

Retirement and Quality of life among Senior Citizens in Sri Lanka

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Abstract:

The main objective of this study is to examine how the elderly population in Sri Lanka experience retirement and see how they define their 'quality of life' and satisfaction. Another goal is to analyse whether retired people actually enjoy their retirement. As the 'quality of life' is a complex concept, this study defines quality of life as "older people's level of satisfaction with their overall life" and five components were identified based on the literature as basic criteria which make older people satisfied in terms of health concerns, adjustment to retirement and aspects of ageing, achievement of goals as expected, financial stability and social networks. This study mainly employs a qualitative approach and it is limited to selecting retired professionals only from the government sector who lived in their own home. Accordingly, 16 medical doctors, 16 school teachers and 16 labourers were selected for the study based on a purposive sampling method. Retired people who belonged to the 60 to 75 age category were selected, and both male and female retired elders were selected in the proportion of 24 males to 24 females. In-depth interviews were conducted to gather data. Even though the 'quality of life' or 'life satisfaction' depends almost totally on individual preferences, this study reveals that three factors are very influential in a retiree's satisfaction with his/her life. These are his/her children's achievements, health concerns and financial security. The study further reveals that cultural factors and gender differences are crucial factors that impact on the definition of 'quality of life' or 'satisfaction' among older people.

Key words: elderly people, retirement, quality of life, satisfaction

1. Introduction

Retirement is often considered the first major life course transition, potentially influencing major changes in one's economic, social and psychological conditions. It can be defined in various ways as an event, a role, or a process, involving a change from employment for income (Evans, Ekerdt & Bosee, 1985, Ekerdt, 1986). With retirement, one's behavior can change completely, with the discontinuity of the employment that she/he engaged in, and the resultant economic changes may influence many aspects of life of retired individuals. However, the experiences of retirement may vary across countries, societies, genders and cultures, even within the same society. For example, in many European countries, the majority of elderly people receive a pension, as Europe's public pension systems are based on the pay-as-you go principle (Hess, et al, 2021; Hofacker, et al, 2015).

When considering the developing world, this situation is completely different since only a very small proportion of the aging population receives formal or informal pension benefits. For instance, the World Bank (2020) report highlights that only one third of the ageing population has access to pension benefits in low income countries. In some countries, an even smaller proportion of the ageing population receives pensions. For instance, in sub-Saharan Africa, less than 10% of the older population has access to pension benefits (Stewart & Yermo, 2009).

Receiving a pension is only an economic security, and this is only one aspect of the quality of life and satisfaction among elderly populations. For instance, Sweden, Germany, Norway, Switzerland, New Zealand, Australia, Spain, Portugal, and Canada are ranked as the best countries for a comfortable retired life, while Pakistan, Tanzania and Afghanistan are considered countries with the least well-being, of 91 countries. Health, income security, employment and educational opportunities, as well as an enabling environment have been used as criteria in this ranking system (Haynie, 2016).

The above discussion explains that in order to enjoy a positive quality of life and satisfaction in old age, individuals need financial security plus other social aspects

such as easy access to health, pleasant climate, a friendly and peaceful environment, easy access to transport, housing, etc. This demonstrates that taking care of elders and providing them with a peaceful life is not only a familial task, but also an institutional-level task, and hand in hand, these two institutions can provide reasonable life satisfaction to the elderly population.

Sri Lanka is considered the country with the fastest growing elderly population among countries in the South Asian region. In 2022, the total elderly population in Sri Lanka was 16.3% while in India it was 7.2%, in Pakistan 7.2%, in Bhutan 7.1%, in Bangladesh 9.4%, and in Afghanistan, 5.5% (United States Census Bureau, 2022). Socio-economic changes that took place in Sri Lankan society around the 1960s was the main reason for the increasing ageing population in the country. In particular, the mortality rate and the fertility rate gradually decreased with the introduction of new health and educational policies which directly influenced this demographic transition in the country (Thoradeniya, 2021).

With the rapid increase in the aging population in Sri Lanka, several concerns emerged among policy makers, medical doctors, academics, and researchers. Of these, most attention has been paid to social, economic and health issues that emerged within the family as well as in society. Less attention has been paid to individual elders while even less attention has been directed to the life-style of retired people, their well-being and satisfaction. Of course, some limited studies have been done to evaluate the quality of life of elders, but these have also been limited to the health sector (Rathnayake & Siop, 2015). Therefore, the main objective of this study is to examine how the elderly population in Sri Lanka experience retirement and see how they define their quality of life and satisfaction. Another goal was to investigate whether retired people actually enjoy their retirement.

