

# Implications of Retirement on Health and Longevity

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## Abstract

Coping with life changes has been one of the issues threatening human survival. Transitional changes and the associated stress create anxiety and cognitive dissonance for individuals approaching retirement. Retirement beacons on individual's loss of good health, social security, less cash inflow and wealth. The fear of the unknown and living a retarded life full of financial crisis creates anxiety. Cognitive reconstruction process of adjusting to changes is loaded with crises. The study objectives explored the impact of retirement after active work life. Raise awareness on the need for good policy as well as exposing health and financial implications of retirement. Disengagement theory by Cumming and Henry which explained that men are ready to disengage or retire because disengagement is an inevitable process was used in explanation of variables. Structured and semi structured psychosocial questionnaire and in-depth interview methods were used to gather data. After purposively choosing research area, participants were randomly selected. A total of 789 constituted the sampling frame. The sample size is 300. The study area was delimited into two different sites where retirees come for monthly meetings. One is at Agbowo shopping complex and the other located inside university of Ibadan About 95% retirees including those who anticipate for disengagement exhibit feeling of shock when confronted with their retirement letters. Although majority are aware of their retirement year, they prayerfully hope that their due date eludes administrators. When the letter finally arrives, they develop intense hatred against management and those who prepared their retirement letter. They respond to change with loss of hope and loss of social relevance.

**Keywords:** Retirement, Health and Coping strategy

## Introduction

Entering retirement is one of the passages along the corridors of status. Retirement is a transition from mid to late adulthood (Clemens Tesch-Römer 2009). Generally retirement leads to loss of social security, financial incentives, wealth inheritance, and financial crisis. These reasons lead to hypertension that is associated with drawing close to retirement in many developing countries. While in active service, individuals engaged in activities that are concerned with fostering good communication as well as placing people in a coherent organizational structure, (Abraham 1997). At retirement, retirees' losses touch with real work activities such as marketing, research and production. Retired person's experiences conflict between anxiety and self esteem. Anxiety is that "awful" feeling in the pit of your stomach when uncertainty reigns and fear of the future abounds.

## Statement of the problem

In both public and private organisations, individuals approaching retirement age are faced with uncertainties especially problems relating to socio-social insecurity, failing health, financial risks, and emotional instability. Most retirees have low income at the time of retirement. Pile up of debt and high financial commitment from extended family increase heart beats of retirees. Emotionally, the stress is more intense for those who have no partners. Few friends and dependent relatives, couple with loss of love one heightens the anxiety of those who are retired. Chronic health problems and hostile environment which are often associated with ageing at retirement frustrates the retired. Yet, individuals with frail mind and weak body at retirement are either delayed or denied their retirement benefits. Entitlements, emolument, pensions, are tied down in an unknown account to yield interest. These entitlements are later embezzled by individuals or group of persons. With poor preparation, couple with social support and retirement package, workers resist being disengaged by reburfing retirement letters. They profess to be healthy and claiming professional competence as well as protesting for continuity of service. This is the case of working and retirement because of the difficulty in planning for retirement, difficulty in claiming wages and fringe benefits, fear of losing social interaction, social status, physical and mental energies needed for production of goods and services within their working context. With the above situation after retirement, retirees feel used and dumped. These fuelled the various agitations and crises experienced from this sector of the Nigerian economy.

Retirement in Nigeria is viewed along two polar ends. To minority, disengagement is a period of rest. This group embraces disengagement with smile and a sense of satisfaction. And to majority is a period of abandonment, idleness, mini illness and awaiting death periods. To those who view retirement as an illness is a kind of conditional rest, when you can be free of your everyday burden. Many benefits and prestige are lost. To this group, disengagement is breaking off from social life, from life outside and social obligations. They view those still in service as more normal than their self. Loss of self worth and low self esteem sets in even when they have performed well while in active service. It is these challenges that heighten the blood pressure of workers at

the close of retirement.

### Concept clarification

**Cognitive Reconstruction:** it is a situation where the retirees begin to consciously reconstruct situation in order to face life challenges.

