp also included an awareness session on eyecare and protection during midlife (70%). It was followed by an interactive question answer session for clarification of doubts. Going beyond the given topic, the doctor also educated the participants regarding the hazardous effects of mobile addiction among adolescents. This information was beneficial for the participants who were dealing with such a menace at home (60%).
Effectiveness of session on Eye-care and medical camp	This camp and awareness session was a much required one as it updated their knowledge on eye care (80%). "Our awareness about age related eye diseases such as muscular degeneration, diabetic retinopathy, cataracts, glaucoma, dry eyes issues and several signs of eye related emergencies that require immediate interventions was enhanced. The team's approach was praiseworthy" one of them added. Some participants made use of the concession on treatment provided by the hospital (50%).	An open and interactive session which was well received by the participants (80%), better understanding of eye care, eye-related diseases and precautions to be taken (60%). Their queries regarding eye diseases and eye care were efficiently handled by the doctor and the professional team (50%). The social worker from Malabar Eye Hospital, was a very amiable person who cooperated with the participants in organising this camp without any hassles (30%). Some of the participants later, visited the hospital and availed the services free of cost as per the assurance given to them during the camp (40%).
Suggestions for improvement from the participants	Suggestion given was inclusion of few other camps in the programme such as a thyroid testing camp, camp for gynae issues etc. Also tests that can cover basic lab tests such as for diagnosing Vitamin D deficiency, calcium and B12 deficiencies, tests for assessing creatinine and uric acid level etc. Such camps would attract more mothers and enhance participation (50%).	Some of the participants suggested that few more camps could be organised as that will attract more participants in the future interventions (50%). Such camps enrich the knowledge level of participants who are otherwise not exposed to such programmes and interactions.
Analysis and discussion	Eye camp and psychoeducation on eye diseases is a vital area since most of the women ignore their eye health and procrastinate the diagnosis process which often manifests in complex issues in their later years	The researcher intended to organize a Thyroid testing camp alongside the eye-care camp, but due to technical issues, it could not be materialised. These camps are in high demand, ensuring

	especially after 40s. Therefore, the need was felt to include such a camp that would enlighten the mothers on eye health and preventive measures which in turn would help their family members too.	increased participation and awareness, especially for mothers who don't often access such medical facilities. Group sessions enhance information assimilation, benefiting everyone as more questions are asked and knowledge is shared.
Attributional data: Preventing health decline in old age includes physical activity, healthy eating, regular screening and health examinations, quitting or reducing unhealthy habits like smoking, disease control, weight management, and eye examinations, as mentioned by participants (Solhi et al., 2022).		

15. A session on Practicing Forgiveness, Gratitude and Acceptance: An experiential and meditative session for middle-aged mothers

This session was delivered on offline mode by a Life Coach, certified 'Reiki' healer, EFT Therapist, NLP Trainer and a motivational speaker. The session made use of Guided mental imagery, visualisation techniques for inner healing, positive affirmations, therapeutic dialogue, complex emotional release and catharsis, self-awareness.

Table 6.15 – FGD for session on Practicing Forgiveness, Gratitude and Acceptance

Themes	**1st Quartile Participants** Results	**3rd Quartile Participants** Results
Significance of the Session on Practicing Forgiveness, Gratitude and Acceptance	Helped the participants to ventilate their emotions without any barriers (70%), ensured wilful participation to release emotional burden (80%), the spiritual connect through the meditative experience was comforting and pacifying, helped them go beyond their ego and explore their inner self leading to inner healing. " This was a unique experience for us, when we were made to go back in time, meet our dear and near ones, practice forgiveness, gratitude, and acceptance to release ourselves from the shackles of emotional burden or trauma of our past" (70%). It has given a freshness to our mind, body and soul and we have learnt to widen our perspectives with respect to our relationships. We wish this feeling of freedom from emotional burden remains forever"(60%). "A thoroughly emotionally empowering session that gave us a feeling of emotional freedom from all sorts of burden which we had been carrying since long" (60%). The various complexities they had faced in their relationships,	One of the most significant aspects of this session, according to participants was that it left behind a very positive and pleasant feeling in all (80%). This session was well accepted by all. The most beautiful part as admitted by the participants, was an "emotional release that was enabled through the process of acceptance, forgiveness and gratitude". This emotional release was an essential practice for all the mothers to keep themselves emotionally healthy and balanced, as their mental health affects the emotional health of everyone in their family.

	misunderstandings, fears and insecurities, all got released and freed them from their self- created rigidities and unhealthy perceptions (70%).	
Effectiveness of session on Practicing Forgiveness, Gratitude and Acceptance	"This whole concept has changed our perspective towards life and our thought process"(70%). "There was an unexpected yet a magical sync when it came to this experiential session." "We have understood that when a crisis situation comes in life, there is no use in self-blame or in blaming others for the same, as the entire episode is our own responsibility and that our life is our own making. There is no need of carrying the guilt and regret, which otherwise can only drain our life energy" (60%). "These sessions have really helped us deal with our emotions from a spiritual angle" (70%). "It was a unique experience, which I had never received before." " This session is one of the best sessions I have attended during the intervention programme as it has helped me release my emotional burden and feel relaxed. The trainer's words gave me energy to improve my thoughts." "Most of the mothers especially housewives have some painful past experiences to narrate. It is very important to help them with a platform to share their deep-rooted emotional pain and feel relieved". "Trainer's words gave me immense emotional energy that has changed my way of thinking and perception". "This session has deeply touched me and has inspired me to change my perception and attitude, especially towards my relationships. "I don't feel any hatred nowadays and I am better able to accept and forgive others unlike before. After having attended this session, she often feels that she has risen from her old state of mind and is striving towards becoming a better human being". This is something, that her daughter too noticed in her as an after effect of these sessions. " I often try to practice, "pause and think" before taking an action or before uttering a word".	The session was a life-changing experience for most of the participants, as was seen from their feedback. They appeared happy and satisfied with the session. "We have heard about these concepts of forgiveness and acceptance from various sources, but never once we had engaged ourselves soulfully in such a soulful practice that enabled us to break our inhibitions and connect to our near and dear ones (60%). It was such a liberating experience that released our emotional burden we have been carrying for so long (70%). We could connect with people on a soul level and ask forgiveness. This was indeed a life changing experience" (70%). According to participants the session was well organised and systematic. The trainer was quite confident and efficient in taking all of them through this inward journey promptly. The trainer who took the session oriented the participants to a meditative experience effectively, as all the participants were able to relate and respond to her instructions without much difficulty. One participant opined that the session has been short and worthy one with full of unique meditative experiences. But certain points are not practical in their daily lives. One of the participants appreciated the musical background that helped her reach a trance state of mind easily. This session was well received by the participants.

	"Previously, I used to feel bad about some people and their approach towards me. I used to take everything personally. But now, to a great extent, I am able to accept them as they are. I am now able to forgive them." ***This was one of the most loved and well received sessions by the participants who embraced the concept of inner healing with a positive frame of mind unanimously.***	
Suggestions for improvement from the participants	This session was termed as 'sufficient and appropriate' when participants were asked about any suggestions for improvement. It was well received and reciprocated by the participants who participated wholeheartedly in this session. One participant has expressed her gratitude saying, " I thank you for facilitating such a deep session on forgiveness and gratitude."	Suggestions as such for this session were not received as most of the participants were satisfied with this experience.
Analysis and discussion	A spiritual connect and self-evolution are found to be some of the striking features in people during their midlife. It's a stage, when half of the life is gone and just half is left. Time factor suddenly becomes prominent and the realization of ephemeral nature of life becomes more obvious. This creates a sense of yearning to connect with the inner self and the spiritual world for self-realization. The session dealt with healing strategies, interesting spiritual concepts such as law of karma, law of attraction, Ho'ponopo healing method, concepts from Reiki Healing, power of positive affirmations and visualizations in our life, inner healing through the act of forgiveness, acceptance and gratitude, the value of spiritual connect for self-evolution etc. All these concepts very well align with acceptance and commitment therapy that has heavily drawn its core concepts from eastern philosophy such as Acceptance, Defusion, Present Moment, Self-as-Context, Values, and Committed Action. Acts of forgiveness and gratitude go hand in hand in enhancing the benefits of this approach.	The main purpose of this session was to build their emotional resilience and coping abilities. Spirituality and self-healing go a long way in dealing with the trauma that the life throws at midlife. It prepares one well for a healthy old age too. The emotional balance and enhanced level of emotional maturity gained through this spiritual practice would help women maintain healthy relationships too especially when it comes to middle-aged mothers who are already burdened with so many negative as well as positive life experiences. It cleanses their mind, body and soul and its impact sends a positive vibe across their relationships too. All these healing practices have the capacity to nourish one's body and mind that prepares a woman for coping with any kind of challenges or difficult situations in her life. Staying calm and maintaining clarity of thought are essential components to improve quality of life of herself and others she is routinely associated with.
Attributional data: Ryff, Singer, and Palmersheim (2004) conducted research on "protective factors" in health and wellbeing, such as the role of religion and spirituality in promoting positive health, Giblin stressed on how spiritual maturity helps the middle-aged couples to adapt in their marriages (1997), spirituality can play a significant role enabling women cope with menopause and midlife challenges by assisting them in dealing with losses, strengthening their spiritual		

beliefs, and finding new purpose in life (Jaeger 2004 as cited in Steffen, 2011).

16. A session on 'Session on Self-Care & Self-Compassion'

This interactive session was handled by the Researcher herself. This session on self-care and self-compassion was the last intervention session that also included a recapitulation of the entire sessions in the intervention programme and their essence in brief.

Table 6.16 – FGD for session on Self-Care and Self-Compassion

Themes	1st Quartile Participants Results	3rd Quartile Participants Results
Significance of the Session on Self-Care and Self-Compassion	Participants opined that this session encapsulated the crux of all the intervention session that were given to the participants (80%). This session was significant in re-registering most of what they have received during different sessions. This reaffirmation of main points was a highly helpful part of intervention. As one participant said, "Knowing is different, but someone reinforcing or registering gives more impact to that knowledge and we could gain that through this session".	Participants in this group could identify that this particular session was an essence of all the awareness sessions (80%). They found the sessions useful and just like others they too gave their positive feedback on this session. According to them, since there have been varied sessions on different topics, this encapsulation was much needed to help participants sum up the significant points to take home. "Importance of self-care is something which women hardly think about. They rarely get time or energy to invest upon self-care" (60%). One of the participants answered emotionally that usually when women think of self-love or self-care, it is often considered as selfishness. We have lived in such a social environment that, if we bother about self-care, we have to live with a load of guilt which is so devastating."
Effectiveness of session on Self-Care and Self-Compassion	This session was a gist of the whole which has helped them to summarize the main points to work upon (70%). "The importance given to self-care and self-compassion has helped us to become open minded, come out of our self-imposed guilts and limitations that were a hindrance to our self-development (70%). We got to know that there are many mothers who lead a guilt filled life and find themselves torn between so many responsibilities and expectations. Caring for our physical and emotional health is crucial for being a strong support for our family. Neglecting self-care can lead to frustrations affecting our family peace. Self-love and care are vital at this age."	"The summing up of all the topics was extremely useful. It helped us refocus on those aspects" (60%). "This session has taught us that self-love is not a selfish act, on the other hand, it keeps us sane and emotionally healthy. Only if we are positive minded, we can vibrate positivity. This too, we have learnt from this intervention" (50%).

Suggestions for improvement from the participants	One participant has suggested that there should be one group that should continue to practice the experiential exercises and keep the group active. This will be a great motivation for all the mothers to come out of their shell and evolve themselves physically, emotionally, socially and spiritually.	Few participants have suggested to include sessions for their spouses and kids too so that they too become aware of all these aspects which a woman undergo during their midlife. Often their emotional expression is considered as overreaction. The fact is no one tries to understand women from their perspectives. Most often their emotional predicament remains hidden and gets manifested as behavioural issues (60%).
Analysis and discussion	Women in their midlife are vulnerable, as they are entrusted with the whole responsibility of their family and relationships. But often amidst all this, her identity as an individual remains hidden or unexplored. Self-care and self-compassion are two most important aspects which helps a woman to stay sane, balanced and stress-free. The complex nature of emotional relationships and hardships of life often drain out her energy and this directly impacts the quality of life of her family too. Therefore, caring for self and the act of loving oneself becomes too crucial at this juncture of life. If this balance is disturbed, then the accumulation of this unfulfilled and unaccomplished dreams and needs gets manifested in their daily acts of life that can perplex others in the long run. This becomes evident especially during the perimenopausal and menopausal years adding to more emotional and physical burden. Therefore, some of the most effective coping mechanisms during midlife transition are self-care and self-compassion. Only when a woman is happy and content, her family finds a way to grow in peace.	The researcher too feels that such sessions for mothers are helpful, and it becomes more fruitful only when their family members are also included. But this is possible only if they too are willing to participate and interact. A woman needs emotional support as well. Her needs are more emotional in nature but due to various reasons, they learn to simply settle down forgetting their own dreams and aspirations. For some women, they get ample support while there are many who are deprived of it. For such women, self-care and self-compassion becomes a necessity to enhance her self-worth and confidence before it gets completely washed away by the vicissitudes of life and various responsibilities.
Attributional data: The women's preventive self-care behaviors were linked to their health and disease understanding and awareness of health risks, involving strategies for improving their physical and mental well-being (Ghaljaeli et al., 2017), women who are vocal about regrets and take steps towards self-care experience better psychological well-being than those who don't (Stewart and Vandewater,1999 as cited in Rawat & Srivastava, 2020), routine exercises, fitness, nutrition, and health care is vital for preventing life-style diseases and keep body flexible (Dorfner, 2017 as cited in Ubaidi, 2017).		

6.1.4 Focused Group Discussions on Concurrent Group Activities for Individual and Group Development

6.1.4.1 Programme Activities

- Theme based group discussions and presentation (four groups)
- Individual topic presentation on major themes covered in the group intervention (major topics in a nutshell). It involved researching content for the selected, preparation of the presentation, presentation of the topic as a 'trainer'.
- Group was divided into various committees to coordinate the program: cultural committee, food committee, hall arrangement committee, recreation committee
- Theme based team skit/ Role play (with prior knowledge of the story but on the spot preparation and presentation of the skit).
- Group & individual cultural performances
- Group tour and personal sharing
- Personal reflections on the impact of social work intervention in their lives
- Certificate & gift distribution ceremony

A. First Quartile Participants

Themes

1. Significance of the Concurrent Group Work Activities

This session was specifically meant to help the group participants attain their maximum potential through participation and contribution. This activity was a significant part of the entire group work, in which other than psychoeducation and experiential activities, skill enhancement and self-development through a group experience was also given significance. The group itself became a medium for self-development of each individual. The activity required each participant to partake in group discussion, contribute their knowledge, take ownership and work as a team to express themselves. The teams also had been assigned team leaders who were elected by the group members. Each group was assigned a name and a theme upon which they presented a skit spontaneously. All the themes were basically based on the relevant topics that were covered in the psycho-education section. It helped them to recapitulate the sessions and at the same time add more knowledge to it with the help

of a group discussion and contribution of ideas from different members in the team. Each group attempted to convey a social message to the audience.

Individual theme presentation was also conducted via online mode, in which each participant was assigned a topic randomly. They were asked to prepare a presentation after thorough research and reading. These themes were women related topics and the main purpose of selecting those topics was to help these participants re-register the concepts they have already come across in the training programme conducted by the researcher. Each participant presented their topic accompanied with a power-point presentation. As one participant has expressed "this individual and group presentation has enhanced our presentation skills and confidence level. We never thought we would be doing these things at this age. We could realize that age is no bar for learning or performing, we could do so much even now." "All are talented and that it is actually their inhibitions that stop them from being a performer is what we could understand from this activity" opined one of the participants according to her observation.

The leaders took in charge of each team and organized the cultural programme too. The preparation and organisation of the cultural event brought together each individual and encouraged them to shed off their inhibitions and give their maximum input. One of the participants said that "the group bonding became so strong that without any hesitations we started sharing our emotions and feelings with each other. Each member owned up their role and responsibility. Each one was concerned for the another and shared enough care and support with each other".

According to another participant ", the group atmosphere was conducive to develop group cohesion as they did not experience any judgemental approach from anyone in the group. No one considered another as a stranger". Even though difference of opinion emerged from time to time, some members gradually understood their role and exhibited emotional maturity to cope with such issues more practically. Their support motivated other group members to maintain peace in the group.

One of the participants related "I am usually a lazy person who hardly takes interest in participation of any kind. I always had a fear to perform. But in this programme, I felt

no awkwardness in performing or participating, as I knew no one is going to judge me. This enhanced confidence in me to present whatever I knew to the best of my ability. I also learnt to motivate other participants to take up their roles and perform. I realized we need a social support circle that can give you solace and emotional support whenever you need it. They can inspire and motivate us to become better in our life. When someone talks negatively, I feel I am now emotionally in a better position to help that person cope with the negative situation with a better mental framework."

2. Effectiveness of theme-based group presentation, individual presentation and group cultural programme, group tour and personal reflections.

After the group discussion and presentation, one of the participants has mentioned that "now I feel free to share my problems in this group. This is a non-judgemental group and one can openly express one's feelings here". She further added that she was never like this before. As she interacted with others in the group, she realized that her problem is nothing when compared to the miseries of others in the group. Those therapeutic group therapies taught us several facets of life. She disclosed that now, she is able to universalize her problems with others and feels quite easy when she thinks about her problem situation. Previously her problems used to affect her deeply but now she is able to normalize it and take it on a lighter note. She finds herself much more emotionally free now in comparison to what she was in her past.

Few participants have opined that, "such activities have brought out the highest possible creativity of the participants as it required on the spot exhibition of skits and dialogues without any prior preparations. We tend to shut down our talents and use of our creative powers after schools and college life. Afterwards life gradually becomes monotonous with nothing new or exciting that would keep our brain sharp and updated." According to the participants, they were moved from their comfort zone to give their best performance for their group's sake. This has broken their aura of shyness and inertia which they were forced to create over the years to comply with their societal expectations. Participants happily expressed their joy of participation and contribution to their group performance.

As one of them pointed out “, there were some participants who were introverts and were not in a mood to participate. But since all of them had to own up their respective roles, they suddenly became responsible and committedly delivered their role with utmost ease and interest. This was indeed a visual treat to our eyes. The participant who was the most scared to perform a role gave complete justice to her role. They gradually shed off their inhibitions, came out of their cocoon and became group conscious trying to give their best for their group’s development. We could literally see group growth through individual commitment and performance. Another participant observed that “, suddenly we all became young and childlike who forgot their worries for a moment and indulged in making the group work a grand success as per their plan”.

According to the participants, the final group tour was an enlivening as well as an enriching experience. The group integration was at its best, with each individual trying her best to contribute towards the group entertainment. Fun filled tour and personal sharing session was a new experience for them. During this event, all the participants gave their personal feedback on their experiences with respect to the group work intervention in which they have committedly participated for their own development.

Presently more participants in the group are coming forward for introducing and launching a you tube channel that would showcase inspiring achievements of these participants. They are keen to contribute something useful for the society and inspire other women in the society through their achievements and inspiring stories.

3. Suggestions for improvement from the participants

Some of the participants opined that more group activities can be included in the future interventions as group tasks are a great source of entertainment and learning. It teaches them how a team works and achieves its goal. More group performances would ensure more bonding is what one of the participants observed.

4. Analysis and Discussion

Social Group Work, which is one of the methods of Social Work, is basically a psycho-social group process in which individuals in a group setting learn to relate to

one another, experience individual growth as per their needs and capacities using a group as a medium. They are helped by a group worker who guides them through a guided group interactions using a non-judgmental approach in order to help them achieve their individual goals. The group planning and programme development is owned up by the group members under the guidance and supervision of the group worker. The group witnesses' various kinds of dynamics as it evolves through the popular stages of group process such as: forming, norming, storming, performing, adjourning (Tuckman and Jensen, 1977)

A purposeful group work is something through which an individual as well a group evolves and achieve their individual as well as group goals. A group work allows an interplay of various kinds of personalities on one single platform and creates group situations that ensures cooperative efforts to achieve certain common ends. We witness a purposeful group experience that aims at improving the social functioning of each individual in the group**.**

The researcher strongly feels that along with the group it is not just an individual who evolves but a group worker too who sees through all the stages of the group development in a total unbiased way and follows all the basic principles of group work. A group worker detaches herself from the group yet remains a focal part of it and becomes a testimony to the group's overall evolution. When it comes to a group worker, at the end there prevails a sense of satisfaction and achievement in her, as she could witness what she had visualised long before even the intervention has started. As the group flourishes, an individual too grows beyond imagination as the participant gets immense opportunities to explore his/her potential in an unbiased environment. There is a sense of awakening in an individual, the group and group worker too as this evolution brings loads of self-realizations that tend to change one's attitude and perception towards various aspects of life.

Group work is undoubtedly, one of the most significant methods of social group work that has the capacity to change an individual with the help of a group. The dynamic nature of the group is what that makes the entire group work interesting and fruitful. The researcher feels that Group work and case work must go hand in hand to see the intended positive results.

B. Third Quartile Participants

THEMES

1. Significance of the Concurrent Group Work Activities

Majority of the participants have opined that, group discussion as an activity has enabled the contribution of each individual's knowledge and viewpoints. The matter that was presented by the group representative was an amalgamation of ideas from each group member. They had not participated in such group discussions before. Only a few got the opportunity to be a part of it during their school and college days. The most significant part was that each participant willingly contributed towards group's performance and success.

Group discussion is one of the most striking features of any group work, that takes into consideration the viewpoints of each member without any discrimination. Everyone feels accepted and this inclusiveness helps in maintaining the cohesion and integrity of the group. The spirit of healthy competition is also encouraged. This instils in them a sense of responsibility to give their best for the sake of their group. Sense of belongingness and ownership improves as they gradually start identifying themselves with the group they belong to.

Individual theme presentation, according to majority of participants, was more thrilling as it required each member to speak out and make a presentation on their selected themes. It churned out more talents from them. Even those who had never done such individual presentations in their school or college life, had to participate and gave their maximum effort to make it successful. Few participants who had prepared PowerPoint presentations were excited and keen to present their slides. For them it was first of its kind experience that made them do these tasks for their self-development. With regard to the group cultural programme, few of the participants expressed that they have not seen stage after they had left school and college. Instant skit performance, dance were all amazing experiences that made them feel they are still capable and talented.

2. Effectiveness of theme-based group presentation, individual presentation and group cultural programme, group tour and personal reflections.

Group discussions helped in the overall participation of the group members. As one participant has pointed out, "each member responsibly played their part and contributed their knowledge and information willingly. Even the shy ones pitched in and did their part without any inhibition." Another participant said that this kind of group activity makes each individual feel important. There is an environment of acceptance and acknowledgement without any discrimination. Each member shows keenness to participate not for her own sake but for the success of her own group. Such activities have increased the 'we' feeling of the group as it promotes unity and commitment." It was well organized and systematically carried out as per one participant's remark. It would have been more dynamic if there were more groups as it would add greater sense of competition and performance, as per a participant's opinion.

Individual theme presentation as an activity was more competitive as each individual had to prepare and present her topic individually. It required more responsibility and dedication from an individual. Even those who were most reserved and introvert, broke their inhibitions and presented their themes most creatively, as was observed by few of the participants. It was one of its kind experiences, as one participant has related. They have often seen their children preparing power point presentations, but never thought they too would get an opportunity to learn and prepare such presentations in their life.

"Group cultural activity was the most interesting part of the whole programme, as everything was instant and made us think creatively" one participant noted. As per another participant, "things which we had thought impossible, was made possible as there was no other option to escape. There was no scope for any procrastination from our side". "Group programme helped us explore our own potential and capabilities which we had considered to be non-existent", as one participant has opined. "The tour program was an unexpected turning point which we had not expected" according to one of the participants. They happily participated in the group discussions. Few participants even related that "majority of them needed a break from their routine

activities and therefore, without any major hassles readily participated in the tour programme."

3. Suggestions for improvement from the participants

Few participants opined that it would have been more interesting if more groups were there as that would create tough competition among the groups. According to them, elimination rounds also could have been included to make it more interesting and competitive. More rounds of group discussion were also suggested by few participants to make it more dynamic, and power packed.

Individual theme presentation was conducted through online mode. Few participants have suggested for offline mode for individual presentation. In order to maintain the pace as per the time schedule, allotment of time for cultural activities had to be reduced. Even though, it was sufficient with respect to the number of items for the programme, some participants expressed their desire for more time for their cultural activities.

4. Analysis and Discussion

The main group was divided into subgroups and each group selected their leaders. Assignment of themes for each group was done with the help of lottery method. Themes that were already discussed in the psycho-education programme, were selected for discussion. The main aim was to re-register those themes and content in the minds of participants. The most striking feature of this discussion was that it led to a creative contribution of knowledge and information other than what they have heard or learnt through the psycho-education sessions. Each one contributed from their own personal experience and thus, made it more creative and dynamic.

Group discussions are very central to a group work programme, as it churns out maximum potential of the members. There is a rigorous brainstorming and exchange of ideas that makes it more engaging and compelling. Individual theme presentation showed that, every participant is talented and has great potential. It is just that, perhaps they never got a platform to express themselves or their talents after their school life. Most of them dedicated their lives towards the upbringing of their children and family and forgot their own identity and deepest desires. Perhaps, they

just needed a trigger or a stimulation to come out of their self-imposed cage and show their actual worth.

Dance, skit/ role play and individual talent exhibition were all a medium to bring out their maximum potential and enhance their self-confidence. On the spot events such as these stimulate their mind and creativity. This was the main intention behind such an event that would make them feel that they still can do things spontaneously and most creatively, where the group will help them to be their best versions.

6.1.5 Significance and Effectiveness of Case Work interventions as expressed by the participants during the Focused Group Discussions

During the focused group discussion, the primary emphasis was placed on evaluating the efficacy of the group work intervention. As the case work entails personal information of the clients/participants, a comprehensive analysis of its effectiveness impact could not be discussed during the focused group discussion. Nevertheless, participants provided their overall opinion regarding the effectiveness of the case work intervention. The evaluation of the effectiveness of the case work intervention have been specifically mentioned in the case work evaluation section. Case work intervention has applied Acceptance and Commitment Therapy as its practice model. Three types of treatment approaches used during the case work intervention are:

1. **Indirect Treatment**/ Environmental Modification
2. **Direct Treatment** which involves Acceptance and Commitment Therapy (**ACT)** based Counselling services, therapeutic interviewing, psychological support, clarification & guidance for insight development.
3. **Administration of practical** services & referrals

6.1.6 Significance of the Case Work Intervention

The participants reflected that an individual approach through case work intervention have been extremely helpful in delivering customised service to them according to their specific problem situation. Each client is unique with a unique set of emotional or other practical problems, for which they need a support system to alleviate their problematic situation or distress. One-to-one approach other than the group activities helped them to enhance their trust relationship with the worker and that in turn helped them reveal their innermost feelings and insecurities to the case worker. The efforts

by the researcher to strengthen their ego by means of Acceptance and Commitment Therapy and consistent motivation, guidance and persuasion had a great impact on them. It was a new experience for them as they had never been exposed to such an enriching experience before, where someone takes a moral responsibility to understand them as a psycho-social entity and tries to provide psycho-social support after due logical reasoning and investigation. It was not just the emotional support but also the practical services and other growth-oriented activities for the client that helped them find alternatives, rediscover themselves and attain self-awareness. The instructions and guidance/ suggestions given by the case worker to both the clients and their significant family members helped them to restore their relationships and social functioning.

6.1.7 Effectiveness of the Case Intervention

Some of the mothers stated that through this approach they could gain a comprehensive awareness regarding their own personality issues and their role in the overall social functioning especially within their family relationships. The most interesting aspect was to know about their relationship with their own thoughts. Few of the participants observed that "Mindfulness exercises helped us to perceive our thoughts and situations from a totally different angle and mindfully accept our situations. We could develop more self-awareness and self-acceptance of our situation". The emphasis on the fact that "accept what you cannot change while at the same time focusing things which are within our control was an enlightening message. It has taught us to change the way we often relate to our disturbing thoughts and emotions so that we do not get overwhelmed by our negative thought process. The therapeutic approach helped us to explore our core values and goals in life through various worksheets especially the choice point framework activity that brought more clarity to us on our future course of direction". As per their experience, they could know more about self-awareness, psychological flexibility and experiential avoidance which they had not heard before. As one of the clients has related, "The individual sessions have helped me to prioritize my identified needs and take committed action in achieving them without self-doubt or fear". For few mothers, being a part of this whole intervention program, itself has been a life changing experience.

Moreover, according to their feedback, one-to-one approach helped them enhance their self-confidence and resilience. It has made them more expressive and assertive

about their emotional needs. It has inspired them to take charge of their life situation and make a conscious decision to go ahead as per their chosen values. Case work interventions with their children and other few family members has helped them modify their attitude and learn coping skills to deal with the client's menopausal distress or other stressful life situations. Counselling sessions for some of them helped them learn adaptive skills to cope with their own anxieties pertaining to exam preparation and other personal issues. They were positive about the social work skills exhibited by the case worker, such as:

- Listening skills and acceptance
- Provided relevant information.
- Was able to assess client's actual problem.
- Non-judgemental approach
- Highly motivating and understanding.
- Empathetic and impartial
- Maintained positive relationship with the client.
- Client's decision (self-determination) was given due importance.
- Regularity in follow-up was good.
- Confidentiality was maintained throughout.

6.1.8 Conclusion

In this research, focused group discussions were used as an evaluative tool that primarily assessed the impact of the social work intervention on the quality of life of two specific groups of middle-aged mothers. The first group (1st quartile) exhibited eloquence and active participation, while the second group (3rd quartile) was less participative but still contributed to the discussions. Another observation was that initially, participants preferred shorter and fewer offline sessions due to time constraints and their family commitments. However, after attending sessions, there was a growing demand for more detailed sessions. The deciding factor for the duration of any session is always based on their availability. Most mothers in the group centred their attention on issues concerning their adolescent children. Numerous emerging themes surfaced during the discussion, with a majority of them linked to the needs of their kids. Mothers' awareness is ultimately for the betterment

of the entire family, and they function as the epicentre on which the entire family system revolves.

6.2 CASE STUDY ANALYSIS

Introduction

As part of qualitative research, case studies were undertaken, in addition to focused group discussions, to gain a comprehensive subjective understanding of the impact and effectiveness of social group work and case work intervention on the quality of life of middle-aged mothers. Three specific cases from the intervention group were chosen purposively for detailed case studies during the qualitative phase. The selection was based on the depth and complexity of the cases and the range of services given during the intervention. The qualitative inquiry in this research is exploratory in nature, employing methods such as in-depth interviews, client observation, and examination of various documents. The case study involves thematic analysis of major themes explored in the case study inquiries. Case work intervention section in all the three case studies entails case conceptualization for acceptance and commitment therapy during the direct treatment approach. It also includes a '4Ps' for biopsychosocial factors (George Engel, 1980) presented in the form of a formulation matrix for each case under study. Various aspects of their lives were investigated and documented with their explicit consent and willingness. The impact of the social work interventions on the quality of life of these three cases were studied in-depth and analysed.

Case studies represent a qualitative approach wherein the researcher deeply investigates a program, event, activity, process, or one or more individuals. The case(s) are delimited by time and activity, and researchers gather comprehensive information through various data collection procedures over an extended period. A case study is a research strategy, encompassing more than just a method, technique, or process of data collection (Creswell, 2014). Case studies are not suitable for determining prevalence rates or for probabilistic generalization. Instead, they serve the purpose of delving deeply into problems, comprehending the stages within processes, or gaining insights into situations within specific contexts (Gilgun,1994).

6.2.1 CASE VIGNETTE: A

I. Case Introduction

Client is a 45-year-old educated homemaker who was one of the participants of the social work interventions conducted by the researcher. Owing to her low score in the QOL assessment in the first phase of the study, she was screened as one of the participants for the intervention programme.

II. Presenting Concerns

During the initial assessment, the client described about severe body pains/aches that was affecting her daily -living-activities. She had an acute sense of grief/loss with feelings of inadequacy, low self-esteem and emotional insecurity. There is a strong urge in her for seeking validation and appreciation from others. She is undergoing identity crisis and neglect in her relationships. Avoidance and ill treatment from her close relatives have caused her emotional distress and trust issues.

III. History

Raised in a financially disadvantaged family with minimal emotional support from mother, she faced strict restrictions on her social interactions from her father. Her elder brother's anti-social behaviour added to the family's emotional distress. Economic constraints hindered her education and career aspirations. Her first marriage was marked by her husband's alcoholism and abuse, leading to the loss of their sons. Despite her husband's evident mental health issues, he remained unresponsive, subjecting her to continued abuse and isolating her from her supportive father. She eventually left this abusive relationship and sought a divorce. Years later, she remarried and found happiness as a housewife, although she faced discrimination from her new in-laws. Her resilient approach to these challenges, coupled with her husband's support, was notable. Her two sons from her second marriage bring her hope, but she remains concerned about their well-being. Her relationships with her brothers, particularly the elder one who deceived her husband, are strained. Despite her care and affection, her younger brother and his wife have shown disrespect, contributing to her vulnerability and anxiety.

IV. Assessment

During the QOL assessment, the client expressed a keen interest in participating in the intervention program to acquire coping strategies and emotional regulation skills. She had no prior exposure to therapeutic interventions to alleviate emotional distress and exhibited an excessive need for external validation, occasionally overshadowing team efforts. After social work interventions, the client demonstrated improved physical and emotional well-being, benefiting from active engagement in the program.

Measures

WHOQOL assessment (pre and post intervention assessment): Pre-intervention score 69 improved to 80 (out of 100) post social work intervention.

Comprehensive questionnaire to study the influence of midlife challenges on the QOL of middle-aged mothers (pre and post intervention assessment): Pre-intervention index value 4.45 improved to 5.67 post social work intervention.

Biopsychosocial Awareness Scale (pre and post intervention assessment): Pre-intervention index value 5.3 improved to 6.9 post social work intervention.

V. Case conceptualization/ Case Formulation

The biopsychosocial model by George Engel (1980) delineates the "4 Ps" for each of the biological, psychological, and social factors.

Table 6.17 – Formulation matrix based on the client A's data

	Biological	Psychological	Social
Predisposing	Severe body pain/aches	History of invalidation from mother, feelings of inadequacy, low self-esteem, emotional insecurity, victim of emotional abuse due to toxic marital relationship,	Early exposure to enmeshed family environment, lack of mother's emotional support in the early phase, distrust, financial stressors, adverse events in youth, loss of children in youth, abusive marriage, discrimination & neglect from family members
Precipitating	Emotional burden often triggered the aches	Inferiority complex, Grief, loss, disagreement, self-pity, emotional dependence for validation, identity crisis,	Avoidance by relatives, strong urge for recognition from relatives and friends

		sense of inadequacy	
Perpetuating	-	Faulty beliefs about others, help seeking, painful memories of unresolved past relations, strong urge for validation from others for her traumatic past	Self-obsessed and acute yearning for recognition, defensive in nature, unaddressed social relationships
Protective	Overall good health except for aches and pains, low response to medication at the time of meeting	Good coping skills, deeply engaged in learning and social activities, has capacity to change with a reflective mind, helpful, open to treatment	Takes initiative and actively participates in social activities, support from community, strong religious/spiritual beliefs, financial stability, good support from spouse and children, interested in therapy.

(Selzer & Ellen, 2014; Weerasekera, 1993)

Case Conceptualization Statement:

The client presented herself with physiological problems such as chronic body pain and aches that used to get aggravated during emotional distress. She had been suffering from feelings of inadequacy, low self-esteem, emotional insecurity. She experienced a challenging family environment during her early years, marked by a lack of emotional support from her mother, discrimination, neglect, and distrust among family members. She also faced financial difficulties for her livelihood and for pursuing education of her choice. She had to undergo adverse experiences in her marital relationship, lost children in her youth, and endured an abusive marriage. She carried an emotional burden of painful memories of being a victim of emotional abuse as a result of a toxic marriage ***(Predisposing factors).*** Feelings of inadequacy, grief, sense of loss, self-pity, and a need for emotional validation, identity crisis, traumatic memories from her past contributed to the client's present difficulties ***(Precipitating factors).*** The client has been holding misconceptions about others, seek help and attention from others, and grapples with painful memories of unresolved past relationships, all of which perpetuate her issues. She has a strong desire for recognition from others due to her traumatic past and displays self-obsessed behaviour with an acute yearning for validation. She has unresolved social relationships too (***Perpetuating factors).*** Her overall health is good except for

occasional aches and pains, with limited response to medication when first assessed. However, she demonstrates effective coping skills, actively engages in learning and social activities, possesses a reflective mind, and is open to treatment. She is proactive and participates in social activities, receives support from the community, has strong religious and spiritual beliefs, enjoys financial stability, and receives substantial support from her spouse and children ***(Protective factors).***

VI. Possible solutions recommended and treatment services given as Case Work and Group Work Interventions:

A. CASE WORK

a. Direct Treatment based on Acceptance and Commitment Therapy

The researcher applied the six core therapeutic processes, which are facets of psychological flexibility in ACT. This includes being fully present, open to experiences, and aligning actions with one's values. These processes aid in improving quality of life by teaching clients how to address life's challenges. Following initial debriefing and ventilation, the researcher initiated the ACT core process using the 'Dissecting the Problem' worksheet to gather information about the client's main issues and challenges.

1) **Contacting the Present Moment (be here now):** This included mindfulness exercises such as ‘Dropping an anchor’, an experiential session. Every session began with this activity to help the client consciously bring her awareness in the present moment rather than drifting off into her thoughts, for instance, ‘observe- with openness, interest and receptiveness - whatever thoughts, feelings, or other private experiences are present’.

2) **Defusion (Watch your thinking**): The client learnt to step back and detach herself from her painful past memories, thoughts and images instead of getting entangled in them. The techniques used were ‘Noticing’ and ‘Meditative’ experiential exercises. Practice sessions to be done at home was also reinforced. Reminders were also sent.

3) **Acceptance (open up):** It taught opening up and making room for her painful feelings, sensations and emotions instead of struggling with them or resisting them and allow them to be as they are without defences. The techniques used were: 'The Observing Self', "Healing Hand', 'Physicalizing' etc.

4) **Self-as-context (Pure Awareness)**: knowledge about 'thinking self' and the 'observing self' was given.

5) **Values (know what matters):** helped the client in value clarification (life's chosen directions) and goal setting using 'Bull's Eye' and 'Choice Point Framework' worksheet, motivation was given for taking small steps towards goals despite hurdles. She was encouraged to engage in some valued activity and focus her attention primarily on that activity. She was made to let her thoughts come and go in peripheral awareness, whilst repeatedly bringing her attention back to the activity itself.

6) **Committed Action**: The client was motivated to undertake value-guided, effective & mindful actions that would make her life more meaningful. She completed three courses of an alternative healing therapy and is presently practicing it along with other social involvements to keep herself meaningfully engaged.

b. Indirect Treatment

Support was extended to facilitate the client's enrolment in courses related to alternative healing, including basic, advanced, and psychotherapy, in accordance with her informed choice. Additionally, digital assistance was provided to assist in the initiation and dissemination of her programs, which have garnered significant public interest, contributing to a notable boost in her self- confidence.

c. **Referral services**

She was referred to a physician for her physical aches/pains. The doctor diagnosed some nerve compression in her spine area. Presently under treatment.

B. GROUP WORK INTERVENTION

Table 6.18 - Group Work Intervention for 'A'

Psychoeducation	***Skill development & Emotional empowerment***
Gynaecological aspects, Nutrition & Diet Lifestyle Diseases Prevention & Management Naturopathy: Alternative Medicine, Parenting & Setting expectations from children, Mental Health Awareness, Women empowerment & protection, Positive relationships & self-development, Eye- care & protection: Medical camp and awareness session	Menopausal Coping, Emotional coping & life enrichment, Yoga & Fitness, Mindfulness exercises & stress management, dealing with guilts/regrets, anger management, Self-esteem & confidence enhancement, Dealing with procrastination, Mental alertness, Acceptance & commitment towards value-based living, Self-care, Forgiveness & Gratitude, Digital empowerment, Presentation skills.

VII. Impact Outcome

What has changed because of social work intervention or what she is doing differently post intervention?

- The client gained clarity about herself and her vulnerabilities. She now prioritizes key areas for change and improvement and consistently works towards that.
- Regular meditation and mindfulness practice boosted her psychological resilience and coping skills.
- She completed three courses in alternative healing and is presently practicing the same.
- She is actively involved in self-development activities of Aham Janani group. Her relations with her estranged brothers and their families have improved.
- She acquired better coping techniques to manage her painful memories and actively engages in social activities for emotional well-being.
- Her health has improved, and she maintains her treatment regimen. Immersed in self-development activities, she seldom dwells on physical or emotional discomfort.

- Her leadership skills and self-confidence have improved, evident in her efficient coordination of group ventures. Her transformed attitude sets an example for others to emulate.

VIII. Her feedback with respect to the social work intervention

She has shared her positive experience with both group and case interventions. Many of her psychosomatic issues have improved. ACT-based case interventions have boosted her self-awareness and lessened her emotional burden, which has contributed to a reduction in her psychosomatic ailments linked to long-standing emotional distress from her childhood. Emotional ventilation and defusion exercises have eased her emotional pain by promoting detachment.

In her feedback, she expressed, "I had many emotions to release, and this intervention came at a surprising moment. Intervention was a new experience for me and it has covered most of the physical, psychological, and social aspects of midlife. The sessions were well-tailored to our needs, offering valuable insights into relationships, forgiveness, gratitude, acceptance, and mindfulness. Thought management was a new concept that broadened my perspective. I now feel more passionate about pursuing my dreams and have a stronger sense of identity."

IX. Follow- up

Regular follow-up was undertaken to monitor the progress of the client. The intervention has been enabled the client to attain self-awareness, set clear future goals, enhance her self-confidence and decision-making skills according to the client. She is also regular with her mindfulness exercises.

X. Treatment Implications

The treatment yielded a positive overall response. Despite physical and emotional challenges, she remains dedicated to her chosen valued activities, subjectively improving her quality of life. The approach discouraged certain activities that could trigger symptom recurrence, allowing space for learning and value-congruent

behaviour. ACT encouraged her to embrace painful experiences through mindfulness practices.

6.2.2 CASE VIGNETTE: B

I. Case Introduction

Client is 39 years old educated unemployed mother of two. She was one of the participants of the intervention programme organised by the researcher. Due to her low QOL assessment score, she was screened to be one of the participants of the intervention programme with her due consent and willingness.

II. Presenting Concerns

The client had been experiencing emotional stress and mood swings for a long time. She was found to be ruminating over her past experiences of career failure and lack of support from her relatives. She was often found to be out of contact with her present moment. She showed tendency to get 'fused' with her painful thoughts. Identity crisis, regrets over wrong decisions in life and financial dependency over her spouse caused immense emotional pain in her affecting her mental health. Her frequent emotional outbursts and behavioural issues have been creating panic and emotional disturbance in her children. They often found it unbearable. This further affected her emotional health. She was afraid to make her own choices regarding her career advancement and personal growth because she feared her spouse's opposition.

III. History

She was born and brought up in an environment in which she had to frequently witness parental conflicts and emotional abuse. Her siblings, one younger sister and brother too had to undergo the same trauma. Lack of empathy from her family members severely affected the relationship between her and all her family members. Her mother was psychologically unwell which made her behave in a hostile way. Amidst all these distractions, the client worked hard towards her goal.