2. Literature Review

Quality of life is a complex concept that is difficult to define as various individuals see it from different angles. For instance, Brown et al (2004) state that “quality of life is inherently a dynamic, multi-level and complex concept, reflecting objective, subjective, macro-societal, and micro-individual, positive and negative influences which interact together”. The World Health Organization (2012) defines “quality of life” as a people's perspective of their position in life within the culture and value system in which they live, and that this is connected to their goals, expectations, standards and concerns. However, some scholars state that the meaning of “quality of life” is highly individualistic as no one knows precisely what it is in general, even though each and every one has some idea about their own quality of life (Netuveli & Blaue, 2008).

The above definitions explain that one’s quality of life depend on individual personalities, an individual’s expectations, and societal expectations in a specific cultural and value system. Even though the quality of life or satisfaction or well-being of a person can be based on individual personalities, cultures, wealth etc. as defined above, standard indicators of quality of life include wealth, employment, the environment, physical and mental health, education, recreation and leisure time, social belonging, religious beliefs, safety, security and freedom (Gregory et al, 2009; Nussbanm & Sen, 1993; Babara, 2016).

While a larger number of definitions for quality of life and happiness have been developed, there are no proper quality of life measures developed with regard to elderly populations. Researchers are of the view that knowing what elders find important in their life and knowing what quality of life is from an elder's perspective are important to develop standard quality of life indicators for elderly populations (Netuveli & Blane, 2008; Gabriel & Bowling, 2004). Even though there is a dearth of research that has developed definitions for the quality of life of a retired population, no exact indicators have been developed. Some researchers have focused on evaluating the quality of life of elders according to different perspectives, and in this

section, it is expected to review this body of research in order to create a conceptual framework that can evaluate the overall quality of life among the identified sample of the study.

Heybroek, Heynes & Baxter (2015) have done research on “life satisfaction” and retirement in Australia, and the main aim of this research was to investigate changes in life satisfaction across the retirement transition among Australians. They used 724 retired people as their sample. In their conclusion, these researchers mention that some of the retirees maintained high life satisfaction across the retirement transition and this number is 40% of the total sample. Another group of retired people experienced declining levels of satisfaction from high levels prior to retirement, and this number is 28% of the sample. Fourteen percent of retirees experienced increased life satisfaction from a low level prior to retirement, while 18% experienced further declining low levels of satisfaction.

They conclude their research by stating that those who have access to health, social contacts and financial resources have high levels of life satisfaction, while those who have less access to the above three factors experience declining life satisfaction. This study shows that even though there are no proper criteria developed to measure the quality of life of an aging population, health, wealth and social networks play key roles in the quality of life maintenance of an elderly population. Further, this study concludes that ‘quality of life’ can vary according to the situations the retirees are in, and that it can change periodically, especially among the very elderly population.

Gabriel & Bowling (2004) have done research in Britain to determine how older people see and describe their own ‘quality of life’. The overall aim of this research was to develop a conceptual framework and general knowledge on ‘quality of life’ and ‘happiness’ in old age based on older people’s views. The researchers have used both qualitative and quantitative approaches in their study, and 999 older people were used for the ‘quality of life’ quantitative survey, while 80 respondents had been interviewed. The researchers used semi-biographical interview techniques in order to enable themes to emerge from the respondents’ own life stories. The findings of the

study revealed that the respondents who took part in the study define 'quality of life' as a combination of several factors which are inter-linked and dependent on one another. These factors are social relationships, home and neighborhood, social capital, psychological well-being and outlook, activities and hobbies, health and functional ability, social roles and activities, and financial circumstances and independence.

However, Gabriel and Bowling state that the people who joined the study were living in their own homes and that people who were settled in nursing homes, elders' homes or any other place might define 'quality of life' in other forms. Further, this study concludes that 'quality of life' in old age goes beyond health, functional ability and financial ability. Thus, having good social support, keeping active within the family and society, having access to local facilities such as transport and health, having the freedom to engage with the activities of choice, having positive physical and psychological well-being, social acceptance financial capability to fulfill their basic needs is very much connected with the 'quality of life' during old age.