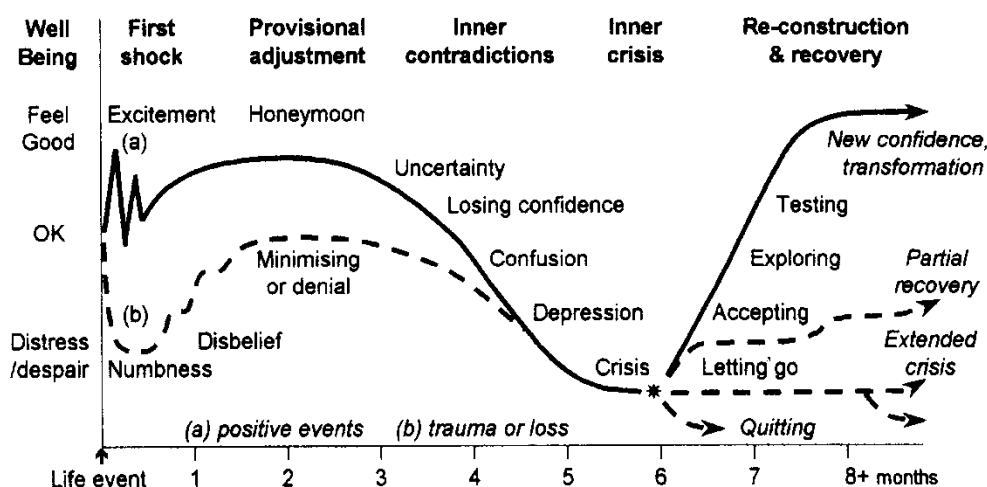
**Cognitive dissonance:** this is the loss of perception ability. It is a condition characterized with instability in almost all their activities because of loss of memory. They lack coordinated thought.

### Literature review

#### Transition and Social Transformation at Retirement

According to transitional theorist such as Holmes 1967 and Kubler 1969, individuals pass through different stages in the process of change. Some are characterized with peaceful transition while others are stressful. Below is a table showing the different stages of transition right from active life to retirement phase.

Figure 1: Phase and futures of transition circle



Source: Dai W. 2008. Life Event and Career Change

From the graph above, at the early life stage, the individual enjoys positive life experience. They feel good, excited and they honey on their job. This is followed by traumatizing phase which is characterized with uncertainty, confusion, depression and crisis. They despair and lose confidence in themselves. This second phase is resolved with letting go of their job and it benefits. With partial recovery they accept their new status and pick up confidence again. But if not well managed it leads to extended crises and sudden exit from life.

From the above analogy, it is obvious that there are basic transformational changes that occur at retirement. There is a change of environment, coupled with having less frequent contacts with their previous social context while adopting a new lifestyle. Retirement coincides with deterioration of one's health, this correlates with increasing age. This plays a major role in increased rates of depression in retirees.

Retirees experience total seclusion, loneliness and separation from those they onced worked with all their life time. They loose hold of the avenue with which they show case their hardwork. Retirees experience limited self reliance especially when there was no adequate preparation for retirement. They feel totally out of fashion, they experience partial loss of self worth and societal relevance. The retired becomes envious of those still in active service. Longitudinal studies revealed that healthy retirees enjoy equal quality of life compared to the younger employed adults.

At retirement periods most retirees become unfriendly with much hatred for the system. They develop more passion for their erstwhile job and wish it continued. They feel the pain of loosing hold of the benefits attached to such job such as housing, medical treatment, light, security e.t.c which they have enjoyed over the years as an active member of their organisation.

Getting close to retirement, retiring staff sees retirement as letter of premature death (awaiting death) and shortchanging no matter how long they have worked. They feel cut off from reality of the world. Some go extra miles by visiting native doctors; beleivers keep vigil and engage in fasting and praying in attempt to revert the retirement letter.

### Retirement decision

Job satisfaction and retirement depends on opportunity for career prospect, work challenges, pension and gratuity

schemes and other available facilities increases the desire for voluntary and happy retirement, (Atare 2006). Different countries and institutions have different retirement age range. Nigerian University staffs recently arrived at 70 years as official retirement age. University of Cambridge have theirs as 67 years of age and this retirement takes effect at the end of academical year of the 67<sup>th</sup> years. In all the different institutions, individuals' retirement decision or fate is determined by the following;

- ❖ Spouse influence, people whose partner has retired is likely to retire before their retirement age.
- ❖ Cultures, in Nigeria even with failing or poor health, people are eager to work till death unlike the developed world.
- ❖ Poverty, those conscious that they are poor or that they have not acquired enough wealth is willing to remain in active service till retirement age. They wish to return to work after retirement.
- ❖ Age, it is a known fact that men are three years and above older than their spouse. Men therefore are likely to retire before their wife.
- ❖ But gender wise, most women retire earlier than their counterparts due to many factors coming to play on the womens health and stability at work at advanced age.