The client in her young days had been a very studious person who devoted much of her time in preparing herself for government exams. Being quite an ambitious person, at a very young age of 18 years, she successfully managed to clear the

PSC (Public Service Commission) exam to join Police force. After undergoing a training period for nine months, she was appointed as Police Constable. This was her dream accomplished for which she had been tirelessly working towards all those years. Unfortunately, post-delivery due to the lack of family support, she was forced to give up her job to take care of her baby who needed her wholesome attention and care. There was not even a single person who extended support to help her continue with the job. She had to sacrifice her government job which she had been yearning for since her childhood days. This incident caused in her immense regret and despair. That event demoralised her completely because she had been an ambitious person all throughout her academic life. She had to experience avoidance and misconduct from her in-laws. Lack of emotional support from her spouse during critical times of her life aggravated her emotional pain. She had in the past suffered from suicidal ideation too due to her emotional distress.

IV. Assessment

During the initial quality of life and need assessment phases, the client expressed strong interest in the intervention program. She remained consistently enthusiastic and cooperative throughout the intervention, whether in group work or case work. Her contributions to teamwork were commendable. Her goals included learning coping strategies, managing her emotions towards her children, addressing negative thought patterns, and improving relationships, particularly with her parents and siblings. Active participation in the program led to positive improvements in her emotional well-being.

Measures

WHOQOL assessment tool (pre and post intervention assessment): Pre-intervention score 81 improved to 92 (out of 100) post social work intervention.

Comprehensive questionnaire to study the influence of midlife challenges on the QOL of the middle-aged mothers (pre and post intervention assessment): Pre-intervention index value 3.47 improved to 5.09 post social work intervention.

Biopsychosocial Awareness (pre and post intervention assessment): Pre-intervention index value 5 improved to 6.8 post social work intervention.

V. Case conceptualization/ Case Formulation

Table 6.19 - Formulation matrix based on the client's data

	Biological	Psychological	Social
Predisposing	No specific physiological illness	Anxious personality, low self-esteem, insecure attachment due to upbringing in a dysfunctional family, feelings of inadequacy, emotional insecurity, emotional aggression/impulsive.	Early exposure to dysfunctional family- tension, neglect and indifference in the growing years. Lack of parent's emotional support, conflict between mother and father, adverse events in the professional life. Harsh decisions during youth (giving up a secure job), lack of emotional support and respect from spouse and family.
Precipitating	-	identity crisis, stress, anxiety about her future career, fear to show assertiveness, emotional insecurity and guilt.	Inability to secure a job due to family commitments, financial dependence, disrespect and neglect from spouse and family, behavioural and academic problems of her teenage daughter, discordance with her siblings and parents.
Perpetuating	-	ruminating failures, self-pity, inability and fear to multitask, negative though patterns and reinforcing environment, deficits in assertiveness skill, helplessness, emotional pain due to unresolved dysfunctional relationships	Lack of employment, unaddressed relationship conflicts, misunderstanding, unruly behaviour of her child, lack of emotional understanding in the family
Protective	Physically sound and active	Enthusiastic, reflective mind, dedicated, resilient, ambitious, cooperative and understanding	Takes initiative and actively participates in social activities, support from community, punctual, team player, supportive, understanding, competent and interested in therapy for self-development.

A. Case Conceptualization Statement:

The client had presented with emotional insecurities and distress. she had an upbringing in a dysfunctional family. She was exposed to emotional abuse and parental indifference due to which she developed feelings of inadequacy, low self-esteem and trust issues. She was prone to emotional aggression and self-harming disposition. Lack of parental care during childhood, adverse decisions pertaining to professional matters, lack of respect and emotional support from spouse and his family were found to be some of her predisposing aspects ***(Predisposing factors).*** Constant worries regarding her future career, guilt of having given up her secured government job, fear to show assertiveness and take decisions for herself, unaddressed relationship conflicts, behavioural problems of her teenage daughter acted as precipitants ***(Precipitating factors).*** Her tendency to ruminate over her failures in life, identity crisis, self-pity, inability/fear to multitask (balancing between household responsibilities and professional duties), consistent maladaptive thought pattern, unfavourable family environment were found to be some of the perpetuating aspects ***(Perpetuating factors).*** Some of her protective factors have been that she is physically healthy and active, enthusiastic, punctual and committed in her approach. She has a reflective mind, resilient and cooperative. She did not show any emotional aggression in the group setting and even during case work. She has psycho-social support from some of her neighbours. She has been a good team player and always showed her readiness for intervention activities ***(Protective factors).***

VI. Possible solutions recommended and treatment services given as case work and group work interventions:

A. <u>CASE WORK INTERVENTION</u>

a. <u>Direct treatment based on Acceptance and Commitment Therapy (ACT)</u>

The researcher utilized the six fundamental therapeutic processes of ACT, which are the facets of psychological flexibility. After an initial phase of ventilation, the researcher began the core ACT process by employing some of the ACT worksheets namely, "The Bull's Eye" and "Dissecting the Problem" worksheets

helped to understand the nature of the client's main challenge/issues. It also in turn helped her gain an extensive insight into her own maladaptive thought patterns and beliefs.

1) **Contacting the Present Moment (be here now):** This included mindfulness exercises such as 'Letting go', 'Mindfulness of Breath' and 'Dropping an Anchor', experiential sessions to help her be in the present. These activities helped her consciously bring her awareness into the present moment.

2) **Defusion (Watch your thinking**): The client learnt to step back and detach herself from her painful past memories, thoughts and images instead of getting entangled in them. The techniques used were 'The Observing Self', 'Meditative' and 'Workability' experiential exercises. Practice sessions on defusion techniques was also reinforced. The main aim was to help the client detangle herself from her painful thoughts. 'Getting Hooked' worksheet helped the researcher to understand the degree of fusion with her painful thoughts.

3) **Acceptance (open up):** Exercises for opening up and acceptance i.e. making room for her painful feelings, sensations and emotions included: 'Pushing against a clipboard', 'passengers on the bus', 'normalizing' exercises. 'Acceptance of emotions' mindfulness exercise was also undertaken. Awareness on reality gap i.e. gap between current reality and desired reality helped her to normalize and validate her feelings and compassionately acknowledge her pain.

4) **Self-as-context (Pure Awareness)**: knowledge about 'thinking self' and the 'observing self' was given.

5) **Values (doing what matters):** Value clarification (life's chosen directions) and goal setting exercises were undertaken using 'Bull's Eye' and 'Choice Point Framework' worksheets. Choice point worksheet motivated her to focus her mental energy in some valued activity and make value-based decisions

henceforth. All these above exercises also focussed on her initiatives towards accepting her relationships and understand them from a healthy perspective. Values such as forgiveness, acceptance and gratitude were reemphasized for her own emotional wellbeing.

6) **Committed Action**: Value based short term and long-term goals were formulated for her future reference. Since she has shown consistent passion in her own development throughout the intervention activities, she was encouraged to do something meaningful in her life other than her family commitments and keep herself socially active for her emotional wellbeing. Post intervention she completed a short-term course of her choice to join an organisation as a language trainer.

b. Indirect Treatment/ Case Management

The researcher facilitated the client's enrolment for a language course as per her choice. She also completed a course related to Alternative Healing as per her willingness and decision despite resistance from her spouse. Digital assistance was provided to upload her interview on the social media. This has enhanced her self-esteem and confidence level.

c. **Referral services**: Guidance was given to the client (on her request) about her mother's psychological illness and maladaptive behaviours which has never been attended to before. Client's mother was referred to a senior psychologist for further help and diagnosis.

Table 6.20 - Group Work Intervention for 'B'

Psychoeducation	***Skill development & Emotional empowerment***
Gynaecological aspects, Nutrition & Diet Lifestyle Diseases Prevention & Management Naturopathy: Alternative Medicine, Parenting & Setting expectations from children, Mental Health Awareness, Women empowerment & protection, Positive relationships & self-development, Eye-care & protection: Medical camp and awareness session.	Menopausal Coping, Emotional coping & life enrichment, Yoga & Fitness, Mindfulness exercises & stress management, dealing with guilts/regrets, anger management, Self-esteem & confidence enhancement, Dealing with procrastination, Mental alertness, Acceptance & commitment towards value-based living, Self-care, Forgiveness & Gratitude, Digital empowerment, Presentation skills.

VII. Impact Outcome

What has changed because of social work intervention or what she is doing differently post intervention?

1. The client could achieve some clarity about her problem situation, the level of her emotional burden that is causing strain in relationships, she now easily identifies her life draining thoughts & actions. Her self-awareness has improved and consciously works towards improving her day-to-day quality of life.
2. She was given guidance with respect to future actions to be taken and various feasible strategies to lead a better quality of life. She is presently able to prioritize and focus on the core areas of her life which she wished to change and improve upon.
3. On the relationship front too, she is finding some improvement in the quality of her relations with her relatives. She has become more assertive.
4. She has learnt better coping techniques to deal with her problematic relations in her family. She purposefully engages herself in various social activities and uses learning opportunities to keep herself emotionally healthy.

5. She has become health conscious and participates in yoga and mindfulness activities.
6. She too has done a basic course in Pranic Healing post the intervention with an aim to heal herself and others in her family. Introduction to spiritual concepts helped her ease out her emotional distress and lots of mental confusions regarding relationships.
7. Her aggression and emotional outbursts have reduced, and children have reported a positive change in their mother's behaviour towards them.
8. She has overcome her fears to go out and explore more self-growth opportunities and has recently joined an organisation as a language trainer.

VIII. Her feedback with respect to the social work intervention:

According to her feedback, the intervention has been a life-changing experience, leading to attitudinal and perceptual shifts. She's developed greater self-awareness, enabling her to approach relationships with more acceptance and tolerance. Acceptance and forgiveness have become valuable tools for maintaining positivity in her life and home. Her conflicts with her daughters have reduced, fostering more amiable relationships. She has embraced forgiveness as a means of attaining mental peace and improving her connections with family members. Her increased awareness has rejuvenated her energy and brought a sense of ease. She's now able to accept her past without it controlling her emotions. She believes in her ability to rework and improve her life, with the only missing piece being her husband's emotional support for her career and self-development.

Her children too gave the response that their mother has become emotionally more understanding and tolerant towards them and that there is a change in her. She has now become more health conscious and takes conscious effort to take care of her mental health and physical fitness through self-care activities. She strongly believes in the role of destiny in shaping her life. She has also become more assertive in her communication with her spouse with respect to her personal decisions and future planning. She has been found to be quite satisfied with the intervention programme and strongly recommends such a programme for other mothers in their midlife.

IX. Follow up

Regular follow-up was undertaken to monitor the progress of the client. She was found satisfied with the intervention. She was found consistent with her mindfulness practices and physical fitness activities.

X. Treatment Implications

The treatment yielded a positive overall response. She was consistent with her chosen valued activities with an improvement in her overall quality of life. ACT encouraged her to accept and engage with painful experiences using mindfulness techniques and stay committed to her chosen values.

6.2.3 CASE VIGNETTE: C

I. Case Introduction

This client is a 39-year-old housewife mother of two children, elder one a son and younger one, a daughter. Her spouse is an accountant, and they have been living in a combined family setting. She was one of the participants of the intervention programme organised by the researcher. Due to her low QOL assessment score, she was screened as one of the participants with her due consent and willingness.

II. Presenting Concerns

The client expressed dissatisfaction with herself and a sense of hopelessness due to repeated failures in her attempts to pass the PSC exams, which led to low self-esteem and confidence. This caused conflicts in her marriage, mood swings, and emotional outbursts toward her family. She also faced physical health issues like high blood pressure, obesity, weakness, and body aches, which affected her daily activities.

She has a troubled relationship with her teenaged son. When the researcher met him as a part of family interaction, she found that he too was suffering from extreme low self-esteem and under confidence along with lament against his mother. He found himself scared and underconfident amidst few cousins who often bullied him. Because of her own lack of confidence and inferiority complex, she feels lesser than

others and this feeling creates discordance in her marital relationship with her husband. Because of self-defeating thoughts, she misbehaves with her children too, especially her son. She also related about her experience with her some of her relatives who frequently bullied her son and do not offer any support to her in times of crisis. The client seemed to be indecisive with huge career failure frustrations. She feels that she is not getting emotional support from her husband or his family members. But as per her husband's response, she was described to be highly procrastinating and indecisive by nature.

III. History

As a child, she was raised by her grandparents because her parents were working and unable to provide emotional support during her formative years. She couldn't complete her graduation due to difficulties in passing one paper. Her lifelong dream has been to secure a government job through the Public Service Commission (PSC), and she made multiple attempts, even enrolling in coaching classes, but without success. Earlier, she had experience as a lab technician, but family responsibilities forced her to leave that field.

Following the birth of her second child, she became seriously ill, and her son was cared for by his paternal grandmother for several years, creating a significant emotional gap between them. Despite taking care of him after her recovery, she remained emotionally distant, causing him emotional distress. Deeper investigation revealed her struggle to feel and express love for her son, while he continuously longs for her affection and attention.

She had always been a Public Service Commission job aspirant with a great fervour to get into government job. She has been consistently preparing for clearing her PSC exams and for past few years she has even joined some coaching classes to prepare for the exam, but all those attempts went in vain as she couldn't clear the exam. On further investigation, it was found that before her marriage, she has also done a lab technician course, underwent an internship at one of the centres, but had to leave that field due to commitments at home. Presently, she is only focusing on clearing PSC for one last time as she has just one more year left as per the age criteria. But at times, she has also appeared desperate to get into some job so that she could financially be

independent. She is totally dependent on her spouse for household and personal needs.

IV. Assessment

In the beginning stages of evaluating the client's quality of life and needs, she showed a great deal of interest in the intervention program. Throughout the intervention, she ensured her participation and cooperation during both group work and case work activities. Even though she was introvert most of the times, her teamwork skills were highly commendable. Her goals included learning emotional management, meditation skills to calm her mind, improve her self-esteem and address relationship conflicts. Active participation in the program led to positive changes in her physical and emotional well-being.

Measures

WHOQOL assessment tool (pre and post intervention assessment): Pre-intervention score 89 improved to 97 (out of 100) post social work intervention.

Comprehensive questionnaire to study the influence of midlife challenges on the QOL of the middle-aged mothers (pre and post intervention assessment): Pre-intervention index value 3.86 improved to 5.65 post social work intervention.

Biopsychosocial Awareness Scale (pre and post intervention assessment): Pre-intervention index value 4 improved to 5.5 post social work intervention.

V. Case conceptualization/ Case Formulation

Table 6.21 - Formulation matrix based on the client C's data

	Biological	Psychological	Social
Predisposing	Low energy level, physical inactivity, obesity, fluctuations in blood pressure level, severe headache and body aches.	Ambivalent attachment style, low confidence, emotional insecurity & dysregulation, low self-perception and image, sense of failure due to inability to clear her graduation and PSC exams, chronic negative thought pattern that affects her behaviour with spouse and children, inferiority complex, internal identity related conflicts, feelings of inadequacy, severe procrastination.	Early exposure to parental abandonment, psycho-social deprivations in childhood, strained relationship with spouse's family, lack of emotional intimacy from spouse, lack of freedom in the joint family system, financial stressors, emotional distance from her teenage son (inability to express love to her son).
Precipitating	High blood pressure level, weight gain, lack of physical energy, lack of initiatives to improve quality of health, aches & pains	Emotionally being clingy/needy causes embarrassment, identity crisis, impulsive behaviour, low self-image, self-imposed mental pressure to clear PSC, self-critical, anxiety about her future career, emotional & financial insecurity extreme procrastination, and guilt.	Inability to secure a preferred job due to family commitments, financial dependency, sense of being emotionally abandoned by her spouse and relatives, financial stressors, behavioural and academic problems of her teenage son, conflicts with co-sisters.
Perpetuating	Unstable blood pressure level, continuing pains & aches	Reinforcing toxic family environment, chronic negative thought patterns, emotional outbursts, dissatisfaction with quality of life and environment, feelings of non-adequacy, emotional distance from son, fear of failure,	Lack of intimacy and understanding in the marital relationship, sense of abandonment and low self-image affecting her relationship, toxic behaviour from relatives, poor finances, financial

		extreme procrastination.	dependency, lack of freedom to take decisions.
Protective	Intelligent and ready to seek help to address her physical ailments, interested in physical fitness	Good receptiveness, reflective mind, dedicated, competent, talented, good insight.	Supportive younger brother, supportive neighbours, engagement with religious and spiritual activities.

A. Case Conceptualization Statement

Low physical activity, obesity, blood pressure fluctuations, headaches, and body aches hint at potential health concerns. She struggles with ambivalent attachment, low confidence, procrastination, and anxiety tied to exam failures, leading to negative thoughts and an inferiority complex. Early parental abandonment, childhood psycho-social deprivations, strained spousal family ties, emotional intimacy deficits in the marriage, limited freedom in a joint family, financial stressors, emotional detachment from her teenage son (inability to express love) are contributing predisposing factors in this case ***(predisposing factors).*** Elevated blood pressure, weight gain, low physical energy, minimal health initiatives, aches, and pains were some of her precipitants. Embarrassment due to emotional clinginess, identity crisis, impulsive behaviour, low self-image, self-imposed mental pressure to clear PSC exams even after repeated trials, self-critical, anxiety about her future career, emotional & financial insecurity extreme procrastination, and guilt were her psychological precipitants (psychological). Inability to secure a preferred job due to family commitments, financial dependency, sense of being emotionally abandoned by her spouse and relatives, financial stressors, behavioural and academic problems of her teenage son, conflicts with co-sisters were some of her social precipitants ***(Precipitating factors).*** Unstable blood pressure level, continuing pains & aches were some of her perpetuating triggers which led to a low quality of her day-to-day life. Reinforcing toxic family environment, chronic negative thought patterns, emotional outbursts, dissatisfaction with quality of life and environment, feelings of inadequacy, emotional distance from son, fear of failure, extreme procrastination caused emotional distress in the client and acted as emotional perpetuants in the client's life. Lack of emotional

intimacy from her spouse, feelings of abandonment and low self-esteem were affecting her relationships. Other factors such as toxic behaviour of some of her relatives, financial issues, dependency, limited decision-making freedom were some of the perpetuating social factors. Her husband's opposition to her attempts at clearing PSC or looking out for other job options added more agony to her already existing emotional stress ***(Perpetuating factors).*** The client appeared intelligent and willing to address her physical health concerns and engage in fitness activities. She seemed to have good receptiveness with a reflective mind. Some of her protective factors were that she presented herself to be dedicated, competent, talented and a person with a good insight ***(Protective factors).***

VI. Possible solutions recommended and treatment services given as case work and group work interventions:

A. CASE WORK

a. Direct treatment based on Acceptance and Commitment Therapy (ACT)

The researcher has applied the six fundamental therapeutic processes of ACT, which are the facets of psychological flexibility. After an initial phase of ventilation process, the researcher began the core ACT process. "The Bull's Eye" and "Dissecting the Problem" worksheets filled by the client helped the researcher to understand the nature of the client's biopsychosocial midlife challenge/issues.

1) **Contacting the Present Moment (be here now):** This included mindfulness exercises such as 'Mindfulness of Breath' and 'Dropping an Anchor', 'Noticing self-defeating thoughts' experiential exercises to help her be in the present. These activities helped her consciously bring her awareness into the present moment.

2) **Defusion (Watch your thinking**): some exercises to help the client accentuate the defusion from the negative thought patterns were used. The techniques

used were 'The Observing Self' and 'Meditative' experiential exercises. Practice sessions were reinforced with daily reminders. The main aim was to help the client focus on constructive things and detangle herself from her unproductive thought patterns.

3) **Acceptance (Open up):** Exercises for opening up and acceptance of her painful feelings, were undertaken such as exercises like 'normalizing', 'passengers on the bus' and 'allowing' exercises. 'Acceptance of emotions' mindfulness exercise was also undertaken, and these exercises helped the client to accept her faulty thought patterns, the corresponding impulsive behaviour and areas for self- improvement. Various aspects were discussed such as relationship with her spouse and other significant members, low self-image, strained relationship with her son. Building self-awareness was key to this session. Psychological avoidance with respect to her equation with her teenage son was also dealt with through acceptance sessions.

4) **Self-as-context (Pure Awareness)**: Knowledge about 'thinking self' and the 'observing self' was given. The client was asked to silently listen to her thoughts or the voice in her head. Homework exercises were also prescribed to the client to train her watch her own self-defeating thought processes.

5) **Values (doing what matters):** For value clarification (life's chosen directions) and goal setting exercises were given using 'life compass' and 'Choice Point Framework' worksheets. Choice point worksheet motivated her prioritize her value-guided goals. 'Magic wand' exercise was used to clarify her values. The necessary future course of actions for the client were discussed and planned. This helped her focus on her most cherished life goals including health goals.

6) **Committed Action**: Value based short term and long-term goals were formulated for her future reference. Despite episodes of procrastination now and then, the client showed receptivity towards every discussion that was undertaken with her. She committedly participated in the self-improvement sessions. Determination of future plan of actions to achieve her career goals

such as preparation for PSE examination and other employment options to keep herself occupied was also undertaken.

b. Indirect Treatment/ Case Management

The researcher facilitated a family therapy in the presence of the client's spouse and son which paved way for a favourable support from her people at home. This helped in persuading him about her emotional needs, her identity crisis, career aspirations and seek his approval/support for the same. He ensured his support for her last attempt to clear PSC exams. Despite financial issues, he assured her of his support for her career growth. Her son too was counselled with regard to his mother's frequent mood changes/temper issues and the reasons behind her behaviour towards him. He was provided psychological support for anxiety issues pertaining to his upcoming exams.

c. Referral Service

Her name was registered in the employment exchange centre who would update her regarding various job opportunities for her in her hometown. This was an alternative option for the client in case she was unable to clear her upcoming PSC exam. The researcher also facilitated an opportunity for an internship at a renowned lab to update her lab assistant skills, but she declined the offer from them due to personal commitments.

B. Group Work Intervention

Table 6.22 - Group Work Intervention for 'C'

Psychoeducation	***Skill development & Emotional empowerment***
Gynaecological aspects, Nutrition & Diet Lifestyle Diseases Prevention & Management Naturopathy: Alternative Medicine, Parenting & Setting expectations from children, Mental Health Awareness, Women empowerment & protection, Positive relationships & self-development, Eye-care & protection: Medical camp and awareness session.	Menopausal Coping, Emotional coping & life enrichment, Yoga & Fitness, Mindfulness exercises & stress management, dealing with guilts/regrets, anger management, Self-esteem & confidence enhancement, Dealing with procrastination, Mental alertness, Acceptance & commitment towards value-based living, Self-care, Forgiveness & Gratitude, Digital empowerment, Presentation skills.

VII. Impact Outcome

What has changed because of social work intervention or what is she doing differently now post intervention?

1. Initially, the client seemed lost and preoccupied, lacking self-awareness and blaming others for her emotional struggles. After the intervention, she became more self-aware, decisive, and focused on leading a fulfilling life.
2. She appears more confident with better clarity about what she wants in her life. 'Choice point' exercise has helped her chart out priority areas of her life and value-based actions to achieve a fulfilling and empowering life.
3. Health awareness has made her more conscious and careful about her life-style habits and emotional health. She is more or less regular with her mindfulness practices except for few lapses. She religiously follows her physical fitness routine to help check her blood pressure fluctuations. Her feedback shows better health results.
4. She now sounds more confident and assertive during interactions. The researcher can see that the client has developed a positive frame of mind after the above-mentioned intervention sessions.
5. Her relationship with her son and husband has also improved and she is working more on that aspect.
6. Her son could cope well with his anxiety related to the exams. The researcher found him to be more open and relaxed during the sessions. He looked more accepting of his mother and both of them are working on their relationship too.

VIII. HER FEEDBACK WITH RESPECT TO THE SOCIAL WORK INTERVENTION

At first, she was hesitant to participate in the social work program as it was something very new to her. However, after the researcher's persuasion about the benefits of the programme and its goals, she willingly agreed. Her son also encouraged her to participate, believing it would have a positive impact on her life. The client has responded positively to the program, improving self-awareness, mindfulness, and relationships. It has brought her back to thought-

provoking activities and enhanced understanding of spirituality and mindfulness, fostering tolerance, acceptance, and forgiveness. She expressed gratitude for the efforts made for her physical and emotional well-being and as a result, she has become more consistent with her fitness routine post intervention. She strictly adheres to the nutrition and diet advice provided during the intervention. The sessions on parenting and emotional coping were beneficial to her, as she was dealing with similar issues in her personal life.

IX. Follow up

Regular follow-up was undertaken to monitor the progress of the client. She has been consistent with her diet aspects and physical fitness to maintain her blood pressure and physical flexibility.

X. Treatment Implications

The client who initially appeared overwhelmed and preoccupied with worries improved the quality of her participation as the group interactions increased. She became more vocal and willing to understand her problems and make necessary changes. Person who used to be timid and quiet gradually opened up and became more vocal in expressing her views in front of the group. She readily grasped the acceptance and therapy concepts and religiously worked on the strategies which were planned together with the researcher. The only gap found was the presence of procrastinating nature in the client, about which enough awareness was provided. The client was found to be working on it and was taking initiatives to come out of her self-imposed barriers to achieve her chosen life directions. Her son was also receptive to the plan set by the researcher and himself during his academic counselling.

The client has become more health conscious. Intervention has enhanced her awareness on various dimensions such as significance of regular physical fitness, health and nutrition, parenting, emotional stress coping, importance of meditation and mindfulness in one's life for better clarity of thought and mental energy, women empowerment etc. Presently, she strictly follows yoga and fitness routine on a regular basis along with diet restrictions due to which her health parameters were found to be normal.

Conclusion

The case study approach was employed as a qualitative research method in this intervention research. It involved an intensive investigation of cases with the aim of drawing generalizations across a broader set of units. The initial phase of the case study commenced after the quality of life assessment, need assessment, and comprehensive questionnaire evaluation conducted before the intervention. The subsequent part of the case studies focused on the social work intervention and its impact on their quality of life. Cases were purposefully selected for case studies from the main intervention group based on the distinctive nature of each case, considering its biopsychosocial challenges and the scope and influence of the intervention on their quality of life. The case study method facilitated the researcher in obtaining a subjective response from the cases, gaining insights into their individual perspectives on the intervention's effectiveness and its future relevance.

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Chapter 7

MAJOR FINDINGS

Introduction

The main intent of this intervention research was to develop a social work intervention module/package that can be used for the enhancement of quality of life of the middle-aged non-working mothers, covering the physiological, psychological and social dimensions of their life. This research can be divided into two main phases, Quantitative and Qualitative. The quantitative phase comprised two parts – Part I comprised of a descriptive study on quality of life of middle-aged non-working mothers and its statistical analysis, whereas Part II comprised of a social work intervention for the screened mothers from the first part as per their scores in the quality of life assessment in the descriptive study and their willingness criteria. The details of these two parts have been described in detail in the methodology chapter.

Post-intervention, a quantitative study for the intervention group to analyse the pre and post measurements for the following questionnaires:

1. WHOQOL-BREF
2. Positive Health Behaviour Checklist
3. A comprehensive questionnaire to study the influence of midlife challenges on the Quality of life of middle-aged mothers.
4. Biopsychosocial awareness survey of middle-aged mothers

Phase 2 consisted of a qualitative study (FGDs and Case Studies), to understand the impact and effectiveness of the social work interventions on the quality of life of those mothers who participated in the intervention program. While case work findings are extensively detailed in the qualitative research chapter, the remaining results are thoroughly discussed here.

7.1 Major Findings of the Study

7.1.1 Phase-I: Descriptive Study (Part I)

In the descriptive phase, the researcher used the WHOQOL-BREF to study the quality of life of middle-aged non-working mothers. It has covered four major dimensions of

their life namely, physiological, psychological/emotional, sociological, and environmental.

7.1.1.1 Socio-Demographic Profile of Middle-Aged Mothers

In this research, the researcher has focused on women who belong to the seventh stage of Erik Erikson's psycho-social development, popularly known as the middle-age. The age range of the participating mothers falls between 37 and 60 years.

Age: In the case of mothers, the largest set of mothers fall in the age bracket of 40 – 44 years (35 percent), followed by mothers in the age bracket of 45 – 49 years (26 percent) and we have 21 percent of mothers in the age bracket of 35 – 39 years. These three age groups together formed the majority of the sample for this research.

Religion: Most of the respondents in the sample belong to the Hindu community (64 percent), the next highest set of respondents belong to the Christian community (30 percent) and there were around 4 percent of respondents belong to the Muslim community.

Education: Among the respondents, 35 percent of the mothers have completed Plus Two, 26 percent of the mothers have completed Graduation, 21 percent of the mothers have completed Matriculation, 15 percent of the mothers have completed Post Graduation, and 3 percent of them have completed other professional courses.

Economic level: Among the respondents, 80 percent have annual income below 5 lacs, 17 percent have annual income between 5 and 7.5 lacs, and 3 percent have annual income above 7.5 lacs.

7.1.1.2 Quality of Life of Middle-Aged Mothers (WHOQOL-BREF)

A. Physical Domain

The major variables measured under this domain were –

Pain and discomfort: For this facet, most respondents (N=149) indicated that they were not facing any major challenges. However, an almost equal number of respondents (N=108) have indicated that they faced a moderate level of challenges regarding this.

Energy and fatigue: For this facet, most respondents (N=149) have indicated a moderate level of challenge regarding this. Conversely, almost an equal number of respondents (N=111) have indicated that they have no issues with respect to this,

Sleep and rest: For this facet, most of the respondents (N=178) have indicated that they have no issues. Very few respondents (N=59) have indicated that they are facing a moderate level of challenges with respect to this facet.

B. Psychological Domain

Under this domain, the major variables measured were –

Spirituality / Religion / Personal Beliefs: A high number of respondents (N=164) have indicated that they experience this facet in a moderate manner. However, a considerably high number of respondents (N=109) have also indicated that they experience this as well.

Thinking, learning, memory and concentration: Quite a huge number of respondents (N=167) have responded that they are moderately content with their current situation with respect to this facet. However, a large number of respondents (N=109) have also indicated that they are satisfied and don't experience any challenges currently.

Bodily image and appearance: For this facet, most of the respondents (N=139) have indicated that they are very satisfied. At the same time, a sizeable number of respondents (N=93) have indicated that they are moderately satisfied, and an almost equal number of respondents (N=88) have indicated that they are satisfied with their current situation.

Self-esteem: An overwhelming majority of respondents (N=182) have responded that they are satisfied with respect to this currently. However, a significant number of respondents (N=70) have indicated that they are moderately satisfied.

Negative feelings: For this facet, most of the respondents (N=157) have responded that they experience this very often. However, an almost equal number of respondents (N=122) have indicated that they experience this quite often.

C. Social Relationships Domain

Personal Relationships: For this facet, an overwhelming majority of respondents (N=203) have indicated that they are satisfied regarding their personal relationships. Only a minority of respondents (N=42) have indicated that they are moderately satisfied with their current situation in this aspect.

Sexual Activity: Regarding this facet, the responses from a large majority of respondents have been that they are satisfied (N=222) with their current sexual activity. A minority of respondents have indicated that they are moderately satisfied (N=39) with this aspect.

Social Support: For this facet, a large majority of respondents are satisfied (N=208) with their social support system. A minority of respondents are moderately satisfied (N=58) with this aspect.

D. Environment Domain

Freedom, physical safety and security: For this facet, a huge number of respondents are satisfied (N=168) in this aspect. However, quite a sizeable number of respondents have also indicated that they are moderately satisfied (N=112) with respect to this aspect.

Financial resources: A large majority of respondents (N=142) have responded that they are moderately satisfied with their financial resources. At the same time, quite a large number of respondents (N=91) have also indicated that they are quite satisfied with respect to this facet.

Leisure activities: Quite a large number of respondents (N=132) have responded that they are moderately satisfied with regard to leisure activities in their life currently. However, an equally large number of respondents (N=91) have also indicated that they are currently satisfied in this regard.

7.1.1.3 POSITIVE HEALTH BEHAVIOR CHECKLIST

A. Awareness on 'Health Aspects'

1. **Diet** – On the aspect of diet, the majority of respondents (N=139) indicated that they were somewhat aware of it. Also, an equal number of respondents (N=123) indicated that they were quite aware on this topic.

2. **Menopause symptoms** – On the topic of menopause symptoms, the majority of respondents (N=92) responded that they were not at all aware of this topic. However, a huge number of respondents (N=84) also indicated that they were quite aware.
3. **Yoga and Meditation**: On this topic, a large majority of the respondents (N=128) have responded that they are not at all aware of yoga and meditation and their benefits. Also, a sizeable number of respondents (N=82) have also indicated that they they were somewhat aware of this topic.

B. Measures Taken To Improve Quality Of Health

1. **Physical exercise**: For physical exercise, the majority of respondents (N=118) have responded that they never engage in physical exerise. Similarly, a large majority of respondents (N=96) have indicated that they sometimes did physical exercise to improve quality of health.
2. **Yoga and Meditation**: Regarding this aspect, the majority of respondents (N=166) have responded that they never did yoga and meditation. Similarly, a few respondents (N=68) have indicated that they rarely did yoga and meditation to improve the quality of their health.
3. **Balanced diet**: Regarding balanced diet, a large majority of the respondents (N=125) have responded that they sometimes take measures towards balanced diet. At the same time, quite a few respondents (N=87) have also indicated that they always take measures with regards to balanced diet in their life.
4. **Home meals**: Regarding this aspect, a large majority of respondents (N=240) have responded they often took measures to have home meals. Only a small number of respondents (N=20) have responded that they sometimes take measures to have home meals to improve their quality of life.
5. **Regular tests**: For regular tests, the majority of respondents (N=109) have responded that they never take any measures for undergoing regular tests. Conversely, there were quite a few respondents (N=77) who indicated that they sometimes take measures in this aspect.
6. **Doctor consultation**: Regarding this, a large majority of respondents (N=116) have responded that they hardly took initiatives for doctor consultation. However, quite a few of the respondents (N=78) have also responded that they rarely took measures in this aspect.

7. **Timely medication**: For timely medication, a large majority of respondents (N=88) have responded that they sometimes took timely medication. However, an equal number of respondents (N=78) have also responded that they always took timely medication.

7.1.2 PART II - Pre-Post Analysis: Quality Of Life (WHO BREF)

As part of the intervention study (part II of the quantitative phase), a pre-post analysis was done for the WHOQOL-Bref and the Positive Health Behaviour checklist for the intervention group (30 mothers). The findings from this analysis are detailed below.

7.1.2.1 Pre-Post Findings of QOL Assessment

1. Quality of Life: In the pre-assessment, the majority of them responded that their current quality of life was Good (N=20), few felt it was Neither Poor Nor Good (N=7) and very few felt it was Very Good (N=3). In the post-assessment phase, there was just a minor change with majority of participants who indicated that their quality of life was Good (N=21), some still felt that it was Neither Poor nor Good (N=5) and some felt that it was Very Good (N=4).

2. Health: In the pre-assessment, the majority of respondents had responded that they were Satisfied (N=16) with their health condition, few responded that they were Neither Satisfied nor Dissatisfied (N=6) and few responded that they were Dissatisfied (N=5). In the post-assessment phase, there was a slight improvement in responses as the majority of participants indicated that they were Satisfied (N=21), few indicated that they were Neither Satisfied nor Dissatisfied (N=7) and very few indicated that they were Dissatisfied (N=2). Overall, the intervention brought about a positive difference in the health condition of the participants.

3. Physical Pain: In the pre-assessment, the majority of respondents responded that they experienced physical pain A Little (N=15), some of them indicated that they experienced it A Moderate Amount (N=10), few of them felt it Very Much (N=3). In the post-assessment phase, the majority of respondents indicated that they experienced physical pain A Little (N=10), some of them experienced it a Moderate Amount (N=7), and a few of them Not at All (N=6). Overall, the intervention has resulted in a slight improvement in the physical condition of the participants.

4. Need Medical Treatment: In the pre-assessment, the majority of respondents indicated that they are availing it, A Little (N=16), some indicated that they require it A Moderate Amount (N=8), few responded that they require it Not at All (N=5) and one participant responded that they need it Very Much. In the post-assessment, there is an increase in the number of respondents who said they require it A Little (N=17), some said they do require it Not at All (N=7), few said they require it A moderate amount (N=6). Overall, there is a minor improvement in the awareness of the respondents regarding when to seek medical treatment.

5. Enjoy Life: In the pre-assessment, the majority of respondents indicated that they enjoyed their life, A Moderate Amount (N=23), some indicated that they enjoyed it Very Much (N=4), few indicated they enjoyed it A little (N=2). In the post-assessment, majority of participants responded that they enjoy it A moderate Amount (N=17), some of them responded that they enjoy it Very Much (N=12) and a single participant responded that they enjoyed it A little. Overall, there has been improvement in the attitude of the participants towards life.

6. Meaningfulness of Life: In the pre-assessment, the majority of respondents indicated that they felt it A Moderate Amount (N=20), some felt it A Little (N=6) and few felt it Very Much (N=3). The sessions on Forgiveness and Gratitude, Positive Relationships, ACT (Thought Management), Emotional Coping etc. made them perceive meaningfulness of their life. In the post-assessment, the majority of participants responded that they felt it A Moderate Amount (N=15), some felt it Very Much (N=12) and few felt it A Little (N=2). Overall, there is a marked improvement in the outlook of the participants towards life.

7. Able to Concentrate: In the pre-assessment, the majority of respondents indicated that they were able to do it A Moderate Amount (N=18), few indicated that they could do it A Little (N=5), few were able to do it Very Much (N=4) and few were able to do it Not at All (N=3). The sessions on ACT-based mindfulness exercise, yoga and meditation etc. helped the group to improve their ability to concentrate/focus. In the post-assessment, the majority of participants responded that they were able to do it Very Much (N=17), some were able to do it A Moderate Amount (N=11), and very few felt it A Little (N=1) or Not at All (N=1).

8. Healthy Physical Environment: In the pre-assessment, the majority of respondents indicated that they had it A Moderate Amount (N=23), few felt that they had it Very Much (N=4), few felt they had it A Little (N=2) or Not at All (N=1). In the post-assessment, the majority of respondents indicated that they had it Very Much (N=14), some felt it A Moderate Amount (N=12), few felt it Extremely and few felt it A Little (N=2). Overall, we can conclude that the sessions had a positive influence on the participants.

9. Everyday Life Energy: In the pre-assessment, the majority of participants had indicated that they had it Moderately (N=20), some of them had it Mostly (N=6), few had it Completely (N=2) and few had it A little (N=2). In the post-assessment, the majority of the participants responded that they experienced it Mostly (N=17), some said they had it Moderately (N=7), and few had it Completely (N=5) and one participant said they had it Very Much. Overall, there has been a major improvement in the mental strength exhibited by the participants.

10. Bodily Appearance: In the pre-assessment, the majority of participants had indicated that they focused on it Moderately (N=14), some did it Completely (N=7), some did it Mostly (N=6) and few did it A Little (N=2). In the post-assessment, the majority of the participants responded that they focused on it Mostly (N=15), some did it Completely (N=10), and few did it Moderately (N=4). Overall, there is a considerable difference in the mindset of the participants towards this aspect.

11. Information for Daily Life: In the pre-assessment, the majority of participants stated that they had it Moderately (N=16), some said they had it Mostly (N=10), few said they had it Completely (N=2) and very few said they had it Not at All (N=1) or A Little (N=1). In the post-assessment, the majority of participants stated that they had it Mostly (N=20), few said they had it Completely (N=5), few said they had it Moderately (N=4), and a minor few said they had it A Little (N=1). Overall, there has been a considerable improvement in the awareness of the participants about information for daily life.

12. Leisure Activities: In the pre-assessment, the majority of participants indicated that they engaged in leisure activities Moderately (N=16), some said A Little (N=7), few said Mostly (N=3). In the post-assessment, the majority of the participants stated that they did it Mostly (N=14), some stated they did it Moderately (N=13), few said

they did it Completely (N=2) and a minor few said they did it A Little (N=1). Overall, the participants have indicated that there is an improvement in this aspect.

13. Sleep Satisfaction: In the pre-assessment, the majority of the participants mentioned that they were Satisfied (N=16), some said they were Neither Satisfied nor Dissatisfied (N=7), few said they were Very Satisfied (N=3) and few said they were Dissatisfied (N=3), and a minor few were Very Dissatisfied (N=1). In the post-assessment, the majority of the participants mentioned they were Satisfied (N=18), some said they were Neither Satisfied nor Dissatisfied (N=5), few said they were Very Satisfied (N=4) and few said they were Dissatisfied (N=3). Overall, the sessions were mildly useful in promoting the importance of sleep satisfaction among the participants.

14. Capacity for Work: In the pre-assessment, the majority of participants responded that they were Satisfied (N=17) regarding their capacity for work, some said they were Neither Satisfied Nor Dissatisfied (N=8), few said they were Very Satisfied (N=3) and few were Dissatisfied (N=2). In the post-assessment, the majority of the participants mentioned that they were Satisfied (N=20) in this regard, few said they were Very Satisfied (N=4), few said they were Neither Satisfied Nor Dissatisfied (N=3), few said they were Dissatisfied (N=2) and a minor few felt Very Dissatisfied (N=1). Overall, the intervention sessions have helped in improving their capacity level for carrying out their day-to-day work.

15. Satisfied with Life: In the pre-assessment, the majority of the participants stated that they were Satisfied with their life (N=15), some said they were Neither Satisfied Nor Dissatisfied (N=8), few said they were Dissatisfied (N=3), few were Very Dissatisfied (N=2) and few were Very Satisfied (N=2). In the post-assessment, the majority of the participants mentioned that they were Satisfied (N=19), some said they were Neither Satisfied Nor Dissatisfied (N=8), a few said they were Very Satisfied (N=2) and a minor few were Dissatisfied (N=1). Overall, the participants gained positive insights from the sessions that helped somewhat to improve their satisfaction with life.

16. Satisfied in Personal Relationships: In the pre-assessment, the majority of participants stated that they were Satisfied (N=19), some said they were Neither Satisfied Nor Dissatisfied (N=6), few said they were Dissatisfied (N=3) and few were

Very Satisfied (N=2). In the post-assessment, the majority of participants responded that they were Satisfied (N=20), some said they were Neither Satisfied Nor Dissatisfied (N=4), some were Very Satisfied (N=4) and a minor few were Dissatisfied (N=2). Overall, there was a slightly positive change seen in the satisfaction level of the participants with respect to their personal relationships.

17. Friends Support: In the pre-assessment, the majority of the participants mentioned that they were Satisfied (N=16) with this aspect in their life, some were Neither Satisfied Nor Dissatisfied (N=10), few were Very Satisfied (N=2) and few were Dissatisfied (N=2). In the post-assessment, majority of the participants stated that they were Satisfied (N=18), some were Very Satisfied (N=7), few were Neither Satisfied Nor Dissatisfied (N=4) and minor few were Dissatisfied (N=1). Overall, the sessions were found to create a positive impact on the participants in this aspect.

18. Negative Feelings: In the pre-assessment, the majority of participants responded that they felt this Quite Often (N=15), some felt it Seldom (N=9), few felt it Very Often (N=3) and few Never (N=3) felt it. The various intervention sessions helped the participants to understand more about the reason behind these negative feelings and how to overcome them. In the post-assessment, the majority of the participants stated that they Never (N=21) felt it, some said they felt it Quite Often (N=5), few said they felt it Seldom (N=2) and few felt it Very Often (N=2). Overall, the sessions were quite impactful in creating a positive mindset among the participants and equipping them to deal with such feelings.