Leeuwen et al (2019) have also carried out research in order to identify how older people see the 'quality of life' according to their own individual perspectives. Reviewing forty-eight existing qualitative studies based on eleven western countries, these scholars attempted to examine what 'quality of life' means to older adults living at home. After synthesizing the views of more than 3,400 older adults' views on the quality of life in old age, the researchers conclude that they can categorize quality of life into nine domains, namely, autonomy, role and activity, health perception, relationships, attitude and adaptation, emotional comfort, spirituality, home and neighborhood and financial security. This study also confirmed that even though the quality of life can be distinguished into several domains, those domains are interconnected and interlinked with one another. Further, this study confirmed that the term 'quality of life' is very much related to the concepts of 'well-being', 'satisfaction' and even the concept of 'successful ageing'.

Krishnapa et al (2021) have carried out an investigation to assess the ‘quality of life’ among older persons in the urban and rural areas of Bangalore, India. They used 482 older persons from rural areas and 495 older persons from urban areas as respondents, and used primarily quantitative approaches for collecting data. They calculated the ‘quality of life’ using four domains, namely, physical (living status), psychological (disability) social relationships (living status) and the environment (occupational status). Thereafter, they calculated mean ‘quality of life’ scores in the physical, psychological, social relationships and environmental domains and considered scores less than the median value (5%) as reflecting a poor ‘quality of life’ while scores above the median were considered good ‘quality of life’.

Accordingly, the research has found that the urban male had the highest ‘quality of life’ scores in all domains, while rural women had the lowest ‘quality of life’ scores in three domains and scored marginally in the psychological domain. Living alone, being disabled and unemployed were the factors associated with a poor quality of life in rural areas. Being female, illiterate, and financially dependent were the poor quality of life indicators among urban elders. The researchers conclude that the ‘quality of life’ of older people who live in rural areas was significantly lower compared to that of older people who live in urban areas. Gender, education, occupation and financial dependence were significantly associated with the ‘quality of life’ of older people in urban areas, while rural older people had a considerably poor quality of life, irrespective of most of the factors mentioned above.

The results of this study were significantly different from the above three studies, all of which were based on the developed world. The primary difference was that the first three studies found that the ‘quality of life’ was based on social relationships, activities and hobbies, health perceptions, and emotional well-being, among others. However, the final study that was explained above has proved that in many countries in the developing world, like India, factors such as education, occupation, gender difference and financial capacity are closely linked to the ‘quality of life of’ older people. This was further confirmed by Attafuah et al, (2022) who carried out similar studies based in Ghana.

After reviewing the above research, several components of the ‘quality of life’ were identified and those components will be used in this study in order to determine what the selected retired elderly people for the study feel about the following aspects of life as, 1. Physical and mental health concerns, 2. Adjustment to retirement and aspects of ageing, 3. Achievement of goals as expected, 4. Financial stability and 5. Social networks. Further, this study defines quality of life as “older people’s level of satisfaction with their overall life”.

3. Methods

This study is an exploratory research and therefore the aim is to explore how retired elderly people themselves define their satisfaction. This study was based in the Kandy District and the research sample is based on the purposive sample method. Accordingly, 48 retired people (24 male and 24 female) who lived in their own home, were selected for the study. Among them there were 16 retired medical doctors, 16 retired school teachers and 16 retired labourers. All these elderly people are retired professionals, only from the government sector, and belong to the 60 to 75 age category. This study mainly employs a qualitative approach and in-depth interviews were conducted to gather data. This study mainly focused on how older people describe their own ‘quality of life’ and therefore, they were encouraged to explain their lifestyles and expectations. Thus, respondents were asked to discuss the key events in their lives, including childhood, adulthood, education, marriage, thoughts about success or failures, how they spend their free time, about family and children, and their current lifestyle. Each interview lasted around 60 to 90 minutes, since older people were very happy to talk about their lives since this gave them an opportunity to discuss their goals, whether they had achieved them, success and failure in life as estimated by themselves, feelings and attitudes about their current life, among other factors. Data were analyzed through the thematic analysis method.

4. Limitation of the Study

This study has certain limitations as it was confined to retired people who were engaged in only three professions. Further, it was only retirees who were living with

their family members who were selected for the study. Ageing people who were not getting a pension or who were settled in elders' homes might experience 'quality of life' or 'satisfaction' in different ways, and these aspects are missing in this study, which was a further limitation. However, the current study desired to obtain a picture of how ageing people who are financially capable experience 'quality of life' or satisfaction, and whether financial capability makes them more or less satisfied with their lives, or whether other aspects need to be considered to gauge their 'quality of life'.