From the above categorisation, health and gender has impact on retirement decision, (Antolin and Scarpetta 1998). In otherwords health condition, demographic characteristics, and financial status affect retirement status, (Rashad Mehbaliyer 2009). Also considering the economic situation in the global world, people with many children are not likely to retire early, (Alba-Ramirez 1997). Research has shown that aftermath effect of child bearing in woman leads to poor health that herald early retirement, (Guinn *et al* 1998). The fear of retirement becomes intense because it is generally believed that physical and mental health conditions declines after retirement. The world over, the minimum normal retirement age is 60 and above. The table below shows early and normal retirement age for different countries;

**Table 1. Showing Retirement Age for Different Countries**

Country	Early Retirement Age	Normal Retirement Age
Austria	60, 57	65, (60)
Belgium	60	65
Cambodia	50	55
Denmark	None	65
France	62	65
Germany	65	67
Greece	55	65
Italy	57	60
Netherlands	60	65, (67)
Norway	62	67
Spain	60**	65**
Sweden	61	65
Switzerland	63, 61, 58	65, (64)
Thailand	50	60
United Kingdom	None	68
United States	62	67

Sources: Cols. 1–2: OECD Pensions at a Glance (2005).

Notes: Parentheses indicate eligibility age for women when different. Square brackets indicate early retirement for some public employees.

Using Nigeria retirement age as a yardstick in this research work, people begin to psychological trauma of quitting their job and further relocation from the environment of active engagement. They become afraid of the challenges ahead in relocating to a new place.

### **Physical and Psychological Implications of Retirement**

At retirement, physical ailments and deterioration of health interferes with retirees' happiness. Negligence of day to day personal care and health routines lead to the degeneration in their health. Quality food intake, good bath therapy and moisturizing are abandoned. They loose flair for beauty regimen which enhances appearance and health.

Psychologically the mind experiences instability and dementia. They become more prone to hypertension intestinal disorders like ulcer. They experience the memory of lossing touch with the spike of their previous daily activities and the juicy benefits. Majority of retirees become epileptic. Likelihood of suffering from stroke and Parkinson disease increases at later life retirees. Many manipulate to add atleast five more years to their age at the verg of retirement. The psychology of retirement makes them appear older than they are. With much stress and difficulty of accepting reality, they appear unkept shortly after retirement. The mind become sick and this have

obvious impact on the whole body system. They experience impurities in their blood even when there are none. They are left behind by those still in active service including their offspring for those who had children. They begin to share the same world with those who discover that their spark of life has dwindled on them. They observe that their shining stars in hay days are going or have gone dead. The retired drift from living to that of existing while patiently marking time for their end (death).

### **Saving, Entitlement and Benefits prior and during Retirement**

Majority of the retirees indulge in savings ahead for retirement. Most workers are made to save for their pensions either voluntarily or that the organisation engages in compulsory deductions for their subscriptions. At retirement, some persons are paid off with their full benefits at a go, in what is called 'Una tantum' (one only). While other establishment as a rule to pay their pensioners on instalments after retirement till death.

### **Life after Retirement**

Retirees often change location after disengagement. They are faced with having less contact with previous social context where they work and are forced to adopt new lifestyles that accompany this phase of life. In Nigeria, after retirement, retirees seek part-time or contract job in the organisation where they have worked. Some affiliate as adjunct worker while some return to render full time service even though retired. Some retire to nurse grandchildren. Some whose condition is worst are taken to old people's homes or social welfare centers.

America has six lifestyle choices after retirement. The options are, continue to work full-time after they officially retired, continuing to work part-time, retiring from work and becoming engaged in varieties of leisure activities, retiring from work and becoming involved in variety of recreational and leisure activities, retiring from work and later returning to work part-time and later returning to work full-time.