7.1.2.2 Pre-Post Analysis of Positive Health Behaviour

7.1.2.2.1 Measures taken by mothers to improve their quality of health

A. Weight Management

1. Physical Exercise: In the pre-assessment, the majority of the participants indicated that they Never (N=10) engaged in weight management activities, some said they did this Rarely (N=8), some said, they did this Sometimes (N=6), few said they did it Very Often (N=4) and few said they did it Always (N=2). The sessions on yoga (and daily practice), menopausal changes, lifestyle diseases and its management helped to promote the importance of physical fitness. In the post-assessment, the majority of participants indicated that they did it Sometimes (N=12), some said they did it Very

Often (N=6), some said they did it Always (N=5). Some said, they did it Rarely (N=5) and few said they Never (N=2) did it. Overall, there is a slight improvement in the attitude of participants towards physical activity.

2. Yoga and Meditation: In the pre-assessment, the majority of participants indicated that they did it Very Often (N=18), some said that they did it Always (N=8), few said they did it Moderately (N=2) and a minor few said they did it Rarely (N=1) or Never (N=1). In the post-assessment, the majority of participants stated that they were doing it Very Often (N=21), some said they were doing it Always (N=5), few said they were doing it Moderately (N=3) and a minor few said they were doing it Rarely (N=1). Overall, after the intervention there was a slight improvement seen in the participants' understanding and acceptance of yoga and meditation for their physical and mental well-being.

B. Diet Management

1. Balanced Diet: In the pre-assessment, some of the participants indicated that they were following it Sometimes (N=7), some said they were doing it Very Often (N=7), some said they were Never (N=7) doing, few said they were Rarely (N=5) doing it and few said they were doing it Always (N=4). In the post-assessment, the majority of the participants said they were doing it Very Often (N=13), some said they were doing it Always (N=11), few said they did it Sometimes (N=5) and a minor few said they did it Rarely (N=1). Overall, the sessions were quite impactful in highlighting the importance of balanced diet to the participants.

2. Home Meals: In the pre-assessment, the majority of the participants mentioned that they had this Always (N=20), some of them said they had it Very Often (N=5), few of them said they had it Sometimes (N=2), few said they Never (N=2) had it and a minor few said they had it Rarely (N=1). In the post-assessment, the majority of mothers stated that they had it Always (N=19), some said that they did it Very Often (N=9) and few said they did it Sometimes (N=2). Therefore, there is an improvement in the responses of the participants in this particular aspect.

C. Medication

1. Regular Tests: In the pre-assessment, the majority of the participants stated that they were Never (N=11) doing it, some said they were doing it Rarely (N=5), some said they did it Sometimes (N=5), some said they did it Always (N=5) and few said

they did it Very Often (N=4). In the post-assessment, the majority of participants stated that they did it Sometimes (N=10), some said they did it Always n(N=9), some said they did it Very Often (N=8) and a minor few said they did it Rarely (N=2) or Never (N=1). Overall, the sessions were instrumental in making the participants understand the importance of regular tests for timely diagnosis and medication.

2. Doctor Consultation: In the pre-assessment, the majority of participants have mentioned that they were Never (N=12) doing it, some were doing it Sometimes (N=7), some were doing it Rarely (N=6), few were doing it Always (N=3) and few were doing it Very Often (N=2). In the post-assessment, the majority of the participants stated that they were doing it Sometimes (N=11), some said they were doing it Very Often (N=7) or Always (N=7), few said they were Never (N=3) doing it and few said they were doing it Rarely (N=2). Overall, the sessions had a somewhat positive impact on the participants.

3. Timely Medication: In the pre-assessment, the majority of participants have stated that they Never (N=12) did it, some said they did it Sometimes (N=7), some said they did it Rarely (N=4), some said they did it Very Often (N=4) and some said they did it Always (N=3). In the post-assessment, the majority of the participants stated that they did it Very Often (N=12), some said they did it Always (N=8), some said they did it Sometimes (N=6), few said they did it Rarely (N=2) and few said they Never (N=2) did it. Overall, the sessions proved beneficial in raising the awareness of the participants about taking medication in a timely manner.

7.1.2.3 Pre-Post Data Analysis of Comprehensive Survey to Study the Influence of Midlife Challenges of Mothers on their Quality of Life

A. Biological Physiological Aspects

1. **Feel tired/ less energetic**: In the pre-assessment, participants reported experiencing this Sometimes (N=10), Often (N=7), Occasionally (N=5), and Rarely (N=4). The responses guided the social worker in planning holistic physical rejuvenation sessions, incorporating alternative therapies like yoga. In the post-assessment, responses indicated a positive change, with participants reporting experiencing this Occasionally (N=9), Rarely (N=8), and Sometimes (N=7), reflecting an improvement in their physical condition post-intervention.

2. **Follow healthy diet and nutrition**: In the pre-assessment, participants reported following this Often (N=15), Sometimes (N=8), and Occasionally (N=4). This informed the social worker in planning nutrition and diet sessions to enhance participants' understanding of the long-term health benefits. In the post-assessment, responses indicated a positive change, with participants now following this Very Often (N=15), Always (N=8), and Often (N=5), demonstrating the sessions positive impact and successful adoption of healthy habits into their daily lives.

3. **Digestive health issues**: In the pre-assessment, most participants experienced this Mostly (N=7), some To a great extent (N=6), and others Very little (N=6). Diet and nutrition sessions aimed to enhance knowledge on food and nutrition for better digestive health. In the post-assessment, a large number reported Not at all (N=9) experiencing this, some reported Somewhat (N=5), and a few Mostly (N=5), indicating that the majority improved their eating habits for better results.

4. **Least concerned about physical appeal**: In the pre-assessment, most participants Disagree (N=13) about not being concerned about physical appeal, some Agree (N=10), and others are Neutral (N=5). Sessions on Self-Care and Self-compassion emphasized the importance of grooming and self-development for boosting confidence. In the post-assessment, the majority Disagreed (N=17), and some Strongly Disagreed (N=8), showing that the sessions fostered a strong self-image and enhanced self-confidence.

5. **Loss of femininity and beauty**: In the pre-assessment, about half Disagreed (N=15) about menopause causing loss of femininity and beauty, some were Neutral (N=7), and very few Agreed (N=5). Menopause sessions aimed to dispel various misconceptions were conducted. In the post-assessment, the majority Disagreed (N=20), some Strongly Disagreed (N=5), and a few were Neutral (N=5), indicating a positive impact on the group's understanding of menopause and women's health.

B. Psychological/Emotional Aspects

1. **Concentrate and Focus**: In the pre-assessment, some mothers felt it was Above Average (N=9), some Below Average (N=8), and few said Good (N=5). Mindfulness and yoga sessions aimed at enhancing mental focus. Post-assessment responses revealed many found it Good (N=14), some Above Average (N=8), and a few Very Good (N=3), indicating overall benefits for mothers' concentration and focus.

2. **Ability to learn new skills**: In the pre-assessment, most mothers indicated they were Mostly (N=12) able to do it, some responded Somewhat (N=8), and a few responded To a great extent (N=3). Self-awareness and self-improvement sessions were conducted to propagate the importance of the need to learn new skills during midlife. In the post-assessment, a large number of mothers indicated they were able to do it Often (N=14), some responded Very Much (N=6), and a few responded To a great extent (N=5). Overall, this demonstrates that the conducted sessions helped mothers understand the importance of continuous self-improvement and learning new skills.

3. **Assertive Communication**: In the pre-assessment, most mothers responded that it is Above Average (N=14), some said it is Good (N=8), and a few mentioned it is Average (N=6). Group interactions and sessions offered an opportunity for members to enhance communication skills individually and in a group setting. In the post-assessment, many mothers responded it is Good (N=18), a few said it is Very Good (N=6), and some mentioned it is Above Average (N=4). Overall, the group members improved their assertive communication skills through these sessions.

4. **Self-care activities**: In the pre-assessment, most mothers mentioned doing it Mostly (N=14), some noted doing it To a great extent (N=8), and a few indicated doing it Often (N=3). In the post-assessment, many mothers stated they now do it Often (N=13), some mentioned doing it Very Much (N=6), and

a few reported doing it Mostly (N=5). Overall, the sessions raised awareness among group members about the significance of self-care activities.

5. **Interest in social relationships**: In the pre-assessment, most mothers reported engaging in it Mostly (N=11), some to a large extent (N=9), and a few often (N=4). Group sessions on social dimension emphasized the significance of social interactions and healthy relationships. In the post-assessment, many mothers indicated engaging in it Often (N=14), some in it Mostly (N=7), and a few in it Very Much (N=6). Overall, the sessions effectively fostered interest among group members in social relationships.

6. **Interest in financial empowerment**: In the pre-assessment, most mothers expressed that they were Mostly (N=9) interested, some Often (N=8), and a few Somewhat (N=4) interested. In the post-assessment, the majority of mothers indicated being Very much (N=14) interested, some Often (N=8), and a few interested To a great extent (N=4). Overall, the sessions significantly promoted increased interest in financial empowerment within the group.

7. **Self-improvement activities**: In the pre-assessment, most mothers engaged in it Mostly (N=13), some did it Often (N=5), and a few To a great extent (N=5). The self-care session underscored the significance of self-improvement for a fulfilling life. Self-development concurrent group work activities were also effective in this aspect. In the post-assessment, the majority of the group indicated doing it Very Much (N=13), some mentioned doing it Often (N=11), and a few did it Mostly (N=3). Overall, the sessions proved beneficial for the group in understanding the importance of engaging in self-improvement activities.

8. **Perceive to be lagging behind**: In the pre-assessment, most mothers experienced this Frequently (N=9), some Usually (N=6), and some Sometimes (N=6). In the post-assessment, most mothers experienced it Sometimes (N=9), some Rarely (N=7), and some Frequently (N=6). Overall, the sessions facilitated the group members in initiating steps towards self-improvement and dispelling the perception of lagging behind.

9. **Perceive to be worthless**: In the pre-assessment, some mothers felt this Frequently (N=6), some Sometimes (N=6), and some Rarely (N=6). Self-care sessions aimed to instil a sense of self-worth and self-respect in group members, helping them understand ways to improve their self-worth. In the post-assessment, the majority of mothers responded that they Never (N=13) felt this, some Occasionally (N=8), and few Rarely (N=3). Overall, the sessions aided group members in developing their sense of self-worth.

10. **Feel good about yourself**: In the pre-assessment, the majority of mothers felt this Frequently (N=15), some Sometimes (N=8), and a few Usually (N=3). Self-care and Emotional enrichment sessions aimed for group members to identify and engage in activities that made them feel good about themselves. In the post-assessment, the majority of mothers responded that they felt this Usually (N=16), some Always (N=6), and some Frequently (N=5). This indicates the sessions were beneficial for the group to feel good about themselves.

11. **Anxious about losing youthfulness**: In the pre-assessment, most mothers felt this Sometimes (N=7), some Occasionally (N=7), and few Frequently (N=4). Sessions on self-care and yoga helped group members understand measures to keep themselves physically and mentally young. In the post-assessment, the majority of mothers responded that they felt this Rarely (N=10), some Sometimes (N=8), and some Never (N=8). Overall, the sessions assisted group members in taking necessary steps to maintain their youthfulness.

12. **Creating independent identity**: In the pre-assessment, most mothers felt this Often (N=11), some Mostly (N=7), and some Occasionally (N=7). The self-care, self-empowerment and self-development sessions helped group members understand the need for forging an independent identity and what they needed to do to achieve that. In the post-assessment, the majority of mothers felt this Often (N=12), a lot felt this Very Much (N=11), and some Occasionally (N=5). Overall, the sessions helped the group work towards identifying and establishing an independent identity for themselves.

13. **Motivation to do household work**: In the pre-assessment, the majority of mothers in the group felt their level of interest was Above Average (N=14), some felt it was Average (N=7), and a few felt it was Good (N=5). In the post-assessment phase, most mothers felt their motivation level was Good (N=14), some felt it was Above Average (N=8), and a few felt it was Very Good (N=5). Overall, the sessions helped mothers pursue interests beyond routine household work, keeping motivation levels up.

14. **Patience level**: In the pre-assessment, most mothers responded that their patience level was Above Average (N=9) or Average (N=9), while some felt it was Below Average (N=5). Sessions on mindfulness, meditation techniques, emotional coping, parenting, etc., helped mothers understand emotional triggers and work on improving patience. In the post-assessment phase, the majority of mothers responded that they felt it was Good (N=8) or Above Average (N=8), with some feeling it was Average (N=6). Overall, mothers in the group utilized the session learnings to improve their patience levels.

15. **Attitude towards present life**: In the pre-assessment, most mothers in the group felt their attitude was Neutral (N=10), while some found it Slightly Positive (N=7), and others considered it Positive (N=7). In the post-assessment, the majority of mothers responded that their attitude was Positive (N=12), with some finding it Slightly Positive (N=9), and others indicating it was Very Positive (N=7). Overall, the sessions contributed to cultivating a positive attitude within the group.

16. **Self-critical**: In the pre-assessment, most mothers in the group noted that it happened Occasionally (N=8), while some mentioned it happened Sometimes (N=6), and a few stated it happened Frequently (N=5). The session on Emotional Coping and self-care guided the group in understanding the underlying reasons for feeling self-critical and how to address them. In the post-assessment, a majority of mothers responded that it happened Rarely (N=11), some mentioned it happened Occasionally (N=6), and a few stated it

happened Sometimes (N=6). Overall, the sessions were beneficial in helping the group cope and overcome these feelings.

17. **Regret about unfulfilled desires**: In the pre-assessment, most mothers in the group noted that they felt it Usually (N=8), while some mentioned they felt it Always (N=7), and a few stated they felt it Occasionally (N=5). In the post-assessment results, most mothers responded that they felt it Frequently (N=10), some felt it Sometimes (N=5), and some felt it Rarely (N=5). Overall, we can conclude that these sessions were beneficial to the group in understanding and addressing the underlying factors behind these feelings.

18. **Regrets about personal relationships**: In the pre-assessment, most mothers in the group noted that they felt this aspect Rarely (N=7), some felt it Frequently (N=6), and a few felt it Sometimes (N=4). The sessions on Forgiveness and Gratitude, Positive Relationship and ACT techniques helped equip the group to cope with this particular aspect. In the post-assessment results, most mothers responded that they Never (N=8) felt this, some responded that they felt this Sometimes (N=6), and some responded that they felt it Occasionally (N=6). It can be summarized that such sessions helped the mothers address such feelings.

19. **Experience hopelessness**: In the pre-assessment, the majority of mothers in the group indicated that they Never (N=8) felt it, some responded that they felt it Occasionally (N=7), and some felt it Sometimes (N=6). Sessions on ACT, Mental Health and Emotional Enrichment equipped the mothers to approach life with a positive outlook. In the post-assessment results, most mothers responded that they Never (N=13) felt it, some felt it Rarely (N=7), and a few felt it Sometimes (N=4). Overall, we can summarize that these sessions were helpful in creating a positive mindset among the mothers in the group.

20. **Terrified by the thought of death and illness**: In the pre-assessment, most mothers in the group had it Sometimes (N=7), some had it Frequently (N=8), and a few had it Occasionally (N=4). In the post-assessment results, most mothers had it Occasionally (N=9), some felt it Rarely (N=8), and a few Never

(N=7) felt it. Overall, we can see that the sessions helped bring about a marked improvement in the attitude of group members.

21. **Guilty to place priority on needs and desires**: In the pre-assessment, some mothers in the group felt it Sometimes (N=8), some Rarely (N=7), and a few Frequently (N=4). Sessions on self-care, self-development, etc., helped the group understand the importance of prioritizing needs for life satisfaction. In the post-assessment, most mothers responded that they Never (N=11) felt it, some felt it Sometimes (N=6), and few felt it Occasionally (N=5). Overall, we can state that these sessions helped the group members understand how to prioritize their needs and desires without feeling guilty about it.

22. **Anxious for unknown reasons**: In the pre-assessment, some mothers in the group responded that they felt it Usually (N=8), some of them felt it Frequently (N=7), and few felt it Rarely (N=5). The session on Emotional Coping and Mental Health helped the group members understand the reasons for anxieties and ways to cope with them. In the post-assessment results, some of the mothers have responded they felt it Frequently (N=7), some of them felt it Sometimes (N=7), and few felt it Rarely (N=6). Overall, we can summarize that the group is aware of the underlying causes of anxiety and is working on overcoming them.

23. **Spirituality helps to cope with insecurities**: In the pre-assessment, most mothers in the group felt it Frequently (N=12), some Usually (N=11), and a few Sometimes (N=4). Sessions on Forgiveness and Gratitude, Yoga, Meditation, ACT, Positive Relationships etc., helped the group understand leveraging spirituality to cope with insecurities. In the post-assessment, most mothers responded that they felt it Always (N=14), some Usually (N=12), and a few Frequently (N=3). Overall, we can summarize that the sessions were beneficial in rejuvenating the group's spiritual side and utilizing it as a coping mechanism for dealing with insecurities.

24. **Practice acceptance in your relationships**: In the pre-assessment, most mothers from the group did it Frequently (N=10), some Sometimes (N=8), and

some Usually (N=8). In the post-assessment, the majority of mothers said they did it Usually (N=15), some Always (N=6), and some did it Frequently (N=6). We can summarize that these sessions proved beneficial for the group to understand and practice acceptance in their life.

C. Social Aspects

1. **Emotionally close to spouse**: In the pre-assessment, most mothers felt it was there Mostly (N=9), some Often (N=8), and some To a great extent (N=8). In the post-assessment, most mothers felt it was there Often (N=13), some Very Much (N=6), and some Somewhat (N=5). Overall, the sessions enabled the group to work towards creating an emotional bond with a spouse.

2. **Assertive in expressing needs to spouse**: In the pre-assessment, most mothers did it Often (N=8), some Mostly (N=8), and few To a great extent (N=6). Sessions on Assertiveness skill, Positive Relationships, Self-Development etc., provided insight into assertive communication. In the post-assessment, most mothers did it Very Much (N=10), some Often (N=10), and few To a great extent (N=5). Overall, a positive change in communication style is evident among group members from these sessions.

3. **Participate in making joint family decisions**: In the pre-assessment, most mothers did it Often (N=12), some to a great extent (N=6), and few Mostly (N=4). In the post-assessment, most mothers did it Very Much (N=16), some Often (N=5), and few Mostly (N=3). Overall, sessions highly benefited group members in family decision participation.

4. **Spend quality time with children**: The pre-assessment shows that most mothers were doing it Mostly (N=15), some often (N=7), and few to a great extent (N=3). The Parenting session emphasized spending quality time with children. In the post-assessment, most mothers responded doing it Often (N=11), some Mostly (N=8), and some Very Much (N=7). Overall, the session benefited mothers in improving relationships with their children.

5. **Conscious effort towards making children responsible**: In the pre-assessment phase, most of the mothers mentioned that they did it Mostly (N=10), some did it Often (N=5), and some did it To a great extent (N=5). The session on Parenting covered important aspects of improving children's awareness of their responsibilities and how to engage them in sharing the work burden. In the post-assessment phase, most mothers responded that they did it Often (N=11), some did it Mostly (N=8), and some did it Very Much (N=6). Hence, we can see that there was a positive impact on the group through the session.

6. **Experience purposelessness and emptiness when children move away from home**: In the pre-assessment phase, most mothers responded they felt it Very Little (N=7), some felt it Not at all (N=6), and some felt it Somewhat (N=5). Sessions on positive relationships, self-development, women empowerment, digital empowerment, emotional coping, and self-care were conducted, creating a sense of purpose and importance among the group members. In the post-assessment phase, most mothers responded they felt it Not at All (N=9), some felt it Very Little (N=8), and few felt it To a great extent (N=4). Overall, the group members understood methods to find purpose after their children moved away from home.

7. **Guilty feeling about not being able to care for elderly**: In the pre-assessment phase, most mothers responded they felt it Usually (N=8), some felt it Frequently (N=6), and some felt it Sometimes (N=6). In the post-assessment phase, most mothers responded they felt it Frequently (N=9), some felt it Sometimes (N=6), and some felt it Occasionally (N=6). Overall, there appears to be a positive change in the attitudes of the group members due to the sessions.

8. **Maintain regular communication with siblings**: In the pre-assessment phase, most mothers responded they did it Sometimes (N=8), some did it Occasionally (N=6), and some did it Usually (N=5). In the post-assessment phase, most mothers responded they did it Always (N=11), some did it Frequently (N=8), and some did it Usually (N=6). Overall, there is an

improvement in the attitude of the group towards communication with siblings.

9. **Maintain an intimate friend circle who support emotionally**: In the pre-assessment phase, most mothers responded they were doing it Mostly (N=11), some were doing it Often (N=6), and a few were doing it To a great extent (N=4). In the post-assessment phase, most mothers responded they did it Very Much (N=12), some mentioned they did it Mostly (N=8), and some mentioned they did it Often (N=6). Overall, there is a very positive response to the sessions by the group in this regard.

10. **Handle disagreements in personal relationships**: In the pre-assessment, most moms preferred "Make them understand their perspective" (N=10), some chose "Ignore them" (N=8), and a few opted for "Emotional outbursts" (N=5). Sessions on Acceptance, Forgiveness and Gratitude, Emotional Coping and Self-care and self-compassion equipped them with emotional stamina to cope with disagreements in personal relationships. Post-assessment showed increased preference for "Make them understand your perspective" (N=17), some for "Ignore them" (N=7), and a few for "Emotional outbursts" (N=4). Overall, attitudes toward handling disagreements improved.

7.1.2.4 Biopsychosocial Awareness Scale

1. **Awareness about lifestyle diseases**: In the pre-assessment phase, most mothers responded that their awareness is Above Average (N=16), some said it was Good (N=6), and a few said it was Average (N=4). In the post-assessment phase, the majority of the mothers said it was Good (N=18), some mentioned it was Very Good (N=8), and a few said it was Above Average (N=4). Overall, the session significantly benefited the group in understanding the impact of lifestyle diseases.

2. **Awareness about diet and nutrition**: In the pre-assessment phase, most mothers responded that their awareness is Above Average (N=12), some said it was Good (N=10), and a few said it was Average (N=5). In the post-

assessment phase, most mothers responded that it is Very Good (N=14), some said it was Good (N=12), and a few said it was Above Average (N=3). Overall, the sessions were beneficial for the group in understanding the importance of a good diet and nutrition.

3. **Aware about menopause and related challenges**: In the pre-assessment phase, most mothers were aware Mostly (N=14), some were aware To a great extent (N=8), and a few were aware Often (N=4). In the post-assessment phase, the majority of mothers were aware of it Very Much (N=12), some were aware of it Often (N=11), and a few were aware of it Mostly (N=7). Overall, there is a noticeable improvement in the responses of the group after the intervention.

4. **Educate spouse regarding menopause**: In the pre-assessment phase, most mothers responded that it was needed Often (N=15), some responded that it was needed Mostly (N=8), and few responded that it was needed To a great extent (N=3). In the post-assessment phase, the majority of mothers responded that it is Very Much (N=16) needed, some responded it was needed Often (N=10), and few responded that it was needed Mostly (N=3). Overall, there is a considerable improvement in the responses of the group after the intervention.

5. **Make children aware of menopausal changes**:

   In the pre-assessment phase, most mothers responded that it was needed Mostly (N=14), some responded that it was needed Often (N=12), and few responded that it was needed To a great extent (N=3). In the post-assessment phase, the majority of mothers responded that it was needed Very Much (N=19), and some responded it was needed Often (N=9). Overall, the session on menopausal awareness proved very beneficial to the group, highlighting the importance of menopause awareness for the entire family.

6. **Awareness about mental health**: In the pre-assessment phase, most mothers responded that it was Above Average (N=13), some responded that it was Average (N=10), and few responded that it was Below Average (N=5). In the

post-assessment phase, the majority of mothers responded that it was Good (N=16), most said it was Above Average (N=8), and few said it was Very Good (N=6). Overall, there is a positive improvement in the responses of mothers after the intervention.

7. **Awareness regarding various avenues for women empowerment**: In the pre-assessment phase, most mothers responded that it was Average (N=12), some said it was Above Average (N=8), and few said it was Good (N=7). In the post-assessment phase, the majority of mothers responded that it was Above Average (N=14), some responded that it was Good (N=11), and few responded that it was Very Good (N=5). Overall, there seems to be a slight improvement in the responses of mothers after the intervention.

8. **Financial literacy and awareness**: In the pre-assessment phase, most mothers responded that it was Above Average (N=13), some responded that it was Average (N=7), and few responded that it was Below Average (N=3). In the post-assessment phase, we can see that most mothers responded that it was Good (N=15), some responded that it was Above Average (N=8), and few responded that it was Very Good (N=5). Overall, there is a considerable improvement in the responses received from the group after the intervention.

7.1.3 Hypothesis – Descriptive Phase

7.1.3.1 WHOQOL-BREF

The following hypotheses were articulated for understanding the relationship between key variables of the study. **One-way ANOVA** test was used for testing the variance in Quality of Life (QoL) across various socio-demographic variables. **Chi-square test** was utilized to check for association between two independent variables. In all the scenarios, the null hypotheses were rejected as there was significant variation observed.

Table 7.1: Results of hypothesis testing for WHOQOL-BREF

Statement	Hypotheses	Result
Quality of life experienced by mothers and their socio-demographic variables: age, religion, education level, levels of income.	H_0: There is no significant variation in the quality of life experienced by mothers in different age groups.	Null hypothesis rejected. Significant variation in QoL across age groups
	H_0: There is no significant variation in the quality of life experienced by mothers in different religions.	Null hypothesis rejected. Significant variation in QoL across religions
	H_0: There is no significant variation in the quality of life experienced by mothers across different education levels.	Null hypothesis rejected. Significant variation in QoL across education levels
	H_0: There is no significant variation in the quality of life experienced by mothers across different levels of income.	Null hypothesis rejected. Significant variation in QoL across income levels
Perception of meaningfulness of their life and self-satisfaction level	H_0: There is no significant association between an individual's perception on the meaningfulness of their life, and their level of self-satisfaction.	Null hypothesis rejected. Significant association between perception of meaningfulness of their life and self-satisfaction level
Level of self-satisfaction and their level of satisfaction in personal relationships	H_0: There is no significant association between their level of self-satisfaction, and their level of satisfaction in personal relationships.	Null hypothesis rejected. Significant association between their self-satisfaction level and their level of satisfaction in personal relationships
Level of self-satisfaction and their level of	H_0: There is no significant association between their level of self-satisfaction,	Null hypothesis rejected. Significant association between level of self-

negative feelings	and their level of negative feelings.	satisfaction and their level of negative feelings
Level of self-satisfaction and their perception about their bodily appearance	H_0: There is no significant association between their level of self-satisfaction, and their level of opinion on bodily appearance.	Null hypothesis rejected. Significant association between level of self-satisfaction and their perception about their bodily appearance
Quality of life and the level of support from friends	H_0: There is no significant association between their quality of their life, and the level of support from friends.	Null hypothesis rejected. Significant association between Quality of life and the level of support from friends
Quality of life and presence of healthy physical environment	H_0: There is no significant association between their quality of their life, and the presence of healthy physical environment.	Null hypothesis rejected. Significant association between Quality of life and the presence of healthy physical environment
Quality of their life and everyday life energy level	H_0: There is no significant association between their quality of their life, and the levels of everyday life energy.	Null hypothesis rejected. Significant association between Quality of life and everyday life energy level
Quality of life and levels of capacity for work	H_0: There is no significant association between their quality of their life, and the levels of capacity for work	Null hypothesis rejected. Significant association between Quality of life and levels of capacity for work
Quality of life and level of access to health services	H_0: There is no significant association between the quality of their life, and the level of access to health services	Null hypothesis rejected. Significant association between Quality of life and level of access to health

		services
Quality of life and levels of income	H_0: There is no significant association between their quality of their life, and the levels of income	Null hypothesis rejected. Significant association between Quality of life and levels of income
Quality of life and levels of leisure activities	H_0: There is no significant association between their quality of their life, and the levels of leisure activities	Null hypothesis rejected. Significant association between Quality of life and levels of leisure activities
Quality of their sex life and importance of bodily appearance	H_0: There is no significant association between their quality of their sex life, and the importance of bodily appearance.	Null hypothesis rejected. Significant association between Quality of their sex life and the importance of bodily appearance
Capacity of work and their level of sleep satisfaction	H_0: There is no significant association between their capacity for work, and the level of sleep satisfaction.	Null hypothesis rejected. Significant association between Capacity of work and level of sleep satisfaction
Satisfaction in personal relationships and the level of negative feelings	H_0: There is no significant association between their satisfaction in personal relationships, and the level of negative feelings.	Null hypothesis rejected. Significant association between satisfaction in personal relationships and the level of negative feelings
Enjoyment in life and the level of money available	H_0: There is no significant association between their enjoyment in life, and the level of money available.	Null hypothesis rejected. Significant association between enjoyment in life and the level of money available

7.1.3.2 t-tests For The Comprehensive Survey To Study The Influence Of Midlife Challenges On The QoI

Paired t-test was used to compare difference between mean scores of different domains of this Survey. The p-value shows that there is a statistically significant difference in the mean scores for psychological and social domain alone post-intervention.

Table 7.2: Results of hypothesis testing for Comprehensive survey t-tests

Null Hypothesis	P-Value	Result
There is no statistically significant difference in the mean value of Physiological domain before and after the intervention	.124	Hypothesis accepted as there is no statistically significant difference in this domain before and after the intervention.
There is no statistically significant difference in the mean value of Psychological domain before and after the intervention	.000	Hypothesis rejected as there is statistically significant difference in this domain before and after the intervention.
There is no statistically significant difference in the mean value of Social domain before and after the intervention	.000	Hypothesis rejected as there is statistically significant difference in this domain before and after the intervention.

A. t-tests – Psychological Domain

The results of the t-test shows that the null hypotheses can be rejected for all 8 components of psychological domain. Since the p-values are significant, we may accept the alternate hypotheses.

Table 7.3: Results of hypothesis testing for Psychological Domain t-tests

Null Hypothesis	P-Value	Result
There is no statistically significant difference in the mean value of aspect 1 (Cognitive Development and Information Processing) before and after the intervention	.000	Hypothesis rejected as there is statistically significant difference in this aspect before and after the intervention.
There is no statistically significant difference in the mean value of aspect 2 (Communication) before and after the intervention	.000	Hypothesis rejected as there is statistically significant difference in this aspect before and after the intervention.
There is no statistically significant difference in the mean value of aspect 3 (Interests/Passions) before and after the intervention	.000	Hypothesis rejected as there is statistically significant difference in this aspect before and after the intervention.
There is no statistically significant difference in the mean value of aspect 4 (Perception) before and after the intervention	.000	Hypothesis rejected as there is statistically significant difference in this aspect before and after the intervention.
There is no statistically significant difference in the mean value of aspect 5 (Self Concept) before and after the intervention	.000	Hypothesis rejected as there is statistically significant difference in this aspect before and after the intervention.
There is no statistically significant difference in the mean value of aspect 6 (Attitude) before and after the intervention	.000	Hypothesis rejected as there is statistically significant difference in this aspect before and after the intervention.
There is no statistically significant difference in the mean value of aspect 7 (Emotions) before and after	.000	Hypothesis rejected as there is statistically significant difference in this

the intervention		aspect before and after the intervention.
There is no statistically significant difference in the mean value of aspect 8 (Spirituality) before and after the intervention	.000	Hypothesis rejected as there is statistically significant difference in this aspect before and after the intervention.

B. t-tests – Social Domain

The results of the t-test shows that the null hypotheses can be rejected for 5 out of 6 components of social domain. Only in the case of Relationship with Child does the null hypothesis stand accepted since the p-value exceeds 0.05. In the case of the other five components, the p-values are significant and therefore we may accept the alternate hypotheses.

Table 7.4: Results of hypothesis testing for Social Domain t-tests

Null Hypothesis	P-Value	Result
There is no statistically significant difference in the mean value of aspect 1 (Relationship with spouse) before and after the intervention	.000	Hypothesis rejected as there is statistically significant difference in this aspect before and after the intervention.
There is no statistically significant difference in the mean value of aspect 2 (Relationship with child) before and after the intervention	.700	Null hypothesis accepted as there is no statistically significant difference in this aspect before and after the intervention.
There is no statistically significant difference in the mean value of aspect 3 (Caring for the elderly) before and after the intervention	.000	Hypothesis rejected as there is statistically significant difference in this aspect before and after the intervention.
There is no statistically significant difference in the mean value of aspect 4 (Relationship with siblings) before and after the intervention	.000	Hypothesis rejected as there is statistically significant difference in this aspect before and after the intervention.

There is no statistically significant difference in the mean value of aspect 5 (Friendships) before and after the intervention	.000	Hypothesis rejected as there is statistically significant difference in this aspect before and after the intervention.
There is no statistically significant difference in the mean value of aspect 6 (Environmental factors) before and after the intervention	.000	Hypothesis rejected as there is statistically significant difference in this aspect before and after the intervention.

7.1.3.3 Biopsychosocial Awareness Scale

Paired t-test was used to compare difference between mean score of Biopsychosocial Survey. The results of the t-test shows that the p-values (.00) are significant and hence there has been significant differences in the mean value with respect to post-intervention results. Hence, we accept the alternate hypothesis and reject the null hypothesis.

The awareness components: Awareness about life-style diseases, diet and nutrition, menopause and related challenges, educating spouse regarding menopause, make children aware of menopausal changes, awareness about menopausal symptoms effecting sexual relationship, awareness of benefits of yoga and meditation, mental health, awareness regarding various avenues for women empowerment and financial literacy awareness.

7.1.4 Statistical Results Overview

Table 7.5: Overview of Statistical Results

TOOLS	STATISTICAL TEST	RESULT
QOL Descriptive Study	Frequency distribution, mean score calculation	The results indicate that the lowest mean score was that of Psychological dimension (M=64.43), closely followed by Physical Health (M=69.55). The remaining two domains of Social

		Relationships(M=74.84) and Environment (M=70.26) have shown better results in comparison.
QOL Pre & Post Intervention Results	Paired t-tests	It is observed that post-intervention, there is statistically significant variance in the mean values for all dimensions except Social dimension
Positive Health Behavior checklist	Frequency distribution	It shows that both for awareness and measures for improvement, there has been a positive trend observed in the responses with respect to post-intervention results.
Comprehensive Survey to Study the Influence Of Midlife Challenges On The QOL	t-tests	The mean scores of different domains post-intervention indicates that except for Physical domain, there is a statistically significant difference in the mean scores for Psychological and Social domains.
Biopsychosocial Awareness Scale	Paired t-tests	The results of the t-test shows that the p-values (.00) are significant and hence there has been significant differences in the mean value with respect to post-intervention results.

7.1.5 Evaluation Of Effectiveness Of Group Sessions

Table 7.6: Group Sessions Effectiveness Evaluation

ES – Extremely Satisfied, S – Satisfied

NAME OF THE SESSIONS	Needful, appropriate information	Clear & easy to follow	Audience friendly & interactive	Presenter's knowledge	Overall quality/ motivating
Simple Yoga for Physical Fitness	26 ES	25 ES	24 ES	25 ES	28 ES
Menopausal & Gynaecology	27 ES	24 ES	23 ES	27 ES	24 ES
Diet & Nutrition	24 ES	24 ES	23 ES	28 ES	25 ES
Lifestyle Diseases	23 ES	25 ES	18 ES, 12 S	25 ES	22 ES
Naturopathy	23 ES	24 ES	17 ES, 10 S	23 ES	19 ES, 11 S
Emotional Coping and Enrichment	28 ES	27 ES	23 ES	28 ES	28 ES
DMT	21 ES, 8 S	23 ES, 7 S	25 ES	24 ES	23 ES 5 S
'ACT' Session	21 ES, 9 S	26 ES	21 ES, 7 S	23 ES	23 ES
Mental Health Awareness Session	25 ES	22 ES, 7 S	22 ES, 8 S	25	25
Parenting at Midlife	25 ES	25 ES	22 ES, 8 S	25 ES	22 ES, 7 S
Women Empowerment & Protection	26 ES	26 ES	23 ES, 7 S	29 ES	25 ES
Digital Empowerment	22 ES, 6 S	23 ES, 7 S	22 ES, 8 S	22 ES, 7 S	21 ES, 8 S
Positive Relationships and Self Development	22 ES, 7 S	26 ES	21 ES, 9 S	28 ES	25 ES
Forgiveness & Gratitude	22 ES, 8 S	24 ES	23 ES, 7 S	26 ES	23 ES, 7 S
Self-Care	23 ES, 7 S	24 ES	17 ES, 10 S	27 ES	24 ES

7.1.6 Qualitative Research

7.1.6.1 Focused group discussion on the effectiveness of group work sessions.

1. **Simple Yoga Session:** Quite effective and useful in terms of weight management, for better digestion, reduced anxiety level, improved flexibility, and more importantly better body image particularly for middle-aged women, easy-to-follow customized fitness programme. The session was effectively handled by the trainer. He enlivened the session with his quick wit and humour, it has helped in boosting self-image and confidence level.

2. **Session By Gynaecologist:** The doctor has done complete justice to the topic covering all the important aspects of midlife/menopause related challenges that a woman faces, highly educative and needful session, it was well presented and intricately handled, crisp presentation, wider coverage, clarity and freedom of expression. Few mothers even visited the doctor with their menopausal challenges and obtained solace. According to one mother, "the session has been so helpful that, now I am able to understand myself better than before, earlier I used to feel lost and helpless, "now I feel, I am better prepared to face this ordeal".

3. **Food And Nutrition Session:** The session was detailed, with periodical breaks for clarification and discussion, freedom to clarify doubts with the resource person, became more careful regarding their day-to-day nutrition and eating habits. One mother has appreciated that, the resource person has given more emphasis on the local seasonal food other than a western protocol for diet. " I have become more diet conscious for myself and for my family too" and "we have started consciously following the diet instructions", "The trainer had significantly talked about the inclusion of millets in our diet which was a new information for most of us".

4. **Lifestyle Diseases - Prevention & Management:** Enlightened them regarding the health changes a woman undergoes during midlife, right and timely knowledge about the necessary medical tests with a clear information on the required time gap for each test mentioned. Information in the form of a group

training, has made them more conscious about the importance of a healthy living. It has made them consider their health as a priority.

5. **Naturopathy:** Simple nature cure tips, naturopathy session was effective enough to instil interest in others, mind-body-soul connection was emphasized which was effective, found to be most appropriate for chronic conditions that generally do not respond to conventional methods of treatment. Shed light especially on the post covid health scenario, the various precautions or measures to be taken for better health management.

6. **Parenting-The Dos And Don'ts :** Better awareness on parenting the adolescent children and the various hormonal changes and their repercussions it brings in their mind as well as body, helped them to understand themselves as how they are affected by their own hormonal changes, taught us to perceive and look at things from a third person's view without being emotionally entangled, has brought huge positive changes in their outlook towards each other. Along with mothers, these adolescent children also must be given such enlightening sessions.

7. **Mental Health Awareness:** Satisfied with the clarity and content of the session, appreciated the openness and non-judgemental approach of this psychoeducation. It provided a conducive platform to discuss their innermost reflections and emotions without any fear of stigma or judgements, helped the mothers to bond with each other without any pre-conceived notions, taught them the difference between clinical depression and the normal sadness, enhanced their knowledge on mental health, which is rarely handled in health-related training programmes, Awareness on various coping mechanisms, stigma related to mental health, information regarding mental health centres and practitioners for intervention etc.

8. **Emotional Coping And Life Enrichment:** Covered all the relevant emotional aspects of a middle-aged mother/woman, handled with great clarity and precision, non-judgemental, experiential aspects of this sessions were effective enough for practical awareness and understanding, homely approach and ambience, question and answer session too was very enlightening and eye-opening.

9. **Dance Movement Therapy:** It was fun-filled yet invoked them to think and act wisely, effective as it has made them think, enjoy, learn and evolve as a team, helped in emotional release and ventilation of various emotions, promoted unity, cohesion among the members, mutual understanding and openness to express themselves without any fear of judgement, a thought-provoking session that helped in shedding off inhibitions. Experiential and reflective session for stimulating self-expression and self-awareness, became aware of thoughts and feelings, novel experience.

10. **Experiential Session On Acceptance & Commitment:** Useful and effective concept, effective tool towards acceptance and emotional management, needs practice to develop or reinforce this kind of perception, learnt that problems may never recede, it's just about learning the art of managing the flow and quality of thoughts in spite of the problems and choose a value-based option, thought management through mindfulness exercises, became aware of how a mind functions during emotional distress, group therapy was of great relief.

11. **Digital Empowerment:** Removed the initial fear and inhibition to make use of the digital platform for various kinds of purposes, was explained in detailed manner, very easy to understand and internalise the digital procedures as they were explained with great patience and interest. Highly essential skill for the mothers who hardly use digital platform for shopping and other transactions, raised their self-esteem, the session was effective and covered all the major aspects which a mother needs to acquaint with in the world of technology and digital transactions, recorded sessions were highly useful.

12. **Women Empowerment And Protection Knowledge:** Information about the method to approach various women protection organisations in case of any emergencies. Information regarding various women development avenues, great clarity and coverage. All the important and relevant area were covered in-depth. Latest updates on new schemes and programmes under the panchayath, were clearly conveyed to the mothers. Question answer session was highly interactive and meaningful.

13. **Positive Relationships And Self-Development:** Inspirational story by the trainer was highly motivating, role of a mother in maintaining different relationships was well explained through examples. Reenergizing oneself with Pranic healing was a significant information for all the mothers. An awe-inspiring session. They were satisfied with the trainer who introduced them into the world of energy healing with the help of meditation and positive thought management. "It made us feel so pleasant and positive about life."

14. **Eye-Care & Protection- Medical Camp And Awareness Session:** Updated their knowledge about eye-care at midlife, age related muscular degeneration, diabetic retinopathy, cataracts, glaucoma, dry eyes issues and several signs of eye related emergencies that require immediate interventions. Also, clarified their doubts related to their children's eye-sight issues due to prolonged mobile viewing. Some of them visited the hospital and availed the services free of cost as per the assurance given to them during the camp, queries were efficiently handled by the doctor and the social worker's team.

15. **Practicing Forgiveness, Gratitude And Acceptance:** A life changing experience, well organised and systematic, it was a magical experience of self-exploration and inner healing, a session, which they had never received before. they had hardly known so deeply about energy healing mechanisms, law of attraction, gratitude and forgiveness skills, learnt that their life is their making, and one has to own up the responsibility, helped them change their perspective towards life, a unique meditative experience. "this session is one of the best sessions i have attended during the intervention programme as it has helped me release my emotional burden, pain, grudges and feel relaxed." "this session has deeply touched me and has inspired me to change my perception and attitude, especially towards my relationships".

16. **Session On Self-Care & Self-Compassion:** Summarization of all the sessions helped the mothers to get the essence of the entire group intervention. "The importance given to self-care and self-compassion has helped us to become open minded, come out of our self-imposed guilts and limitations that were a hindrance to our self-development". They learnt how love and care for oneself becomes so

important at this age. " It taught us that self-love is not a selfish act, on the other hand, it keeps us sane and emotionally healthy. Only if we are positive minded, we can vibrate positivity."

7.1.6.2 Effectiveness for 'Concurrent Group Work For Group And Self-Development'

They felt free to share their emotions in the group, universalization of problems, experienced freedom from their emotional burden and inhibitions, activities brought them out of their comfort zone and helped them bring out their highest creativity and potential. On the spot performances enhanced their alertness and competency to deliver their best. 'We' feeling was at its peak and that enhanced harmony in the group. Witnessed sense of responsibility and contribution to the group performances. Presently more mothers in the group are coming forward for launching a you tube channel that would showcase inspiring achievements of these mothers. They are keen to contribute something useful for the society and inspire other women in the society through their achievements and inspiring stories. "Group programme helped us explore our own potential and capabilities which we had considered to be non-existent" as per one of the mothers.