5. Results

When analyzing the data stemming from the study, it was clear that the 'quality of life' of the older people who were studied goes beyond mere financial stability, though the latter also plays a major role in keeping them morally uplifted and feeling secure. In this study, three categories of elderly retired people were studied, where doctors received a comparatively higher pension, while teachers received a lower pension than medical doctors and labourers, even less than the other two categories. However, when analyzing the story of retired senior citizens, it seems that financial concerns are not strongly linked with their life satisfaction, psychological or physical health, or relationships.

5.1 Health concerns

According to the World Health Organization, health-related 'quality of life' aspect includes areas such as physical health, psychological health, social networks, independence, and social security, among others (Kahn, Hessling & Russell, 2003; Lyyra & Heikkinen, 2006). Research has proved that better physical and psychological health were heavily associated with other aspects of 'quality of life' such as maintaining independence and social networks, having leisure time and even engaging in more physical activities. For instance, Saajanaho, et al (2014 & 2016) have pointed out that when physical health and psychological health are poor among elders, an interest in having leisure time, engaging in physical activities and maintaining social networks declines.

However, regardless of gender and even the profession they were engaged in before retirement, most retirees were concerned about their physical health, since they considered it more important than psychological fitness. Almost all respondents were suffering from non-communicable diseases such as diabetes, blood pressure etc. and were on medication. However, most of them were not too worried about their illnesses as they considered the latter as natural to old age and not a barrier to their day to day activities.

Except for retired medical doctors, the others did not know very much about psychological illness, and how to seek medical attention for it. However, this study revealed that rather than physical health concerns, psychological health has affected retirees in their attempt to maintain a satisfactory 'quality of life'. For instance, many elders suffered from loneliness and many complained that they do not have independence at home since they are dominated by their children, and that this even affects their maintenance of social networks and the carrying out of day to day activities.

5.2 Financial stability

Research has confirmed that there is a close relationship between financial security and physical and mental health. It has been further highlighted that the 'quality of life' improves with adequate income among the elderly population (Ogrura & Jakovljevic, 2018; Gildner et al, 2019; Huang, Ghose & Jang, 2020). Some researchers have also confirmed that the process of aging in most developing countries is serious, as the financial and social security system remains unstable in most of these countries (Mondal, 2021). This discussion points out that financial strength or capacity directly contributes to one's ability to enjoy a reasonably 'good life' or a good 'quality of life', in old age.

Since this study focused on retirees, it was found that they were already financially stable and independent, to some extent. However, the three groups that were selected for the study had different financial capacities and the study attempted to evaluate how these different financial situations influenced the 'quality of life' of the selected

retirees. Of course, as much research has highlighted, financial capability helps older people to have a better standard of life. For instance, financial strength influences people to have better health opportunities, good food, comfortable living and even to have more social networks and perhaps, a higher degree of social acceptance. Most retired medical doctors and school teachers said that “where there is more money, there is more acceptance”. They also confirmed that they feel more secure when they receive a good pension.

However, even when considering laborers who get a lower pension, it seems that their levels of satisfaction are equivalent to the other two groups, though they do not have similar standards of living. One laborer retiree’s statement explain this situation further, as follows:

“Our purposes, expectations, our way of living etc. all these things are organized according to our level. Level means our financial level, our societal and cultural level, our background etc. We are happy about our level and what we have received, though we do face some hardships throughout life (Interview no 11).

Accordingly, this study clearly shows that financial strength or capacity is one of the crucial factors determining the ‘quality of life’ of older people, since they can maintain their freedom, fulfill their basic necessities, and, more importantly, live without being a burden on anyone. However, it further demonstrates that financial strength is not the only aspect that determines the ‘quality of life’ of older people, and that several other factors such as physical health, mental well-being and mental satisfaction and positive attitudes should also be present to bring to fruition an enhanced quality of life in older people.

5.3 Adjustment to retirement and ageing

Some people might spend years picturing their retirement, and there are many reasons for them to imagine their ideal retirement. For instance, obtaining freedom from onerous work, obtaining the freedom to do the things that a person really wants to do, such as travelling, spending more time with the family, engaging in community work

and relaxing and enjoying life are some of the reasons why many people look forward to retirement. However, certain reasons such as financial difficulties, loss of status, feeling of rejection, loss of meaning in life, and feelings of uselessness impact some people, and influence them not to accept or adjust to retirement (Palmare, 1971; Robinson & Smith, 2021).