### **Retirement and Health**

Before retirement approaches, many retirees experience weakness in their system. As a result of food consumption pattern and hereditary factor, may develop blood pressure (systolic and diastolic) and hypertension while in service. This situation is heightened with retirement letters. The pain of losing monthly salary and many other fringe benefits leads to high tendencies for anger. Retirees easily become senile and aggressive over trivial issues except for the minority who were satisfied at retirement. They fall ill often and they seek more medical care than when they were at active service. They become weak and frail with many joint problems. Majorities develop poor sight, low agility, and low metabolism. They experience frequent heaviness of bowels.

Dementia and loss of concentration sets in easily after disengagement and they lose consciousness of situation around.

### **Theoretical Framework**

Disengagement theory by Cumming and Henry 1961 explained that men are ready to disengage or retire because disengagement is an inevitable process. This assertion of Cumming and Henry in the analogy of American working experience is synonymous with Nigerian retirement situation. People reluctantly accept retirement because the rules stipulate says so. Economic hardships, fringe benefits and extended family responsibility tie people to work even in the presence of failing health. Normatively, individuals' health or organization goals compel workers to disengage compulsorily, voluntarily or for both reasons as the case may be. Retirement theories explained the psychological and social nature of retirement in ageing process.

In Nigeria, many who disengage were not really ready to retire from active service. Compulsory as retirement appears, Cumming and Henry postulate that retirement itself poses three challenges to men. First, the retiree cannot move to pure sociability. Secondly there is difficulty in role adjustment, and thirdly retirees' experiences hardship in role adjustment. Retirees struggle adjusting from previous role to mastering the new emerging role. For instance, Mrs. Owenafa who retired as a librarian to assume the position of a full time nanny to baby site grandchildren is predisposed to difficulty of role change. Secondly, retirement occasion loss of status identity. Most men command high prestige and respect from immediate family and the public while the job lasts. But retirement weakens this regard and their relevance in society. Thirdly, retirement leads to loss of peer groups, friends with whom he enjoyed colourful living. The solution as proffered by Cumming and Henry are: to the first which is role adjustment problem that retirees should seek recreational groups and stay with kinsmen. The solution to the second problem of weakened prestige should be strengthened by engaging in instrumental activity. And to the last which is peer group, retirees are to engage in passive mastery that could lead to satisfaction of what has been rather than pride on what is.

The theory of transition by Schlossberg proposes that retirement is a life event which denotes a changing phase in itself. Some of the retirees anticipated for their retirement. Some do not anticipate it as an event. This affects how this group perceives the chronic or hassle change which affects them. Those who anticipate and predictably visualise its occurrence in life time fair better at retirement. Those who do not anticipate do not see

themselves getting retired. It is this class of people that is most affected. They are less prepared to retire. This affects the impact and the rate at which the retiree life is altered.

Schlossberg outlined the transition process with the terms of "moving in", "moving through" and "moving out". To him they prepare for their "moving in", they enjoy their stay "moving through" but majority neither anticipate nor prepare for disengagement "moving out".

Majority acknowledge its existence but dread approaching or getting involved in retirement. Adjustment becomes difficult for the unprepared. They depend on the structure that engaged them to sustain them through life. Like marriage they see it as till death do us part. To this group of person retirement is a call to sudden deterioration in health and drawing near to death. The theory of Cumming and Henry examined the health implication of retirement which follows economic hardship that is associated with retirement.

## METHODOLOGY

### Research Setting

Ibadan fully called Ìlú Ébá Oán came into existence in 1829 after it was reoccupied by Ife, Ijebu and Oyo warriors. Ibadan is located along 7°23'47N 3°55'0E. It is situated at the junction between savannah and forest. Ibadan is the capital of Oyo becoming the third largest city in Nigeria after Lagos and Kano with the total population of 1,338,659 (2006 census). The city is located in South-Western Nigeria, 128km NorthEast of Lagos and 530km South West of Abuja. It is inhabited mostly by Yoruba Muslims and minority Christians who mostly migrants. It covers an area of 1,190 sqm (3,080km<sup>2</sup>).

