



Life After Retirement: Impact of Life style and Living Arrangements after Retirement on the well-being of Retirees

Dr. GIRIDHAR RAO M.S.

Associate Professor of Sociology

GFGC, Mudipu.

Abstract:

Retirement is an essential and inevitable part of one's career who works as an employee of a public or private organization. Every employ who joins an organization has to retire at point of time when he reaches a particular age. The age of retirement varies from public sector to private sector. However, it is determined on the basis of life expectancy of population. Usually it varies from 55 years of age to 60. In some cases, the age of retirement may by 62 or 65. However, retirement is an important turning point in the life of any employee, as it brings social, economic, and psychological impact on him. The present study aims to assess the impact of life style and living arrangements on life of an employee after retirement. The study has been conducted in Sullia Taluk of Dakshina Kannada district in Karnataka. It aims to assess the social, economic and health problems of retirees and the impact of free time activities and quality of health of retirees. The findings of the study reveal that the retirees feel a kind of emptiness on account of loneliness after retirement.

Key words:

Aging: the process of growing old.

Retirement: Point of time in one's career and employment in which he employment with the employer ceases on account of aging or attaining a particular, specified age.

Old age: Period of time in one's life wherein he attains the age of 60 and above, with all sorts of age related changes in his physiological conditions, particularly with deterioration of health conditions.

Living arrangement: Living arrangement in this study refers to the arrangement of life after retirement, living with grown up children, living with spouse, or living alone.

Emptiness feeling: Felling of loneliness found among the aged parents when they live away from the children.



Introduction:

Ageing is becoming a major global issue. The problem of aged is experienced both by developed and developing countries. In all the countries of the world, the growth rate of the aged is much higher than the growth rate of the total population. The global population of aged has increased from 8% in 1960 to 11% in 2010. It is also estimated that by 2050 it may reach 22%. The aged population of more developed regions has increased from 12% in 1960 to 22% in 2010 and it is projected to reach 32% by 2050. In the case of less developed regions it has been increased from 6% in 1960 to 9% in 2010. However the developed countries have enough security and health measures to cope with the problems of the aged. In such countries insurance, pension and health coverages are abundant. But less developed countries have limited economic and health measures. Even majority of the aged work in unorganized sector in their prime age without any hope of getting pension benefits. In India hardly 0.1% is having health insurance.

Ageing is the terminal stage of one's life. It is associated with the decline in functional capacity of the organs of the body due to physiological transformation. The emergence of nuclear family, lesser number of children per couple, physical separation of parents from adult children etc. have serious implications on the lives of the aged people. Industrialization, urbanization and changing values have worsened the problems of the aged. Old age is generally regarded as synonymous with pensionable age or age of retirement. In spite of pension benefit the sufferings of retirees are not minimum. It is a curse for the retirees when their earnings are considerably reduced, their pension benefits are meager, their physical and mental energy start to decline considerably and they fall prey to one or the other disease. Even their condition become pathetic when they become bedridden and have to inevitably depend on the family members and relatives.

Objectives:

1. to assess social, economic and health problems of retirees of Sullia town.
2. To study the impact of leisure time activities on the health quality of retirees.



Hypotheses:

- 1.The retirees with sedentary life style face more health problems
2. High income and low income retirees have different sets of health problems.

Methodology:

The study is based on the primary as well as secondary data. The primary data has been collected by the use of interview schedule. It was the main tool of data Collection. The sample consists 100 retirees of Sullia town of Dakshina Kannada district of Karnataka state. For the study snow ball sampling method has been used. The relevant information was collected by visiting the respondents in their residences. Secondary sources of data include books, articles published in various journals. The data were analyzed by using simple percentages and averages.

Many retirees suffer from blood pressure, diabetes, arthritis etc. mainly on account of adoption of unhealthier and wrong life style.48% of the retirees of Sullia town belong to high income groups. In addition to their pension they are getting much agricultural income due to increase in the rates of areca nut, rubber and pepper. Due to much economic prosperity, their diets and lifestyles have changed considerably. Excessive quantity of consumption of fat and junk food has led to increase in the cholesterol levels in the blood, which increased the risk of cardiovascular diseases. Over nutrition results in high incidence of obesity and diabetes.

Table no. 1 Comparison of the percentage of high income and low income group retirees suffering from major diseases.

Sl. No.	Name of the disease	Percentage of HIG	Percentage of LIG
1	Blood pressure	60.4	44.2
2	Diabetes	33.3	30.7
3	Arthritis & osteoporosis	41.6	50.0
4	Respiratory diseases	06.2	07.6
5	Insomnia	06.2	09.6
6	Vitamin deficiencies	04.1	21.5
7	Vision & hearing defects	08.3	07.6



Compared to low income group retiree's high income group retirees are more suffering from blood pressure and diabetes. Blood pressure & diabetes are usually the products of obesity. Compared to high income group retirees, low income retirees have the greater incidences of arthritis, respiratory diseases, and insomnia and vitamin deficiency diseases. Calcium deficiency was found to be the main reason for osteoporosis. 52% of the retirees belongs to lower income group. Majority of them consume poor and malnutrition food. Malnutrition also may be due to lack of availability of nutritious food in suitable quantities or otherwise the wrong practices of preparation of food in which nutrients may be wasted. Nutritional deficiencies arise even because of poor sanitation, poor hygiene and low and faulty food intake. 7.6% of the LIG group retirees used to suffer from respiratory diseases mainly because of slum and unclean areas in which they live, bad housing conditions, women prepare food by the use of fire wood etc. The facts and figures clearly show that the higher and lower income group retirees suffer from different sets of diseases. Blood pressure, coronary heart diseases, diabetes mellitus, obesity and arthritis are the diseases from which majority of the higher group retirees suffering. Lower income group retirees used to suffer more from respiratory diseases, insomnia, and osteoporosis and vitamin deficiency diseases.