This study is also concerned with how the selected sample adjusts to their retirement and how it impacts their 'quality of life' as well. According to the findings, it was clear that none of the three groups studied were predisposed to retirement or ageing. Almost all stated that they have not thought much about retirement before they retired or prepared for retirement in the ways that were mentioned in the above studies. However, they are of the view that pre-preparation and the planning of retirement might help people get rid of several issues, including financial constraints.

This study further revealed that when adjusting to retirement, there is a huge gender gap as male retirees generally adjust very slowly to retirement while women retirees adjust quite fast. For instance, all twenty-four male retirees, regardless of their job category, mentioned that the first three months of their retirement was the most difficult time, as they felt for the first time in their lives, that they are not useful anymore. However, the majority of women retirees mentioned that they felt a big relief after retirement as they now had lots of freedom in many aspects. Specifically, they were of the view that health-wise and capacity-wise, they were fed up with working and wanted to have some kind of leisure time. However, with time, the majority of male retirees had attempted to find some alternative activities on which to spend some time, while female retirees felt more uncomfortable spending more time at home since they felt they had more work than before as they had to engage in household work, babysitting etc. and were losing parts of their social networks as well.

When analyzing the job categories the retirees were involved in, this study clearly shows that the group least adjusted to retirement are both male and female doctors.

The most adjusted group is laborers. School teachers fell in between. The following quotation explains why medical doctors are the group least adjusted to retirement.

“Our whole life has been very busy. We studied very hard during our school days, and our university life was even harder. After becoming a medical doctor, I was rarely at home and engaged in the job even on weekends. We are not used to spending time in vain and it is a very difficult task. Because we worked so hard to study, we have no knowledge and experience of other work. However, now I spend most of my time with my grandchildren. (Interview no. 17).

Retiree laborers are of the view that even though they are formally retired, they do not feel it much since they continue their work informally. It was observed that even laborers who were 75 years old were engaged in some form of work and were earning money. Even though in terms of spending time and daily routine, laborers are better adjusted to retirement than the other two categories, in terms of their financial situation, leisure time, and creating social networks, medical doctors were in front while school teachers were in the middle. When analyzing the relationship between adjustment to retirement and ‘quality of life’ it was observed that financial situation, leisure time, and relationships were the most powerful determiners of a good quality of life rather than adjustment to the retirement.

5.4 Achievement of goals as expected

The World Health Organization’s definitions of ‘quality of life’ of an ageing population are seen to be directly related to the achievement of an individual’s goals. People plan their lives throughout their life course and through this planning and organization they expect to reach their goals (Freund & Riediger, 2006). A person’s goal can be defined as the desired state that a person seeks to obtain, maintain or avoid (Nair, 2003). Personal goals are goals related to a person’s work, relationships, finance and other aspects of life. Pretty much all goals are personal (Green & Burke, 2007).

When analyzing the goal achievement of the group selected for the study, it was clearly seen that the concept of goal achievement among retired people is very diverse, and, of course, all goals were pretty much personal, as pointed out by Green and Burke. For instance, most goals of retirees selected for the study were found to be structured around several factors such as having good health, development of children, being independent and living without bothering anyone. Most retirees stated that they were fulfilled when they met all of these goals, and many expressed unhappiness if one or two were met but others were not. For instance, one retired medical person stated that:

“All the goals I had hoped for in my life have been fulfilled. I am still in good health. My children have gone to good places, as I expected, I live freely without being a burden on anyone. But, I could not achieve one of the most important goals in my life; I had a dream of living freely and happily with my wife after the hard life I had had. But she died three years ago and I feel very lonely and think what the point of living is, and how long I have to be alone. I miss her a lot (Interview with a 62 year-old retired medical doctor).

One of the most influential factors that cause these retirees to feel worried or dissatisfied about not achieving their goals was unhappiness with their children’s achievements. Some of their children were in good jobs and in prestigious positions in society. Yet, some retirees worried that their children had not reached expected levels of social success. For instance, most school teachers mentioned that they dreamed of their children becoming medical doctors, but in reality, they became school teachers, nurses or clerks. At the same time, some were worried about their children’s unsuccessful marriages. Most expressed similar views to the following: “we did everything for the sake of our children’s happiness. Their happiness is our happiness. If they suffer we automatically suffer” (interviews with retirees). At the same time, it was apparent that if their children were living their lives as the retirees expected them to, the elders were extremely happy and satisfied, and this showed in their physical appearance as well.