7.1.6.3 Suggestions from Participants

1 **Simple Yoga Session:** Group based daily online yoga and meditation session, specialized yoga session for the mothers as per their unique physiological problems and needs.

2 **Session By Gynaecologist:** More time to be allotted for this session as it is a wide topic. It must also include family members especially the spouses and adolescent children, in the menopausal awareness programme. This would help towards mutual understanding and emotional support during menopausal years.

3 **Food and Nutrition Session:** To include topics on food allergy and substitutes. Better food options for those women who have discomfort during menstrual cycle was also suggested to be included in such sessions, to include pamphlets/ booklets or diet cards that shows diet chart and nutrition-based information for mothers. Few opined, "Women should make conscious

effort to bring that change in their faulty diet practices." More sessions on nutrition and diet especially for small children

4 **Lifestyle Diseases:** Prevention & management, need for detailed sessions on each illness/disease such as, thyroid dysfunction, fatty lever, kidney function during diabetes etc and its management. Underprivileged women also must be given access to such psycho-education health talks. Mothers in their 30s itself must get exposure to such awareness sessions for preventive measures.

5 **Naturopathy:** Request for more naturopathy and 'mind-body-soul connect' sessions for middle-aged mothers. More time to be allotted for this session.

6 **Parenting-The Dos and Don'ts:** Adolescent children also must be given exposure to these sessions so that even they can understand what their mothers are going through during midlife crisis period, knowledge about healthy food to be given to their teenage children during their hormonal changes during adolescent period.

7 **Mental Health Awareness:** How to help their children cope with break-up in relationships, academic failures especially among the adolescent children, role of parents in helping their children develop self-discipline and resilience, some opined that adolescent children must also be given this session on mental health as they too should understand their parents, especially their mothers etc.

8 **Emotional Coping and Life Enrichment:** Along with mothers, their adolescent children must also be introduced to this session, as it is very crucial to understand their mothers' point of view. Spouses should also be included for such sessions to become acquainted with their wife's emotional turbulations and challenges during menopausal transition period. Age specific training must be provided on emotional coping to women from different age-groups to prepare them beforehand to handle emotional situations that may arise at a later stage in their life.

9 **Dance Movement Therapy:** More time to be allotted as it stimulates the brain and make them think and act louder. They were curious to know the

advanced versions of movement therapy. They were keen to have more rounds of fun based DMT sessions.

10 **Experiential Session on Acceptance & Commitment:** Since it was entirely a new concept, they were keen to know more about it in depth and were amazed to know about how our mind and thought process works and takes charge of us until we use our own conscious effort to detach from it. As one mother opined "it would be good if we are given a small booklet on this exercise, so that we can refer to it whenever we are in doubt".

11 **Digital Empowerment:** Suggestion for imparting knowledge on women-oriented government saving schemes on digital platforms. Also, include topics on fraudulence in digital banking or financial transactions in detail to help them to be more vigilant.

12 **Women Empowerment and Protection:** Offline session with a direct interaction was preferred compared to online session as per few mothers.

13 **Positive Relationships and Self-Development:** To increase the time duration of this session.

14 **Eye- Care & Protection: Medical Camp and Awareness Session:** Inclusion of few other camps in the programme such as a thyroid checking camp, camp for gynaec issues etc. Also medical tests that can cover basic lab tests such as for diagnosing vitamin D deficiency, calcium and B12 deficiencies, tests for assessing creatinine and uric acid level etc.

15 **Practicing Forgiveness, Gratitude and Acceptance: An Experiential and Meditative Session:** Suggestions as such for this session were not received as most of the mothers were satisfied with this experience.

16 **Session On Self-Care & Self-Compassion:** As per their suggestions, there should be one specific group that should continue to practice the experiential exercises and keep the group active. This will be a great motivation for all the mothers to participate and evolve themselves.

7.1.6.4 Suggestions for 'Concurrent Group Work for Group And Self-Development':

More group activities can be included in the future interventions as group tasks are a great source of entertainment and learning. More group performances would ensure more bonding is what one of the mothers observed. It would have been more interesting if more groups were there as that would create tough competition among the groups, one of them suggested for offline mode for individual presentation.

7.1.6.5 Case Study Observations

The findings and observations from the case studies as part of the Qualitative Study conducted for 3 mothers from the intervention group have been detailed in the Research Methodology chapter.

7.1.6.6 Feedback / Evaluation from Mothers on Social Work Interventions

These are some of the personal reflections from the mothers in the intervention group captured during one of the group discussions post intervention.

General feedback from mothers after the social work intervention and their views on the impact the intervention has brought in their lives.

1. Right from the need assessment interview and interaction session, I was made to feel that I am important. I suddenly felt there is something for our welfare too in this society. It was a surprise to me when the researcher called me one day and showed keenness to investigate about my life situation and biopsychosocial needs as a woman. My suggestions and ideas suddenly became valuable for someone which I had never experienced before.

2. Menopause is a 'taboo' topic which no one usually bothers to ask about or even discuss at home. Many don't even have a general awareness regarding menopausal symptoms and its coping mechanisms. I feel more empowered with right kind of knowledge and information post intervention. There is a group 'Janani" where we mothers openly discuss about these issues without any inhibitions.

3. I have always been looking out for something in my life, to feel important and to excel. This intervention helped me reassure myself about my dreams and aspirations, which now I am pursuing without any self-doubts, guilt or inhibitions. As if it has opened a door for me to know myself and achieve my dreams. I find myself changed and transformed.

4. Initially I felt reluctant to take her call and respond, but the questions asked were totally thought provoking. The subjects discussed about were also interesting as I could easily relate with those topics. This made me continue my conversation with the researcher and know myself and my life situation in a better way. Post intervention, I could do some healing courses and I have even become a pranic healing practitioner.

5. It was for the first time, someone was asking me about my aspirations in life. Not even the people with whom I have lived all these years of my life, have ever shown interest in knowing about me, my inner conflicts. This was a unique experience. Post need assessment interviews, I was eagerly waiting for the call to join the social work intervention sessions.

6. I loved the spiritual aspects of the training because it has really helped me know my weaknesses and strengths. It has taught me concepts of forgiveness, gratitude and acceptance which I had never thought about seriously in my life before. I found these concepts helpful in dealing with my relationship problems, self-esteem issues and emotional outbursts too. It has led to self-acceptance unlike before when I used to hate myself and others.

7. We all are aware and well-read but how much we could incorporate them in our lives is the most important question. The information and skill development sessions were motivating enough to make me restyle my way of living in a new healthy manner.

8. I was always hesitant to speak in front of the crowd or even a small gathering. I was not confident enough to express myself. Post intervention, I have broken all such barriers and find myself more open and confident to express myself in front of others.

9. Non-judgemental environment in the group has helped me open up myself and shed my inhibitions. After a very long time I confidently took part in group presentations and individual theme presentations in front of everyone because I knew no one was judging me. This has boosted my morale to a great extent.

10. My children too have realized that such sessions are a must for all the middle-aged mothers to elevate their self-worth and confidence during midlife. Nowadays I carry myself with more confidence and guiltless behaviour.

11. I had always been a lonely person with hardly any friends. I was never keen to socially interact or make friends. After the intervention, I have started feeling the importance of a social circle to feel less insecure and more socially connected. Now, I feel that I have a community that cares. It feels good to belong to a group that heals and provides emotional support, a group that understands each other due to similarities in our midlife experiences.

12. We feel so good to be on our own, enjoying and exploring ourselves better. This group is a great solace. Usually, women's group tend to discuss about fashion, food and other materialistic things. They appear interested in outdoing others in such matters of life. But this group is a distinct group. Health and fitness, emotional management, spirituality and empowerment, parenting etc are the subjects of discussion which makes it unique and distinct from other groups.

13. This intervention for the middle-aged mothers has been a great effort to bring them out of the four walls of their homes and create their own identity. I am thankful for these sessions.

14. I never wanted to pick her call again as I was not willing to go out and participate in the training program. But there was something in the topics she spoke about that made me listen to her and answer her queries. Today I feel grateful that I did not miss that opportunity and that it was worth attending.

15. I look forward to the group meetings and interactions post group interventions. These gatherings have helped me share my emotions with my group members. It helps reduce my negativity and stress which I often experience while sitting idle at home. This group is progressive and motivating.

Conclusion

This intervention research comprised two phases—quantitative and qualitative. The quantitative phase included the descriptive phase and intervention, followed by the analysis of pre-post intervention data and qualitative research to assess the interventions' impact on participants' Quality of Life. The qualitative research, involving in-depth probing, brought to light significant physiological aspects that quantitative research alone could not fully ascertain. The research process progressed through interconnected stages, ultimately yielding the study's outcomes. This chapter outlines key findings from the initial descriptive study, the intervention study, and the qualitative research.

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Chapter 8

SOCIAL WORK IMPLICATIONS AND SCOPE OF THE RESEARCH

Social Work Implications

This social work intervention research is anchored in the theoretical frameworks of George Engel's biopsychosocial model and Erik Erikson's psychosocial development theory. The researcher has primarily concentrated on the three crucial aspects of life: physiological, psychological, and social in her intervention research. This intervention package/module, with its focus on these three dimensions and with special emphasis on the psychosocial aspects, makes it a unique approach to deal with the midlife complexities of the non-working middle-aged mothers. The biopsychosocial model was found to be a relevant model since all these components are interconnected and impact each other considerably. They cannot be studied in isolation since they are coherent to each other. This is the reason behind the three-dimensional descriptive study on their midlife experiences as well as the implementation of a holistic three-dimensional intervention programme for the middle-aged mothers in this research. For the dissemination of the social work intervention, the intervention research incorporated 'Acceptance and Commitment Therapy', a modern form of Behavioural and Cognitive Therapy, as well as 'Psychoeducation' as the practice models.

ACT serves as an impactful evidence-based practice within the field of social work, aligning seamlessly with the NASW Code of Ethics. Emphasizing the dignity and worth of clients, it promotes collaboration in the therapeutic relationship and erases the distinctions between social workers and clients (New Harbinger Publications, 2014, as cited in Shanika et al., 2019). Social workers can leverage ACT techniques, particularly the six core processes, to address a spectrum of issues in clients, ranging from anxiety and depression to chronic pain and various disorders. Utilizing these six core processes, social workers have the capacity to modify clients' responses to their maladaptive thoughts and feelings (Katherine et al., 2011). The main objective of ACT is to enhance psychological flexibility, meaning any intervention fostering mindfulness, acceptance, and connection to values aligns with ACT. Many social

workers already employ such interventions, even if they don't explicitly use the term "psychological flexibility."

With over 130 trials demonstrating its effectiveness across various issues like anxiety, depression, chronic pain, and weight loss, ACT proves advantageous for a broad client base. The ACT theory posits that everyone experiences similar patterns of inflexibility. Most of the people make unnecessary attempts to avoid pain and lose focus on their priorities. In essence, therapists and clients share commonalities, belonging to the same human tribe. This non-hierarchical viewpoint strongly aligns with the social work perspective, emphasizing equality and empowerment. Considering both the helper and the person receiving help in this manner dismantles any power dynamics that might arise in the helping relationship (Praxis CET, 2016).

Application of Acceptance and Commitment Therapy (ACT) and Psychoeducation model (practice models) in this social work intervention, made the program more relevant and relatable for the mothers. Since this therapeutic model considerably aligns with the fundamental principles of the eastern spiritual philosophy, the participants could easily connect themselves with the ACT concepts and techniques. Concepts of psychological flexibility, cognitive defusion, valued directions and mindfulness were entirely novel but relatable and hence, could be easily merged with the group work and case work process especially during the direct treatment for the clients. ACT as an intervention approach helped the researcher to strengthen her social work practice skills by catering to the specific psychosocial needs of these middle-aged mothers. ACT has proven effective in instilling skills such as mindfulness, emotional resilience, detachment from distressing thoughts, maintaining stability in stressful situations, self-acceptance, acceptance of others, identifying values, and committing to actions for their well-being. All these skills have enabled them to view their problems from a different perspective and cope with their midlife challenges such as identity crisis, relationship issues, health decline, menopausal symptoms and other psycho-social issues. It helped the mothers to reconnect with themselves and their inner strength through practicing the act of forgiveness, gratitude, acceptance. It aimed to teach them the art of living consciously which is a unique way to improve psychological resilience and life-satisfaction. Various client handouts /worksheets of ACT model were used in this intervention research as a part of direct treatment during case work such as ‘Dissecting the problem’, ‘The Life

Compass', 'The Bull's Eye', 'The Problems and Values Worksheet, Goal Setting Worksheets, Choice Points exercise. All these provided more clarity concerned to their future workable life decisions and actions. It helped the clients keep track of where they are presently and enabled them to own up their life decisions and build goals that they want to accomplish in their life according to their value orientations.

The researcher suggests that social work intervention in this field can be constructed based on diverse theories like 'Behavioural theories' (Ivan Pavlov), Cognitive Theory (Aaron Beck, 1960), Family Systems Theory (Bowen, 1950), Social Constructionism, and Social Learning Theory (Vygotsky). All these theoretical frameworks offer a robust foundation for developing social work intervention in this area of study. Additionally, other applicable practice models that can be used to develop an intervention package include 'Solution Focused Therapy,' 'Problem Solving Model,' 'Cognitive Behavioural Therapy,' and 'Task Cantered Practice.' The selection of the theoretical and practical models relies upon their suitability as per the needs and problems expressed by the target group and their socio-cultural context.

This intervention study emphasizes the significance of the inclusion of midlife aspects in the social work education especially with regards to the predicament of the middle-aged non-working educated mothers in the society. Beyond menopause, there are various intricate aspects of midlife that require acknowledgment, validation, and attention through an effective awareness programme.

The researcher suggests that the underrepresentation of women in research on mid-life experiences may be due to their silent suffering or due to lack of a clear disease label that typically attracts study. Additionally, each woman's unique mid-life experiences, though commonalities exist, often go undisclosed due to their subjective nature. This highlights the necessity for increased attention in education and research to destigmatize and address this overlooked area. While women's studies are abundant, there is a noticeable lack of substantial representation for mid-life transitions or challenges, particularly concerning non-working women or homemakers. Midlife denotes a transition period characterised by many events such as menopause, deteriorating health and emotional resilience, relationship problems, caring for the aged, dealing with loss and bereavement, identity crisis, empty nest syndrome, dependency on others for financial security etc. Assigning increased importance to

this domain, similar to the focus on other developmental stages in social work education, would amplify its visibility and significance. This is especially crucial considering that a substantial portion of a woman's lifespan constitutes her midlife and is interconnected with various challenges that women encounter in their later years. Ensuring robust representation of this societal group in our social work education would undoubtedly encourage broader research in this domain, ultimately resulting in more targeted social work practice and quality interventions based on specific needs.

The descriptive study and the pre-intervention need assessment undertaken in the first phase of the research was highly useful in studying their quality of life. Need assessment and personal interviews helped in revealing their painful hidden emotions and feelings which further helped the researcher in developing a customised intervention module to cater to their biopsychosocial needs. Implementing a social work intervention for middle-aged non-working mothers in a non-institutional setting presented its own set of responsibilities for the social worker in terms of its technical, personnel and logistics planning.

Outcomes evaluation indicate that mothers who engaged in the intervention program welcomed such measures. Their feedback is a testimony to their recommendations for introducing more such training programmes for the middle-aged mothers since there are no such customised interventions for this section of the society. Group intervention was well received by the mothers, as the informative group sessions and fun based activities helped them to relate with one another, explore unique avenues for self-awareness and exploration and evolve together as a whole. Psychoeducation as a practice model helped them to develop a frame of reference to connect and relate with one another during the sessions. It helped in the process of universalization and acceptance of oneself and others. Universalization involves putting the client's experience into the perspective of others who are facing similar challenges, aiming to help the client understand that their feelings and experiences are not unusual given the circumstances. On the other hand, case work catered to their most personal and unique biopsychosocial issues through customised direct and indirect treatment approaches. The spiritual angle was given much importance in this intervention. Midlife brings in plethora of most intriguing and perplexing situations in life and in

such circumstances, spirituality helps one to develop coping mechanisms to navigate through these high tides of life.

It's noteworthy to mention that other mothers who could not avail this opportunity were actually willing to participate but their present household commitments, responsibilities, or restrictions prevented their involvement. The real effort as a social worker comes in this particular domain i.e., to convince them to cross the obstacles and attend such intervention programs meant for their biopsychosocial wellbeing. Another hurdle faced by the researcher was pertaining to the recognition and acceptance of social work as a profession among the population during data collection. In contrast, psychologists or counsellors often find it easier to integrate into the lives of individuals across diverse developmental stages. It is to be understood that the visibility or public awareness of social workers in roles such as social case workers, group workers, and community organizers is relatively stunted. Throughout the intervention, the researcher consistently emphasized the crucial role of this profession and its influence on empowering women and enhancing their quality of life, much like its impact on individuals in various life stages. This effort proved to be fruitful in making the participants aware of social work profession, its relevance and the crucial role it plays in the prevention and management of various biopsychosocial challenges. They gained a clearer understanding on how social workers assess client's needs, their life-situations, strengths and weaknesses to help them adjust to changes and challenges of their life. For example, the discussions on parenting and mental health awareness enabled them to broaden their perspective beyond typical midlife concerns and comprehend their issues more broadly.

This intervention research has clearly signaled that social work professionals need to exert more effort in establishing their distinct identity and presence in the realm of healing professions, making society more acquainted with the purpose and principles of the social work profession. Therefore, it is truly incumbent upon the social work professionals to create such an image in the society so that future projects and initiatives do not forget to include their services in various social welfare spheres and areas of human behaviour across the human developmental stages.

This intervention model can be incorporated in different settings such as institutions, communities, hospitals, residential associations, various women's groups, anganwadis

etc. Social work methods can be effectively used to implement this intervention module specifically made for the middle-aged women/mothers. A research-based intervention would be a more evidence based and effective approach to improve the well-being of middle-aged mothers in our society.

Scope For Future Research

The researcher hopes that this research would provide a sustainable and holistic intervention package for the upliftment of the middle-aged women of the society, specifically the educated homemakers. Since it has been a need-based intervention, the training sessions and skill enhancement activities were unique and meaningful aligning with the nature and expectations of the target group. This intervention research can function as an evidence-based intervention approach for the future interventionalists who can creatively use innovative approaches as per the needs and requirements of the middle-aged mothers and strive towards improving their quality of life. There are several initiatives that cater to young and employed women, but there is a scarcity of health-focused interventions tailored specifically for middle-aged non-working mothers or women. This scarcity provides an opportunity for further exploration into this domain. It remains an under-researched area, presenting social workers with a significant role in addressing the biopsychosocial issues faced by these women. Customised needs-based interventions for this group of women can tap into their inherent strengths and potential, contributing to both their personal well-being and that of society.

The main challenge for their involvement in these intervention programs is not their willingness but the practical limitations within their home environment, impeding their access to such opportunities. Utilizing their interest and eagerness, as was done in this research, social workers can work towards enhancing their quality of life using such comprehensive and integrated intervention package/module. This three-tier strategy not only allows future researchers to delve into the challenges faced by non-working middle-aged mothers but also facilitates the planning and implementation of transformative interventions, addressing the gaps in the previous research. Social workers have a significant role in this area and they must recognize the trials and tribulations of this group well in advance before executing the social work training programme for them. Midlife and its associated tribulations are often normalized by

the society and most of these women live as silent spectators. As their needs often go unnoticed, their woes remain unaddressed. It will be a formidable task to motivate and engage them to actively participate in such transformative programs.

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Chapter 9

RECOMMENDATIONS

Midlife transition is frequently overlooked as it lacks the overt visibility associated with diseases or recognized social problems. The absence of a clear demarcation for the midlife period makes it appear obscure and imperceptible, particularly in the context of non-working educated mothers. Unlike menopausal health, which has gained recent attention, interventions for this life stage receive minimal coverage in social work in India. There have been numerous studies happening with respect to other developmental stages, but this particular stage of human development finds least coverage. In the context of social work interventions in India, there is an evident dearth of customised interventions to address their needs and midlife challenges. Despite extensive research by western theorists on this sandwiched generation, its significance remains relatively unrecognized in India. The researcher has therefore, provided suggestions/recommendations in this regard under different themes in the sections below.

Education and Research

Social work syllabus is yet to recognize the eminence of this stage just like any other human developmental stages and make it a significant area of education and research. There is a greater need for representation on midlife transition with respect to middle-aged non-working women/mothers in social work education and research studies. The researcher feels that one of the major reasons for their lack of visibility in social work education or thereby, the research probably might be due to their covert suffering and absence of a tag of a disease or a disorder that usually make a subject more worthwhile to be explored. Moreover, each woman has a unique set of experiences during their midlife which may never get revealed due to its subjective nature although commonalities do exist. Although in psychology, midlife crisis has found a considerable space, when it comes to social work as a subject, this area is found to be obscure. Midlife crises in terms of working women, their work-life balance and menopausal concerns have occupied immense space in various studies

but studies on the midlife challenges of non-working women/mothers which forms the crux of this research, has not found much visibility in social work education. It is not just menopause, but several other complex aspects of midlife that needs to be explored and acknowledged by the social work education. All these points suggest towards the need for a greater attention on this particular area through its inclusion in social work education and research studies so that it no more exists as an area of taboo or as something of less significance.

Social Work Practice

The research must lead to relevant social work interventions or practices that would be capable of addressing their biopsychosocial challenges during their midlife journey. The findings from this intervention research (both quantitative and qualitative research findings) have shown that their biopsychosocial needs demand great attention and intervention during their perimenopausal and menopausal stages. Interactions and discussions with these participants have also revealed that, these educated non-working mothers are a reservoir of great potential and skill sets with a burning desire to accomplish something meaningful in their lives. Since they undergo immense identity crisis at this juncture of their life, they have a greater yearning to become self-reliant and independent. This avenue needs to be explored further, so that a greater number of social workers can implement needs-based social work interventions among these mothers for their holistic empowerment.

The researcher would like to emphasize that there is a strong interconnectedness between the three aspects which tend to complement one another- social work education, social work research and social work practice. Ensuring a robust representation of this specific group in social work education would promote in-depth research and result in quality interventions based on their needs. In the context of this research, the initial descriptive study on quality of life in the first phase of this research helped the researcher explore about their present quality of life with respect to all the three major dimensions. Their strengths and weaknesses could be studied in-depth prior to the formulation of an intervention module.

Policy Recommendations of this Intervention Study

Middle-aged non-working women are potential resource for the nation's progress. For optimum utilization of their potential for the nation's and their own upliftment, the researcher strives to put forward some policy recommendations for the betterment of this unheard section of the society.

Health, Nutrition and Physical fitness

Although we have myriad amenities and health-based interventions, the need and necessity of making the middle-aged non-working mothers of the society aware of health and fitness is still in its nascent stage. the researcher suggests the following initiatives in this regard.

- Information dissemination on diet and nutrition is highly essential for these mothers as they often tend to ignore their health amidst other responsibilities. Lack of knowledge about various life-style diseases during their midlife deprive them of timely assessment of symptoms or diseases. The study of 356 mothers revealed that 25% rarely follow a healthy diet, while 35% do so occasionally. Additionally, 46% and 34% of mothers scarcely underwent any crucial medical tests and adhered to timely medication, respectively. In the intervention group, 40% of participants did not follow healthy dietary practices. However, post-intervention, there was a significant increase to 70% in the adoption of daily dietary and nutritional measures. This strongly indicates the significance of initiating certain compact yet needs-based regular awareness programmes on the above mentioned areas to keep them abreast of positive health behaviour practices. Public health department, government hospitals and primary health centers, ICDS, ward councillors can play a vital role in launching middle-aged women friendly health awareness programmes in various avenues. Social work interns from educational institutions and professionals can play a significant role in the awareness generation amongst these middle-aged women both in the urban and rural setting.

- Given that India has adopted AYUSH healthcare practices, which emphasize alternative treatments beyond allopathic medicine, these approaches can also be incorporated into awareness campaigns to make the women aware of the

alternative medicine. These alternative healing modalities, including yoga, naturopathy, ayurveda, homeopathy, and pranic healing can be availed as preventive and therapeutic interventions aiming at mitigating lifestyle-related illnesses among middle-aged mothers. These can be initiated in communities or localities under the ward level or block panchayat level. Majority of participants during the focused group discussions were found to be inquisitive about knowing more about the benefits of alternative treatment methods.

- Media can play a vital role in awareness generation about government initiatives, especially through print media and broadcast media which has a large audience when it comes to homemakers.

- Although menopausal health clinics run by both private organisations (Indian Menopause Society and certain hospitals run menopausal clinics) and primary health care initiatives by Kerala Government (State Health System Resource Centre Kerala, 2019) have been functional, their reach to the common population is still limited. It calls for extensive information dissemination both in the rural pockets as well as urban localities so that women become aware of such amenities and avail the facilities. The findings have shown that about 42% (from 356 mothers) suffered from low energy levels and fatigue, 30% experienced pain and discomfort during their peri-menopausal and menopausal years. It is, therefore, imperative to enhance their numbers, visibility and accessibility so that these amenities can reach all the sections of the society without any barriers. Health schemes for educated non-working urban mothers were found to be relatively scanty and this population is unaware of such government health initiatives due to lack of adequate communication. In rural areas, 'anganwadis' serve as crucial channels for disseminating health information.

- Government can initiate projects or programmes under their supervision for this vulnerable section by introducing women health centers or clinics which can be multi-disciplinary to cater to the multiple needs of middle-aged mothers other than their menopausal concerns for instance, cervical screening, breast examination, diagnosis for diabetes, hypertension, cardio-vascular

disorders, osteoporosis and other life-style diseases. Due to the alarming rise in life-style diseases among the youth and the middle-aged, these women specific centers can be utilized for physical fitness programme which can include aerobics, yoga, meditation, breathing exercises 'pranayama' etc. These can be initiated in the wards or communities under the supervision of social workers recruited under the women and child development programmes. Women must be convinced and persuaded about the need to participate in such fitness activities for their own well-being and healthy aging.

- Supportive women's health projects for middle-aged /menopausal women should be introduced in government and private hospitals not just for the underprivileged but also for the non-working urban women for their regular health screening and consultations.

Mental health awareness and psychological support services

- Women specific centers/ community clinics as mentioned above can also be leveraged for mental health education and psychological assistance other than physical health awareness. Women experiencing emotional distress or psychological problems can receive guidance on various coping strategies through both individual and group therapy sessions. Findings from the psychological domain reveal that about 38% (from 356 mothers) suffer from emotional distress and 26% of them experience low self-image during midlife. Participants highly valued the mental health awareness session during the intervention as it presented information they had never encountered before.

- Approximately 53% of mothers in the intervention group have underscored the importance of providing education to spouses regarding menopause. In contrast, the figure rises to 87% when considering the need for educating adolescent children on the subject. As per their suggestion, family therapy sessions involving the spouse and adolescent children can also be facilitated, whereby sessions on parenting can be also included. These clinics/centers can function in the communities under the jurisdiction of ward members/ ICDS or as separate government projects with the help of social work professionals.

These can function alongside other programmes that are usually conducted for adolescents and pregnant mothers in the 'anganwadis'.

- Interaction with doctors and clarification of their mental health-related queries can also be included under such initiatives which will have far reaching benefits for these mothers who generally hesitate or resist to reach out to the health practitioners in this regard. Stigma associated with menopause and mental health makes these women hesitant to seek timely help. Although District Mental Health Programme (DMHP) is providing considerable community services in this area, yet its reach to the urban population is still grim as most of the urban mothers hardly come to know about their mental health programmes. Interactions with these mothers, revealed that these urban women have hardly any association with the Integrated Child Development Services (ICDS) or District Mental Health Programmes (DMHP) community initiatives or programmes.

- Family counselling for menopausal, nutritional or parenting awareness through home visits too can be a part of this programme to reach out to those mothers who are reluctant to venture out. Social Work professionals can prove to be effective in such areas as they are well versed in providing their services in institutional as well as community settings. The research findings underscore the crucial need to educate spouses and teenage children about the challenges faced by menopausal mothers. This awareness can enhance family understanding of hormonal fluctuations, thus enhancing greater support for the woman's physical and emotional needs contributing towards their enhanced quality of life. This can also contribute to reducing the stigma associated with menopausal issues.

- The importance of spiritual sessions, centered on enhancing their inner strength, emotional resilience, acceptance, and self-worth, emerged as a critical element for middle-aged mothers, as was evidenced by their positive feedback post-intervention.

Social Empowerment of middle-aged women

- There must be schemes and enough funding to facilitate their career development and economic independence for example, initiating programs for upskilling and placement, reservation of women-oriented jobs (middle-aged women) in the public as well as private sectors. More educated women must be motivated through economic support to launch themselves through start-ups and social entrepreneurship programs. This will promote innovative ways for income generation and will usher in more women empowerment-based startups. This research has revealed that women are eager to launch or relaunch themselves as professionals in their passion areas, but due to lack of economic and emotional support from their spouses/family, they are compelled to forego their aspirations. From the interaction with these middle-aged women, it was found that they are a potential resource of skills and calibre who must be given their due position and recognition in the professional world.

- Their empowerment will also improve their image and well-being at home, as they become significant financial contributors. Most of the middle-aged mothers have fulfilled their parental responsibilities and their availability and skills can be leveraged. They need to be absorbed into social entrepreneurial projects or must be encouraged to start enterprises as they have a deep yearning to contribute towards the social welfare during midlife. Their inherent skills must be harnessed through strength-based approaches.

- Upskilling activities or skill enhancement projects must be initiated in the ward level/block panchayat level to help them prepare for their return to the professional mainstream. These programs would assist them to easily access customized trainings for innovative professional avenues and other entrepreneurial activities (without age restrictions) to kick-start their second innings at midlife. Policies or schemes that re-integrate these women into the mainstream will also make them feel on par with their working counterparts.

- In addition to this, in Kerala, there is a strong need for strengthening the functioning of the ‘Kudumbashree’ units in all the wards that would ensure an unbiased recruitment of participants in its activities. This was one of the

suggestions put forward by few mothers during intervention. This would ensure their greater participation and entrepreneurship.

- There must be social awareness sessions for these women with respect to various social schemes, laws, women's rights, facilities, projects and health related amenities. Women who visit anganwadis are well aware of various schemes whereas urban educated housewives who hardly visit anganwadis are mostly found to be unaware of latest schemes or facilities. For such population, sessions can be organized by the municipal corporation or ward members at a community level through residential associations or in 'mohallas' (localities) to upgrade their awareness on such aspects. This will be beneficial for those women who have been experiencing domestic violence but are oblivious to laws and services available to address their issues. Dissemination of updated information of various Government schemes and laws for their safety and protection must be ensured through extensive awareness programmes.

- Self-help groups not just in the rural pockets but also in the urban communities must be promoted to support each other socially and emotionally. Economic empowerment and digital empowerment are two major areas to be considered for their overall development. As per the data from the intervention group, about 67% of participants have emphasized for awareness on women empowerment programmes and schemes. The programs designed by the government functionaries must be based upon the needs of the educated women. Microfinance program must be activated not just in grassroot level through 'anganwadis' but also in urban communities/wards since most of the educated women do not visit 'anganwadis' or participate in the 'anganwadi' based activities.

- Some mothers choose to stay at home for personal reasons but are eager to empower themselves. Educated women should be considered for work-from-home opportunities provided such roles are established and communicated through appropriate channels to prevent fraudulence. Schemes for financial assistance or loans can be made available for these women who are desirous to

pursue studies or new academic courses to upgrade themselves in their midlife. During the intervention, it was very interesting to note that there is a natural urge in them to plunge into social service activities and make their contribution to the society. Such passionate individuals should be promoted and considered for certain positions in the social welfare departments to harness their passion for service and contribution.

In all such initiatives and programmes social work intervention module such as this can be confidently recommended which can be collectively facilitated by the social workers, multi-disciplinary medical professionals, fitness trainers, social skills trainers and other capable resource persons/experts as part of their community health programmes.

The Social Work Intervention Module

The researcher proposes her intervention program to improve the well-being of middle-aged non-working mothers/homemakers. With a strong theoretical foundation and an innovative three-tier approach to addressing the challenges faced by educated non-working middle-aged mothers, this intervention model offers considerable potential for their upliftment.

In this biopsychosocial intervention, the physiological component encompasses subjects such as nutrition and dietary practices, physical fitness, awareness of menopause, and knowledge of lifestyle-related diseases and their management. The primary emphasis has been on the preventive measures for lifestyle-related diseases and health concerns during midlife, rather than delving into specific disease types and their symptoms. The psychological or emotional dimension encompasses mental health awareness, enhancement of various emotional management skills, mindfulness, and acceptance techniques etc. Social dimension includes skills related to parenting, positive family and social relationships, digital empowerment, knowledge enhancement about social welfare services and schemes, women protection etc.

The intervention module has been designed based on the needs assessment conducted through initial personal interviews with these mothers. It primarily aims at bringing

about perceptual, attitudinal, and behavioural changes to enhance the quality of life for middle-aged mothers, utilizing social group work and case work methods. This model incorporates various health-promoting strategies that highlight the interconnectedness of the three major dimensions. The spiritual dimension is also given significant emphasis, acknowledging that midlife often leads to increased spiritual inclination or curiosity for self-awareness and self-realization. This underscores the importance of considering all dimensions—physical, psychosocial, and spiritual—when assessing health quality, as each dimension is integral and interrelated.

The researcher proposes the applicability of this model in both institutional and non-institutional settings, allowing for adaptations to the basic intervention model based on unique group needs. This comprehensive intervention, in conjunction with the aforementioned elements, can effectively address the fundamental challenges faced by middle-aged non-working women. Trainers and resource persons from diverse domains of social work can be engaged to conduct or facilitate the sessions. The intervention can be structured as a project or research initiative, involving the appointment of social workers to organize and deliver the program regularly to different groups of middle-aged women in the community.

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Chapter 10

CONCLUSION

This research has been an attempt to dive deep into the biopsychosocial predicament of educated middle-aged homemakers/non-working mothers. As we go further, we need to ask some of the most perplexing questions to ourselves:

Who is a homemaker mother beyond her roles as a daughter, daughter-in-law, sister, wife, and mother? What are her personal aspirations, independent of her family? What is the purpose and significance of her life as an individual? Consider the sacrifices and adjustments she makes to be a central pillar of support at home. Is she an independent and empowered individual? In essence, is she content and fulfilled in being herself?

The answers might be varied or more or less similar.

This research is an attempt to answer these questions and develop an intervention package/module to address the issues pertaining to the quality of life of these mothers. There is a dearth of research on the biopsychosocial concerns of middle-aged educated homemakers, a powerful yet often overlooked section of society. While numerous studies cover various stages of human development, from infancy to old age, and delve into the lives of working mothers, their work-life balance, and psycho-social aspects, little attention has been given to this particular middle-aged non-working group. Their life is still an enigma that needs an extensive exploration and investigation. Representing a bridge between young adulthood and old age, these homemakers play a crucial role, balancing the growth and decline of life spans. This phase represents and highlights the role of a protector who with the help of her multi-role resilience, patience and integrity binds the two generations efficiently. They represent a bridge between hopeful active young adulthood and the evening of one's life, the old age.

This highlights the need to prioritize the health and well-being of homemakers who often prioritize others' well-being, potentially neglecting their own. Their personal

identity beyond various roles often remains overlooked. These mothers find contentment and identity in their sacrificial role, embodying selfless love and commitment. Her continual presence and unwavering support are invaluable for fostering the well-being of her children and nurturing other significant members at home. The researcher here wants to imply that there are no two perspectives in this regard and that a homemaker's responsibilities as mentioned above are completely just and most essential ones as far as her different roles are concerned. Despite these considerations, the researcher is intrigued by a fundamental question: Is an educated non-working mother satisfied with herself beyond fulfilling roles like being a perfect wife, mother, daughter, etc.? Is she at peace with herself physically, emotionally, socially, and spiritually?

The point is, the quality of her external demeanor as a caretaker or a nurturer, all emanate from the quality of her inner state of mind and soul. It is commonly believed that a woman's satisfaction with her role as a mother is primarily influenced by her effective performance of maternal duties. However, in actuality, her internal emotional state significantly shapes and influences her outward behaviours and expressions. Now the most important concern is, what is it that makes her an efficient mother, wife or a daughter in law? Where does this strength and emotional stamina come from? Is it because she has the moral obligation to gratify certain societal or familial standards or expectations from her with respect to these distinct roles.

All these questions are to be answered first before embarking upon creating standards and fixing her into a moral framework of socio-cultural standards and expectations. A woman is always in the process of evolution, taking up new roles and positions in her life as and when required irrespective of whether she is happy or not. A significant number of middle-aged mothers remain unseen, concealing their psycho-social challenges. Cultural constraints and dependency contribute to unexpressed needs and emotions. It's crucial to recognize these women as individuals with untapped potential, possessing valuable experiences, creativity, passion, and capable of making a meaningful impact.

During midlife, a mother faces numerous challenges, including her tryst with menopausal issues, diminishing energy, cognitive and physical decline, fear of aging, loss of dear ones, role conflicts, empty nest syndrome, identity crisis, and economic dependency. This array of factors create significant stress and adversely affects her mental health. The researcher is aware that these mid-life challenges cannot be generalized as such, and that each woman has a unique story to relate. Based on the research findings and interactions with mothers, as well as insights from western and Indian studies, it is evident that there are shared experiences related to mid-life crises among women. These experiences warrant further comprehensive investigation. Specifically, it has been observed that the care and support provided during puberty, pregnancy, and post-pregnancy are often lacking during the menopausal period, which is a critical time requiring adequate care and nutrition to maintain women's health. Only a few studies have been undertaken on women's psycho-social changes during midlife transition period and the focus of research has been more on men and the biological role of the woman. There are many other crucial aspects of a woman's psycho-social functioning other than just the biological role in the society that needs deeper investigation.

The intervention focuses on middle-aged educated homemakers in Thrissur, a group often overlooked for welfare programs, workshops, training, or skill development sessions. Once derailed from the employment track due to pregnancy, child rearing or other personal commitments, they are forbidden from taking up the same job in their middle-age as they are tagged as unsuitable or unworthy of that job due to gaps in the career graph. These mothers tirelessly manage their households without financial compensation, having to seek approval even for small personal expenses. She is someone who has everything yet nothing. Within the four walls of their home, they strive to find comfort at the cost of their talents, skills and competencies. Homemakers are often interpreted as tardy who lead a sedentary and effortless lifestyle with hardly any stress or worries to deal with.

Many mothers shared this predicament with the researcher, and while it may not apply universally, such instances are common. Their roles often get confined to household chores like cooking, cleaning, caregiving, and shopping. They get accustomed to this

position in such a way that they become completely oblivious to the gradual deterioration of their own cognitive abilities, alertness, memory, self-esteem, confidence, and professional skills, sometimes even leading to anxiety and panic attacks for unknown reasons. Weight gain and other physical changes due to aging impacts their self-image/self-concept as can be seen from the various studies mentioned in the literature review. Identity crisis is real, and it is not just restricted to adolescents or youth. It manifests itself in middle-aged women too, especially those who were ambitious once, who had to forgo their dreams and chose the role of a housewife for the sake of their family's betterment. Women who were unable to resolve their identity crisis in their youth become easy victims to emotional turmoil and dissatisfaction with self during their midlife. These feelings of inadequacy often manifest as emotional outbursts, impacting her relationships at home and with others.

Midlife as a period is marked by self-inquiry and spiritual investigation of one's own life purpose, often termed as existential questions. Women at midlife often have to juggle with multiple roles and responsibilities and these roles make her search for a sense of integration in midlife. The researcher believes it's their right to be recognized or heard not just for sacrifices but as an individual. During this turbulent transition, all they seek is respect, dignity, acceptance, and mutual understanding. Women seek for a renewal and reintegration of her identity by engaging herself in a deep process of self-reflection and spiritual inquiry. If she finds peace and accepts herself in terms of self-realization, relationships, and self-image, she approaches midlife challenges with a more positive attitude. They may perceive it as a graceful continuation of the previous phase that still offer chances to grow and leave one's indelible mark in the world. On the other hand, women who are still stuck in their unresolved past with their unfulfilled desires or other emotional events for which she could never obtain closure, this period brings with it an array of biopsychosocial challenges that becomes an emotional burden for her to deal with.

Simply put, it is how they choose to perceive this journey, directing them to a plethora of other pursuits for self-growth. Midlife transition either leads to self-integration or hopelessness, depending on how she perceives the entire chain of events in her life. During this phase she may fall short of physical and emotional energy to balance each

and every role entrusted upon her by the family and the society. It is to be remembered that she can emanate positivity only when she is emotionally and physically stable. She needs to be accepted with all her strengths and weaknesses during this transition period because that is what will help her and her family sustain. Middle age is said to be the second adolescence that needs utmost care and support to reintegrate the scattered versions of oneself.

In this intervention research, the researcher has attempted to provide a snapshot of the experiences a middle-aged mother undergoes and their quality of life during this period. There has also been a deep inquiry into whether all the mothers had confronted with a stereotypical mid-life experience on the biopsychosocial dimension or if there had been any differences. This research has followed a mixed methodology in two phases. The initial quantitative phase conducted a study on the quality of life of 356 middle-aged mothers leading to the screening of 86 low-scoring and willing mothers for the intervention programme. Ultimately, 30 mothers engaged in the program after intensive need assessment interactions. Social work methods, employed in this intervention have been 'Group Work' and 'Case Work'. Subsequently, during qualitative research, three in-depth case studies and two focused group discussions were conducted to assess the intervention's effectiveness on the quality of life of these middle-aged non-working participants. The researcher created this intervention package based on theoretical frameworks such as the 'Biopsychosocial model' and 'Psycho-social model'. Practice models applied included 'Acceptance and commitment therapy' along with 'Psychoeducation'. The intervention package was developed after extensive research, field trial, expert guidance and personal interactions with the mothers, understanding the need for a holistic approach where each dimension complements and influences the others.

This intervention has mainly aimed to bring about perceptional, attitudinal, and behavioural changes in middle-aged mothers to help them enhance their quality of life. Regular evaluation and monitoring helped measure the effectiveness or impact of the interventions from time to time. The pre- and post-intervention Quality of Life (QOL) outcomes indicated a statistically significant improvement in the mean values for all dimensions, excluding the social dimension. The results have revealed a

positive trend in both mothers' awareness and their daily health-related measures post intervention. The t-test outcomes for the domains of the Comprehensive Survey (to study the influence of midlife challenges on the QOL of middle-aged mothers) after the intervention indicated a statistically significant improvement in the mean scores for the psychological and social domains, except the physical domain. Regarding their Biopsychosocial awareness assessment, the t-test results demonstrated significant differences (improvement) in the mean value in relation to the post-intervention results. The results highlight the importance of a comprehensive three-dimensional investigation and intervention strategy. This approach enabled the researcher to explore their biopsychosocial aspects and concerns, leading to the development of a customized intervention package to address their specific needs. This intervention research uniquely aimed to integrate and interconnect three crucial dimensions of life, recognizing their interdependence. Focused group discussions further revealed the need for the inclusion of family members especially spouse and adolescent children in the intervention also has been emphasized for providing the needed support to these from multiple perspectives.