Ibadan city is 120km East of the border with the Republic of Benin. It ranges in elevation from 150m in the valley area to 275 above the sea level. Ibadan is drained by four major rivers that has many tributaries namely, Ona river in the North and West, Ogbere River which is towards the East, Ogunpa river flows through the city and Kudeti river which is in the central part of the metropolis are valuable asset to the people. The city has a dry climate with a lengthy wet season.

There are eleven local government in Ibadan these consist five urban local government and six semi urban local governments in the less city. They are Ibadan North, Ibadan North-East, Ibadan North-West, Ibadan South-East, and Ibadan South-West. Ibadan semi urban local governments include, Akinyele, Egbeda, Ido, Lagelu, Ona Ara and Oluyole.

Ibadan is a major trade center for cassava, cocoa, cotton, timber, rubber and palm oil. There is abundance of clay. There are large processing agricultural products, tobacco processing and cigarrete, flour milling, leather and furniture making. They are good in art, music with a strong practice of religious beleifs. They are large consumption of Amala made from yam, cassava, plantain, rice, etc in their different colours. They enjoy wearing cloths and head tie made with Ashioke and Ankara. Oleku dress is a peculiar style in which these materials are sawn. They are highly integrated culturally that intrusion into family ties or social group is so difficult if not impossible.

### Population of Study

The total population of Ibadan is 1,338,659 (2006 census). The population of study is retirees in both public institutions and private organization in the city of Ibadan. The research respondents comprise all categories of retirees. Those who operate personal business right from the genesis of their working life were excluded from the study. These sole proprietors in one man business seldom retire from their business. They are often engaged in the activities of the business till death. Therefore they are not eligible for the research.

### Participants

Male and female retirees within the age of 40 and above from both private and public sector were included for the generation of data. Criteria for exclusion were workers who are those who are not pensionable. Participants in the study include 73.3% male and 26.7% female retirees (private and public workers) in Ibadan west-(Apata and Odo Ona,) South- (Challenge and Felele,) North- (Orogun and Agowo/UI) and East-(Bodija and Akobo). A total of 20% respondent was within the age of 35-44, 13.3% were within 45-64, while 53.3% are 65 years and above. Majority of the respondents are within the age range of 65 years and above. 93.3% are Christian while 6.7% are Muslim. Despite that the city is highly dominated wit Muslim, Christians were readily accessible for interviews. 40% respondent had primary education, 26.7 % had secondary certificate, 20% higher degrees while 13.3% belong to others who has no qualification at all. A total of 93.3% were married while 6.7% are single. Although all respondents revealed that they practiced monogamy, those who are single lost their partner through separation, divorced or bereavement. 20% of the retirees reengaged into bus driving, 73.3% got a civil jobs while other category of jobs had 6.7%. 33.3 respondents were Yoruba, 13,3% were Urhobo, 20% were Igbos while 33.3% accrued to others foreigners and sub ethnic groups. Salary of respondents at the time of retirement include 40% respondents earned 35,000-54,000, 33.3% earned 55,000-74,000, 6.7% earned 95,000-105,000 and above.



### **Sampling and sample size**

Random sampling technique and snow balling sampling techniques were used in gathering data from participants and the sample size is 300. Ibadan was purposively chosen for the research based on the evidence of a large number of retirees associations who agitate for social support and benefits after retirement.

### **Sampling Technique**

A total of 789 constituted the sampling frame. The sample size is 300. The study area was delimited into two different sites where retirees come for monthly meetings. One is at Agbowo shopping complex and the other located inside university of Ibadan. The random method of sampling technique was adopted. Selection of regions was purposively chosen. Effort was made to identify and isolate participants from Ibadan west-(Apata and Odo Ona,) South- (Challenge and Felele,) North- (Orogun and Agowo/UI) and East-(Bodija and Akobo) for generation of data. Area affects the quality of life enjoyed by retirees. Those who live in sub-urban area enjoy more quality of life due to low standard of living in their region when compared to those who live in urban region. Randomizing gave everyone an equal chance of been sampled. Both the retirees and their care taker for those very old were sampled. Sampling both the widowed and their care taker was initiated to enhance objective response, avoiding bias and exaggerations from the retirees.