This study further revealed that satisfaction with the achievement of goals was related to gender, as the majority of male retirees were quite satisfied with their achievements, while female retirees were comparatively less satisfied. Most women retirees seemed to be worried and dissatisfied about their children's achievements, health problems, and lack of freedom, since they had to do household work and babysit, among other chores.

Job categories that the retirees were involved in also proved to be one of the crucial factors that impacted on the relationship between 'quality of life' and achievement of goals. For instance, retired medical doctors and school teachers seemed to have many goals in their lives, compared to retired laborers. The first two categories' lives were well planned and organized and they had set themselves clear goals to achieve. However, laborers seemed to live their lives on a day-to-day basis and so, had less goals to be achieved. Consequently, they seemed more relaxed and had less regrets about their lives, even though they may not have had the kind of lifestyles that the other two groups had. This shows that maintaining a balance in one's lifestyle and even personal goals may have a positive impact on mental well-being in old age (Smith & Freund, 2002; Boerner, 2004).

5.5 Social networks

Social networks are considered to be a support system and an important determinant of the 'quality of life' of elderly people, as it allowed them to deal with stressful situations. Maintaining connections with society is crucial as many older people gradually become passive members of society. Social networks may include keeping contact with family members, friends, and neighbors. Almost all the disciplines connected with 'ageing' have confirmed that a large social network and social relationships lead to more life satisfaction and well-being among the elderly population (Bosworth & Schaie, 1997; Litwin & Shioviz-Ezra, 2011; Kumari et al, 2022).

As this study focused mainly on retirees who stay with family members, they are hundred percent connected with their own family members. However, the study

revealed that though they have physical contact with their family, the majority have little psychological connections. For instance, most retirees, regardless of gender and the job category that they were involved in, and belonging in the age group 60 to 70 years, are most often occupied with helping their children with babysitting, and household work such as cooking, cleaning and taking their grandchildren to school and back. Though they are busy with these activities, the majority explained that they find little time to talk to their children as the latter have busy lifestyles. This makes many elders sad and lonely. Retirees above the age of 70 seemed to suffer the worst in this regard.

However, the study revealed that there is a big difference in the selected sample for the study in terms of their connection with other social networks according to gender, the job they are involved in and age. For instance, the study revealed that there is a big difference in maintaining social networks with friends and neighbors according to gender, where male retirees tend to maintain better social networks than female retirees do. For instance, the majority of male retirees mentioned that when they are bored, they sometimes go to a nearby small shop and have a chat with someone they meet there. This habit was most often seen among male laborers, while most male doctors mentioned that they have informal gatherings with their friends depending on their time schedules. Most male school teachers seemed busy with societal activities such as teaching in Dhamma Schools, holding positions in village volunteer organizations such as the Death Aid society, etc. However, female retirees most often stay at home and build their daily lives around the home. Some go to temple for religious activities and in this way, keep contact with neighbors. The following statement shows how and why female retirees have less social connections:

“I am now staying at home and helping the children as much as I can. Actually, we are not used to walking around the village or going to neighbors’ places unnecessarily. However, I go to temple on Poya day, and my children give freedom to it and help me go there. But my husband, who worked as a school teacher, is busy with some village activities. Sometimes I feel bored,

but I make up my mind thinking this is the life we have inherited” (Interview with a retired female school teacher).

“Now, I do not have the energy to go outside, even to the temple. Sometimes, I feel like going to my neighbor's house, but feel guilty since my children do not like it. They think that I will reveal everything that is happening at home to our neighbors” (Interview with a retired female laborer).

A study done by Cherepanova, Tukhvatulina & Mirza (2015) based on Great Britain has also confirmed that ‘gender’ is a crucial factor in maintaining and creating social networks in old age. According to their study, in western countries, older people tend to have less direct contact with their immediate family members, and this trend also has a marked dependence on gender, as depicted below:

Table No. 1

Social networks of older adults depending on gender

	Women	Men
Number of direct weekly contacts with family and friends	81%	77%
Structure of the social network	Immediate relatives	Large presence of non-kin contacts
Usage of technology in maintaining social networks	Phone messaging service	phone
Social network growth after retirement	Fast	Slow