The researcher wishes to throw light on four important parameters provided by Charmaz (2006) to evaluate her entire research process namely, **credibility, originality, resonance, usefulness**. **Credibility**: Intimate familiarity was achieved by the researcher with the subject under exploration. Tools were prepared and used after extensive literature review and personal investigation. From within the target population women from diverse background were included ensuring an unbiased sampling and recruitment for the intervention. Holistic intervention was planned out in consultation with the experts from a range of related fields, interventionists and mothers themselves. Unbiased attention was given to each participant in the group through needs-based personal interviews, interactions, evaluation and follow-up from time to time. The researcher has ensured credibility of the multiple roles she has played as a social worker: group worker, case worker, ACT counsellor and as a resource person to the best of her ability and potential. Principles and ethics of the social work profession were duly adhered to. Analysis and findings have been presented in sufficient detail to support the conclusions that have been accomplished.

Originality: Being a women's study, it presented its own challenges to delve into the most intimate personal experiences of these mothers and extract their original views and perspectives screening out their peripheral defenses. Apart from their present quality of life, effort was made to ensure a comprehensive enquiry into their midlife challenges that shape their quality of life. Originality with respect to the data and interpretations have been maintained throughout by the researcher. This intervention module was considered to be one of its kind they were exposed to according to the feedback from the participants.

Resonance: the intervention was designed after an extensive theoretical review on midlife transition by various researchers and theorists. It was ensured that the intervention sessions and activities were planned as per theoretical foundation as well as the needs expressed by the participants. Based on these explorations the intervention module was designed and delivered. One of the striking resonance found was between its profound theoretical foundation both in terms of theoretical frameworks and the practice models used and an all encompassing intervention programme for the participants as per their needs.

Usefulness: while not overstating the importance of this intervention research, the researcher wishes to emphasize upon the usefulness of this intervention module in contributing towards enhanced social work practices in this particular area. Through findings it could be ensured that it has the potential to improve the quality of life of similar group of mothers in future provided that each time the intervention is preceded by a strong needs-based assessment, since each group and each individual is unique. Commonalities do exist but individual need evaluation would guarantee a more specific approach which this intervention research could materialize. Its usefulness with respect to its implications in social work education, practice and research is also assured by the researcher due to its robust theoretical base and holistic approach, which has been a rare venture in the case of non-working middle-aged mothers.

The researcher, being a middle-aged mother herself, has been greatly inspired to take up this intervention study. She too is keen to contribute something meaningful back to the society for the well-being of these mothers who have been so important yet

hidden. Their biopsychosocial quality of life is crucial not just for her but for her entire family and the society she lives in. A happy and healthy mid-life often leads to a satisfying old age with less regrets or insecurities. The researcher strongly believes that Midlife must be a period of generativity and not stagnation and therefore, just like for any other group, middle-aged women too deserve exposure to self-development, skill enhancement, and spiritual enrichment programmes since all these play a paramount role in helping the individual cope with her midlife crises. Sustained motivation is necessary to help them overcome their inhibitions and fears. It is imperative to make them understand through these interventions that self-care or self-love is not a selfish act but in fact, a dire necessity in middle-age. At this juncture, the relevance of social work intervention for middle aged, educated mothers/homemakers is self-explanatory.

The role of a social worker here is therefore, to make them self-reflect and create a drive in them to be a part of such progressive and cohesive group interventions that can inspire them to lead physically and emotionally a healthy fulfilling life. To enable them to be at peace with themselves, find their own potential and reassert themselves confidently, have been some of the prime purposes of this social work intervention. Since there is a notable increase in the life expectancy, there is a greater need to explore this particular phase of women's life and that this intervention study with its three-tier approach would definitely be a contribution towards refining their quality of life. Interventions grounded in psychology and spirituality establish a robust foundation for these individuals to rediscover and empower themselves on physical, emotional, social, and spiritual levels. This preparation will equip them to find meaning in their lives and confront midlife challenges with greater resilience. With adequate support, they can flourish into confident, self-respecting individuals, radiating that energy to everyone they connect with.

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BIBLIOGRAPHY

Aaron, R., Muliyil, J., & Abraham, S. (2002). Medico-social dimensions of menopause: a cross-sectional study from rural south India. *National Medical Journal of India*, 15(1), 14

Abreu, A.C.G., Alves, M.S., Zuchelo, L.T.S., Santos, S.V.D., Noll, P.R.E.S., Baracat, E.C., Soares Júnior, J.M., & Sorpreso, I.C.E. (2022). Full and empty nest syndromes in women in the climacteric period. *Rev Assoc Med Bras*, 68(1), 109-117.https://www.scielo.br/j/ramb/a/9sTryWQbrMmLpGRWcxKBBgF/?format=pdf&lang=en

Adams, R. G., & Blieszner, R. (1995). Aging well with friends and family. *American Behavioral Scientist*, 39(2), 209-224. https://core.ac.uk/download/pdf/149230683.pdf

Afshari, P., Houshyar Z, Javadifar N, Pourmotahari F, Jorfi M. (2016). The Relationship Between Body Image and Sexual Function in Middle-Aged Women. *Electron Physician*, 8(11). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5217824/

Agarwal, A. K., Kiron, N., Gupta, R., Sengar, A., & Gupta, P. (2018). A study of assessment menopausal symptoms and coping strategies among middle-aged women of North Central India. *International Journal Of Community Medicine And Public Health*, 5(10), 4470–4477. https://doi.org/10.18203/2394-6040.ijcmph20183995

Aghvami, S. T., Bagheri, F., & Abadi, A. S. (2013). The study and comparison of life quality identity crisis and value systems among usual and menopause women. *Advances in Environmental Biology*, *7*(11), 3362-3369. https://link.gale.com/apps/doc/A440635664/AONE?u=googlescholar&sid=bookmark-AONE&xid=9c040084

Agnieszka Olchowska-Kotala (2017): Body esteem and self-esteem in middle-aged women, *Journal of Women & Aging*, DOI: 10.1080/08952841.2017.1313012, http://dx.doi.org/10.1080/08952841.2017.1313012

Agnihotri, A. (2023). Hitting menopause? Here's how Naturopathy and yoga can help you to remain healthy. Hindustan Times. https://www.hindustantimes.com/lifestyle/health/hitting-menopause-here-s-how-naturopathy-and-yoga-can-help-you-to-remain-healthy-101677242980435.html

Ahuja, M. (2016). Age of menopause and determinants of menopause age: A PAN India survey by IMS. *J Midlife Health*, 7(3), 126-131. doi: 10.4103/0976-7800.191012.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5051232/

Aksu H, Sevinçok L, Kücük M, Sezer SD, Oğurlu N. (2011). The attitudes of menopausal women and their spouses towards menopause. *Clin Exp Obstet Gynecol*. 38(3), pp. 251-5. Retrieved from https://pubmed.ncbi.nlm.nih.gov/21995158/

Al Ubaidi, B.A. (2017). Empty-Nest Syndrome: Pathway to "Construction or Destruction". *J Fam Med Dis Prev*, 3(3). https://clinmedjournals.org/articles/jfmdp/journal-of-family-medicine-and-disease-prevention-jfmdp-3-064.php?jid=jfmdp#ref4

Ali, A.M., Ahmed, A.H., & Smail, L. (2020). Psychological Climacteric Symptoms and Attitudes toward Menopause among Emirati Women. *Int J Environ Res Public Health*, 17(14), 5028. doi: 10.3390/ijerph17145028. https://www.mdpi.com/1660-4601/17/14/5028

Altman, S.S., & Werner, P. (2019). Subjective Age and Its Correlates Among Middle-Aged and Older Adults. *The International Journal of Aging and Human Development*, 88(1), 3–21.https://journals.sagepub.com/doi/pdf/10.1177/0091415017752941#:~:text=The%20period%20of%20middle%20age,2011%3B%20Kertzner%2C%202001).

American Psychological Association. (2023). *APA Dictionary of Psychology.* https://dictionary.apa.org/psychology

Amodu, L. (2006). Perception: A Determinant for Effective Communication. Sophia - An *African Journal of Philosophy*, 9(1). http://eprints.covenantuniversity.edu.ng/1180/1/Perception.pdf

Anderson, C. M., Hogarty, G. E., & Reiss, D. J. (1980). Family treatment of adult schizophrenic patients: A psycho-educational approach. *Schizophrenia Bulletin, 6*(3), 490–505. https://doi.org/10.1093/schbul/6.3.490

Ansay, S. J., Perkins, D. F., & Nelson, C. J. (2004). Interpreting outcomes: Using focus groups in evaluation research. Family Relations: *An Interdisciplinary Journal of Applied Family Studies*, 53(3), 310–316. https://doi.org/10.1111/j.0022-2445.2004.0007.x

Ashford, J B,. LeCroy, C W,. Lortie, K L. (2001), *Human behavior in the social environment*, Thomson Learning/Wadsworth, USA

Ashford, J., & LeCroy, C. (2009). *Human Behaviour in the Social Environment.* Thomson Learning, Wadsworth, USA, 574-589

Asian News International. (2019, April). 89% women face body image issues after reading social media comments: Survey. *Hindustan Times.* https://www.hindustantimes.com/sex-and-relationships/89-women-face-body-image-issues-after-reading-social-media-comments-survey/story-ARSFGTAnO4nGeh4XyFQhwI.html

Athira, P. (2016). The prevalence and behavioral risk factors of lifestyle diseases among middle-aged persons in Kerala. Indian Journal of Health and Wellbeing, 7(7), 730-732. Retrieved from http://www.iahrw.com/index.php/home/journal_detail/19#list

Ayers, B., Forshaw, M., & Hunter, M.S. (2010). The impact of attitudes towards the menopause on women's symptom experiences: A systematic review. *Maturitas*, 65, 28–36. doi: 10.1016/j.maturitas.2009.10.016.

Barnes, R.Y., Jelsma, J., & Parker, R. (2019). Improvements in health-related quality of life and function in middle-aged women with chronic diseases of lifestyle after participating in a non-pharmacological intervention programme: A pragmatic randomized controlled trial. *African Journal of Disability* (Online), 8, 1-14. https://dx.doi.org/10.4102/ajod.v8i0.428. http://www.scielo.org.za/scielo.php?pid=S2226-72202019000100004&script=sci_arttext

Barretta, A.E., & Toothman, L. (2016). Explaining age differences in women's emotional well-being: The role of subjective experiences of aging. *Journal of Women & Aging*, 28(4), 285–296. Florida State University, USA. https://www.midus.wisc.edu/findings/pdfs/1547.pdf

Barth Olofsson, A.S., & Collins, A. (2000). Psychosocial factors, attitude to menopause and symptoms in Swedish perimenopausal women. *Climacteric*, 3(1), 33-42. https://www.tandfonline.com/doi/pdf/10.3109/13697130009167597?casa_token=B1JX5RGlnH4AAAAA:GFRNoHanSgTFjbQvH1ZXyFWQdysi0-YEg6p5AcJ0tZQR5nEUPylxe5mI7JgYL1Xn81aiv7WE6a7CFwTe

Baruch, G.K., & Brooks-Gunn, J. (1984). Introduction. In: Baruch, G., & Brooks-Gunn, J. (Eds.), *Women in Midlife. Women in Context: Development and Stresses*. Springer, Boston, MA. https://doi.org/10.1007/978-1-4684-7823-5_1

Bavadam, L. (1999). A Silent Syndrome. *Frontline*, 16. http://www.frontline.in/static/html/fl1607/16071190.htm

Bechthold. L. (2022). Female empowerment in the digital age. *Vision For Europe. EUTECH.* https://visionsforeurope.eu/v4e-articles/female-empowerment-in-the-digital-age-2/

Bender, C.J.G. (2002). A life skills program for learners in the senior phase: A social work perspective. MA dissertation, University of Pretoria. https://repository.up.ac.za/handle/2263/29679

Bhutani, S., Bhutani, J., & Bhutani, P. (2013). Social issues in post-menopausal women. *J Midlife Health*, 4(1), 68-69. doi: 10.4103/0976-7800.109649. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3702076/#ref4

Biestek, F.P. (1957). *Casework Relationship*. Unwin Hyman Ltd, London.

Bindhu, S. Anil, Dr. (2013). Climacteric Symptoms Among Women in a Rural Area In Kerala. *Journal of Evolution of Medical and Dental Sciences*, 2(19), http://www.jemds.com/data_pdf/ anil bindu.pdf

Biopsychosocial Model and Case Formulation (2022). *PsycheDB*. https://www.psychdb.com/teaching/biopsychosocial-case-formulation

Borker, S.A., Venugopalan, P.P., & Bhat, S.N. (2013). Study of menopausal symptoms, and perceptions about menopause among women at a rural community in Kerala. *J Midlife Health*, 4(3), 182-187. doi: 10.4103/0976-7800.118997. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3952411/

Bowers, S. (1950). The nature and definition of Social Casework. *Australian Journal of Social Work*, 4(1), 7-10. http://dx.doi.org/10.1080/03124075008522509

Bozek, A., Nowak, P., & Blukacz, N. (2020). The Relationship Between Spirituality, Health-Related Behavior, and Psychological Well-Being. *Health Psychology. Frontiers in Psychology*, 11. https://www.frontiersin.org/articles/10.3389/fpsyg.2020.01997/full.

Brandler, S., & Roman, C. (1999). *Group Work: Skills and Strategies for Effective Intervention*, 2nd Edition. Haworth Press. https://books.google.rw/books?id=UThHAAAAMAAJ&hl=no&source=gbs_navlinks_s

Brim, O. G. Jr., Ryff, C. D., & Kessler, R. C. (Eds.). (2004). *How Healthy Are We?* Chicago, IL: University of Chicago Press.

Charmaz , K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis* . Thousand Oaks, CA : Sage

Chavez, Lorryen. (2021). The World of Treatment Models: Mental Health for Women in Middle Adulthood. *California State University*, Long Beach Spring 2021. https://scholarworks.calstate.edu/downloads/th83m4885

Choi, NG, & Ha, JH. (2011). Relationship between spouse/partner support and depressive symptoms in older adults: gender difference. *Aging Ment Health*, 15(3), 307-317. doi: 10.1080/13607863.2010.513042. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3608851/

Christie, Sealy Janet, (1984), Working with a family in primary care, *New York: Praeger Publishers*

Collins. (2023). 'Social dimension'. *Collins dictionary*. https://www.collinsdictionary.com/dictionary/english/social-dimension

Conde, DM, Verdade, RC, Valadares, ALR, Mella, LFB, Pedro, AO, & Costa-Paiva, L. (2021). Menopause and cognitive impairment: A narrative review of current knowledge. *World J Psychiatry*, 11(8), 412-428. doi: 10.5498/wjp.v11.i8.412. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8394691/

Coping with the Emotions of Menopause. (2022, Sep 28). *Abbott Newsroom*. https://www.abbott.in/corpnewsroom/nutrition-health-and-wellness/coping-with-the-emotions-of-menopause.html

Cramer, E., Jones, P., Keenan, N., & Thompson, B. (2004). Is Naturopathy as Effective as Conventional Therapy for Treatment of Menopausal Symptoms? *The Journal of Alternative and Complementary Medicine*, 9(4), 529-538.

https://www.liebertpub.com/action/showCitFormats?doi=10.1089%2F107555303322284820

Creswell, J. W. (2006). Qualitative inquiry and research design: Choosing among five approaches. *London: Sage Publications*

D.K. Lal Das, (2022). Social work intervention research: Rawat Publications

Dąbrowska-Galas, M., & Dąbrowska, J. (2021). Physical Activity Level and Self-Esteem in Middle-Aged Women. *International Journal of Environmental Research and Public Health*, 18(14), 7293. doi: 10.3390/ijerph18147293. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8305857/

Dare, J. S. (2011). Transitions in midlife women's lives: Contemporary experiences. *Health Care for Women International*, 32(2), 111–133. doi: 10.1080/07399332.2010.500753

Das, K., & Raman, R. (2019). "Mirror, Mirror, on the Wall…Who is the Fairest of Them All?"—Body Image and Its Role in Sexual Health. Journal of Psychosexual Health, 1(3-4), 227-235. doi: 10.1177/2631831819890778

Dasgupta, D., Karar, P., Ray, S., & Ganguly, N. (2015). Menopausal Symptoms and Its Correlates: A Study on Tribe and Caste Population of East India. Current Gerontology and Geriatrics Research. Hindawi Publishing Corporation. doi: 10.1155/2015/984767. https://www.hindawi.com/journals/cggr/2015/984767/

Dassi, A. (2020). Case Work and Counselling: Working with Individuals. IGNOU. Jamia Nagar, New Delhi. https://egyankosh.ac.in/bitstream/123456789/58730/1/BLOCK%202.pdf

Degges-White, S., & Kepic, M. (2020). Friendships, Subjective Age, and Life Satisfaction of Women in Midlife. Adultspan Journal, 19(1). https://mds.marshall.edu/adsp/vol19/iss1/3

Dehghan, M., Isari, Z., Abbaszadeh, M., & Ghonchehpur, A. (2022). Menopause symptoms in women and its relation with using complementary and alternative medicines: A survey in southeast Iran. *Front. Public Health*, 10. https://www.frontiersin.org/articles/10.3389/fpubh.2022.947061/full#B5

Dimensions of Wellness. (2017). (UMD) University of Maryland's Your Guide to Living Well. https://umwellness.wordpress.com/8-dimensions-of-wellness.

Dr. Lee, R. (2021). Dropping Anchor: Three Steps for Tolerating Strong Emotions. *North Star Psychology Ltd.* https://www.northstarpsychology.co.uk/post/dropping-anchor-act-russ-harris#:~:text=Dropping%20Anchor%20is%20a%20mindfulness,space%20when%20we%20feel%20overwhelmed.

Dutta, R., Shah, P., Edward, S., Rani, A., Raja, D., & Jain, T. (2019). Women's Health in Midlife: Factors Influencing Menopausal Symptoms among Rural Women in Tiruvallur District of Tamilnadu. *Indian Journal of Public Health Research & Development*, 10, 274. https://www.researchgate.net/profile/Haripin-Sinaga/publication/331897479_Knowledge_Attitude_and_Practice_of_Relapse_Malaria_Patients_a_Cross_Sectional_Study_from_Mandailing_Natal_District_Indonesia/links/5da4faa945851553ff91fb61/Knowledge-Attitud

EADMT Ethical Code. (2021). Dance Movement Therapy Ethics. https://eadmt.com/eadmt/ethical-code#:~:text=The%20dance%20movement%20therapist%20shall%20only%20offer%20treatment%20following%20a,4.6.

EL Kok. (2004) Sexuality: How it is defined and determined? South African Family Practice, 46:3, 39-42, doi: 10.1080/20786204.2004.10873061

Elavsky, S. (2009). Physical activity, menopause, and quality of life: The role of affect and self-worth across time. Menopause, 16, 265–271. doi:

10.1097/gme.0b013e31818c0284.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2728615/Engel,

Elavsky, S. (2010). Longitudinal Examination of the Exercise and Self-Esteem Model in Middle-Aged Women. Journal of Sport & Exercise Psychology, 32, 862–880. doi: 10.1123/jsep.32.6.862. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3603361/

Engel, G.L. (1980). The Clinical Application of the Biopsychosocial Model. The American Journal of Psychiatry, 137(5), 535–544.

Erbil, N. (2018). Attitudes towards menopause and depression, body image of women during menopause. Alexandria Journal of Medicine, 54(3), 241-246. https://www.ajol.info/index.php/bafm/article/view/178929

Erikson, E. H. (1950). Childhood and society. New York: Norton.

Fallahi, F., Anoosheh, M., Foroughan, M., Vanaki, Z., & Kazemnejad, A. (2022). Raising Adolescent Children as a Developmental Task of Iranian Middle-aged Mothers: A Qualitative Study. *International Journal of Community Based Nursing and Midwifery*, 10(2), 120-133. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8957656/#ref3

Fosco, G. M., Caruthers, A. S., & Dishion, T. J. (2012). A six-year predictive test of adolescent family relationship quality and effortful control pathways to emerging adult social and emotional health. *Journal of Family Psychology*, 26(4), 565-575. DOI: 10.1037/a0028873

Fraser, M. W., & Galinsky, M. J. (2010). Steps in Intervention Research: Designing and Developing Social Programs. *Research on Social Work Practice, 20*(5), 459-466. https://doi.org/10.1177/1049731509358424

Freund, A., & Ritter, J. (2009). Midlife Crisis: A Debate. *Gerontology*, 55, 582-591. DOI: 10.1159/000227322.https://www.researchgate.net/publication/26335091_Midlife_Crisis_A_Debate

Fuh, J.-L., Wang, S.-J., Lee, S.-J., Lu, S.-R., & Juang, K.-D. (2006). A longitudinal study of cognition changes during early menopausal transition in a rural community. *Maturitas*, 53(4), 447–453. https://doi.org/10.1016/j.maturitas.2005.07.009. https://www.sciencedirect.com/science/article/pii/S0378512205001957

G. L. (1977). The need for a new medical model: A challenge for biomedicine. Science, 196(4286), 129-136.

Gaizauskaite, Inga. (2012). The use of the focus group method in social work research. *Qualitative Social Work*, 11, 19-29.

Gannon, L. R. (1999). Women and Aging Transcending Myths. *Routledge, London and New York*. https://books.google.co.in/books?id=_p8qTFV-C40C&pg=PT58&lpg=PT58&dq=Cockerill+(1994),+Gannon+(1985)+and+Sommer+(1973),&source=bl&ots=KrYORrMXUa&sig=ACfU3U3AxjErKHe0ePz9W3VyBYrQEm384Q&hl=en&sa=X&ved=2ahUKEwjHzpDct-aBAxUJSmwGHQTdCIcQ6AF6BAggEAM#v=snippet&q=desexualization&f=false

Genia, V., & Cooke, B. A. (1998). Women at Midlife: Spiritual Maturity and Life Satisfaction. *Journal of Religion and Health*, 37(2), 15-123. https://www.researchgate.net/profile/Vicky-Genia/publication/226009869_Women_at_Midlife_Spiritual_Maturity_and_Life_Satisfaction/links/5519d3fd0cf26cbb81a2b32f/Women-at-Midlife-Spiritual-Maturity-and-Life-Satisfaction.pdf 15-123

Georgakis, M. K., Kalogirou, E. I., Diamantaras, A. A., Daskalopoulou, S. S., Munro, C. A., Lyketsos, C. G., ... & Petridou, E. T. (2016). Age at menopause and duration of reproductive period in association with dementia and cognitive function: a systematic review and meta-analysis. *Psychoneuroendocrinology*, 73, 224-243. https://drive.google.com/file/d/1YOQLQT0djomSodYwfz1b0myGxo_9TRD1/view

Ghaljaei, F., Rezaee, N., & Salar, A. (2017). Identifying self-care behaviors in middle-aged women: A qualitative study. *Electron Physician*, 9(11), 5800-5805. DOI: 10.19082/5800. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5783131/

Ghazali, E., Soon, P., Mutum, D., & Nguyen, B. (2017). Health and Cosmetics: Investigating Consumers' Values for Buying Organic Personal Care Products. *Journal of Retailing and Consumer Services*, 39, 154-163. DOI: 10.1016/j.jretconser.2017.08.00

Giblin, P. R. (1997). Marital Spirituality: A Quantitative Study. *Journal of Religion and Health*, 36(4), 321–332. http://www.jstor.org/stable/27511174

Gilgun, Jane. (1994). A Case for Case Studies in Social Work Research. *Social Work*, 39, 371-380. DOI: 10.1093/sw/39.4.371. https://www.researchgate.net/publication/232493836_A_Case_for_Case_Studies_in_Social_Work_Research.

Goldsworthy, K. (2021). What is theory of change. *Evidence and Evaluation Support. Australian Institute of Family Studies*. https://aifs.gov.au/resources/practice-guides/what-theory-change#:~:text=Theory%20of%20change%20(Weiss%2C%201995,the%20conditions%20required%20for%20success

Goswami, P. (2013). Ageing and Its Effect on Body-Self Image, Mood and Self Esteem of Middle Age Women and Older Women. *IOSR Journal of Humanities and Social Science* (IOSR-JHSS), 18(5), 63-73. https://www.iosrjournals.org/iosr-jhss/papers/Vol18-issue5/J01855373.pdf

Greendale, G. A., Huang, M-H., Wight, R. G., Seeman, T., Luetters, C., Avis, N. E., Johnston, J., & Karlamangla, A. S. (2009). Effects of the menopause transition and hormone use on cognitive performance in midlife women. *Neurology*, 72(21), 1850-1857. DOI: 10.1212/WNL.0b013e3181a71193.https://n.neurology.org/content/72/21/1850.short

Haddad, L. M., & Toney-Butler, T. J. (2023). Empowerment. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK430929/

Hamilton. G. (1951). *Theory and Practice of Social Casework*. Columbia University Press, New York.

Harris, R. (2006). *Embracing Your Demons: An Overview of Acceptance and Commitment Therapy*. Psychotherapy in Australia, 12(4), 2-8. https://www.actmindfully.com.au/wp-content/uploads/2018/01/Dr_Russ_Harris_-_A_Non-technical_Overview_of_ACT.pdf

Harris, R. (2009). *ACT made simple: an easy- to- read primer on acceptance and commitment therapy*. New Harbinger Publications. Oakland, CA.

Harris, Russ. (2017). *Choice Point 2.0: A brief overview*. https://www.actmindfully.com.au/wp-content/uploads/2018/10/Choice-Point-2.0-An-Overview-Russ-Harris-Updated-October-2018.pdf

Henderson, E. (2023). Sexual activity among middle-aged women highly influenced by lifestyle than menopause. *News Medical Lifesciences*. https://www.news-medical.net/news/20230213/Sexual-activity-among-women-middle-aged-women-highly-influenced-by-lifestyle-than-menopause.aspx

Heydari, M., Masafi, S., Jafari, M., Saadat, S. H., & Shahyad, S. (2018). Effectiveness of Acceptance and Commitment Therapy on Anxiety and Depression of Razi Psychiatric Center Staff. *Open Access Macedonian Journal of Medical Sciences*, 6(2), 410-415.

HO, Osinowo. (2004). Psychosocial factors associated with perceived psychological health, perception of menopause and sexual satisfaction in menopausal women and controls. *West African Journal of Medicine*, 22(3), 225-231. https://www.ajol.info/index.php/wajm/article/view/27955

https://www.sciencedirect.com/science/article/pii/S0378512219300015)

Hunter, D. J., & Sambrook, P. N. (2000). Bone loss. Epidemiology of bone loss. *Arthritis Research*, 2(6), 441-445. DOI: 10.1186/ar125. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC128872/

Hurlock, E. B. (1980). Developmental psychology: A life-span approach. New York: McGraw-Hill.Hurlock, Elizabeth, (1959), *Developmental Psychology*, New York, McGraw-Hill Book Company Inc.

Hurlock, Elizabeth. (1959). *Developmental Psychology*. New York: McGraw-Hill Book Company Inc.

Hussain, S. (2018). *A Situational Analysis Of Psycho-Social Wellbeing Of Middle Aged Women (45-65 Years) In Delhi-Ncr*. Ministry Of Women And Child Development Government Of India Project Report, Sarojini Naidu Centre For Women's Studies, Jamia Millia Islamia. https://wcd.nic.in/sites/default/files/Final%20Report%20Psychosocial%20well%20being%2C%20Jamia.pdf

Hyvonen, K., Pylvanainen, P., Muotka, J., & Lappalainen, R. (2020). *The Effects of Dance Movement Therapy in the Treatment of Depression: A Multicenter, Randomized Controlled Trial in Finland*. Frontiers in Psychology, 11. DOI: 10.3389/fpsyg.2020.01687 https://www.frontiersin.org/articles/10.3389/fpsyg.2020.01687/full

Ilankoon, I. M. P. S., Samarasinghe, K., & Elgán, C. (2021). Menopause is a natural stage of aging: a qualitative study. *BMC Women's Health*, 21(1), 47. DOI: 10.1186/s12905-020-01164-6. https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-020-01164-6#citeas

Information Kerala Mission. (2023). Thrissur Corporation. Government of Kerala. Thrissur Corporation. https://thrissurcorporation.lsgkerala.gov.in/en/ward/328

Inhorn, M. C. (2006). Defining women's health: a dozen messages from more than 150 ethnographies. *Medical Anthropology Quarterly*, 20(3), 345-378. https://marciainhorn.com/wp-content/uploads/docs/inhorn-article-defining-womens-health.pdf

Jackson, K. L., Janssen, I., Appelhans, B. M., Kazlauskaite, R., Karavolos, K., Dugan, S. A., & Kravitz, H. M. (2014). Body image satisfaction and depression in midlife women: the Study of Women's Health Across the Nation (SWAN). *Archives of Women's Mental Health*, 17(3), 177–187. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4026204/

Jain, S. (2022). Women Empowerment in India - Current Scenario. https://www.researchgate.net/publication/359370367_Women_Empowerment_in_India_-Current_Scenario

Janega, J. (2001, July 26). Bernice L Neugarten: pioneering University of Chicago gerontologist. *The Chicago Tribune*. http://articles.chicagotribune.com/2001-07-26/news/01072601371_aging-Bernice-lNeugarten-gerontology

Jones, E. K., Jurgenson, J. R., Katzenellenbogen, J. M., & Thompson, S. C. (2012). Menopause and the influence of culture: another gap for Indigenous Australian women? *BMC Women's Health*, 12, 43. doi: 10.1186/1472-6874-12-43

Jordan, A. A. (2017). Managing Parallel Life Stages: A Quantitative Study of Psychological Wellbeing, Satisfaction with Life, and Parental Sense of Competence in Parents at Midlife. *University of East London*. https://repository.uel.ac.uk/download/4c76f5ccd4df3008fcfb5c863be37dd8d3c86e5b7da3686b81a07a90f02fd2d1/2206897/Ariana%2520Jordan%2520Thesis%252024.11.2017.pdf

Jordan, C. H. (2020). Self-Concept Content. In: Zeigler-Hill, V., Shackelford, T.K. (eds) *Encyclopedia of Personality and Individual Differences*. Springer, Cham. https://doi.org/10.1007/978-3-319-24612-3_1160. https://link.springer.com/referenceworkentry/10.1007/978-3-319-24612-3_1160#citeas

Jovanović, K., Žeželj, S., Malatestinić, Đ., Šutić, I., Štefanac, V., & Dorcic, F. (2010). Diet Quality of Middle Age and Older Women from Primorsko-Goranska County Evaluated by Healthy Eating Index and Association with Body Mass Index. *Collegium Antropologicum*, 34(2).https://www.researchgate.net/publication/43374465_Diet_Quality_of_Middle_Age_and_Older_Women_from_Primorsko-Goranska_County_Evaluated_by_Healthy_Eating_Index_and_Association_with_Body_Mass_Index

Jung, C. G. (1933). *Modern Man in Search of a Soul*. Harcourt, Brace.

Kale, Manisha K, (2014), *Psychological distress of menopausal married and unmarried women in relation to physiological symptoms, life events, and social support*. http://shodhganga.inflibnet.ac.in/handle/10603/7585

Kalhan, M., Singhania. K., Choudhary, P., Verma, S., Kaushal, P.. & Singh, T. (2020). Prevalence of Menopausal Symptoms and its Effect on Quality of Life among Rural Middle Aged Women (40-60 Years) of Haryana, India. *International Journal of Applied and Basic Medical Research,* 10(3), 183-188. doi: 10.4103/ijabmr.IJABMR_428_19. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7534715/

Kargozar, R., Azizi, H., & Salari, R. (2017). A review of effective herbal medicines in controlling menopausal symptoms. *Electron Physician*, 9(11), 5826-5833. Retrieved

Karimi, L., Mokhtari Seghaleh, M., Khalili, R., et al. (2022). The effect of self-care education program on the severity of menopause symptoms and marital satisfaction in postmenopausal women: a randomized controlled clinical trial. *BMC Women's Health*, 22, 71. https://doi.org/10.1186/s12905-022-01653-w. https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-022-01653-w#citeas

Katherine L Montgomery; Johnny S Kim; Cynthia Franklin. (2011). Acceptance and Commitment Therapy for Psychological and Physiological Illness. Health & Social Work, 36, 3, Research Library pg. 169. https://d1wqtxts1xzle7.cloudfront.net/30786996/Montgomery_2011._ACT-a_review_for_social_workers_%281%29-libre.pdf?1392171429=&response-content-disposition=inline%3B+filename%3DAcceptance_and_Commitment_Therapy_for_Ps.pdf&Expires

Katoch, M., & Pathania, R. (2021). Sibling Relationship during Middle Adulthood Years: A Qualitative Analysis. International Journal of Social Sciences, 10(02), 181-186. .https://ndpublisher.in/admin/issues/IJSSv10n2l.pdf

Kaufert, P. A. (1982). Myth and the menopause. *Sociology of Health & Illness*, *4*(2), 141-166. https://onlinelibrary.wiley.com/doi/pdf/10.1111/1467-9566.ep11339905

Kaur, A. (2020). *Middle Age in India in The Context of Women*. My Fit Brain. https://myfitbrain.in/blog/middle-age-in-india-in-the-context-of-women

Kelly, B. (2011). *Menopause as a Social and Cultural Construction. XULAneXUS*, 8(2), 30-36. https://digitalcommons.xula.edu/cgi/viewcontent.cgi?article=1096&context=xulanexus

Kilpela, L. S., Becker, C. B., Wesley, N., & Stewart, T. (2015). Body Image in Adult Women: Moving Beyond the Younger Years. *Advances in Eating Disorders*, 3(2), 144–164. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4452130/

Kilpi, F., Soares, A. L. G., Fraser, A., Nelson, S. M., Sattar, N., Fallon, S. J., Tilling, K., & Lawlor, D. A. (2020). Changes in six domains of cognitive function with reproductive and chronological ageing and sex hormones: a longitudinal study in 2411 UK mid-life women. *BMC Women's Health*, 20, 177. https://doi.org/10.1186/s12905-020-01061-y. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7427852/

Kim JS, Kang S. (2015) A Study on Body Image, Sexual Quality of Life, Depression, and Quality of Life in Middle-aged Adults. *Asian Nurs Res (Korean Soc Nurs Sci)*. 9(2):96-103. doi: 10.1016/j.anr.2014.12.001. https://pubmed.ncbi.nlm.nih.gov/26160236/

Kim, J. S., & Kang, S. (2015). A Study on Body Image, Sexual Quality of Life, Depression, and Quality of Life in Middle-aged Adults. *Asian Nursing Research*, 9(2), 96–103. https://doi.org/10.1016/j.anr.2014.12.001

Koo, H. Y. (2019). Experiences of the Development of Parent-Adolescent Relationships among Korean Mothers. *Child Health Nursing Research*, 25(3), 355–366. https://doi.org/10.4094/chnr.2019.25.3.355

Kryukova, T., Saporovskaia, M., & Voronina, M. (2019). Predictors of Middle Aged Women's Psychological Well-Being: Attitudes Toward Parents. *Social Welfare: Interdisciplinary Approach,* 2(20). https://www.researchgate.net/publication/337835147_PREDICTORS_OF_MIDDLE_AGED_WOMENS_PSYCHOLOGICAL_WELL-BEING_ATTITUDES_TOWARD_PARENTS

Kulkarni, A., Patel, R., Sanani, A., & Nambiar, S. (2021). Comparative Study Of Quality Of Life In Post-Menopausal Group – Working Women Vs. Homemakers. *Ilkogretim Online - Elementary Education Online School of Occupational Therapy*, D.Y. Patil Deemed to be University, India, 20(1), 5688–5697. https://www.ilkogretim-online.org/fulltext/218-1644771546.pdf?1691244438

Lachman, M. E. (2001). *Handbook of midlife development*. New York: Wiley.

Lachman, M. E. (2004). Development in Midlife. *Annual Review of Psychology*, 55(1), 305-331. https://doi.org/10.1146/annurev.psych.55.090902.141521

Lachman, M. E., Agrigoroaei, S. (2010). Promoting functional health in midlife and old age: long-term protective effects of control beliefs, social support, and physical exercise. *PLoS One*, 5(10), e13297. https://doi.org/10.1371/journal.pone.0013297

Lachman, M. E., Teshale, S., Agrigoroaei, S. (2015). Midlife as a Pivotal Period in the Life Course: Balancing Growth and Decline at the Crossroads of Youth and Old Age. *International Journal of Behavioral Development*, 39(1), 20-31. https://doi.org/10.1177/0165025414533223

Lazzara, J. (2020). *Why learn about human development during middle adulthood? Lifespan development. Middle Adulthood*. Maricopa Community Colleges. https://open.maricopa.edu/devpsych/chapter/chapter-10-adulthood/

Levinson, D. J. (1996). *The seasons of a woman's life*. New York: Ballantine Books.

Levinson, D. J., Darrow, C. N., Klein, E. B., Levinson, E. H., & McKee, B. (1978). *The Seasons of a man's life*. New York: Random House.

Lewis, M. (2023). Biopsychosocial Perspectives. *New Directions in Social Work*. The University of Kansas. https://www.routledgesw.com/interactive-cases/sanchez/assess/biopsychosocial-perspectives

Linde, J.A., Rothman, A.J., Baldwin, A.S., & Jeffery, R.W. (2006). The impact of self-efficacy on behaviour change and weight change among overweight participants in a weight loss trial. *Health Psychology*, 25, 282–291. https://doi.org/10.1037/0278-6133.25.3.282.

Linhorst, D. (2002). A Review of the Use and Potential of Focus Groups in Social Work Research. *Qualitative Social Work*. Research gate. Sage Publication. DOI: 10.1177/1473325002001002620

Lukens, Ellen. (2015). Psychoeducation. *Oxford Bibliographies*. DOI: 10.1093/OBO/9780195389678-0224. Retrieved from https://www.oxfordbibliographies.com/display/document/obo-9780195389678/obo-9780195389678-0224.xml

Luthar, S.S., & Ciciolla, L. (2016). What it feels like to be a mother: Variations by children's developmental stages. *Developmental Psychology*, 52(1), 143-154.

Mahdipour, N., Shahnazi, H., Hassanzadeh, A., Tabaraie, Y., & Sharifirad, G. (2013). Relationship between various aspects of lifestyle in middle-aged women. *Bulletin of Environment, Pharmacology and Life Sciences*, 3(1), 68-74. http://www.bepls.com. https://core.ac.uk/download/pdf/35290453.pdf

Marczak, M., & Sewell, M. (n.d.). Using Focus Groups for evaluation. *The University of Arizona*. https://cales.arizona.edu/sfcs/cyfernet/cyfar/focus.htm

Marlow, C. R. (2005). *Research methods for generalist social work*. London: Thomson Brooks/Cole.https://books.google.co.in/books?hl=en&lr=&id=Z023EAAAQBAJ&oi=fnd&pg=PR1&dq=

Massey, O. T. (2011). A proposed model for the analysis and interpretation of focus groups in evaluation research. *Evaluation and Program Planning*. Elsevier, 34(1), 21-28. doi:10.1016/j.evalprogplan.2010.06.003

McCrae, R. R., & Costa, P. T. Jr. (1986). Personality, coping, and coping effectiveness in an adult sample. *Journal of Personality and Social Psychology*, 54, 385-405. https://www.researchgate.net/publication/229463172_Personality_and_coping_effectiveness_in_an_adult_sample/link/5a1710e60f7e9be37f9580e2/download?_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6InB1YmxpY2F0aW9uRG93bmxvYWQiLCJwYWdlIjoicHVibGljYXRpb24ifX0

McCrae, R. R., & Costa, P. T. Jr. (2003). *Personality in adulthood: A five-factor perspective (2nd Ed.)*. New York: Guilford.

McDermott, N. (2023). Emptiness: What it is, Causes and How to Cope. *Forbes Health*. https://www.forbes.com/health/mind/emptiness-causes-and-how-to-cope/#:~:text=Emptiness%20refers%20to%20a%20compilation,with%20Grow%20Therapy%20in%20Florida

Medeiros de Morais, M. S., Andrade do Nascimento, R., Vieira, M. C. A., Moreira, M. A., Câmara, S. M. A., Campos Cavalcanti Maciel, Á., et al. (2017). Does body image perception relate to quality of life in middle-aged women? *PLoS ONE*, 12(9), e0184031. https://doi.org/10.1371/journal.pone.0184031

Meeta, M., Digumarti, L., Agarwal, N., Vaze, N., Shah, R., & Malik, S. (2020). Clinical practice guidelines on menopause: An executive summary and recommendations: Indian menopause society 2019-2020. *J Midlife Health*, 11, 55–95.

Meeta, M., Majumdar, S., Tanvir. T., Sharma. S., Shah, J., Aggarwal, N., Olayi, R., Ahuja, M., & Joshi, S. A. (2021). Effects of Menopause on Sexual Function in Indian

Women: A McCoy's Questionnaire-Based Assessment. *J Midlife Health*, 12(2), 144-154. doi:10.4103/jmh.jmh_95_21.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8409717/#ref7

Menon, P., & Minimol, K. (2018). Empty Nest Syndrome in Middle Aged Mothers: A Myth or a Reality. *VIRJ for Humanities and Social Sciences*, 4(2), 70-75. ISSN 2348-4837

Merriam-Webster Incorporated. (2023). 'Biological'. Merriam-webster Dictionary API. https://www.merriam-webster.com/dictionary/biological

Merriam-Webster Incorporated. (2023). 'Sexuality'. *Merriam-webster Dictionary* API. https://www.merriam-webster.com/dictionary/sexuality#:~:text=%3A%20the%20condition%20of%20having%20sex,or%20interest%20especially%20when%20excessive

Mi-Jeong Han & Ji-Hyun Lee. (2013). Factors Influencing Self-Identity and Menopausal Symptoms on Level of Depression in Middle-Aged Women. *Korean Journal of Women Health Nursing*, 19(4), 275-284. https://kjwhn.org/journal/view.php?doi=10.4069/kjwhn.2013.19.4.275

Mikhail, A. (2023). Friendship is a key to living a long, healthy life. Here's how to make and sustain them in middle age. *Fortune Well*. https://fortune.com/well/2023/02/23/friends-trump-diet-exercise-healthy-life-middle-aged/

Mishra, Shailendra Kumar. (2011). Menopausal transition and postmenopausal health problems: a review on its bio-cultural perspectives. *Health,* 3(4). www.scirp.org/journal/PaperDownload.aspx?paperID=4748

Mitchell, Barbara A. (2009). The Empty Nest Syndrome in Midlife Families: A Multimethod Exploration of Parental Gender Differences and Cultural Dynamics. *Journal of Family Issues*, 30(12), 1651-1670. https://www.researchgate.net/profile/Barbara-Mitchell-3/publication/249708322_The_Empty_Nest_Syndrome_in_Midlife_FamiliesA_Multimethod_Exploration_of_Parental_Gender_Differences_and_Cultural_Dynamics/links/549852870cf2519f5a1ddf0b/The-Empty-Nest-Syndrome-in-Midlife-FamiliesA-Multimethod-Exploration-of-Parental-Gender-Differences-and-Cultural-Dynamics.pdf

Monteleone, P., Mascagni, G., Giannini, A., et al. (2018). Symptoms of menopause — global prevalence, physiology and implications. *Nat Rev Endocrinol*, 14, 199–215. https://doi.org/10.1038/nrendo.2017.180.https://www.nature.com/articles/nrendo.2017.180#citeas

Montgomery, K. L., Kim, J. S., & Franklin, C. (2011). Acceptance and Commitment Therapy for Psychological and Physiological Illness. *Health & Social Work*, 36(3), 169. https://d1wqtxts1xzle7.cloudfront.net/30786996/Montgomery_2011._ACT-a_review_for_social_workers_%281%29-libre.pdf?1392171429=&response-content-disposition=inline%3B+filename%3DAcceptance_and_Commitment_Therapy_for_Ps.pdf&Expires

Morgan, D. L. (1997). *Focus groups as qualitative research*. Thousand Oaks, CA: Sage.