### **Method of Data Collection**

Data were collected using both quantitative and qualitative methods. Quantitatively, the structured questionnaire generated information on respondent's socio demographic data and the other section was designated for experience before and after retirement. Validity and reliability of the instrument were considered strictly to ensure reliability and generalization to other retirees of similar characteristics and experience.

### **Instruments**

Structured and semi structured psychosocial questionnaire and in-depth interview methods were used to gather data. The likert scaling method of four scaling magnitude were used in constructing questions that generated information needed for data collation. These scaling techniques showed the magnitude of how retirees faired during active service compared to when retired.

### **Method of Data Analysis**

Qualitative data was analysed through the process of collation, storing, and processing of information. Data gathered content analysis of extracting responses according common themes. Similar responses expressed by the participants in the FGD, KII and observations were identified, coded and grouped thematically. Similar responses with a unifying concept or underlying meanings were derived. Key points, phrases and illustrations noted and were used in presenting robust findings.

### **Presentation of Data**

Below are empirical information gathered from retired public and private workers by the research instruments.

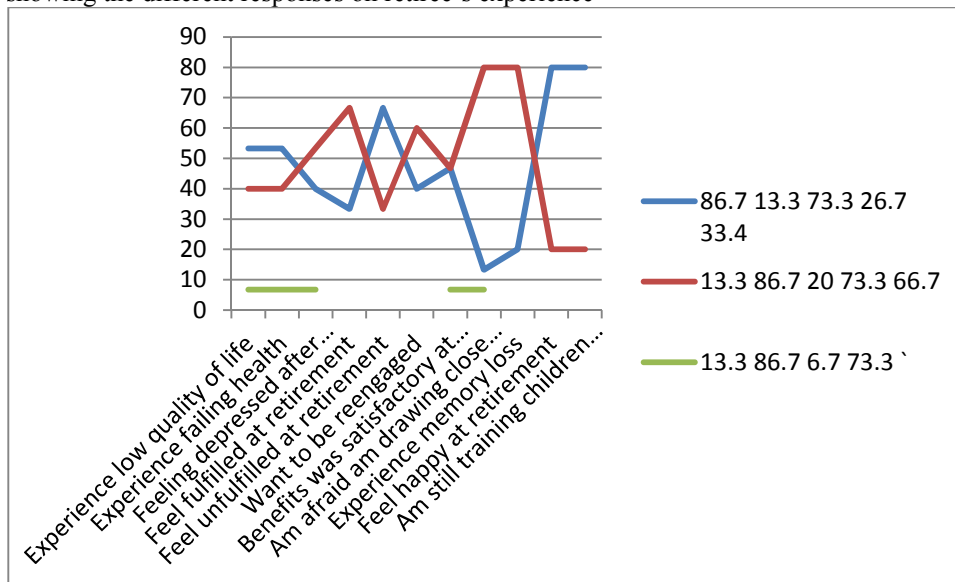
### **Results**

A total of 86.7% agreed that their benefit was paid while 13.3% revealed that their entitlement are yet unpaid by their employers. This unpaid category of retirees constitutes the unlucky ones who struggle till they are too weak to get their retirement benefits. A total of 64% revealed that most retirees die due to their inability to handle the emotional vacuum created by unproductively. It becomes obvious that most retirees foresee getting close to death after retirement. They become remorse about their past failures and strive to live a good life. These feelings of regrets and lack of fulfilment depreciate their health faster than ailment.

**Table 2: showing retirees experiences during and after retirement**

S/n	Items	Yes	No	Not applicable	Total
1	Retired voluntarily	86.7%	13.3%		100
2	Forced to Retire	13.3%	86.7%		100
3	Work till retirement age	73.3%	20%	6.7%	100
4	Feel secluded after retirement	26.7%	73.3%		100
5	Feel socially secluded	33.4%	66.7%	`	100
6	Experience low quality of life	53.3%	40%	6.7%	100
7	Experience failing health	53.3%	40%	6.7%	100
8	Feeling depressed after retirement	40%	53.4%	6.7%	100
9	Feel fulfilled at retirement	33.3%	66.7%		100
10	Feel unfulfilled at retirement	66.7%	33.3%		100
11	Want to be reengaged	40%	60%		100
12	Benefits was satisfactory at retirement	46.7%	46.7%	6.7%	100
13	Am afraid am drawing close to death	13.3%	80%	6.7%	100
14	Experience memory loss	20%	80%		100
15	Feel happy at retirement	80%	20%		100
16	Am still training children after retiring	80%	20%		100