Sources: Cherepanova, Tukhvatulina & Mirza, 2015: 03

In my study, the researcher sees a lot of gender differences in the social networks of retirees, as the above study revealed. For example, female retirees keep contact most often with immediate relatives, whereas male retirees keep contact mostly with non-kin persons. However, the above study revealed that social network growth among women is relatively faster than in men. In contrast, my study found that most women

tend to gradually lose their social networks, while men tend to increase their associates after retirement. Further, usage of modern technology to maintain social networks is not satisfactory among either male or female retirees. In line with this, it seems that most female retirees use phones to some extent, while male retirees prefer face-to-face contact with their friends and neighbors. This shows that social networks in old age are highly influential in enhancing the 'quality of life' of retirees. In this sense, the cultural context, economic capacity and environmental factors contribute a great deal to maintaining or creating social networks after retirement.

5. Conclusion

The main aim of this study was to examine how retired elderly people experience retirement and to explore their 'quality of life'. Here, the researcher attempted to examine how selected retired elders for the study define 'quality of life' themselves, and the most important aspects they are concerned with when they describe their 'quality of life'. Further, this study focused on examining whether retired elders enjoy their retirement. Even though this study did not measure the level of satisfaction, the researcher tried to get an understanding of what makes them happy or unhappy. 'Quality of life' is a complex concept which has been defined in various ways. However, in this study, 'quality of life' was defined as 'satisfaction,' and the manner in which different individuals explained their level of satisfaction with their whole life, and with retirement, was examined, as well.

When the data was analyzed, it was clear that 'quality of life' or 'satisfaction' is almost entirely a personal matter, and that it is difficult to elucidate common trends related to it. For instance, when a retiree is satisfied with his/her physical health, the same person may be very dissatisfied about the progress of their children's lives. If the above two conditions are fulfilled, the same person can be dissatisfied about their loneliness or the lack of freedom at home. Thus, no retiree is totally satisfied about their lives regardless of gender or the profession they were involved in prior to retirement.

However, there is a strong difference between male and female retirees in terms of level of 'satisfaction' or belief in a good 'quality of life'. For instance, female retirees seemed more dissatisfied in terms of health, financial security, and adjustment to retirement and old age, achievement of goals and maintaining social networks. However, many researchers have confirmed that normally, women are keen to build social networks and experience leisure time with family members and friends. These research studies have focused primarily on retirees in the developing world, and this may be the primary reason for the differences observed.

When considering the experience of leisure time, it is clear that both males and females are too busy to enjoy their leisure time since they are engaged with different time-consuming tasks such as babysitting, helping children with their household work, engaging with money making activities etc. However, even within this context, men are a little more prone to share leisure time with their friends than women.

The above discussion reveals that cultural difference is also a crucial factor that impacts on the definition of 'quality of life' or 'satisfaction'. Ageing people in most developed countries attempt to enjoy more leisure time in their final stages of life, and most of them have the financial stability to do so. However, the cultural context of most developing countries has created a situation where aging people and even retirees need to engage in an additional job since many are financially insecure, which also has a bearing on their quality of life. However, the study revealed that most retirees are not aware of the importance of having leisure time and how they can plan for it. The fact is that they have got used to engaging excessively in household work and money making activities, though this may affect their physical and psychological health negatively.

Even though the 'quality of life' or 'life satisfaction' depends almost totally on individual preferences, this study revealed that three factors are very influential in a retiree's satisfaction with his/her life. These are his/her children's achievements, health concerns and financial security. The first impacts elders' lives a great deal, and is a source of deep satisfaction or dissatisfaction. For instance, even if an elderly

person is not physically healthy, he/she may seem psychologically well if their children are living successfully or happily, perhaps even when their children are not treating them well.

Accordingly, when answering the first research question directly, this study revealed that 'quality of life' of these respondents were: first, children's achievement, second, physical health redundant and third, financial security. When the second research question is taken into account, retired elders seem to give less attention to enjoying their retirement or the old age regardless gender, financial security and education level due to many reasons. Cultural practices and attitudes can be mentioned as one of the main reasons among them. Most respondents seem not ready to give up and mostly try to keep all the responsibilities and belongings with them and this makes them stressed and unhappy. Disengagement theory of ageing explains that successful ageing involves a voluntary disengagement from the social role of active adult life. This disengagement is considered as essential for a functional and better society. Mostly, developed societies mostly elders practice this habit while most of the Asian and South Asian societies' cultural setup encourage elders to keep their authority until they die. Due to this situation mostly elders seem to be suffering rather than enjoying their remaining short life and these respondents also were in the same situation.

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