Mousavi, Z. S., Ehsanpour, S., & Kazemi, A. (2016). Survey of lifestyle and its relationship with health value of mid-aged women referring to comprehensive health centres of Isfahan. *J Educ Health Promot*, 7, 91. doi: 10.4103/jehp.jehp_134_17. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6052773/

Mukherjee, M. (2023). *Is Midlife Crisis Taking a Toll on Your Marriage? Relationships*. https://www.idiva.com/relationships-love/relationships/is-midlife-crisis-taking-a-toll-on-your-

marriage/21518#:~:text=It%20is%20a%20form%20of,of%20love%20in%20the%20relationship

Naaz S. (2010). *To study prevalence of diseases and the impact of health education in middle age women*. (Doctoral dissertation, University of Dr. Babasaheb Ambedkar Marathwada). http://hdl.handle.net/10603/78969

National Institute of Ageing. (2017). *How To Share Caregiving Responsibilities With Family Members*. https://www.nia.nih.gov/health/how-share-caregiving-responsibilities-family-members

Nazarpour, S., Simbar, M., Khorrami, M., et al. (2021). The association between sexual function and body image among postmenopausal women: a cross-sectional study. *BMC Women's Health*, 21(1), 403. https://doi.org/10.1186/s12905-021-01549-1. https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-021-01549-1

NCERT. Variations In Psychological Attributes. https://ncert.nic.in/ncerts/l/lepy101.pdf

Neppl, T. K., Diggs, O. N., Wickrama, K. A. S., & Walker, O'Neal C. (2021). *Pathways of the family stress model in midlife on physical health in later adulthood. Journal of Family Psychology,* 35(1), 22-32. doi: 10.1037/fam0000714. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8324077/

Netz, Y., Zach, S., Dennerstein, L., & Guthrie, J. R. (2005). *The menopausal transition: does it induce women's worries about aging?. Climacteric*, 8(4), 333-341. doi: 10.1080/13697130500345224. https://pubmed.ncbi.nlm.nih.gov/16390768/

Neugarten, B. L. (Ed.). (1968a). *Middle age and aging*. Chicago, IL: University of Chicago Press.

Neugarten, B. L., & Neugarten, D. A. (1986). *Age in the aging society. Daedalus*, 115(1), 31–49.

Newman. (2017). *Development through Life: A Psychosocial Approach*. Cengage Learning, Boston, USA.

Nguyen AW, Chatters LM, Taylor RJ, Mouzon DM. (2016). Social Support from Family and Friends and Subjective Well-Being of Older African Americans. J Happiness Stud. 17(3):959-979. doi: 10.1007/s10902-015-9626-8.

Nguyen, A. W., Chatters, L. M., Taylor, R. J., & Mouzon, D. M. (2016). Social Support from Family and Friends and Subjective Well-Being of Older African Americans. *Journal of Happiness Studies*, 17(3), 959-979. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4869534/#R79

NITI Aayog. (2022). *Empowerment of Women through Education, Skilling & Micro-Financing*. https://www.niti.gov.in/empowerment-women-through-education-skilling-micro-financing

Nosek, M., Kennedy, H. P., & Gudmundsdottir, M. (2012). Distress during the menopause transition: a rich contextual analysis of midlife women's narratives. *Sage Open*, 2(3). https://journals.sagepub.com/doi/pdf/10.1177/2158244012455178

Nülüfer Erbil. (2018). Attitudes towards menopause and depression, body image of women during menopause. *Alexandria Journal of Medicine*, 54(3), 241-246. https://www.sciencedirect.com/science/article/pii/S2090506817300726

Nyumba, Tobias & Wilson & Derrick, Christina & Mukherjee, Nibedita. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, 9, 20-32. DOI: 10.1111/2041-210X.12860. https://www.researchgate.net/publication/322405274_The_use_of_focus_group_discussion_methodology_Insights_from_two_decades_of_application_in_conservation

Oliver Huxhold, Martina Miche, Benjamin Schüz. (2014). Benefits of Having Friends in Older Ages: Differential Effects of Informal Social Activities on Well-Being in

Middle-Aged and Older Adults. *The Journals of Gerontology*: Series B, 69(3), 366–375. https://doi.org/10.1093/geronb/gbt029

Oxford University Press. (2023). *'Spirituality', 'Empowerment'*. Oxford Learner's Dictionaries.https://www.oxfordlearnersdictionaries.com/definition/american_english/spirituality#:~:text=%2F%CB%8Csp%C9%AAr%C9%99t%CA%83u%CB%88%C3%A6l%C9%99t%CC%AEi%2F,religion%20or%20the%20human%20spirit

Palk, Lawrence Carrington. (2015). An Exploratory Study of Midlife Transition in South Africa: In Search of the Midlife Crisis. *University of South Africa*. Retrieved from https://core.ac.uk/download/pdf/43177147.pdf

Papalia, D., Olds, S., & Feldman, R. (2004). *Human Development. 9th edition*, 586-592. Tata McGraw Hill Publishing Company Limited, New Delhi.

Park, K. (2009). *Preventive and Social Medicine*. Banarsidas Bhanot, Jabalpur. 20th edition.

Parker MH. (2016). *Midlife Turning Points: A Group Curriculum for Women Utilizing Mindfulness-based Interventions, Positive Psychology, and Expressive Writing to Foster Growth*. [thesis] California State University, Northridge. https://scholarworks.csun.edu/bitstream/handle/10211.3/172659/Parker-Margot-thesis-2016.pdf?sequence=1

Pawar, Nisha. (2017). *Women's Empowerment through Digital Media*. Karnatas University of Journal of Social Science, Dharwad, 4(2), 70-75. ISSN -0075 – 5176. https://www.researchgate.net/publication/348768913_Women's_Empowerment_through_Digital_Media

Peat, C. M., Peyerl, N. L., & Muehlenkamp, J. J. (2008). Body image and eating disorders in older adults: A review. *Journal of General Psychology*, 135(4), 343–358.

Perrig-Chiello, P., & Höpflinger, F. (2005). Aging parents and their middle-aged children: Demographic and psychosocial challenges. *European Journal of Ageing*, 2(3), 183-191. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5546344/

Pimenta, F., Maroco, J., Ramos, C., & Leal, I. (2013). *Menopausal Symptoms: Is Spirituality Associated with the Severity of Symptoms*? Regenerate J Relig Health, 53, 1013–1024. DOI 10.1007/s10943-013-9696-z

Praxis CET. (2016). Leading with the Heart: *How ACT Is Highly Successful in Social Work*. Praxis. https://www.praxiscet.com/posts/leading-heart-how-act-highly-successful-social-work/

Press Information Bureau, Delhi. (2022, July). *Schemes for welfare of women. Ministry of Women and Child Development*. https://pib.gov.in/PressReleasePage.aspx?PRID=1843808

Press Information Bureau. *Lifestyle Diseases in India. Government of India*, Ministry of Health and Family Welfare, New Delhi. (2018). https://pib.gov.in/Pressreleaseshare.aspx?PRID=1540840

Puri, P., Sinha, A,. Mahapatra, P., Pati, S. (2022). Multimorbidity among midlife women in India: well-being beyond reproductive age. *BMC Womens Health*. 12;22(1):117. doi: 10.1186/s12905-022-01693-2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9004080/

Ramanathan, S., & Sumathi, P. (June 2014). Managing Menopause. *Health Action*, XX, 12-13.

Rattani, S. (2012). Working and Nonworking Women's Descriptions and Experiences of their Roles in Society. Journal of Humanities and Social Sciences, 2, 230-239. https://www.researchgate.net/publication/236839351_Working_and_Nonworking_Women's_Descriptions_and_Experiences_of_their_Roles_in_Society

Rattani, Salma. (2012). Working and Nonworking Women's Descriptions and Experiences of their Roles in Society. *Journal of Humanities and Social Sciences*. 2. 230-239. https://www.researchgate.net/publication/236839351_Working_and_Nonworking_W

omen's_Descriptions_and_Experiences_of_their_Roles_in_Society/link/54aa50440cf257a6360d6834/download?_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6InB1YmxpY2F0aW9uIiwicGFnZSI6InB1YmxpY2F0aW9uIn19

Rawat, S., & Srivastava, M. (2020). The Midlife Crisis- "Her" Experience. International *Journal of Scientific and Research Publications*, 10(10), 496. https://www.ijsrp.org/research-paper-1020/ijsrp-p10667.pdf

Rawat, Swati & Srivastava, Dr. Manini. (2020). The Midlife Crisis- "Her" Experience. *International Journal of Scientific and Research Publications* (IJSRP), 10(10), 496-510. https://www.researchgate.net/publication/346746040_The_Midlife_Crisis-_Her_Experience

Rentz, D. M., Weiss, B. K., Jacobs, E. G., Cherkerzian, S., Klibanski, A., Remington, A., ... & Goldstein, J. M. (2017). Sex differences in episodic memory in early midlife: Impact of reproductive aging. *Menopause*, 24(4), 400-408. doi: 10.1097/GME.0000000000007. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5365356/

Reyhani, M., Kazemi, A., Keshvari, M., & Farajzadegan, Z. (2018). Sexual expectations and needs of middle-aged women: A qualitative study. *J Educ Health Promot*, 7, 49. doi: 10.4103/jehp.jehp_155_17. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5903159/

Richmond, M. (1917). *Social Diagnosis*. Russel Sage Foundation, New York. https://www.historyofsocialwork.org/PDFs/1917,%20Richmond,%20Social%20Diagnosis%20OCR%20C.pdf

Rimaz, S., Merghati Khoii, E., Zareie, F., & Shamsalizadeh, N. (2013). Iranian women's understandings of menopause and cultural scenarios. Sociology Journal of Social Health, 11(1), 1-16. http://sjsph.tums.ac.ir/article-1-5019-en.html

Rothman, J., & Thomas, E. J. (1994). *Intervention research: Design and development for human service. New York*: The Haworth Press. https://www.taylorfrancis.com/books/edit/10.4324/9780203058060/intervention-research-carlton-munson-edwin-thomas-jack-rothman

Ryan, L. H., Wan, W. H., & Smith, J. (2014). Spousal social support and strain: impacts on health in older couples. *Journal of Behavioural Medicine*. 37(6), 1108-1117. doi: 10.1007/s10865-014-9561-x. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4163126/

Ryff, C. D., Singer, B., & Palmersheim, K. A. (2004). Social inequalities in health and well-being: The role of relational and religious protective factors. *How healthy are we? A national study of well-being at midlife*, 90-123. https://www.researchgate.net/publication/312447403_Social_inequalities_in_health_and_well-being_The_role_of_relational_and_religious_protective_factors/citation/download

Sabia, S., Singh-Manoux, A., Hagger-Johnson, G., Cambois, E., Brunner, E. J., & Kivimaki, M. (2012). Influence of individual and combined healthy behaviours on successful aging. *CMAJ*, 184(18), 1985-1992. doi:10.1503/cmaj.121080. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3519184/

Sabine, K., Teresa, K., Sissy, L., & Robyn, C. (2014). Effects of dance movement therapy and dance on health-related psychological outcomes: A meta-analysis. *The Arts in Psychotherapy*, 41(1), 46-64. https://doi.org/10.1016/j.aip.2013.10.004. https://www.sciencedirect.com/science/article/abs/pii/S0197455613001676

Sabzevar, I. (2013). Relationship between various aspects of lifestyle in middle-aged women. *Bull Environ Pharmacol Life Sci*, 3, 68-74. https://core.ac.uk/download/pdf/35290453.pdf

Sajitha, S. (2017). *Menopause-related symptoms and their correlates: A community-based cross-sectional study. Master's dissertation,* Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum. http://dspace.sctimst.ac.in/jspui/bitstream/123456789/10879/1/6876.pdf

Sally, B., Joseph, E., Oliver, J., & Eric, M. (2011). Using Acceptance and Commitment Therapy with People With Psychosis: A Case Study. *Clinical Case Studies*, 10(5), 347-359. DOI: 10.1177/1534650111420863

Sargeant, S., & Yoxall, J. (2023). Psychology and spirituality: Reviewing developments in history, method, and practice. *Journal of Religion and Health*. Advance online publication. https://doi.org/10.1007/s10943-022-01731-1

Schwartz, S. J., Mason, C. A., Pantin, H., & Szapocznik, J. (2009). Longitudinal Relationships Between Family Functioning and Identity Development in Hispanic Adolescents: Continuity and Change. *Journal of Early Adolescence*, 29(2), 177-211. doi: 10.1177/0272431608317605.

Selzer, R., & Ellen, S. (2014). Formulation for beginners. *Australasian Psychiatry*, 22(4), 397-401. DOI: 10.1177/1039856214536240

Senapati, S., Bharti, N., & Bhattacharya, A. (2015). Modern lifestyle diseases: Chronic diseases, awareness and prevention. *International Journal of Current Research and Academic Review*, 3(3), 215-23.

Sewell, M. (2005). How middle age invites women into the life of the spirit. *UU World*. Midlife spirituality. https://www.uuworld.org/articles/midlife-spirituality

Shah, D. (2013). *Transcript of Interview with Dr. Duru Shah*. PharmaNewsPRWire. https://pharmanewsprwire.wordpress.com/2013/01/14/dr-duru-shah-my-passion-has-always-been-to-focus-on-preventive-health-especially-in-young-girls-and-women-as-they-are-the-mothers-of-tomorrow/

Sharma, G., & Pandy, N. (2015). Parenting Styles and Its Effect on Self-Esteem of Adolescents. *The International Journal of Indian Psychology*, 3(1). https://ijip.in/wp-content/uploads/2019/02/C03113V3I12015.

Sharma, S., & Mahajan, N. (2015). Menopausal symptoms and its effect on the quality of life in urban versus rural women: A cross-sectional study. *Journal of Midlife Health*, 6(1), 16-20. doi: 10.4103/0976-7800.153606

Shiow-Ru Chang, Cheng Fang Yang, Kuang-Ho Chen. (2019). Relationships between body image, sexual dysfunction, and health-related quality of life among middle-aged women: A cross-sectional study. *Maturitas,* 126, 45-50. https://doi.org/10.1016/j.maturitas.2019.04.218.

Siddique, H. Y. (2008). *Group work: Theories and practices*. Rawat Publications.

Simon, G. E., Ludman, E. J., Linde, J. A., Operskalski, B. H., Ichikawa, L., Rohde, P., Finch, E. A., & Jeffery, R. W. (2008). Association between obesity and depression in middle-aged women. *General Hospital Psychiatry*, 30(1), 32-39. DOI: 10.1016/j.genhosppsych.2007.09.001.https://www.sciencedirect.com/science/article/abs/pii/S0163834307001843?via%3Dihub

Singh, A., & Arora, A. K. (2005). Profile of menopausal women in rural north India. *Climacteric*.8(2):177-84. doi: 10.1080/13697130500117920. http://www.ncbi.nlm.nih.gov/pubmed/16096174

Singh, V., & Dubey, B. (2017). A study on empty nest syndrome among middle-aged men and women. *International Journal of Current Research*, 9(04), 48838-48842. https://www.journalcra.com/sites/default/files/issue-pdf/21809.pdf

Singh, V., & Sivakami, M. (2014). Menopause: Midlife experiences of low socio-economic strata women in Haryana. *Sociological Bulletin*, 63(2), 263-286. https://www.researchgate.net/profile/M-

Sivakami/publication/315655869_Menopause_Midlife_Experiences_of_Low_Socio-economic_Strata_Women_in_Haryana/links/58e47ebc4585159f7a778066/Menopause-Midlife-Experiences-of-Low-Socio-economic-Strata-Women-in-Haryana.pdf

Singh, V., & Sivakami, M. (2020). Normality, Freedom, and Distress: Listening to the Menopausal Experiences of Indian Women of Haryana. In C. Bobel, I. T. Winkler, B. Fahs, K. A. Hasson, E. A. Kissling, T. A. Roberts (Eds.), *The Palgrave Handbook of Critical Menstruation Studies*. Palgrave Macmillan, Singapore. https://doi.org/10.1007/978-981-15-0614-7_70. https://doi.org/10.1007/978-981-15-0614-7_70

Smithson, K. L. (2011). *The Relationship among Social Connectedness, Meaning in Life, and Wellness for Adult Women in Levinson's Mid-Life Transition Stage*. [Dissertation, Georgia State University]. https://doi.org/10.57709/2112181. https://scholarworks.gsu.edu/cgi/viewcontent.cgi?article=1067&context=cps_diss

Solhi, M., Pirouzeh, R. & Zanjari, N. (2022). Middle-aged preparation for healthy aging: a qualitative study. *BMC Public Health* **22**, 274. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-022-12715-x

Sondhi, R. (2017). Parenting Adolescents in India: A Cultural Perspective. *Child and Adolescent Mental Health*. https://www.intechopen.com/chapters/53127

Sonstroem R.J., Harlow L.L., Josephs L. Exercise and slef-esteem: Validity of model expansion and exercise association. *Journal of Sport & Exercise Psychology*. 1994;**16**:29–42. doi: 10.1123/jsep.16.1.29. https://digitalcommons.uri.edu/cgi/viewcontent.cgi?article=1004&context=psy_facpubs

Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin*, 139, 213- 240. http://dx.doi.org/10.1037/a0028931

Soydan, H. (2013). Intervention Research. Encyclopaedia of Social Work. Oxford University Press. https://doi.org/10.1093/acrefore/9780199975839.013.208.

Sperry, J., & Sperry, L. (2020). Case conceptualization: Key to highly effective counseling. *Counseling Today*. A Publication of the American Counseling Association.

Srivastava, S., & Upadhaya, P. (2022). Aging, sexual intimacy, and challenges in contemporary India: A qualitative study. *Frontiers in Psychology*, 13, 946105. https://doi.org/10.3389/fpsyg.2022.946105. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9530930/

Starks, S., & Hughey, A. W. (2003). African American Women at Midlife: The Relationship Between Spirituality and Life Satisfaction. *Affilia*, 18(2), 133-147. https://digitalcommons.wku.edu/cgi/viewcontent.cgi?article=1021&context=csa_fac_pub

State Health Systems Resource Centre Kerala. (2019). *Comprehensive Primary Health Care through Family Health Centre. Government of Kerala.* https://shsrc.kerala.gov.in/pdf/CompPrimaryHealthFHC.pdf

Steffen, P. R. (2011). Spirituality and Severity of Menopausal Symptoms in a Sample of Religious Women. *J Relig Health*, 50, 721–729. DOI https://doi.org/10.1007/s10943-009-9271-9. https://www.researchgate.net/publication/286293171_The_study_and_comparison_of_life_quality_identity_crisis_and_value_systems_among_usual_and_menopause_women

Steward, A., Ostrove, J. M., & Helson, R. (2001). Middle Aging in Women: Patterns of Personality Change from the 30s to the 50s. *Journal of Adult Development*, 8(1).

https://deepblue.lib.umich.edu/bitstream/handle/2027.42/44636/10804_2004_Article_228798.pdf?sequence=1

Stoewen, D. L. (2017). Dimensions of wellness: Change your habits, change your life. *Canadian Veterinary Journal*, 58(8), 861-862. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5508938/

Strydom, H., Steyn, M., & Strydom, C. (2014). An adapted intervention research model: Suggestions for research and practice. Social Work/*Maatskaplike Werk*, 43. 10.15270/43-4-262.https://www.researchgate.net/publication/274243703_An_adapted_intervention_research_model_Suggestions_for_research_and_practice

Sushila, Srivastava. and Rani, Sudha K. (2014). *Textbook of Human Development – A Life Span Developmental Approach,* 1st edition, S. Chand & Company Pvt. Ltd.

Syamala, T. S., & Sivakami, M. (2005). Menopause: An emerging issue in India. *Economic and political weekly*, 4923-4930. https://www.researchgate.net/profile/M-Sivakami/publication/262125990_Menopause_An_Emerging_Issue_in_India/links/570f279608aecd31ec9a9418/Menopause-An-Emerging-Issue-in-India.pdf

Tajonera, C. F. J. P., & Lamig, R. K. Y. (2021). The Influence of Emotional Well-Being and Spiritual Wholeness on Midlife Positive Functioning of Middle-Aged professionals. *Philippine Social Science Journal*, *4*(1), 20-30. https://doi.org/10.52006/main.v4i1.314.

Teoli, D., & Bhardwaj, A. (2023). Quality of Life. *StatPearls (Internet)*. Treasure Island (FL): StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK536962/

The Gurukool School of Design. (2019). *6 Reasons Why Personal Grooming Leads to Success.* https://www.gurukulschoolofdesign.com/blog/6-reasons-why-personal-grooming-leads-to-success

The secret to… sharing the care of elderly parents. (2023). *The Guardian.* https://www.theguardian.com/lifeandstyle/2018/sep/22/secret-to-siblings-sharing-care-elderly-parents

The World Health Organization. (1996). *WHOQOL-BREF: Introduction, administration, scoring and generic version of the assessment: Field trial version.* https://www.who.int/publications/i/item/WHOQOL-BREF

Thomas, A.J., Mitchell, E.S. & Woods, N.F. (2018). The challenges of midlife women: themes from the Seattle midlife Women's health study. *Women's midlife health.* **4** (8), https://womensmidlifehealthjournal.biomedcentral.com/articles/10.1186/s40695-018-0039-9#citeas039-9

Thornton, K., Chervenak, J., & Neal-Perry, G. (2015). Menopause and Sexuality. *Endocrinology and Metabolism Clinics of North America*, 44(3), 649-661. doi: 10.1016/j.ecl.2015.05.009.

Trecker, H. B. (1955). *Social Group Work: Principles and Practices*. New York: Association Press.

Tuckman, B. W., & Jensen, M. A. (1977). Stages of small-group development revisited. *Group & Organization Studies, 2*(4), 419–427. https://doi.org/10.1177/105960117700200404

Vaze N, Joshi S. Yoga and menopausal transition. *J Midlife Health*. 2010 Jul;1(2):56-8. doi: 10.4103/0976-7800.76212. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3122509/

Von Hippel, C., Adhia, A., Rosenberg, S., Austin, S. B., Partridge, A., & Tamimi, R. (2019). Sexual Function among Women in Midlife: Findings from the Nurses' Health Study II. *Women's Health Issues*, 29(4), 291-298. doi: 10.1016/j.whi.2019.04.006.

Wang, L., Zhang, R., Yang, Y., et al. (2021). Severity and factors of menopausal symptoms in middle-aged women in Gansu Province of China: A cross-sectional study. *BMC Women's Health*, 21, 405. https://doi.org/10.1186/s12905-021-01531-x.

Wasilewski, M. B. (2020). How to share caregiving responsibilities with your siblings. *Your Health Matters*. https://health.sunnybrook.ca/wellness/how-to-share-caregiving-responsibilities-siblings/

Webster Dictionary. (1913). 'Self-grooming'. https://www.webster-dictionary.org/definition/grooming

Weerasekera, P. (1993). Formulation: A Multiperspective model. *The Canadian Journal of Psychiatry*, 38(5), 351-358. https://www.psychdb.com/_media/teaching/weerasekera_p._1993_formulation_a_multiperspective_model.pdf

West Chester University. (2022). *Tuckman's Stages of Group development*. WCU. https://www.wcupa.edu/coral/tuckmanStagesGroupDelvelopment.aspx

Wethington, E. (2000). Expecting Stress: Americans and the "Midlife Crisis". *Motivation and Emotion*, 24, 85–103. https://doi.org/10.1023/A:1005611230993

What are the most common health issues in middle-aged women. (2023, May 2020). Lifestyle Desk. *The Indian Express*. https://indianexpress.com/article/lifestyle/health/most-common-health-issues-common-in-middle-aged-women-6400410/

White, K. (2017). *An Introduction to the Sociology of Health and Illness*. 3rd Edition. Sage publication.

White, Kevin. (2017). An Introduction to the Sociology of Health and Illness. 3rd Edition. Sage publication

Whiteman, S. D., McHale, S. M., & Soli, A. (2011). Theoretical Perspectives on Sibling Relationships. *Journal of Family Theory & Review*, 3(2), 124-139. doi: 10.1111/j.1756-2589.2011.00087.x. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3127252/

WHOQOL-BREF. (1996). *Introduction, Administration, Scoring and Generic Versions of the Assessment, Field Trial Version*. Geneva. https://iris.who.int/bitstream/handle/10665/63529/WHOQOL-BREF.pdf?sequ.

Why do women start gaining belly fat in their 40s? (March,2022). *The Economic Times*, Panache. https://economictimes.indiatimes.com/magazines/panache/why-do-women-start-gaining-belly-fat-in-their-40s/articleshow/90292114.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Wilbur, J., Shaver, J., Kogan, J., Buntin, M., & Wang, E. (2006). Menopausal Transition Symptoms in Midlife Women Living with Fibromyalgia and Chronic Fatigue. *Health Care Women International*, 27, 600–614. doi: 10.1080/07399330600803741. https://www.tandfonline.com/doi/abs/10.1080/07399330600803741

Wild D, Grove A, Martin M, Eremenco S, McElroy S, Verjee-Lorenz A, Erikson P; ISPOR Task Force for Translation and Cultural Adaptation. (2005). Principles of Good Practice for the Translation and Cultural Adaptation Process for Patient-Reported Outcomes (PRO) Measures: report of the ISPOR Task Force for Translation and Cultural Adaptation. *Value Health*. 8(2):94-104. doi: 10.1111/j.1524-4733.2005.04054.x.

Wilson, S., Crayton, B., & Williams, L. (2019). Acceptance and Commitment Therapy (ACT): An Important Evidence-Based Practice for Social Work Practice. *Journal of Psychology & Behaviour Research*, 1, p38. http://dx.doi.org/10.22158/jpbr.v1n1p38. http://dx.doi.org/10.22158/jpbr.v1n1p38

Wilson, Shanika & Crayton, Blenda & Williams, Larry. (2019). Acceptance and Commitment Therapy (ACT) an Important Evidenced Based Practice for Social Work Practice. Journal of Psychology & Behavior Research. 1. p38. 10.22158/jpbr.v1n1p38. http://dx.doi.org/10.22158/jpbr.v1n1p38

Woods, N.F., Mitchell, E.S. The Seattle Midlife Women's Health Study: a longitudinal prospective study of women during the menopausal transition and early post menopause. *Women's Midlife Health* **2**, 6 (2016). https://doi.org/10.1186/s40695-016-0019-x.

Zastrow, C., & Ashman, K. (2001). *Understanding Human Behavior and the Social Environment.* Wadsworth/Thomson Learning America.

Zhang, Z. (2018). *Midlife Parenthood and Wellbeing: How do Co-residence and Relationship Quality Matter?* (Doctoral dissertation, The Ohio State University). https://www.proquest.com/openview/361a0fb46b358e665cfce14be1bd1bf2/1?pq-origsite=gscholar&cbl=18750&diss=y

APPENDIX

QUALITY OF LIFE AND CHALLENGES OF MIDDLE-AGED MOTHERS: A SOCIAL WORK INTERVENTION STUDY

CONSENT FORM

Dear Participant,

I am Preetha Menon, a Research Scholar, doing my PhD in Social Work (Medical and Psychiatric Social Work) at Vimala College (Autonomous), Thrissur, Kerala under the guidance of Dr. Minimol K. Former Associate Professor of Social Work, Vimala College (Autonomous), Thrissur. My research is on the Quality of Life (biological, psychological and social life) of middle-aged non-working mothers in Thrissur, Kerala. As an intervention study, it would contribute towards the enhancement of the quality of life of mothers in our society through psychoeducation and perceptional/ attitudinal change with the help of a needs-based intervention programme. This program is entirely free for the participants. During the three offline sessions (weekends), food and refreshments will be provided to the participants and other requirements will be taken care of. Relevant doctors, trainers and experts will be handling the sessions. The participants will be issued certificates for their participation after the intervention program.

Programme contents

Sessions on:

- Menopause awareness & symptoms management
- Life-style diseases: prevention and management
- Nutrition and diet for middle-aged mothers
- Physical fitness: Yoga and Meditation
- Awareness about necessary medical tests
- Naturopathy for middle-aged mothers
- Emotional coping and stress management
- Mental alertness, self-care
- Coping with anxiety and panic attacks
- Self-esteem and confidence enhancement
- Parenting, digital empowerment
- Practicing acceptance, forgiveness and gratitude
- Free eye check-up camp, TSH testing camp
- Group work activities for self-development

Other than group sessions, individual counselling sessions will also be undertaken for the participants to address their emotional as well as their practical needs.

This program is for Middle Aged Mothers (non-working mothers only) from Thrissur.

Age group: 37 to 50 yrs.

Education: 12th and above

Please note: In any case of inconvenience or difficulty, the participant can withdraw their consent/ leave the research activity at any time of the study.

Researcher's Name and contact details:

WhatsApp number:

INFORMED CONSENT

I, …. …… (Full Name), from……(Address), hereby, confirm that, I have been informed about the purpose of this research intervention and its future implications. I have received all the relevant information regarding this training program and assurance have been given with regard to the maintenance of the confidentiality of the matters disclosed during the group as well as the case interventions. I understand that, my name and identity will remain concealed.

By signing this form, I hereby, **give my informed consent** for my participation in the above said intervention program which aims to work towards the improvement the quality of life of middle-aged mothers in Thrissur.

SIGNATURE:

DATE:

QUALITY OF LIFE AND CHALLENGES OF MIDDLE-AGED MOTHERS: A SOCIAL WORK INTERVENTION STUDY

(Descriptive study)

PART ONE

Quantitative Descriptive Phase (for 356 respondents/mothers) comprised of three tools namely, Socio-demographic details, WHOQOL-BREF, Positive Health Behaviour Checklist

* Required

Section 1 : Socio-Demographic Profile

1. Name പേര്*
2. Email address ഇമെയിൽ വിലാസം
3. Age പ്രായം*
4. Religion മതം
5. Address മേലിലാസം*
6. Mobile Number മൊബൈൽ നമ്പർ*
7. Level of Education വിദ്യാഭ്യാസ യോഗ്യത*

   Mark only one oval.

   - Matriculation മെട്രിക്കുലേഷൻ
   - Plus Two പ്ലസ് ടു
   - Graduate ബിരുദം
   - Postgraduate ബിരുദാനന്തര ബിരുദം
   - Other professional qualifications മറ്റ് പ്രൊഫഷണൽ യോഗ്യത

8. Marital Status. വൈവാഹിക നില*

   Mark only one oval.

   - Single തനിച്ച്
   - Married വിവാഹിതരായ

- Divorced വിവാഹമോചിത
- Widow വിധവ

9. Employment . ജോലി* Mark only one oval.

- Employed
- Unemployed
- Self-employed

10. If employed, where ജോലി ഉണ്ടെങ്കിൽ, എവിടെ (സ്ഥാപനം)?

11. Approximate Annual Income. ഏകദേശ വാർഷിക വരുമാനം * Mark only one oval.

- Below 250000
- 250001-500000
- 750001-1000000
- Above 1000000

12. How many members are there in your family കുടുംബത്തിൽ എത്ര പേരുണ്ട്?

13. Do you have any disabled member (mental/physical) to take care in your family?

കുടുംബത്തിൽ വികലാംഗരുണ്ടോ?* Mark only one oval.

- Yes ഉണ്ട്
- No ഇല്ല

14. Number of Children കുട്ടികളുടെ എണ്ണം*

15. Children's Age and Gender കുട്ടികളുടെ പ്രായവും ലിംഗഭേദവും

Section 2 : WHOQOL-BREF (Quality Of Life) ഡബ്ല്യു എച്ച് ഒ ക്യു ഒ എൽ ജീവിത നിലവാരം

Please read each question, assess your feelings, and select the option on the scale for each question that gives the best answer for you. ദയവായി ഓരോ ചോദ്യവും വായിക്കുക, നിങ്ങളുടെ വികാരങ്ങൾ വിലയിരുത്തുക, കൂടാതെ നിങ്ങളുടെ മികച്ച ഉത്തരം നൽകുന്ന ഒരോ ചോത്യത്തിന്നും സ്കെയിലിൽ നിന്ന് ഓപ്ഷൻ തിരഞ്ഞെടുക്കുക

15. How would you rate your quality of life? നിങ്ങളുടെ ജീവിത നിലവാരം എങ്ങനെ വിലയിരുത്തും *. Mark only one oval.

- Very Poor വളരെ മോശം
- Poor മോശം
- Neither poor nor good മോശവുമല്ല നല്ലതുമല്ല
- Good നല്ലത്
- Very Good വളരെ നല്ലത്

16. How satisfied are you with your health? നിങ്ങളുടെ ആരോഗ്യത്തിൽ നിങ്ങൾ എത്രത്തോളം സംതൃപ്തനാണ്? *. Mark only one oval.

- Very dissatisfied വളരെ സംതൃപ്തനല്ല
- Dissatisfied സംതൃപ്തനല്ല
- Neither satisfied nor dissatisfied തൃപ്തിയോ അതൃപ്തിയോ ഇല്ല
- Satisfied സംതൃപ്തനാണ്
- Very satisfied വളരെ സംതൃപ്തനാണ്

The following questions ask about how much you have experienced certain things in the last two weeks. താഴെ കൊടുത്തിരിക്കുന്ന ചോദ്യങ്ങൾ കഴിഞ്ഞ 2 ആഴ്ചകളിൽ നിങ്ങളുടെ ചില അനുഭവങ്ങളെ സൂചിപ്പിക്കുന്നു

17. To what extent do you feel that physical pain prevents you from doing what you need to do? ശാരീരികമായ വേദനകൾ നിങ്ങളെ ചെയ്യേണ്ട കാര്യങ്ങളിൽ നിന്ന എത്രമാത്രം നിങ്ങളെ പിന്തിരിപ്പിക്കുന്നു? Mark only one oval.

- Not at all തീരെയില്ല
- A little കുറച്ച്
- A moderate amount സാധാരണ തോതിൽ
- Very much വലരേയധികം
- An extreme amount അങ്ങേയറ്റം

18. How much do you need any medical treatment to function in your daily life? നിത്യജീവിതത്തിൽ എത്രത്തോളം വൈദ്യചികിത്സ ആവശ്യമാണ്? Mark only one oval.

- Not at all തീരെയില്ല
- A little കുറച്ച്
- A moderate amount സാധാരണ തോതിൽ
- Very much വലരേയധികം

- An extreme amount അങ്ങേയറ്റം

19. How much do you enjoy life? ജീവിതം എത്രമാത്രം ആസ്വദിക്കുന്നു? Mark only one oval.

- Not at all തീരെയില്ല
- A little കുറച്ച്
- A moderate amount സാധാരണ തോതിൽ
- Very much വലരേയധികം
- An extreme amount അങ്ങേയറ്റം

20. To what extent do you feel your life to be meaningful? നിങ്ങളുടെ ജീവിതം എത്രത്തോളം അർത്ഥപൂർണ്ണമാണെന്ന് നിങ്ങൾക്ക് തോന്നുന്നു? Mark only one oval.

- Not at all തീരെയില്ല
- A little കുറച്ച്
- A moderate amount സാധാരണ തോതിൽ
- Very much വലരേയധികം
- An extreme amount അങ്ങേയറ്റം

The following questions ask about how much you have experienced certain things in the last two weeks. താഴെ കൊടുത്തിരിക്കുന്ന ചോദ്യങ്ങൾ കഴിഞ്ഞ 2 ആഴ്ചകളിൽ നിങ്ങളുടെ ചില അനുഭവങ്ങളെ സൂചിപ്പിക്കുന്നു

21. How well are you able to concentrate? നിങ്ങൾക്ക് എത്ര നന്നായി ശ്രദ്ധ കേന്ദ്രീകരിക്കാൻ കഴിഞ്ഞു? * Mark only one oval.

- Not at all തീരെയില്ല
- A little കുറച്ച്
- A moderate amount സാധാരണ തോതിൽ
- Very much വലരേയധികം
- Extremely അങ്ങേയറ്റം

22. How safe do you feel in your daily life? നിങ്ങളുടെ ദൈനംദിന ജീവിതത്തിൽ നിങ്ങൾ എത്രത്തോളം സുരക്ഷിതരാണെന്ന് തോന്നുന്നു? * Mark only one oval.

- Not at all തീരെയില്ല
- A little കുറച്ച്
- A moderate amount സാധാരണ തോതിൽ
- Very much വലരേയധികം
- Extremely അങ്ങേയറ്റം

23. How healthy is your physical environment? നിങ്ങളുടെ ശാരീരിക അന്തരീക്ഷം എത്ര ആരോഗ്യകരമാണ്? * Mark only one oval.

- Not at all തീരെയില്ല
- A little കുറച്ച്
- A moderate amount സാധാരണ തോതിൽ
- Very much വലരേയധികം
- Extremely അങ്ങേയറ്റം

The following questions ask about how completely you experience or were able to do certain things in the last two weeks. കഴിഞ്ഞ രണ്ടാഴ്ചയ്ക്കുള്ളിൽ നിങ്ങൾ എത്രമാത്രം പൂർണ്ണമായി അനുഭവിച്ചു അല്ലെങ്കിൽ ചില കാര്യങ്ങൾ ചെയ്യാൻ കഴിഞ്ഞു എന്നതിനെ കുറിച്ചാണ് താഴെപ്പറയുന്ന ചോദ്യങ്ങൾ ചോദിക്കുന്നു

24. Do you have enough energy for everyday life? ദൈനംദിന ജീവിതത്തിന് ആവശ്യമായ ഊർജ്ജം നിങ്ങൾക്കുണ്ടോ? * Mark only one oval.

- Not at all തീരെയില്ല
- A little തീരെയില്ല
- Moderately മിതമായി
- Mostly കൂടുതലും
- Completely പൂർണ്ണമായും

25. Are you able to accept your bodily appearance? നിങ്ങളുടെ ശാരീരിക രൂപം അംഗീകരിക്കാൻ നിങ്ങൾക്ക് കഴിയുമോ? * Mark only one oval.

- Not at all തീരെയില്ല
- A little തീരെയില്ല
- Moderately മിതമായി
- Mostly കൂടുതലും
- Completely പൂർണ്ണമായും

26. Have you enough money to meet your needs? നിങ്ങളുടെ ആവശ്യങ്ങൾ നിറവേറ്റാൻ മതിയായ പണമുണ്ടോ? * Mark only one oval.

- Not at all തീരെയില്ല
- A little തീരെയില്ല
- Moderately മിതമായി
- Mostly കൂടുതലും
- Completely പൂർണ്ണമായും

27. How available to you is the information that you need in your day-to-day life? നിങ്ങളുടെ ദൈനംദിന ജീവിതത്തിൽ ആവശ്യമായ വിവരങ്ങൾ നിങ്ങൾക്ക് എത്രത്തോളം ലഭ്യമാണ് * Mark only one oval.

- Not at all തീരെയില്ല
- A little തീരെയില്ല
- Moderately മിതമായി
- Mostly കൂടുതലും
- Completely പൂർണ്ണമായും

28. To what extent do you have the opportunity for leisure activities? വിനോദ പ്രവർത്തനങ്ങൾക്ക് നിങ്ങൾക്ക് എത്രത്തോളം അവസരമുണ്ട്? * Mark only one oval.

- Not at all തീരെയില്ല
- A little തീരെയില്ല
- Moderately മിതമായി
- Mostly കൂടുതലും
- Completely പൂർണ്ണമായും

29. How well are you able to get around? നിങ്ങളുടെ ദൈനംദിന ജീവിതത്തിൽ നിങ്ങൾക്ക് എത്രത്തോളം പ്രശ്നങ്ങളും ബുദ്ധിമുട്ടുകളും നേരിടാൻ കഴിയും? * Mark only one oval.

- Very Poor വളരെ മോശം
- Poor മോശം
- Neither poor nor good മോശവുമല്ല നല്ലതുമല്ല
- Good നല്ലത്
- Very Good വളരെ നല്ലത്

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks. കഴിഞ്ഞ രണ്ടാഴ്ചയ്ക്കുള്ളിൽ നിങ്ങളുടെ ജീവിതത്തിന്റെ വിവിധ വശങ്ങളെക്കുറിച്ച് നിങ്ങൾക്ക് എത്രത്തോളം നല്ലതോ സംതൃപ്തിയോ തോന്നിയെന്ന് പറയാൻ ഇനിപ്പറയുന്ന ചോദ്യങ്ങൾ നിങ്ങളോട് ആവശ്യപ്പെടുന്നു

30. How satisfied are you with your sleep? നിങ്ങളുടെ ഉറക്കത്തിൽ നിങ്ങൾ എത്രമാത്രം സംതൃപ്തനാണ്? * Mark only one oval.

- Very dissatisfied വളരെ സംതൃപ്തനല്ല
- Dissatisfied സംതൃപ്തനല്ല

- Neither satisfied nor dissatisfied തൃപ്തിയോ അതൃപ്തിയോ ഇല്ല
- Satisfied സംതൃപ്തനാണ്
- Very satisfied വളരെ സംതൃപ്തനാണ്

31. How satisfied are you with your ability to perform your daily living activities? നിങ്ങളുടെ ദൈനംദിന ജീവിത പ്രവർത്തനങ്ങൾ നിർവഹിക്കാനുള്ള നിങ്ങളുടെ കഴിവിൽ നിങ്ങൾ എത്രത്തോളം സംതൃപ്തനാണ്? * Mark only one oval.

- Very dissatisfied വളരെ സംതൃപ്തനല്ല
- Dissatisfied സംതൃപ്തനല്ല
- Neither satisfied nor dissatisfied തൃപ്തിയോ അതൃപ്തിയോ ഇല്ല
- Satisfied സംതൃപ്തനാണ്
- Very satisfied വളരെ സംതൃപ്തനാണ്

32. How satisfied are you with your capacity for work? ജോലി ചെയ്യാനുള്ള നിങ്ങളുടെ കഴിവിൽ നിങ്ങൾ എത്രത്തോളം സംതൃപ്തനാണ്? * Mark only one oval.

- Very dissatisfied വളരെ സംതൃപ്തനല്ല
- Dissatisfied സംതൃപ്തനല്ല
- Neither satisfied nor dissatisfied തൃപ്തിയോ അതൃപ്തിയോ ഇല്ല
- Satisfied സംതൃപ്തനാണ്
- Very satisfied വളരെ സംതൃപ്തനാണ്

33. How satisfied are you with yourself? നിങ്ങളെക്കുറിച്ച് നിങ്ങൾ എത്രമാത്രം സംതൃപ്തനാണ്? * Mark only one oval.

- Very dissatisfied വളരെ സംതൃപ്തനല്ല
- Dissatisfied സംതൃപ്തനല്ല
- Neither satisfied nor dissatisfied തൃപ്തിയോ അതൃപ്തിയോ ഇല്ല
- Satisfied സംതൃപ്തനാണ്
- Very satisfied വളരെ സംതൃപ്തനാണ്

34. How satisfied are you with your personal relationships? നിങ്ങളുടെ വ്യക്തിബന്ധങ്ങളിൽ നിങ്ങൾ എത്രത്തോളം സംതൃപ്തനാണ്? * Mark only one oval.

- Very dissatisfied വളരെ സംതൃപ്തനല്ല
- Dissatisfied സംതൃപ്തനല്ല

- Neither satisfied nor dissatisfied തൃപ്തിയോ അതൃപ്തിയോ ഇല്ല
- Satisfied സംതൃപ്തനാണ്
- Very satisfied വളരെ സംതൃപ്തനാണ്

35. How satisfied are you with your sex life? നിങ്ങളുടെ ലൈംഗിക ജീവിതത്തിൽ നിങ്ങൾ എത്രത്തോളം സംതൃപ്തനാണ്? * Mark only one oval.