It is due to sedentary life 88.88% of the retirees are suffering from multiple diseases. Whereas 76.82% of active retirees engaged in agriculture and house hold tasks are suffering from one or two diseases.

Living arrangement and health: The three major problems associated with old age are anxiety, loneliness and a feeling of uselessness. The other two are poverty and sickness. Loneliness is usually associated with the feelings of emptiness, depression, boredom, tension and restlessness.



Table no. 2 Percentage of retirees suffering from emotional problems under three types of living arrangement.

Serial number	Living arrangement	Percentage of retirees suffering from emotional problems
1	Retirees living with spouse & children	11.47%
2	Retirees living with spouse only	42.42%
3	The widowed retirees living alone	83.33%

The retirees living with their spouse and children experience lesser emotional problems On the other hand, majority (83.33%) of the widows living alone or with relatives suffer from emotional problems. The retirees living with spouse and children have greater scope for emotional and social adjustment than those who are living alone. Social adjustment refers to intermixing and intermingling with others very freely without any kind of obstruction. It includes participation in social activities, keeping healthy relationships with other people. The research findings of Willigen and Chada, (1999) state that persons with larger network report higher life satisfaction than those with smaller networks.

Leisure time activities and health: 82.23% of the male respondents and 100% of the female respondents who do not engage in agricultural/ social/ household activities were reported to suffer from chronic diseases such as cardiogical diseases, diabetes, obesity and arthritis. On the other hand lesser percentage of male respondents (73.13%) and (93.33%) of female respondents who engaged in the above mentioned activities reported to suffer from chronic diseases. The retirees who are inactive, un-social and lead sedentary life face more health problems.

Research findings:

Due to the loss of income, the loss of greater social contact, the loss of authority, availability of much leisure time and lack of social support the retirees face social, economic and emotional problems. Ramamurti (1995) opines that the ‘empty nest feeling’ arising as a result of the grown up children leaving home, daughter departing as a result of wedlock and son leaving



home in pursuit of higher education or jobs make the elderly lonelier. Due to physical and emotional separation of children, parents face economic and health hardships.

The findings show that there is significant relation between the living arrangement, social adjustment and emotional health. The findings of the study also support the findings of Subramanian (1989) that living arrangement is to a greater extent related to social adjustment of the elderly persons. The widowed living alone without much social support are at high risk and suffer from physical, and psychological problems. Elderly women have lesser social network compared to elderly men. Majority of the widows (83.33%) respondents experience feeling of estrangement mainly on account of community's convention attitude towards widows. It is due to greater intense of social isolation widows' lead sedentary life which is the prime reason for their physical problems like blood pressure, diabetes, obesity and arthritis. Participation in social, economic, religious and household activities is must for the retirees to keep their health intact. The retirees with sedentary lifestyles face more health problems than the retirees who are active and engaged in different activities.

Hypertension, coronary heart diseases, diabetes and obese patients are more among higher income group retirees and gradual decline in incidence in the middle and lower income group retirees. Arthritis, osteoporosis, respiratory diseases, vitamin deficiency diseases are more found among lower income group retirees than the high income group retirees. It is due to ageing 93% of the retirees above the age of 70 years are suffering from one or the other chronic diseases.

Suggestions:

Retirees get abundant time and they should make use of it properly by engaging in the activities which are useful for the society, community, neighborhood etc. Even they can help the family members by doing petty works like taking care of infants and babies, playing with the children, assisting them in doing homework, telling moral stories to the children, gardening, watering the plants, bringing milk and groceries from the market, leaving children to schools etc. By indulging in such activities they gain confidence, worthiness and self reliability. They won't get time to think negatively. An idle mind is a devil's workshop. The aged should mix and mingle with



the others, they should form elderly associations, develop useful hobbies. In order to keep physical fitness, they should eat moderately, eat fruits and leafy vegetables; avoid eating of junk food and make exercises regularly at least half an hour daily. In order to remain health, it is very necessary to give up bad habits if they have, like smoking beedies and cigarettes, drinking alcohol, chewing of tobacco and its products like pan parag, gutkha etc.

Conclusion:

One of the purposes of this study is to identify the physical, psychological and emotional problems of the retirees due to change in the life style after retirement. The major problems identified are the attack of diseases like blood pressure, coronary heart diseases, diabetes mellitus, arthritis and osteoporosis due to the sedentary lifestyle led by some retirees, the feeling of loneliness due to the establishment of nuclear families by grown up children in the distant cities, the death of life partner etc., lack of financial and emotional support from the children an 'empty nest' feeling, isolation and reduction in social network and contact with former colleagues, friends etc., joint pains which become hurdle to make movements even for ADL (Activities of Daily Life).

The present study falls in line with the Activity theory developed by Robert Havighurst (1963). According to the Activity theory the elderly people who are active will be better adjusted and more satisfied than less active elderly. The people who remain active in old age lead a happy life. The results of the study show that if existing roles and relationships are lost due to retirement or because of poor health, it is very necessary to adopt suitable alternative roles. After retirement one should not bother about the loss of role at the working prime, loss of relationships with the colleagues. He /she should adopt new roles in accordance with the physical and mental capacities. By doing so one can spend leisure time in a better way and also develop new social networks and social relationships. This could even improve the economic position and lead to a better quality of life. The retirees should change the life style after the retirement and should adopt new roles which give life satisfaction.



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