Line graph showing the different responses on retiree's experience



Retirees exhibit the feeling of shock when confronted with their retirement letters. Although majority are aware of their retirement year, they prayerfully hope that their due date should elude administrators. But when the letter finally comes, they develop intense hatred against management and those who prepared their retirement letter. They respond to change with loss of hope and loss of social relevance. They are saddled with the boredom of abandonment from friends and old colleague. To avoid these problem associated with retirement, 6.7% respondents revealed that they falsified their age at the point of entry at the commencement of their job. The total of 93.3% who said they started work with actual age were those who started work in pre-colonial days when life was good and honesty was highly prized and upheld as the golden rule. 26.7% revealed that work experience was not pleasant while 73.3% said their work experience was pleasant. Despite that some respondents revealed that they had bad and stressful experiences while in active service, they all agreed to have contributed their best for their organization.

Interview revealed that only a respondent retired because the candidate became disgusted with the job. According to respondent, 'I retired voluntarily because I got fed up with the job' interviewee No. 1, 13/Aug/2014.

Personality variables such as self esteem, self efficacy, and locus of control give way to neuroticism. The physical presence on how work is carried out and favourable feelings of how work meets one needs, values and expectation were altered

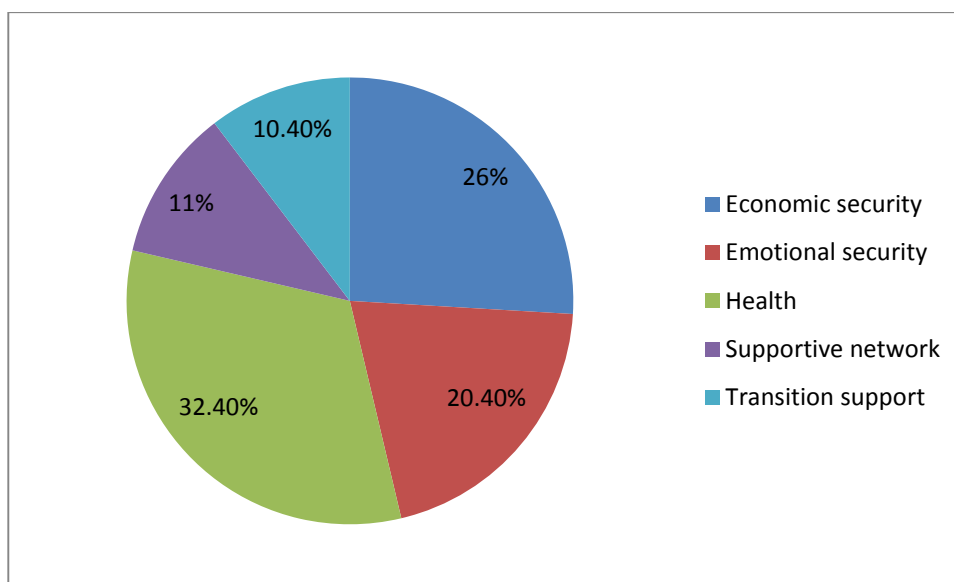
Health debilitating illness begins to emerge all over the system. Later part of working experience of an individual prior retirement or at retirement retirees suffers from coronary heart disease, hypertension, cancer and diabetes. They lose interest on healthy method of controlling weight, maintaining healthy bond, muscles and joints.

They suffer from cardiovascular disease and frequent cardiac arrest. This affects their emotional life, sexual performance and satisfaction.

Myriad life threatening illnesses such as cardiovascular stiffness of the chest, Alzheimer (degeneration of the brain), hearing impairment, body pain, bent waists, poor taste and poor sensory perception are all noticeable health problems suffered by retirees. Never the less, studies have shown that retirees whose maintained high economic standards suffer less health debilitating defects that are associated with disengagement. High economic status which enhances better quality of life after disengagement is factors of many variables. For instance, retirees whose spouse maintained a regular salary job enjoy better life after retirement. Furthermore, the cultural values which project oneness and brotherliness mandate that those who are gainfully engaged bear the burdens of close relative. Responses revealed that who sponsored other subordinates, friends and relatives suffer more at retirement. This is because they have little or no room to invest and save ahead of retirement.