- Very dissatisfied വളരെ സംതൃപ്തനല്ല
- Dissatisfied സംതൃപ്തനല്ല
- Neither satisfied nor dissatisfied തൃപ്തിയോ അതൃപ്തിയോ ഇല്ല
- Satisfied സംതൃപ്തനാണ്
- Very satisfied വളരെ സംതൃപ്തനാണ്

36. How satisfied are you with the support you get from your friends? നിങ്ങളുടെ സുഹൃത്തുക്കളിൽ നിന്ന് ലഭിക്കുന്ന പിന്തുണയിൽ നിങ്ങൾ എത്രത്തോളം സംതൃപ്തനാണ്? * Mark only one oval.

- Very dissatisfied വളരെ സംതൃപ്തനല്ല
- Dissatisfied സംതൃപ്തനല്ല
- Neither satisfied nor dissatisfied തൃപ്തിയോ അതൃപ്തിയോ ഇല്ല
- Satisfied സംതൃപ്തനാണ്
- Very satisfied വളരെ സംതൃപ്തനാണ്

37. How satisfied are you with the conditions of your living place? നിങ്ങളുടെ താമസ സ്ഥലത്തിൻ്റെ അവസ്ഥയിൽ നിങ്ങൾ എത്രത്തോളം സംതൃപ്തനാണ്? * Mark only one oval.

- Very dissatisfied വളരെ സംതൃപ്തനല്ല
- Dissatisfied സംതൃപ്തനല്ല
- Neither satisfied nor dissatisfied തൃപ്തിയോ അതൃപ്തിയോ ഇല്ല
- Satisfied സംതൃപ്തനാണ്
- Very satisfied വളരെ സംതൃപ്തനാണ്

38. How satisfied are you with your access to health services? നിങ്ങൾക്കുള്ള ആരോഗ്യ സേവനങ്ങളുടെ ലഭ്യതയിൽ നിങ്ങൾ എത്രത്തോളം തൃപ്തരാണ്? * Mark only one oval.

- Very dissatisfied വളരെ സംതൃപ്തനല്ല
- Dissatisfied സംതൃപ്തനല്ല

- Neither satisfied nor dissatisfied തൃപ്തിയോ അതൃപ്തിയോ ഇല്ല
- Satisfied സംതൃപ്തനാണ്
- Very satisfied വളരെ സംതൃപ്തനാണ്

39. How satisfied are you with your transport? നിങ്ങളുടെ ഗതാഗതത്തിൽ നിങ്ങൾ എത്രത്തോളം സംതൃപ്തനാണ്? * Mark only one oval.

- Very dissatisfied വളരെ സംതൃപ്തനല്ല
- Dissatisfied സംതൃപ്തനല്ല
- Neither satisfied nor dissatisfied തൃപ്തിയോ അതൃപ്തിയോ ഇല്ല
- Satisfied സംതൃപ്തനാണ്
- Very satisfied വളരെ സംതൃപ്തനാണ്

40. How often do you have negative feelings such as blue mood, despair, anxiety, depression? നിരാശ, ഉത്കണ്ഠ, വിഷാദം തുടങ്ങിയ നിഷേധാത്മക വികാരങ്ങൾ നിങ്ങൾക്ക് എത്ര തവണ ഉണ്ടാകാറുണ്ട്?* Mark only one oval.

- Never ഒരിക്കലുമില്ല
- Seldom അപൂർവ്വമായി
- Quite often പലപ്പോഴും
- Very often മിക്കവാരം
- Always എപ്പോഴും

Section 3: An Assessment of Positive Health Behaviour among Middle-Aged Mothers-

മധ്യവയസ്കരായ അമ്മമാരുടെ ആരോഗ്യവും പരിപാലനത്തെ കുറിച്ചുള്ള ഒരു സമഗ്ര നിഗമനം

A Checklist പരിശോധന പട്ടിക

The following questions refers to how often you have felt or experienced certain things in the

last two weeks . കഴിഞ്ഞ രണ്ടാഴ്ചയ്ക്കുള്ളിൽ, നിങ്ങൾക്ക് എത്ര തവണ ചില കാര്യങ്ങൾ അനുഭവപ്പെടുകയോ അനുഭവിക്കുകയോ ചെയ്തു

[*This section to assess their* ***awareness*** *was administered only during first phase (to 356 respondents) before the intervention. Same questions were included in the 'Biopsychosocial' awareness tool that was administered to the intervention group (30 mothers) before and after the intervention. This was done mainly to avoid repetition of questions. The remaining part of the checklist namely their measures to improve their QOL have been retained*].

A. How do you rate your **awareness** about the following aspects mentioned below? 1 being the **'least'** and 5 being **'very high'** awareness. Tick appropriately depending on your perspective. നിങ്ങളുടെ അറിവനുസരിച്ച് താഴെ സൂചിപ്പിച്ച വശങ്ങൾ നിങ്ങൾ എങ്ങനെ വിലയിരുത്തും?1- വളരെ കുറവ്, 5- ഉയർന്ന അറിവ്

	Aspects	1	2	3	4	5
41	Diet & Nutrition ഭക്ഷണക്രമവും പോഷകാഹാരവും					
42	Menopause Symptoms ആർത്തവവിരാമത്തിന്റെ ലക്ഷണങ്ങൾ					
43	Yoga and Meditation യോഗയും ധ്യാനവും					

B. How would you rate **the measures taken by you currently to improve the quality of your health**? (rate yourself from 1-5; 1 being the 'least' and 5 being the 'maximum') നിങ്ങളുടെ ശാരീരിക ക്ഷമത മെച്ചപ്പെടുത്താൻ എന്തെല്ലാം നടപടികളാണ് ചെയ്യുന്നത്? സ്വയം വിലയിരുത്തുക;1-5 (1- ഏറ്റവും കുറവ്, 5- ഏറ്റവും അധികം)

i. Weight Management ശാരീരിക ക്ഷമത

	Aspects*	1	2	3	4	5
44	Physical exercise at home (other than cooking)* വീട്ടിലെ ശാരീരിക വ്യായാമങ്ങൾ (പാചകം അല്ലാതെ)					
45	Regular workout (gym/aerobics/dance) പതിവ് വ്യായാമം (ജിം / എയറോബിക്സ് / നൃത്തം)*					
46	Yoga & Meditation യോഗയും ധ്യാനവും					
47	Regular Walking പതിവ് നടത്തം					
48	Diet Control ഭക്ഷണ നിയന്ത്രണം					

ii. Diet Management ഭക്ഷണ ക്രമീകരണം

	Aspects*	1	2	3	4	5
49	Follow nutritious / balanced diet പോഷകാഹാരം / സമീകൃതാഹാരം പിന്തുടരുക					
50	Small, frequent mealsചെറിയ, പതിവ് ഭക്ഷണം					
51	Home prepared meals വീട്ടിൽ തയ്യാറാക്കിയ ഭക്ഷണം					
52	Food brought from outsideപുറത്ത് നിന്ന് കൊണ്ടുവന്ന ഭക്ഷണം					

iii. Medication മരുന്ന്

	Aspects *	1	2	3	4	5
53	Regular tests (BP, diabetes, thyroid, lipid profile etc.) പതിവ് പരിശോധനകൾ (ബിപി, പ്രമേഹം, തൈറോയ്ഡ്, ലിപിഡ് പ്രൊഫൈൽ)					
54	Regularity in doctor consultation / follow up ഡോക്ടർ പരിശോധന, ഫോളോ-അപ്പ് എന്നിവയിൽ ക്രമം					
55	Right and timely medication ശരിയായതും സമയബന്ധിതവുമായ മരുന്ന്					

56. Do you think there is a need for better education, awareness and training to overcome these mid-life health challenges? ഈ മധ്യകാല ആരോഗ്യ വെല്ലുവിളികളെ മറികടക്കാൻ മികച്ച വിദ്യാഭ്യാസവും അവബോധവും പരിശീലനവും ആവശ്യമാണെന്ന് നിങ്ങൾ കരുതുന്നുണ്ടോ?* Mark only one oval.

- Yes അതെ
- No ഇല്ല

57. If yes, would you be interested in attending our intervention programme that aims to address the mid-life related health issues? അതെ എങ്കിൽ, മധ്യവയസ്സുമായി ബന്ധപ്പെട്ട ആരോഗ്യപ്രശ്നങ്ങൾ പരിഹരിക്കാൻ ലക്ഷ്യമിടുന്ന ഞങ്ങളുടെ ഇടപെടൽ പരിപാടിയിൽ പങ്കെടുക്കാൻ നിങ്ങൾക്ക് താൽപ്പര്യമുണ്ടോ?* Mark only one oval.

- Yes അതെ
- No ഇല്ല

QUESTIONNAIRE: A COMPREHENSIVE SURVEY TO STUDY THE INFLUENCE IF MIDLIFE CHALLENGES ON THE QUALITY OF LIFE OF MIDDLE-AGED MOTHERS

(for intervention group)

PART – II QUANTITATIVE

QUESTIONNAIRE: A COMPREHENSIVE SURVEY

AN INTERVENTION STUDY ON THE QUALITY OF LIFE OF MIDDLE-AGED MOTHERS

Respected Madam,

Thank you for taking part in this survey, which is a part of my doctoral programme. The main intention is to understand the quality of life of middle-aged mothers and carry out interventions as per the need expressed by the women through this questionnaire. I therefore, request you to kindly cooperate with me in filling up this questionnaire as per the instructions provided. I assure that, complete confidentiality will be maintained pertaining to your personal information you have provided and it will be used for academic purposes only. Please feel free to contact the investigator and clarify your doubts with regard to this study.

എന്റെ ഡോക്ടറൽ പ്രോഗ്രാമിന്റെ ഭാഗമായ ഈ സർവേയിൽ പങ്കെടുത്തതിന് നന്ദി. മധ്യവയസ്കരായ അമ്മമാരുടെ ജീവിതനിലവാരം മനസ്സിലാക്കുകയും ഈ ചോദ്യാവലിയിലൂടെ സ്ത്രീകൾ പ്രകടിപ്പിക്കുന്ന ആവശ്യാനുസരണം ഇടപെടൽ നടത്തുകയും ചെയ്യുക എന്നതാണ് പ്രധാന ഉദ്ദേശം. അതിനാൽ, നൽകിയിരിക്കുന്ന നിർദ്ദേശങ്ങൾ അനുസരിച്ച് ഈ ചോദ്യാവലി പൂരിപ്പിക്കുന്നതിന് ഏറ്റോട് സഹകരിക്കണമെന്ന് ഞാൻ നിങ്ങളോട് അഭ്യർത്ഥിക്കുന്നു. നിങ്ങൾ നൽകിയിട്ടുള്ള നിങ്ങളുടെ സ്വകാര്യ വിവരങ്ങളുമായി ബന്ധപ്പെട്ട് പൂർണ്ണമായ രഹസ്യാത്മകത നിലനിർത്തുമെന്നും അത് അക്കാദമിക് ആവശ്യങ്ങൾക്ക് മാത്രമായി ഉപയോഗിക്കുമെന്നും ഞാൻ ഉറപ്പ് നൽകുന്നു. അന്വേഷകനെ ബന്ധപ്പെടാനും ഈ പഠനവുമായി ബന്ധപ്പെട്ട നിങ്ങളുടെ സംശയങ്ങൾ വ്യക്തമാക്കാനും ദയവായി മടിക്കേണ്ടതില്ല.

Preetha Menon, Research Scholar, Social Work Dept.
Vimala College (Autonomous)
9745581629 Date: 30th April 2022

1. **SOCIO- DEMOGRAPHIC PROFILE**

NAME: **AGE:** **PLACE OF RESIDENCE:** **DATE:** **EDUCATION (TICK MARK)** • Matriculation • Plus two • Graduate • Post graduate • Other professional qualifications	**SOCIO-ECONOMIC STATUS (TICK MARK)** Upper Class Upper Middle Class Middle Class Lower Middle Class Lower **RELIGION:** **FAMILY MEMBERS:** **CHILDREN (THEIR AGE):**

2. BIOLOGICAL/PHYSIOLOGICAL ASPECTS OF MIDDLE AGE
മധ്യവയസ്സിലെ ബയോളജിക്കൽ/ഫിസിയോളജിക്കൽ ഘടകങ്ങൾ

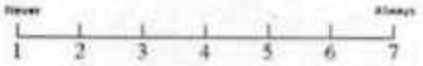
2.1 Do you experience muscular/body pain that prevents you from doing your daily tasks?

നിങ്ങളുടെ ദൈനംദിന ജോലികൾ ചെയ്യുന്നതിൽ നിന്ന് നിങ്ങളെ തടയുന്ന പേശി / ശരീര വേദന നിങ്ങൾ അനുഭവിക്കുന്നുണ്ടോ?

2.2 To what extent do you feel tired or less energetic to do your day-to-day work? നിങ്ങളുടെ ദൈനംദിന ജോലി ചെയ്യാൻ നിങ്ങൾക്ക് എത്രത്തോളം ക്ഷീണമോ ർജ്ജസ്വലതയോ തോന്നുന്നു?

2.3. To what extent do you follow health-conscious diet and nutrition in your day-to-day life?

നിങ്ങളുടെ ദൈനംദിന ജീവിതത്തിൽ ആരോഗ്യകരമായ ഭക്ഷണവും പോഷണവും നിങ്ങൾ എത്രത്തോളം കഴിക്കുന്നു?



2.4 How regular are you in doing your exercises/yoga/walking to maintain your health in general?

നിങ്ങളുടെ ആരോഗ്യം പൊതുവായി നിലനിർത്തുന്നതിന് വ്യായാമങ്ങൾ / യോഗ / നടത്തം എന്നിവയിൽ നിങ്ങൾ എത്രത്തോളം പതിവാണ്?

2.5 How satisfied are you with your sleep?

നിങ്ങളുടെ ഉറക്കത്തിൽ നിങ്ങൾ എത്രമാത്രം സംതൃപ്തരാണ്

2.6 Do you have any issues with your digestive health and bowel movements?

നിങ്ങളുടെ ദഹന ആരോഗ്യത്തിലും മലവിസർജ്ജനത്തിലും എന്തെങ്കിലും പ്രശ്നമുണ്ടോ?

2.7 Have you undergone hysterectomy (uterus removal) in your life? Yes / No

നിങ്ങളുടെ ജീവിതത്തിൽ ഹിസ്റ്റെരെക്ടമി (ഗർഭപാത്രം നീക്കം ചെയ്യൽ) നടത്തിയിട്ടുണ്ടോ?

2.8 Sexuality ലൈംഗികത

Rate the experiences regarding your sexuality in middle age in the following categories.

മധ്യവയസ്സിലെ നിങ്ങളുടെ ലൈംഗികതയെക്കുറിച്ചുള്ള

അനുഭവങ്ങൾ ഇനിപ്പറയുന്ന വിഭാഗങ്ങളിൽ റേറ്റുചെയ്യുക

(SA – Strongly Agree, A – Agree, N – Neutral, D – Disagree, SD – Strongly Disagree)

(എസ്എ - ശക്തമായി സമ്മതിക്കുന്നു, എ - സമ്മതിക്കുന്നു, എൻ - ന്യൂട്രൽ, ഡി - വിയോജിക്കുന്നു, എസ്ഡി - ശക്തമായി വിയോജിക്കുന്നു)

	Statements (tick appropriately)	SA	A	N	D	SD
2.8.1	I am satisfied with my sexual life എന്റെ ലൈംഗിക ജീവിതത്തിൽ ഞാൻ സംതൃപ്തനാണ്					
2.8.2	I am now least concerned about maintaining my physical appearance എന്റെ ഇണയ്ക്കുള്ള ശാരീരിക ആകർഷണം / രൂപം നിലനിർത്തുന്നതിനെക്കുറിച്ച് ഞാൻ ഇപ്പോൾ തീരെ ശ്രദ്ധിക്കുന്നില്ല					
2.8.3	I consider menopause/middle age as a period of loss of feminity and beauty ഞാൻ ആർത്തവവിരാമം / മധ്യവയസ്സ് സ്ത്രീത്വം, സൗന്ദര്യം, ലൈംഗികത എന്നിവ നഷ്ടപ്പെടുന്ന ഒരു കാലഘട്ടമായി കണക്കാക്കുന്നു					

3 PSYCHOLOGICAL/EMOTIONAL ASPECTS OF MIDDLE AGE

മധ്യവയസ്സിലെ സൈക്കോളജിക്കൽ / ഇമോഷണൽ സവിശേഷതകൾ

3.1 Cognitive development and information processing

നിങ്ങളുടെ ചിന്തയിലും ലഭിക്കുന്ന വിവരങ്ങളുടെ സംഗ്രഹണത്തിലും ഉണ്ടായ മാറ്റങ്ങൾ

3.1.1 How would you rate your memory/memorizing power compared to earlier times?

മുമ്പത്തെ സമയങ്ങളെ അപേക്ഷിച്ച് നിങ്ങളുടെ മെമ്മറി/മന പാഠമാക്കുന്ന ശക്തി എങ്ങനെ റേറ്റുചെയ്യും?

3.1.2 How would you rate your mental alertness/mindful observation compared to earlier times?

മുമ്പത്തേതിനേക്കാൾ നിങ്ങളുടെ മാനസിക ജാഗ്രത / മന പൂർവമായ നിരീക്ഷണം എങ്ങനെ വിലയിരുത്തും?

3.1.3. How would you rate your speed of response compared to earlier times?
മുൻകാലങ്ങളെ അപേക്ഷിച്ച് നിങ്ങളുടെ പ്രതികരണ വേഗത എങ്ങനെ വിലയിരുത്തും?

3.1.4. How would you rate your ability to concentrate and focus compared to earlier times?

മുൻകാലങ്ങളെ അപേക്ഷിച്ച് ശ്രദ്ധ കേന്ദ്രീകരിക്കാനും ഫോക്കസ് ചെയ്യാനുമുള്ള നിങ്ങളുടെ കഴിവിനെ നിങ്ങൾ എങ്ങനെ വിലയിരുത്തും?

3.1.5. Are you satisfied with your ability to learn new skills compared to earlier times?

മുമ്പത്തെ സമയങ്ങളെ അപേക്ഷിച്ച് പുതിയ കഴിവുകൾ പഠിക്കാനുള്ള നിങ്ങളുടെ കഴിവിൽ നിങ്ങൾ സംതൃപ്തനാണോ?

3.1.6 How much of your time do you utilize for intellectual tasks/pursuits to keep yourself updated? (Reading, solving puzzles, chess/ other games, keeping oneself technologically updated, doing a course etc)

സ്വയം അപ്ഡേറ്റായി തുടരുന്നതിന് വായിക്കുക പസിലുകൾ / പരിശ്രമങ്ങൾക്കായി നിങ്ങൾ എത്ര സമയം ഉപയോഗിക്കുന്നു?(eg. വായിക്കുക, പസിലുകൾ പരിഹരിക്കുക, ചെസ്സ് / മറ്റ് ഗെയിമുകൾ, സാങ്കേതികമായി സ്വയം അപ്ഡേറ്റ് ചെയ്യുക, കോഴ്സ് ചെയ്യുന്നത് തുടങ്ങിയവ)

1 2 3 4 5 6 7

3.2 Communication

3.2.1 Rate your confidence level when it comes to communication in your mid-life years?

നിങ്ങളുടെ ജീവിതകാലത്തിന്റെ മധ്യത്തിൽ ആശയവിനിമയം / ആവിഷ്കാരം എന്നിവ വരുമ്പോൾ നിങ്ങളുടെ ആത്മവിശ്വാസ നില വിലയിരുത്തുക?

1 2 3 4 5 6 7

3.2.2. Rate your listening skill in your communication with your friends and relatives

നിങ്ങളുടെ ചങ്ങാതിമാരുമായും ബന്ധുക്കളുമായും ആശയവിനിമയം നടത്തുന്നതിൽ നിങ്ങളുടെ ശ്രവണശേഷി വിലയിരുത്തുക

1 2 3 4 5 6 7

3.2.3. How assertive are you in your communication?

നിങ്ങളുടെ ആശയവിനിമയത്തിൽ നിങ്ങൾ എത്രത്തോളം ഉറച്ചുനിൽക്കുന്നു?

1 2 3 4 5 6 7

3.2.4. Do you practice acceptance in your relationships?

നിങ്ങളുടെ ബന്ധങ്ങളിൽ സ്വീകാര്യത നിങ്ങൾ പരിശീലിക്കുന്നുണ്ടോ?

1 2 3 4 5 6 7

3.2.5. Do you see things from the other person's point of view?

മറ്റ് വ്യക്തിയുടെ കാഴ്ചപ്പാടിൽ നിന്ന് നിങ്ങൾ കാര്യങ്ങൾ കാണുന്നുണ്ടോ?

1 2 3 4 5 6 7

3.3 Interests/ passions

	Statements (tick appropriately)	1	2	3	4	5	6	7
3.3.1	I engage in self-grooming/self-care activities (personality development, body image, body fitness etc) സ്വയം-ചമയം / സ്വയം പരിചരണ							

	പ്രവർത്തനങ്ങളിൽ ഏർപ്പെടുക (വ്യക്തിത്വവികസനം, ശരീര ഇമേജ്)							
3.3.2	Increased interest in social relationships / social interactions സാമൂഹിക ബന്ധങ്ങൾ, സാമൂഹിക ഇടപെടലുകൾ, ആശയവിനിമയം എന്നിവയിൽ താൽപര്യം വർദ്ധിച്ചു							
3.3.3	Interest towards social contribution / community contribution etc സാമൂഹിക സംഭാവന / കമ്മ്യൂണിറ്റി പങ്കാളിത്തം / ഓൺലൈൻ സാമൂഹിക സംഭാവന എന്നിവയ്ക്കുള്ള താൽപ്പര്യം							
3.3.4	I have nowadays increased interest in my own financial empowerment/independence എനിക്ക് ഇപ്പോൾ എന്റെ സ്വന്തം സാമ്പത്തിക ശാക്തീകരണത്തിലും/ സ്വാതന്ത്ര്യത്തിലും താൽപര്യം വർദ്ധിച്ചു							
3.3.5	I engage in activities for self-improvement that makes oneself feel important എനിക്ക് എന്നെപ്പറ്റിത്തന്നെ എന്റെ പ്രാധാന്യം മനസിലാക്കുന്ന വിധത്തിലുള്ള സ്വയം നവീകരണ പ്രവർത്തനങ്ങളിൽ (self-improvement) ഞാൻ ഏർപെടാറുണ്ട്.							
3.3.6	Extent of addiction to social media/mobile (WhatsApp, Facebook etc) സോഷ്യൽ മീഡിയ / മൊബൈൽ (വാട്ട്സ്ആപ്പ്, ഫേസ്ബുക്ക് തുടങ്ങിയവ) നിങ്ങൾ എത്രമാത്രം അടിമകളാണ്							

3.4 Perception (ഗർഭധാരണം)

	Statements (tick appropriately)	Never 1	2	3	4	5	6	Always 7
3.4.1	I perceive myself to be dependent on others for my various needs എന്റെ വിവിധ ആവശ്യങ്ങൾക്കായി ഞാൻമറ്റുള്ളവരെ ശ്രയിക്കുന്നുവെന്ന് ഞാൻ മനസ്സിലാക്കുന്നു							
3.4.2	I perceive myself to be stagnant/lagging behind with hardly any progress in my individual life as compared to others of my age എന്റെ പ്രായത്തിലുള്ള മറ്റുള്ളവരുമായി താരതമ്യപ്പെടുത്തുമ്പോൾ എന്റെ വ്യക്തിഗത ജീവിതത്തിൽ പുരോഗതിയില്ലാതെ ഞാൻ പിന്നിലാണെന്ന് മനസ്സിലാക്കുന്നു							
3.4.3	I perceive that there is not much time left/ it is too late to fulfil my dreams I am passionate about ഞാൻ മനസ്സിലാക്കുന്നു, എനിക്ക് താൽപ്പര്യമുള്ള എന്റെ സ്വപ്നങ്ങൾ നിറവേറ്റാൻ വളരെ വൈകിയിരിക്കുന്നു							
3.4.4	I perceive myself to be worthless/useless as I am not contributing anything much for my family എന്റെ കുടുംബത്തിനായി ഞാൻ അധികം ഒന്നും സംഭാവന ചെയ്യാത്തതിനാൽ ഞാൻ എന്തെങ്കിലും യോഗ്യതയില്ലാത്ത / ഉപയോഗശൂന്യനായി കാണുന്നു							

3.5 Self-Concept

	Tick appropriately	Never 1 2 3 4 5 6 7 Always
3.5.1	How often do you feel good about yourself? നിങ്ങളെക്കുറിച്ച് എത്രത്തോളം നിങ്ങൾക്ക് നല്ല അനുഭവം തോന്നുന്നു?	
3.5.2	Do you feel you are less than your spouse just because you are financially dependent on him? നിങ്ങളുടെ പങ്കാളിയെ സാമ്പത്തികമായി ആശ്രയിക്കുന്നതുകൊണ്ട് നിങ്ങൾ അവനെക്കാൾ കുറവാണെന്ന് നിങ്ങൾക്ക് തോന്നുന്നുണ്ടോ?	
3.5.3	Are you anxious about losing your youthfulness/attractiveness? നിങ്ങളുടെ യുവത്വം / ആകർഷണം നഷ്ടപ്പെടുന്നതിനെക്കുറിച്ച് നിങ്ങൾക്ക് ഉത്കണ്ഠയുണ്ടോ?	
		Not at all 1 2 3 4 5 6 7 Very Much
3.5.4	Do you value your own decisions? നിങ്ങളുടെ സ്വന്തം തീരുമാനങ്ങളെ നിങ്ങൾ വിലമതിക്കുന്നുണ്ടോ?	
3.5.5	How keen are you in creating your own independent identity? നിങ്ങളുടെ സ്വന്തം ഐഡന്റിറ്റി സൃഷ്ടിക്കുന്നതിൽ നിങ്ങൾ എത്രമാത്രം ശ്രദ്ധാലുവാണ്	
3.5.6	Are you happy and satisfied with your body image/ physical appearance? നിങ്ങളുടെ ശരീര ഇമേജ് / ശാരീരിക രൂപം എന്നിവയിൽ നിങ്ങൾ സന്തുഷ്ടനും സംതൃപ്തനുമാണോ?	
3.5.7	Do you spend money/time towards self-care? നിങ്ങൾസ്വയം പരിചരണത്തിനായി പണം/	

	സമയം ചെലവഴിക്കുന്നുണ്ടോ?							

3.6 Attitude

3.6.1 How would you rate your motivation level and interest to do your routine household work?

നിങ്ങളുടെ പതിവ് വീട്ടുജോലി ചെയ്യുന്നതിനുള്ള പ്രചോദന നിലയെയും താൽപ്പര്യത്തെയും നിങ്ങൾ എങ്ങനെ വിലയിരുത്തും?

3.6.2 How would you evaluate your patience level in your middle age?

നിങ്ങളുടെ മധ്യവയസ്സിലെ ക്ഷമ നിലയെ നിങ്ങൾ എങ്ങനെ വിലയിരുത്തും?

3.6.3 How would you rate your time management ability in your day-to-day activities?

നിങ്ങളുടെ ദൈനംദിന പ്രവർത്തനങ്ങളിൽ നിങ്ങളുടെ സമയ മാനേജ്മെന്റ് കഴിവ് എങ്ങനെ വിലയിരുത്തും?

3.6.4 How would you rate your attitude towards your present state of life?

നിങ്ങളുടെ ഇന്നത്തെ ജീവിതാവസ്ഥയോടുള്ള നിങ്ങളുടെ മനോഭാവത്തെ എങ്ങനെ വിലയിരുത്തും?

3.7 Emotions

	Tick appropriately	Never 1	2	3	4	5	6	Always 7
3.7.1	How often do you get irritated/ lose temper on minor things nowadays? ഈയിടെയായി നിങ്ങൾക് പ്രകോപനം തോന്നുകയോ ക്ഷമ കുറവ് അനുഭവപ്പെടുകയോ ചെയ്യാറുണ്ടോ?							

3.7.2	How often do you become sad? നിങ്ങൾക് ഒരു ദിവസത്തിൽ എത്രത്തോളം വിഷമം തോന്നാറുണ്ട്?							
3.7.3	How often do you engage in self - blaming or be self-critical? നിങ്ങൾ സ്വയം കുറ്റപ്പെടുത്തലിൽ ഏർപ്പെടുകയോ സ്വയം വിമർശിക്കുകയോ ചെയ്യുന്നത് എത്ര തവണയാണ്?							
3.7.4	Do you feel that nobody understands you? ആരും നിങ്ങളെ മനസ്സിലാക്കുന്നില്ലെന്ന് നിങ്ങൾക്ക് തോന്നുന്നുണ്ടോ?							
3.7.5	Do you regret about your unfulfilled desires and passions? നിങ്ങളുടെ പൂർത്തീകരിക്കാത്ത ആഗ്രഹങ്ങളെയും സ്വപ്നങ്ങളെയും കുറിച്ച് നിങ്ങൾ ഖേദിക്കുന്നുണ്ടോ?							
3.7.6	Do you have any guilt/regrets with respect to your personal relationships? വ്യക്തിബന്ധങ്ങളുമായി ബന്ധപ്പെട്ട് എന്തെങ്കിലും കുറ്റബോധം / പശ്ചാത്താപം ഉണ്ടോ?							
3.7.7	Do you feel lonely നിങ്ങൾക്ക് ഏകാന്തത തോന്നുന്നുണ്ടോ?							
3.7.8	Do you experience hopelessness നിങ്ങൾക്ക് പ്രതീക്ഷയില്ലായ്മ അനുഭവപ്പെടുന്നുണ്ടോ?							
3.7.9	How often does the thought of death and illness terrify you? മരണത്തെയും രോഗത്തെയും കുറിച്ചുള്ള							

	ചിന്ത നിങ്ങളെ എത്ര മാത്രം ഭയപ്പെടുത്തുന്നു?							
3.7.10	Do you feel guilty to place your needs and desires on top priority? നിങ്ങളുടെ ആവശ്യങ്ങളും ആഗ്രഹങ്ങളും മുൻഗണന നൽകുന്നതിന് നിങ്ങൾക്ക് കുറ്റബോധം തോന്നുന്നുണ്ടോ?							
3.7.11	To what extent do you experience a clash in expectations between multiple roles that you are playing in your life simultaneously? സ്വയം അല്ലെങ്കിൽ മറ്റുള്ളവരിൽ നിന്ന്, പ്രതീക്ഷകളെക്കുറിച്ച് നിങ്ങൾക്ക് എന്തെങ്കിലും ആന്തരിക വൈരുദ്ധ്യമുണ്ടോ?							
3.7.12	Do you get anxious, restless or get palpitation for unknown reasons? അജ്ഞാതമായ കാരണങ്ങളാൽ നിങ്ങൾക്ക് ഉത്കണ്ഠ, അസ്വസ്ഥത അല്ലെങ്കിൽ ഹൃദയമിടിപ്പ് അനുഭവപ്പെടാറുണ്ടോ?							
3.7.13	Are you emotionally dependent on others to make yourself happy? സ്വയം സന്തോഷിപ്പിക്കാൻ നിങ്ങൾ മറ്റുള്ളവരെ വൈകാരികമായി ആശ്രയിക്കുന്നുണ്ടോ?							

3.8 Spirituality

3.8.1 How far do you think spirituality helps you cope with your fears and insecurities?

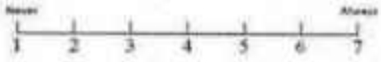
നിങ്ങളുടെ ഭയങ്ങളെയും അരക്ഷിതാവസ്ഥയെയും നേരിടാൻ ആത്മീയത എത്രത്തോളം സഹായിക്കുമെന്ന് നിങ്ങൾ കരുതുന്നു?

3.8.2 To what extent do you practice gratitude for all the good things in your life?

നിങ്ങളുടെ ജീവിതത്തിലെ എല്ലാ നല്ല കാര്യങ്ങൾക്കും നിങ്ങൾ എത്രത്തോളം നന്ദി പ്രകടിപ്പിക്കുന്നു?

3.8.3. How far do you practice forgiveness in your relationships?

നിങ്ങളുടെ ബന്ധങ്ങളിൽ ക്ഷമിക്കാൻ നിങ്ങൾക്ക് എത്രത്തോളം സാധിക്കാറുണ്ട്?



3.8.4. To what extent do you accept the people as they are?

എത്രത്തോളം നിങ്ങൾ ആളുകളെ അവരായി അംഗീകരിക്കുന്നു?

4. SOCIAL ASPECTS OF MIDDLE ADULTHOOD

4.1 Relationship with spouse

	Tick appropriately	Not at all 1	2	3	4	5	6	Very Much 7
4.1.1	Are you satisfied with your role as a wife? ഭാര്യയെന്ന നിലയിൽ നിങ്ങളുടെ റോളിൽ നിങ്ങൾ തൃപ്തനാണോ?							
4.1.2	Do you make conscious efforts to be emotionally closer to your spouse amidst various responsibilities? വിവിധ ഉത്തരവാദിത്തങ്ങൾക്കിടയിൽ നിങ്ങളുടെ പങ്കാളിയുമായി വൈകാരികമായി അടുക്കാൻ നിങ്ങൾ ബോധപൂർവമായ ശ്രമങ്ങൾ നടത്തുന്നുണ്ടോ?							
4.1.3	To what extent do you make an effort to share information with your spouse to avoid communication gap? ശയവിനിമയ വിടവ് ഒഴിവാക്കാൻ നിങ്ങളുടെ പങ്കാളിയുമായി							

	വിവരങ്ങൾ പങ്കിടാൻ നിങ്ങൾ എത്രത്തോളം ശ്രമിക്കുന്നു?							
4.1.4	How assertive are you in expressing your personal needs/ preferences/problems to your spouse? നിങ്ങളുടെ ഇണയോട് നിങ്ങളുടെ വ്യക്തിപരമായ ആവശ്യങ്ങൾ / മുൻഗണനകൾ / പ്രശ്നങ്ങൾ എന്നിവ പ്രകടിപ്പിക്കുന്നതിൽ നിങ്ങൾ എത്രമാത്രം ഉറച്ചുനിൽക്കുന്നു?							
4.1.5	How far do you participate in making joint family decisions at home? വീട്ടിൽ സംയുക്ത കുടുംബ തീരുമാനങ്ങൾ എടുക്കുന്നതിൽ നിങ്ങൾ എത്രത്തോളം പങ്കെടുക്കുന്നു?							

4.2 Relationship with children/child

4.2.1. Are you satisfied with your role as a mother?

ഒരു അമ്മയെന്ന നിലയിൽ നിങ്ങളുടെ റോളിൽ നിങ്ങൾ സംതൃപ്തനാണോ?

4.2.2 To what extent are you able to spend quality time with your child/children to understand their needs amidst your responsibilities?

4.2.3. Do you make conscious effort towards making your children responsible for their share of support or help to reduce your work burden?

നിങ്ങളുടെ ഭാരം കുറയ്ക്കാൻ വേണ്ടി നിങ്ങൾ നിങ്ങളുടെ കുട്ടികളെ - അവരുടെ വിഹിതത്തിന് ഉത്തരവാദികളാക്കാനും അവരുടെ പിന്തുണയും സഹായവും ലഭിക്കാനും നിങ്ങൾ ബോധപൂർവമായ ശ്രമം നടത്താറുണ്ടോ

4.2.4 Do you feel sad over the conflict of opinions between you and your growing children?
നിങ്ങളും വളരുന്ന മക്കളും തമ്മിലുള്ള അഭിപ്രായവ്യത്യാസങ്ങളും/
വൈരുദ്ധ്യങ്ങളും സംബന്ധിച്ച് നിങ്ങൾക്ക് നിരാശ തോന്നുന്നുണ്ടോ?

4.2.5 Do you feel that you are lesser (knowledge wise, skill wise) than your grown-up kid?

നിങ്ങൾക്ക് നിങ്ങളുടെ കുട്ടികളേക്കാൾ അറിവും നൈപുണ്യവും കുറവാണെന്ന് തോന്നുന്നുണ്ടോ?

4.2.6 Do you experience currently or think that you may experience a kind of purposelessness and emptiness in your life as you see your children moving away from home for their future studies, employment or marriage etc.

നിങ്ങളുടെ കുട്ടികൾ നിങ്ങളെ വിട്ട് മാറി താമസിക്കുന്നതിൽ നിങ്ങൾക്ക് ലക്ഷ്യമില്ലായ്മ / ശൂന്യത തോന്നാറുണ്ടോ അഥവാ ഭാവിയിൽ അങ്ങനെ ഉണ്ടാകുമല്ലോ എന്നു ചിന്തിച്ച് നിങ്ങൾ ഇത് കണ്ഠപ്പെടാറുണ്ടോ?

4.3 Caring for the Elderly (only if applicable)

4.3.1 Are you satisfied with your care and concern for your elderly at home?

നിങ്ങളുടെ വീട്ടിലെ പ്രായമായവർക്ക് നിങ്ങൾ നൽകുന്ന സ്നേഹത്തിലും പരിഗണനയിലും നിങ്ങൾ എത്രത്തോളം സംതൃപ്തരാണ്?

4.3.2 To what extent are you able to balance the needs of elderly and other members at home?

വീട്ടിലെ പ്രായമായവരുടെയും മറ്റ് അംഗങ്ങളുടെയും ആവശ്യങ്ങൾ എത്രത്തോളം സന്തുലിതമാക്കാൻ നിങ്ങൾക്ക് കഴിയും?

4.3.3 Do you feel guilty when you are not able to take care of them because of other duties?

ചുമതലകൾ കാരണം നിങ്ങൾക്ക് അവരെ പരിപാലിക്കാൻ കഴിയാതെപ്പോൾ നിങ്ങൾക്ക് കുറ്റബോധം തോന്നുന്നുണ്ടോ?

4.3.4 To what extent do you encourage a caring relationship between your children and the elderly at home that helps to reduce your physical and emotional burden?

നിങ്ങളുടെ തിരക്കുകൾക്ക് സഹായകമാകുന്ന വിധത്തിൽ നിങ്ങളുടെ മക്കളും/വീട്ടിലെ കുട്ടികളും പ്രായമായവരും തമ്മിലുള്ള സ്നേഹ ബന്ധത്തെയും കരുത്തിനെയും നിങ്ങൾ പരിപോഷിപ്പിക്കാറുണ്ടോ?

4.4 Relationship with Siblings (only if applicable)

4.4.1 Do you maintain regular and deeper communication with your siblings and seek their physical and emotional support?

നിങ്ങളുടെ സഹോദരങ്ങളുമായി പതിവായി ആഴത്തിലുള്ള ആശയവിനിമയം നടത്തുകയും അവരുടെ ശാരീരികവും വൈകാരികവുമായ പിന്തുണ തേടുന്നുണ്ടോ?

4.4.2. Do you seek their support in providing care for your parents/ sharing the parental care responsibilities?

നിങ്ങളുടെ മാതാപിതാക്കൾക്ക് പരിചരണം നൽകുന്നതിലും / രക്ഷാകർതൃ പരിചരണ ഉത്തരവാദിത്തങ്ങൾ പങ്കിടുന്നതിലും നിങ്ങൾ അവരുടെ പിന്തുണ തേടുന്നുണ്ടോ?

4.5 Friendships

4.5.1. How far do you think you maintain an intimate friend's circle who support you emotionally and make you feel important?

നിങ്ങൾക്ക് മാനസിക പിന്തുണനൽകുന്ന, നിങ്ങൾക് വേണ്ട പ്രാധാന്യം നൽകുന്ന ഉറ്റ സുഹൃത്തുക്കളുടെ വലയം ഉണ്ടാക്കിയെടുക്കുവാൻ നിങ്ങൾക്ക് എത്രത്തോളം കഴിഞ്ഞിട്ടുണ്ട്?

4.5.2. Do you have regular social interaction with your social circle?

നിങ്ങളുടെ സുഹൃത്തുക്കളുമായും ചുറ്റുപാടുള്ളവരുമായും നിങ്ങൾ സ്ഥിരമായി ഇടപഴകുന്നുണ്ടോ?

4.5.3. How do you usually handle disagreements in your personal relationships? (Tick any one)

1. Just ignore them
2. Make them understand your perspective
3. Argue
4. Emotional outbursts
5. Accept their point of view to end the argument

നിങ്ങളുടെ വ്യക്തിപരമായ ബന്ധങ്ങളിലെ അഭിപ്രായവ്യത്യാസങ്ങൾ സാധാരണയായി എങ്ങനെ കൈകാര്യം ചെയ്യുന്നു?

1. അവ അവഗണിക്കുക
2. നിങ്ങളുടെ കാഴ്ചപ്പാട് അവരെ മനസ്സിലാക്കാൻ അവരെ പ്രേരിപ്പിക്കുക
3. വാദിക്കുക
4. വൈകാരിക പ്രകോപനത്തിൽ ഏർപ്പെടുക
5. വാദം അവസാനിപ്പിക്കാൻ അവരുടെ കാഴ്ചപ്പാട് സ്വീകരിക്കുക

4.6. **Environmental factors** പാരിസ്ഥിതിക ഘടകങ്ങൾ

4.6.1. Are you dependent on others for transport facilities?

ഗതാഗത സൗകര്യങ്ങൾക്കായി നിങ്ങൾ മറ്റുള്ളവരെ ആശ്രയിക്കുന്നുണ്ടോ?

4.6.2. How safe do you feel in your daily life?

നിങ്ങളുടെ ദൈനംദിന ജീവിതത്തിൽ നിങ്ങൾക്ക് എത്രത്തോളം സുരക്ഷിതത്വം തോന്നുന്നു?

4.6.3 Do you have enough opportunities for recreation and leisure activities?

വിവിധ ആരോഗ്യ സേവനങ്ങളിലേക്കുള്ള നിങ്ങളുടെ പ്രവേശനത്തിന്റെ കാര്യത്തിൽ നിങ്ങൾ എത്രത്തോളം സംതൃപ്തരാണ്?

BIO-PSYCHO-SOCIAL AWARENESS LEVEL OF MIDDLE-AGED MOTHERS

1. How would you rate your awareness about life-style diseases and their causative factors?

   ജീവിതശൈലി രോഗങ്ങളെക്കുറിച്ചും അവയ്ക്ക് കാരണമാകുന്ന ഘടകങ്ങളെക്കുറിച്ചുമുള്ള നിങ്ങളുടെ അവബോധത്തെ നിങ്ങൾ എങ്ങനെ വിലയിരുത്തും?

2. How would you rate your awareness about healthy food (diet) and nutrition?

   ആരോഗ്യകരമായ ഭക്ഷണം (ഭക്ഷണക്രമം), പോഷകാഹാരം എന്നിവയെക്കുറിച്ചുള്ള നിങ്ങളുടെ അവബോധത്തെ നിങ്ങൾ എങ്ങനെ വിലയിരുത്തും?

3. How aware are you about menopause and menopause related challenges in middle-age?

   മധ്യവയസ്സിലെ ആർത്തവവിരാമം, ആർത്തവവിരാമം എന്നിവയുമായി ബന്ധപ്പെട്ട വെല്ലുവിളികളെക്കുറിച്ച് നിങ്ങൾക്ക് എത്രത്തോളം അറിയാം?

4. Do you feel it important to educate your spouse regarding menopause related changes and its physiological and emotional effects on women?

   ആർത്തവവിരാമവുമായി ബന്ധപ്പെട്ട മാറ്റങ്ങളെക്കുറിച്ചും സ്ത്രീകളിലെ ശാരീരികവും വൈകാരികവുമായ പ്രത്യാഘാതങ്ങളെക്കുറിച്ച് നിങ്ങളുടെ പങ്കാളിയെ ബോധവത്കരിക്കേണ്ടത് പ്രധാനമാണെന്ന് നിങ്ങൾക്ക് തോന്നുന്നുണ്ടോ?

5. Do you think it is important for you to make your children aware of these menopausal changes in women, so that they can support you in a better way?

   മെച്ചപ്പെട്ട രീതിയിൽ അവരുടെ പിന്തുണ ലഭിക്കുന്നതിന് സ്ത്രീകളിലെ ഈ ആർത്തവവിരാമ മാറ്റങ്ങളെക്കുറിച്ച് നിങ്ങളുടെ കുട്ടികളെ ബോധവാന്മാരാക്കേണ്ടത് പ്രധാനമാണെന്ന് നിങ്ങൾ കരുതുന്നുണ്ടോ?

6. How aware are you of the fact that certain physiological changes/ menopausal symptoms (eg. Vaginal dryness, hot flashes, tiredness etc) effects the quality of sexual relationship with your spouse?

   ചില ശാരീരിക മാറ്റങ്ങൾ / ആർത്തവവിരാമത്തിന്റെ ലക്ഷണങ്ങൾ (ഉദാ. യോനിയിലെ വരൾച്ച, ചൂടുള്ള ഫ്ലാഷുകൾ, ക്ഷീണം മുതലായവ) നിങ്ങളുടെ പങ്കാളിയുമായുള്ള ലൈംഗിക ബന്ധത്തിന്റെ ഗുണനിലവാരത്തെ ബാധിക്കുമെന്ന് നിങ്ങൾക്ക് എത്രത്തോളം അറിയാം?

7. How aware are you about yoga and meditation and their benefits?

യോഗയെക്കുറിച്ചും ധ്യാനത്തെക്കുറിച്ചും അവയുടെ ഗുണങ്ങളെക്കുറിച്ചും നിങ്ങൾക്ക് എത്രത്തോളം അറിയാം?

8. Rate your awareness about mental health and mental health support services?

മാനസികാരോഗ്യത്തെയും മാനസികാരോഗ്യ സഹായ സേവനങ്ങളെയും കുറിച്ചുള്ള നിങ്ങളുടെ അവബോധം വിലയിരുത്തുക?

9. Rate your awareness level regarding various avenues for women empowerment (eg. financial growth, social participation, self- development activities, protection from domestic violence)?

സ്ത്രീ ശാക്തീകരണത്തിനുള്ള വിവിധ വഴികളെക്കുറിച്ചുള്ള നിങ്ങളുടെ അവബോധ നില വിലയിരുത്തുക (ഉദാ. സാമ്പത്തിക വളർച്ച, സാമൂഹിക പങ്കാളിത്തം, സ്വയം വികസന പരിപാടികൾ, ഗാർഹിക പീഡനങ്ങളിൽ നിന്നുള്ള സംരക്ഷണം)?

10. Rate your basic financial literacy and awareness (money management, investments, online-banking, online theft prevention etc)

നിങ്ങളുടെ അടിസ്ഥാന സാമ്പത്തിക സാക്ഷരതയും അവബോധവും വിലയിരുത്തുക (പണ മാനേജ്മെന്റ്, നിക്ഷേപങ്ങൾ, ഓൺലൈൻ ബാങ്കിംഗ്, ഓൺലൈൻ മോഷണം തടയൽ തുടങ്ങിയവ)

GROUP WORK INTERVENTION MODULE

Warm-up Session: Offline Mode

Steps in Brief

- Welcoming the group
- Consent taking
- Inauguration & Motivational Speech by the chief guest,
- Ice-breaking Session
- Setting of group rules and etiquette

Purpose of Session/ Outcome

To invigorate the group, for building group cohesion and teamwork, for rapport & trust building and shift mental focus of the group members, for taking a group oath to promote unity and confidentiality and discussing upcoming sessions in the program plan.

Course of Action

The offline program started with a 'Welcome' session and consent approval from the participants. This was followed by the inauguration of the intervention program by Ms. Ragapriya, District Probation Officer, Social Justice Department, Thrissur and her motivational speech on women empowerment for the middle-aged women. The main purpose was to orient and encourage the group towards the main objectives of the intervention which was exclusively developed for their quality-of-life enhancement.

Post inauguration, warming up session was initiated with the help of few group activities to build rapport among the group members. This also included name familiarization, group oath taking
(Confidentiality commitment), and personal information sharing. The group worker (researcher) once again welcomed them to the further sessions of the intervention.

Resource Person

Research Scholar, Medical & Psychiatric Social Worker
Vimala College (Autonomous), Thrissur

SESSION 1: OFFLINE MODE

PHYSIOLOGICAL DIMENSION

Simple Yoga for Health and Physical Fitness, an Experiential Learning Session

Steps in Brief

- Welcome Session
- Psychoeducation on simple yoga, pranayama and their health benefits
- Experiential activity session: Group Yoga for body, mind & soul
- Oath for commitment towards daily practice of Yoga for positive results
- Established group rules

Purpose/Outcome of Session

To promote physical fitness for flexibility, weight management, physical energy for daily work, improved sleep, better digestive health, better emotional health and focus for improved self-image.

Course of Action

The resource person, after an introduction on yoga and its health benefits, initiated the yoga activity session for the participants. It was well demonstrated and explained. Time to time, doubts from the participants were cleared and steps were repeated for more clarity. Each step was followed by a brief talk on its benefits. Simple yoga steps specially for the convenience of middle-aged mothers were taught and that was the uniqueness of this session. It was a customized programme for mothers who can take it forward with ease and practice even amidst various limitations at home. The group worker emphasized the importance of yoga and fitness and with the support of the resource person facilitated the oath taking for commitment towards practice of simple yoga and pranayama by the participants to see better results. The group rules were established and agreed upon by all the participants to be adhered to throughout the duration of the intervention.

The session was full of enjoyable and amusing moments, making it more vibrant. The trainer's sense of humour enhanced the overall enjoyment and entertainment of the experience. The video of the complete session was also circulated among the participants for their reference. Other than this, daily online group yoga and meditation practice was organised by the group worker, in which the participants promptly participated. Some who could not join the online session, continued with their practice at home. Regular follow-up was conducted by the group worker in this regard.

Resource Person

Yoga Trainer
R K Yoga Academy for the Mind & Soul, Trivandrum

SESSION 2: OFFLINE MODE

PHYSIOLOGICAL DIMENSION

Gynaecological Aspects of Middle-age and Menopausal Coping among Middle-aged Women

Steps in Brief

- Welcoming the members and the resource person, a Gynaecologist
- Psychoeducation on Gynaec health, menopause, menopause related physical and emotional ailments, coping mechanisms, important medical tests for middle-aged women
- Awareness on breast cancer and preventive measures
- Importance of self-care and empowerment
- Question & answer session

Purpose of Session

Better awareness on menopause and menopausal coping, gain in-depth knowledge regarding important health check-up tests especially for mothers in their midlife years, better understanding of the need for guilt free self-care, clarification of various gynae health related doubts. Directing the group towards group work was also initiated.

Course of Action

Gynaecological and menopausal awareness session was much demanded session by the participants since most of the mothers were unaware of the hormonal fluctuations and its impact during the midlife period. There was a direct and open interaction with the doctor who promptly cleared their emerging doubts and queries. As per the program plan, the doctor adequately covered the significant topics such as menopausal symptoms, coping mechanisms, need for awareness about menopause related health changes among spouses and adolescent children, role of estrogen hormones, life-style diseases and the significant medical tests for middle-aged women, breast examination techniques to avert breast cancer, self-care, empty nest syndrome and also emphasized upon the need for woman empowerment.

Mothers were given sufficient information about menopause to better prepare themselves. Furthermore, mothers who were currently going through menopausal stress were given different strategies to cope with their symptoms effectively. This session was considered extremely important for both groups, as increased awareness allowed the mothers to approach their symptoms with a positive mindset. Post this session, the group of mothers was further divided into four teams. Each team under worker's supervision elected their team leader and selected a name for their respective teams. Team leaders were instructed regarding various group activities in the program plan and the roles and tasks were promptly delegated among the team members.

Resource Person

Obstetrician and Gynaecologist,
Sun Hospital, Thrissur

SESSION 3: ONLINE MODE

PHYSIOLOGICAL DIMENSION

Diet and Nutrition for Middle-aged Women

Steps in Brief

- Time duration - 2hrs
- Introduction of resource person to all the group participants
- A brief introduction on the topic by the group worker
- Follow-up on group work concurrent activities

Purpose/ Outcome of Session

Better clarity on diet and nutrition for middle-aged women, toxic food combinations and various life-style diseases arising out of long-term faulty diet patterns, importance of traditional and local seasonal food.

Course of Action

It was an online session, and the group worker introduced the resource person. The resource person gave a brief introduction on the topic for the day, " Diet and Nutrition for middle-aged women".

The session began with a detailed description on various aspects of diet and nutrition. The focus was mainly on the nutritional needs of women in their middle-age. It also gave awareness on general diet and nutritional needs of adolescent children and elderly at home. The trainer also discussed about digestive health women during midlife period and the necessity for a customised diet. She emphasized upon certain healthy and toxic food combinations and the need to avoid such food items to avert life-style diseases and other serious repercussions. She also stressed upon the regular use of traditional and local seasonal foods other than western pattern of diet. The benefits of millets as a daily part of our diet were also emphasized. It was a highly interactive session and most of the members came forward with their queries. The resource person patiently answered their questions and conducted open discussions.

Following the conclusion of the session, the group worker sought information from the team leaders regarding their team activities and collaborative efforts that were occurring concurrently with these sessions.

Resource Person

Dietician & Nutritionist

SESSION 4: ONLINE MODE

PHYSIOLOGICAL DIMENSION

Lifestyle Diseases: Prevention & Management

Steps in Brief

- Time duration - 1hr 30 mnts
- Introduction of resource person to all the group participants
- A brief introduction on life-style diseases by the group worker
- Follow-up on group work concurrent activities

Purpose / Outcome of the Session

Better awareness on life-style diseases enhanced their knowledge and helped them understand some coping strategies to deal with or prevent life-style ailments. The session helped in updating them about the most recent medical tests so that they can improve their quality of life by taking the necessary preventive measures.

Course of Action

This interactive session focused primarily on the various lifestyle diseases that commonly affect women in their middle-age. The resource person spoke in detail about the midlife risks of contracting lifestyle diseases and also provided precautionary measures for prevention and effective management of these diseases. The session highlighted the importance of undergoing specific medical tests as a preventive measure, enabling individuals to take necessary precautions and avoid various illnesses during their middle-age. The doctor explained that during midlife, various health issues such as bone loss, osteoarthritis, negative changes in lipid profiles, diabetes, metabolic syndrome, sleep problems, hypertension, stroke risks, high cholesterol, and heart diseases often start or worsen. The tests were explained with great clarity and doubts from the participants were addressed satisfactorily. The session adequately raised awareness among mothers. The emphasis was on midlife health concerns and how to prevent/manage them.

Following the conclusion of the session, the group worker sought information from the team leaders regarding their team activities and collaborative efforts that were occurring concurrently with these sessions.

Resource Person

Doctor from Physical Medicine and Rehabilitation (PMR)
Thrissur

SESSION 5: ONLINE MODE

PHYSIOLOGICAL DIMENSION

Naturopathy for Middle-Aged Mothers: Alternative Medicine for Better Health and Well-Being

Steps in Brief

- Time duration- 1hr 30 mnts
- Introduction of resource person to all the group participants
- A brief introduction by the Group Worker on Naturopathy, alternative medicine for prevention and management of diseases.
- Discussion on group work concurrent activities.

Purpose of Session

Better awareness on the ability of mind, body and soul (prana) in averting or managing the illnesses. Those who were keen to know more about this treatment modality were invited by the doctor to her centre. The participants came to know that this alternative healing technique can be incorporated into their day to day lives for attaining a better quality of physical and emotional health.

Course of Action

The session began with a small introduction on the significance and relevance of naturopathy in the current health scenario, especially the covid period. The doctor introduced the group to the details of naturopathy and its role in the prevention and management of various kinds of ailments including life-style diseases among the middle-aged women. She highlighted the origin of this alternative approach and described its authenticity by eliciting real life instances where naturopathy comes into play, making a impactful mark on the day to day health aspects of an individual. Naturopathy, as a way of life, was stressed upon and this awakened the curiosity of the participants. She spoke vividly about the benefits of this treatment modality which can become a daily aspect of our lives. She stressed that " it is actually a way of life that connects body, mind and soul and has no side effects either". It uses elements of nature such as air, water, earth and fire, a holistic approach in its treatment method. She maintained that the naturopathy treatment believes in addressing the underlying cause of the illness in a specific individual rather than just treating the physical symptoms. The main focus was on incorporating Naturopathy into the daily lives of middle-aged mothers to enhance their overall well-being and promote a lifestyle free from toxins. This was almost a new information for most of the participants who came forward with various queries regarding its application and other aspects. Their doubts were promptly cleared and reciprocated.

The doctor also highlighted the impact of naturopathy in the prevention and management of Covid related complications in the patients. Since Covid was a burning issue that particular year, it arose the inquisitiveness and keenness among the middle-aged mothers to know more about the nature cure concept and apply it in their lives too. They gained a clear insight of how nature elements, yoga, pranayama, the physical body, and the soul are interconnected in addressing the fundamental health issues. Following the conclusion of the session, the group worker purposefully discussed about the development of group activities of the team members. The team leaders responsibly responded about the team dynamics and the way they were being addressed. Accordingly, the group worker too pitched in to extend her support and guidance in resolving the same.

Resource Person

Doctor from Gandhi Nature Centre
Thrissur

SESSION 6: ONLINE MODE

PSYCHOSOCIAL DIMENSION

On Parenting - The Do's and Don'ts

Steps in Brief

- Time Duration- 1hr 30 mnts
- Introduction of resource person, Social Worker & Counsellor (12yrs Expereince) Vimala Counselling Centre, Thrissur to all the group participants
- A brief introduction on the parenting concerns faced by the middle-aged mothers
- Follow-up on group work activities

Purpose of Session

Better awareness on parenting the adolescent children and its connection with their own midlife crises. Became more aware of their behavioural inadequacies and corrective measures to address their parenting challenges. Self-awareness and knowledge about the teenage psychosocial struggles helped them develop a new perspective towards the matter and emotional management.

Course of Action

This online interactive group session was conducted by an experienced Social Worker and Counsellor from the Vimala Counselling Centre in Thrissur. The primary focus of the session was on parenting strategies for adolescent children, emphasizing the importance of effective communication between parents and their grown-up children. The session also addressed methods for managing the emotional and physiological changes that teenagers experience, establishing realistic expectations, and providing guidance on appropriate parenting approaches for this age group. The session also included a question-and-answer segment, where participants had the opportunity to ask questions and receive clarification on various parenting concerns.

During the session, majority of the respondents expressed their concerns about the challenges they have been facing while dealing with their teenage children. Their tumultuous relationship with their adolescent children has been adding more stress to their already stressed up life during this phase. Their queries were effectively handled by the resource person. She emphasized that topic on parenting is a vast subject and every mother's experience with their adolescent child is different. This makes this topic even more essential for all the mothers in their midlife when they are themselves dealing with their stressful transition. The session was highly interactive in nature and included plenty of real-life instances to make the mothers understand the depth of the matter. The hormonal changes in their teenage children and its repercussions were a new information for some of them. Towards the conclusion, the group worker as a regular practice, enquired about the proceedings of the group work activities to help each team remain focussed on their team responsibilities.

Resource Person

Social Worker & Counsellor, Vimala Counselling Centre, Thrissur

SESSION 7: ONLINE MODE

PSYCHOLOGICAL DIMENSION

Mental Health Awareness Session

Steps in Brief

- Time duration- 2 hours
- Nature of session - Psychoeducation, Interactive session
- Introduction to the concept of Mental Health, early diagnosis
- A glimpse into the mental health issues faced by middle-aged women, associated stigma, mental health services

Purpose /Outcome of the session

Awareness on mental health in general and mental health issues faced by middle-aged mothers during midlife transition. It helped them to understand the psychological dimension behind each behaviour or action by different people at home. Free interactions helped them to openly share their deepest thoughts and feelings without worrying about being judged or stigmatized. Mothers were enabled to form empathetic relationships with one another without any preconceived notions. They also learned about the distinction between clinical depression and regular sadness.

Course of Action

This online psychoeducation was exclusively on mental health awareness for the middle-aged women. It was an interactive group session which included general information regarding mental health and well-being. The researcher briefed them about various mental health conditions and some common mental health issues prevalently seen among the middle-aged women. The session covered a range of topics including the underlying causes of stress and anxiety, the influence of neurotransmitters, the association between mental health and physical well-being, the impact of developmental disabilities and personality disorders, early diagnosis, available mental health services, the role of psychiatric social workers, strategies for coping with societal stigma, and the potential benefits of spirituality and mindfulness in managing symptoms. The session was well-received by the mothers, who expressed that it provided them with valuable insights into mental health and the available support services. The group worker emphasized the significance of this session in equipping the mothers with fundamental knowledge in the field of mental health.

Post session, during the discussion, mothers opined that this session held great importance as it was the first time they had ever been exposed to a session on mental health. They found it extremely informative and enlightening, as they were able to receive answers to many of their personal questions regarding relationships, temper problems, misunderstandings, behavioural issues of the self and the loved ones, differences, and personality issues etc. Some mothers expressed that discussing mental health is often considered taboo and stigmatic. However, as the primary caretakers of the household, it is crucial for mothers to have an understanding of these concepts. This knowledge will help them to recognize any deficiencies or abnormalities in themselves and their family members. Moreover, it will empower them to seek timely assistance from appropriate sources for guidance and support. One of the participants opined that "It would be beneficial to understand how to handle relationship break-ups and academic failures, particularly when it comes to adolescent children. These situations often have an impact on the mental well-being of both the children and their mothers".

Resource Person: Research Scholar, Social Work (Medical & Psychiatry),Vimala College (Autonomous), Thrissur.

SESSION 8: OFFLINE MODE

PSYCHOLOGICAL DIMENSION

Emotional Coping and Life Enrichment Session

Steps in Brief

- Offline session- 3 hours 30 mnts (time duration)
- Nature of Session: Psychoeducation, experiential, interactive
- Introduction of resource person, Senior Psychologist & Family Counsellor, Vimala Counselling Centre, Thrissur to all the group participants.
- A brief introduction on the need for better emotional health for better quality of life
- Main Session
- Follow-up on group work activities

Purpose/ Outcome of the Session

Self-awareness, better emotional coping, mindfulness exercises, parenting and setting expectations from the adolescents, emotional maturity, knowledge about centres for addressing women related legal and mental health matters etc

Course of Action

A senior psychologist and Family Counsellor conducted a half-day offline session. She has also worked in the Family Court and Women Protection Cell in Thrissur. The session included psychoeducation and interactive activities, namely: Awareness about psychosomatic illnesses, emotional coping through mindfulness exercises, stress management, dealing with guilt and regrets, anger management, boosting self-esteem and confidence, overcoming procrastination, maintaining mental alertness, parenting adolescents, and setting expectations from children, avenues to seek help for women protection, the role of family court and women protection cell etc. The session was filled with valuable insights, perspectives, and emotional sharing. There was also a question answer session for clarifying individual queries. The trainer used various real-life examples to draw their attention towards the nuances of this subject. She cited instances where women were primarily to blame for relationship issues with their partners and within the family. She also emphasized that parental interference was another significant factor in the breakdown of marital relationships.

After the session, the participants expressed their support for having a session that focuses on the psychological and emotional well-being of women in a non-judgmental and inclusive manner. The speaker also highlighted the importance of introducing more such intervention programs for middle-aged women. Based on her counselling experience, she noted that their problems often go unnoticed and unattended to, which ultimately affects the emotional well-being of the entire family.

Resource Person

Senior Psychologist & Family Counsellor

SESSION 9: OFFLINE MODE

PSYCHOLOGICAL DIMENSION

Dance Movement Therapy

Steps in Brief

- Offline session- 3 hours 30 mnts (time duration)
- Nature of Session: Fun based group experiential and therapeutic session
- Introduction of resource person, Psychological Counsellor and Dance Movement Therapist to all the group participants.
- A brief introduction on Dance Movement Therapy - a medium for psychosocial integration
- Main Session
- Follow-up on group work activities

Purpose of Session

Group Cohesion, 'we feeling', emotional well-being, freedom of expression & communication, self-awareness, creative development & self-exploration, empathy, confidence enhancement, acceptance, social interaction (sense of togetherness & universalisation) and develop responsiveness.

Course of Action

A fun-based experiential and reflective session for stimulating self-expression, emotional, cognitive, physical, and social integration with insightful reflections. It was a two-hour off-line session conducted by a psychological counsellor and a 'Dance Movement Therapist', Thrissur. The main purpose of this session has been to help mothers develop self-awareness, self-connect, emotional sharing, self-expression and emotional enrichment and coping. The participants were able to shed off their fear and inhibitions and with the help of group support freely expressed themselves. The activities gradually helped enhance their confidence level and overcome their mental blocks. Some of the interesting activities in the session were:

- Self-introduction: creativity and uniqueness, acceptance
- Emotional expression: from last ten days life experience, their major worries
- Energy ball passing therapy: stimulating positivity, creativity and group emotional synergy
- Freezing single and pair movement therapy: for alertness, presence of mind, focus, decision making, responsible behaviour
- Self-talk therapy: its relevance in our families as a therapeutic approach, coping mechanism, self-counselling, self-healing, detachment from problem situation (emotional defusion), mindfulness etc
- Milestones activity: for creative skills, planning, mental and physical balance
- Grouping games: for group unity, alertness, focus, team building skills
- Balloon Games: Importance of utilising our different abilities, keeping oneself active, flexible and youthful by mind and body, discovering one's own potential and exploring new avenues for self-development.
- Free dance: self-healing and recovery, relieve oneself form rigidity and inhibitions.
- Mirroring dance movements (pair): observation, mindfulness, self-awareness, sense of connection, coordination, non-verbal relationships, trust development etc
- Group circle dance: for hope and joy, group unity and synergy
- VATO movement for visual, auditory, tactile and olfactory stimulation

All the activities were followed by discussions and reflections from each participant. Some of the major themes covered were - Group acceptance & self-acceptance, 'being child-like', 'what we use more, that remains intact', exploration and creativity, brain stimulation, enhancing focus and alertness, responsiveness, belief in unity, self-healing, decision making skills etc. The trainer stressed that 'midlife is the apt period to start thinking about self-care, to fulfil our unfulfilled dreams, to come out of all our inhibitions and explore the world and opportunities, to use our underutilized potential and skills.' Movement based therapeutic approach was primarily used as a means to integrate the mothers emotionally, spiritually, socially, physically and connect with one's own self and the group. Post session, the group worker enquired the proceedings and development of the group concurrent activities and provided the needed guidance to the team leaders.
Resource Person Psychological Counsellor, Motivational Trainer, Dance Movement Therapist

SESSION 10: OFFLINE MODE

PSYCHOLOGICAL DIMENSION

Acceptance & Commitment Therapy

Steps in Brief

- Offline session- 2 hours (time duration)
- Nature of Session: Group therapy, experiential and meditative using visualization techniques, personal sharing (Ventilation) and reflections
- A brief introduction on emotions & thoughts, acceptance & commitment towards value -based living, emotional empowerment
- Therapy Session
- Personal sharing and ventilation

Purpose of Session

Emotional management and empowerment: Detangling from painful thoughts, open up and accepting one's own self , being in the present through mindful exercises and do what matters as per one's values in life.

Course of Action

The session included experiential activities and mindfulness exercises to promote defusion (detangle) and acceptance using visualization techniques. Group therapy was used to teach mothers how to manage their emotional thoughts and cope with emotions through visualization and mindfulness techniques. The goal of ACT is to develop psychological flexibility by focusing on the present moment and accepting one's thoughts and feelings, while committing to healthy and constructive activities that align with one's values. It involves mindfulness exercises that help individuals view their problems from a third person's perspective, leading to psychological diffusion and acceptance.

Some of the activities done:

- Emotional management using ACT mindfulness, defusion and acceptance techniques by using – letting go metaphors: seeing thoughts as "clouds drifting across the sky", vehicles driving outside the house, "meditative techniques": leaves on a stream, thoughts "noticing" technique: Noticing what your mind is telling you right now, "the observing self" i.e taking a step back and look at a particular feeling from your observing self, "mindfulness of the breath" exercise," blue balls in a pool" a thought management exercise, clarity on Fusion & Defusion through examples. Clarification of "Values & goals": Values are here and now, goals are in the future, "Magic Wand" and " if….then" exercise for value clarification, setting value-based goals and getting to committed action etc.

- The group worker starts with a general talk on life and emotional baggage recalling the painful experiences or traumas, guilts, regrets, loss and also pleasant moments of life ➡ how the personality was formed ➡ internal conflicts with one's value system ➡ need for acceptance of one's own faults & do what matters ➡ oath of confidentiality ➡ narration of painful event which they would like to share and experience validation ➡ narration of any moment of achievement or success that makes them feel proud (instance where they could feel alignment with their value system).

According to the feedback from the majority of participants, they found it to be a unique experience to observe their own problem situation from a detached perspective. This allowed them to view things without becoming entangled in negative emotions that lead to pain and confusion. Some mothers even expressed that they had never experienced this type of emotional management and coping, that uses visualization and meditation techniques. One of the mothers expressed that "with this technique, we learn to see our problems from a detached angle rather than going deep into it and losing ourselves. When we learn to do this with awareness, we can detach ourselves from it. Acceptance of our life situations or problems leads to taking right decisions too. This is what we have learnt through this session on acceptance and commitment therapy". For most of them, as they have responded, it was a novel experience altogether.

Resource Person

Social work researcher and qualified ACT practitioner
Vimala College (Autonomous), Thrissur

SESSION 11: ONLINE MODE

SOCIAL DIMENSION

Digital Empowerment

Steps in Brief

- Offline session- 2 hours (time duration)
- Nature of Session: Interactive and demonstrative session
- Introduction of resource person to all the group participants.
- A brief introduction on the need for digital empowerment to make life easy with digital skills.
- Main Session
- Follow-up on group work activities

Purpose/ Outcome of the Session

Digital skills training and digital empowerment:
Digital Financial literacy/ Online shopping, G-Pay, online banking, filling online applications, mechanisms to track and monitor internet usage by children etc.

Course of Action

The session focused on the topic of Digital empowerment: Online shopping, G-Pay, online banking, filling online applications, mechanisms to track and monitor internet usage by children. The session was conducted online and was interactive and demonstrative in nature. The primary objective of the session was to educate mothers on digital services and provide them with the necessary knowledge and skills to navigate these services for easier and more convenient transactions. Additionally, the session aimed to assist mothers in monitoring their children's internet usage and the websites they frequently visit for information. The goal of the session was mainly to empower mothers to become digitally independent. As per the doubts raised by the participants, the demonstration was repeated for better clarity. Towards the conclusion, the group worker investigated about the concurrent group activities. Team leaders who had issues with their team members were called separately to address team's concerns.

Most of the mothers found the session on digital empowerment to be highly relevant and helpful. They expressed frustration and irritation at having to rely on their spouses or children for financial transactions and online shopping. This dependency also made them feel outdated and inferior. However, the digital empowerment sessions were delivered in a clear and understandable manner, allowing the mothers to learn at their own pace. One mother in her feedback said that due to access to recorded video of the session, she could replay the session multiple times to enhance her understanding. Another mother admitted to being initially scared of online transactions, considering it to be unfamiliar territory.

Resource Person

IT Trainer
Project Manager
IBM, Chennai

SESSION 12: ONLINE MODE

SOCIAL DIMENSION

Women Empowerment, Safety and Protection

Steps in Brief

- Offline session- 2 hours (time duration)
- Nature of Session: Interactive Psychoeducation Session
- Introduction of resource person to all the group participants.
- A brief introduction on Women Empowerment, safety and legal protection services
- Main Session
- Group discussion

Purpose of Session

Awareness on avenues for women empowerment/financial literacy, information on women safety and protection, women specific legislation, schemes and programs of State & Central Govt. for women development.

Course of Action

The resource person conducted an online informative and awareness session. The session aimed to educate mothers about women protection and avenues for women empowerment, specifically in the context of Kerala. The overall goal was to uplift women by empowering them and ensuring their safety. The session covered topics such as the role of women in Neighbourhood Groups (NHGs) in Kerala, income generation programs, micro-credits, social justice, laws and policies for women's rights, protection from domestic violence and harassment, the function of women's cell and women's commission, gender equality, and the state policy on women empowerment. The session also highlighted the organization 'Kudumbashree', which is known for its efforts in women empowerment. It focused upon micro-finance, productive enterprises, and poverty eradication programs. The session emphasized the importance of social, educational, economic, political, and psychological empowerment for women's self-development and progress.

Most mothers found this session to be very informative and comprehensive, covering various important topics. They gained awareness about the role of women's NHGs in Kerala, income generation programs, the significance of 'Kudumbashree' and micro-finance in women's empowerment. The session also provided information about laws, schemes, acts, and policies for protecting women's rights, procedures for safeguarding against domestic violence and harassment, as well as State and Central Government initiatives for women's empowerment. As per their feedback, "The session has provided us with valuable insights into the important roles of women's cell and women's commission. It has empowered us to know who to contact and how to seek assistance in times of distress or domestic violence".

Resource Person

Psychological Counsellor, Ward Member, Motivational Trainer
Thrissur

SESSION 13: OFFLINE MODE

PSYCHO-SOCIAL DIMENSION

Positive Relationships and Self-Development for Middle-Aged Mothers

Steps in Brief

- Offline session- 2 hours (time duration)
- Nature of Session: Motivational, Spiritual & therapeutic Session
- Introduction of resource person, to all the group participants.
- A brief introduction on Positive Relationships and Self-Development
- Main Session followed by Personal sharing

Purpose/ Outcome of Session

Importance of maintaining healthy relationships, both personal and social, as well as managing one's thoughts and emotions, significance of self-care and the practice of acceptance, forgiveness, and gratitude, explored the connection between the mind, body, and soul, and highlighted the benefits of spiritual self-growth and emotional strengthening through healing and meditation.

Course of Action

A certified healer, psychotherapist, and life coach from Mumbai, conducted an offline motivational and therapeutic session. This session falls under the alternative healing approach and aimed to educate mothers about the importance of positive energy while handling multiple roles in their day-to-day life. Mothers often feel overwhelmed by the complexities of these roles, the sensitivity of their positions within the family, and the expectations placed upon them by society. The session provided insight into the central role that mothers play, despite facing challenging experiences within their families. The session is centred around the personal experiences of the trainer, who faced significant challenges in her past when she was severely ill and confined to bed. She shared her own success story with the aim of motivating and revitalizing other mothers in the group. Drawing on her expertise as a trained pranic healer, she explained the concept of individuals as energy beings capable of influencing and impacting the energy levels of their family members. She emphasized the importance of maintaining a high level of optimism in order to do justice to various roles that she takes up: as a wife, daughter, and mother effectively. Furthermore, she highlighted the transformative power of a single thought, which carries energy that can positively affect others.

The trainer vividly explained the significance of forgiveness, acceptance, gratitude, self-care, meditation, spirituality, and positive thinking as crucial factors in fostering positive relationships and personal growth. Towards the end, she also threw light on the concepts of pranic healing and its impact on transforming the self and the mankind. As one responded "the trainer being a fighter herself who persistently raised herself from illness towards self-development, has been a great inspiration for all the mothers in the group. The resource person has truly been a role-model for them to follow". Energy healing and its benefits was a novel concept for the participants "this session was an entirely new concept for me, which was emotionally enriching" as per another response. The trainer introduced the mothers to the concept of energy healing (pranic healing) emphasizing upon the role of our feelings and thoughts which energy waves that connects with the energy in the universe.

Resource Person

Certified Pranic Healer, Psychotherapist and Life Coach from Mumbai
World Pranic Healing Foundation
Alternative Healing

SESSION 14: OFFLINE MODE

EYE- CARE & PROTECTION: MEDICAL CAMP AND AWARENESS SESSION

Eye Medical Camp and Psychoeducation

By Malabar Eye Hospital Thrissur

Purpose of Session

Psychoeducation on eye-care at midlife, various eye diseases and preventive measures, eye-care for adolescents, free eye medical camp for middle-aged mothers, opportunity for discounted ophthalmic treatment at Malabar Hospital Thrissur.

Course of Action

A free eye check-up camp for middle-aged mothers by Malabar Eye Hospital in Thrissur was organized on the last day of the offline program. The camp included an awareness session on eye care and protection. The medical team provided information on eye-related complications during midlife and safety measures for women. Additionally, they offered guidance on eye care strategies for adolescent children. Mothers who required ophthalmic treatment were given the opportunity to receive it at a discounted rate from the hospital. It was a team consisting of doctors, nurse staff and a social worker who came with all the necessary accompaniments to conduct the camp. It was well accepted by the participants who keenly participated in the camp.

Few mothers could clarify their doubts with regards to their eyesight issues which they had developed recently but have not checked yet. They also clarified their doubts related to their children's eye-sight issues due to prolonged mobile viewing. They were educated about age related muscular degeneration, diabetic retinopathy, cataracts, glaucoma, dry eyes issues and several signs of eye related emergencies that require immediate interventions.

The inclusion of an eye testing camp and psychoeducation program on eye diseases is of utmost importance, particularly due to the tendency of many women to neglect their eye health and delay the diagnostic process. This often leads to the development of more intricate issues, particularly in their later years, particularly after reaching their 40s. Therefore, the researcher felt the need to include such a camp that would make the mothers aware of eye health and preventive measures.

Medical Team

From Malabar Eye Hospital, Thrissur

SESSION 15: ONLINE MODE

PSYCHOLOGICAL DIMENSION: SPIRITUALITY

Practicing Forgiveness, Gratitude and Acceptance

Steps in Brief

- Offline session - 2 hours 30 mnts (time duration)
- Nature of Session: An experiential and meditative session with visualization and positive affirmation techniques
- Introduction of resource person to all the group participants.
- Brief introduction on Practicing Forgiveness, Gratitude, Acceptance for emotional well-being
- Reflections and experience sharing

Course of Action

This session was conducted in an offline setting by an experienced life coach and a certified Reiki healer who is also an EFT therapist, NLP trainer, and motivational speaker. The session incorporated various techniques such as guided imagery, therapeutic dialogue, complex emotional release and catharsis, inner healing, and self-awareness. Since, a spiritual connect and self-evolution are found to be some of the striking features in people during their midlife, this session helped the participants connect with their own inner selves and develop self-awareness. This session aimed to encourage active engagement from every mother in the group through a meditative and experiential exercise. During the session, participants were given a secure environment with soothing meditative music playing in the background, allowing them to openly express and let go of their emotions without any obstacles. This experience helped in achieving a sense of rejuvenation in their mental, physical, and spiritual well-being, and enabled them to broaden their understanding of interpersonal connections. It made them go beyond their present state of mind and ego, explore their inner self and engage in the act of inner healing.

Most of the mothers related to this exercise and expressed that, " this was a unique experience for us, when we were made to go back in time, meet our dear and near ones, practice forgiveness, gratitude, and acceptance to release ourselves from the shackles of emotional burden or trauma of our past. It has given a freshness to our mind, body and soul and we have learnt to widen our perspectives with respect to our relationships. We wish this feeling of freedom from emotional burden remains forever". According to some, the session was incredibly empowering emotionally. It provided them with a sense of freedom from the emotional baggage they had been carrying for their entire lives. The session was mainly to help them let go of the complexities they faced in their relationships and personal growth, as well as their misunderstandings, fears, and insecurities. The emotional release allowed them to break free from their self-imposed limitations and unhealthy perspectives.

Purpose of Session

To learn acts of forgiveness, acceptance, gratitude for well-being and experience better quality of relationships, self-care for emotional strengthening, catharsis, healing techniques, positive affirmations and to develop emotional maturity and self-awareness.

Resource Person

Life Coach
Certified Reiki Healer, EFT Therapist, NLP Trainer, HO OPONOPO Practitioner

SESSION 16: ONLINE MODE

BIO- PSYCHO- SOCIAL DIMENSION: A Recapitulation Session

Self-Care and Self-Compassion

Steps in Brief

- Offline session- 2 hours (time duration)
- Nature of Session: Psychoeducation and Motivational Session
- Brief introduction on all the themes/topics covered in the intervention programme
- Main session: Summing up of all the major themes with special focus on Self-Care and Self-Compassion
- Reflections and experience sharing

Purpose of Session

All the above-mentioned topics in the group intervention program encapsulated in one single session for quick glance and reference with special thrust on the need for 'Self-Care and Self- Compassion' among middle-aged mothers for better quality of life experience. Within few days after this session, post intervention questionnaires were given to the participants to collect the required data.

Course of Action

This concluding online psychoeducation session served as a platform for emphasizing 'self-care' and also for summing up the entire program for re-registration of the major themes by the middle-aged participants. Being the final intervention session, it also included a recapitulation of previous sessions, providing a concise overview of the key concepts. The content covered various aspects such as the different roles of a mother and her significance in the family's positive growth, challenges faced during midlife and menopause, lifestyle changes required for improved quality of life, regular physical and emotional screening, mental health and coping strategies, addressing feelings of guilt and regret, and the role of spirituality and so on. The session incorporated group interaction, feedback and suggestions for improvement for future purpose. The group worker specifically gave thrust upon the need for self-care and self-compassion in every mother's life since her happiness defines the happiness of her entire family members.

According to one mother, prioritizing self-care and self-compassion has allowed them to become more open-minded and overcome self-imposed guilt and limitations that hindered their personal growth. Many women unnecessarily live with guilt and struggle to balance their responsibilities and expectations. In the midst of all this, it is crucial to prioritize our physical and emotional well-being in order to have the energy to support our family members. Neglecting self-care can lead to frustrations that disrupt the peace within the family. This is why it is important to love and care for oneself during this stage of life. This session was well received by all the participants.

Resource Person

Research Scholar
Social Worker
Medical & Psychiatry

THE CONCLUDING SESSION....

Program Planning and Program Development for Concurrent Group Work Activities

The group program for personal and group development was scheduled right after the psychoeducation series. The time duration allotted for this activity (except group tour) was three hours. The planning and implementation of these activities occurred concurrently with the psychoeducational and experiential sessions, as previously mentioned in a session-by-session breakdown. The group was divided into multiple teams, each assigned distinct tasks and responsibilities. A comprehensive summary of the group programme is provided below.

Steps in Brief

- Offline and Online supervision of the concurrent group activities
- Group/team formation (4 teams), election of team leaders, selection of team names
- Program planning and development under the guidance and supervision of the group worker
- Assignment of roles and responsibilities to team leaders and members
- Management of group dynamics and group conflicts
- Follow-up on group work concurrent activities.

Skill Development

- Social skills, decision making skills, communication skills, confidence development.
- Learning/knowledge gathering and sharing i.e., presentation skill.
- Creative skills, self- grooming, enhancing self-image & self-worth.
- Attitudinal & perception change
- Group cohesion & teamwork
- Planning & organising skills,
- Accountability and leadership skills etc.

This concurrent program was designed with the specific objective of facilitating the achievement of maximum potential for all participants through active engagement and contribution. In addition to psychoeducation and experiential activities, the enhancement of skills and self-development through group experiences was emphasized. The group served as a platform for the personal growth of each individual. The activity involved active participation in group discussions, sharing of knowledge, taking ownership, and collaborative teamwork to express oneself.

Summary

Program activities were organised by the teams within the group for the purpose of individual and group development, **in addition to the aforementioned sessions**. For this activity to take place, initially the group was divided into four teams who elected their leaders and selected names for their teams. Here, the group worker played a key role in directing the group so that their maximum creative skills can be churned out through their program activities and enable them to avail maximum benefits from the program. These groups were

assisted in program planning and development whereby various theme-based tasks were assigned among the teams and team members by their chosen leaders. Each team member's participation/ contribution was assured, and each team was supervised by the group worker on a regular basis through guided group interactions. The group worker emphasized on responsible participation and guided the group in their program planning keeping in view the needs and expectations of each participant. The worker also motivated them to take ownership of their roles and enhance their leadership skills. During group conflicts, she monitored the situation and tried to resolve the group conflicts while directing the group towards healthy interaction and emotional maturity.

Meanwhile, each participant's behaviour and interaction patterns with the other team members was also keenly assessed and rectified in case of any shortcomings such as apathy or misconduct or domination. It was necessary to understand the overall individual and group dynamics to drive each team towards an attitude of delivering the best performance. Throughout the process, the group worker ensured a purposeful relationship with the group members keeping the ultimate objective in view, maintained flexibility in the group/team organisation and ensured group self-determination.

Programme Activities

- Theme based group discussions and presentation (four groups)
- Individual topic presentation on major themes covered in the group intervention (major topics in a nutshell). It involved researching content for the selected, preparation of the presentation, presentation of the topic as a trainer.
- Group was divided into various committees to coordinate the program: cultural committee, food committee, hall arrangement committee, recreation committee etc.
- Theme based team skit/drama (with prior knowledge of the story but on the spot preparation and presentation of the skit
- Group & individual cultural performances
- Group tour and personal sharing
- Personal reflections on the impact of social work intervention in their lives
- Certificate & gift distribution ceremony

Offline: Group discussions (four groups) and presentation, Group cultural event, Group tour & reflections, certificate & gift distribution.

Online: Individual theme-based presentations on various women's health related topics

Resource Person

Facilitated by the Research Scholar
Social Work Department, Vimala College

RESEARCH AND PUBLICATIONS

Table : Paper publications: National & International Journals

SL. NO	Title of the Paper	Authors	National/International & Journal name	ISSN /ISBN Number/Volume /Issue
1	Title: **"Trouncing Poverty through Women Empowerment in India: A Case of Kerala's Kudumbashree Mission"**	Authors Ms. Preetha Menon Mr. Sojin P. Varghese Dr. Minimol K	International Routledge Tylor & Francis Group "Routledge International Handbook of Poverty in the Global South"	ISBN 9781032015293 DOI: 10.4324/9781032632391 Year 2023
2	Title: **"Strategies to Live Healthy Even with Long-term Health Conditions"**	Authors: Dr. Minimol K Ms. Preetha Menon Ms. Sangeetha N	International Social Science and Humanities International, (An International Multidisciplinary Journal)	ISSN: 2581-7965 Vol-1, Issue-25th Year 2020
3	Title: **"Empty Nest Syndrome: Myth or A Reality"**	Authors: Ms. Preetha Menon Dr. Minimol K	Vimala International Research Journal (VIRJ) For Humanities & Social Sciences	ISSN: 2348-4837 Vol 4 Issue 2 Year 2018

Table : Paper Presentations at National & International Seminars

SL.NO	Paper Title	National/International	Date & Year	Place
1	**"Active Self-Management Strategies for Healthy Ageing"**	International Seminar on Healthy Aging-ISHA 2020	31st Jan 2020	Manipal, MAHE, in Mangalore
2	**'Solution Focused Therapy and its practice techniques"**	National Workshop on counselling and psychotherapy	1st – 3rd August 2019	St. Joseph College Irinjalakuda, Kerala

'She' is not someone who needs our sympathy but just few acts of empathy to help her re-invent herself. 'She' is not supposed to be just an individual restricted to the 'char diwari' (four walls) of her house, but a resourceful being who yearns to be accepted and recognised for what she is, not just for her family but also for the entire human community.

WELCOME
BACK

Padmaragam : Interview with Dr Prameela Sreevalsan

Padmaragam: Interview with Sasikala Shashi Kumar