**Table 3: Showing Factors that Enhances Successful Retirement**

	Items	Frequency	Percentage
1	Economic security	78	26%
2	Emotional security	61	20.4%
3	Health	97	32.4%
4	Supportive network	33	11%
5	Transition support	31	10.4%
	Total	300	100



Participants revealed that factors that enable peaceful retirement and successful includes economic, emotional and health security with a supportive social network. A total of 36.4% respondents believe that successful retirement and effective coping strategy to transitional changes are dependent on economic security. Surplus resources, stable source of income, personal apartment and low financial commitment enhances smooth retirement.

A total of 20.4% of the respondents revealed that successful retirement is a function of emotional security. Persons with supportive partner respond and cope favourably with changes at retirement. From the above table, 32.4% respondents revealed good physical fitness in health enables a less stressful retirement. Individuals with good health adapt better to life changes during retirement. This good health condition enables them enjoy quality leisure activities which enhances fitness and longevity-life span. Retirees revealed that due to the stressful nature of working conditions of most jobs, they suffer arthritis, hypertension, stroke, ulcer, pile, rectal, cataract and eye defects. Diabetics are often recorded as big men disease. Among these big men are mainly retirees. They suffer insomnia, dementia, cancer, pathological fracture, rheumatism-chronic pains around the joints and general body pains. Observations revealed that majority become bent in stature. All these debilitating health conditions coupled with lack of adequate social support from family, friend, community and government induces depression at retirement.

Also 11% respondent attests to the fact that good supportive networks in an environment with high respect, good team moral and affection lessen the stress at retirement. A total of 10.4% respondents revealed that retirees experience less stress, anxiety and shock during retirement when there is a good retirement benefits with transition



supports. These include emoluments, counselling, monitoring, practical support, accord them respect with a good measure of tolerance from the public.

The process of cognitive reconstruction during retirement is highly disruptive to the individual's process of mind, competence, ego, performance and interpersonal relationships. This is a crisis period. But team support and effective management can resolve the problem which will see them through a peaceful settlement of their later life.

**Table 4: Showing Descriptive Statistical analyses of Socio-demographic characteristics**

	Items	Mean	Standard Deviation
1	Age	4.00	1.254
2	Gender	1.2667	.45774
3	Religion	1.0667	.25820
4	Education	2.4000	1.54919
5	Income	2.2667	1.57963
6	Work was not pleasant	1.7333	.45774
7	Memory loss	2.0000	.92582
8	Feel happy at retirement	1.2000	.41404

**Correlations**

		Feels secluded	Memory Loss
Feels Secluded	Pearson Correlation	1	-.337
	Sig. (2-tailed)		.219
	N	15	15
Memory loss	Pearson Correlation	-.337	1
	Sig. (2-tailed)	.219	
	N	15	15

From the correlation above, it is clear that majority of the retirees feels secluded from colleagues and friends at retirement. They suffer memory, they experience low cognition.

**Conclusions**

Although majority feels happy that they worked and retired, their benefits and monthly pay which are not paid set ill feelings on the retirees. This leaves many with failing health, feeling of unfulfilled life and social seclusion on the part of the retirees at retirement.

**REFERENCES**

Abraham Zaleznik 1997. Real work. Harvard Business Review, HbR CLASSIC  
 Benjamin Prasad (1964). The Retirement Postulate of the Disengagement Theory. The Gerontologist.Oxfordjournals.Org 4.1. pg 20-23  
 Clemens Tesch-Römer, arpinational.org 19, 2009 Health Consequences of Early Retirement  
 Cox, H. (2012). Work/Retirement Choices and Lifestyle Patterns of Older Americans. In l.  
 Dai W. 2008. Life Event and Career Change: Transition Psychology in Practice. <http://www.eoslifework.co.uk/transprac.htm#T2>  
 Loepke (Ed.), Annual editions: Aging (24th ed., pp. 74-83). New York, NY: McGraw-Hill  
 Gordon Powers (2012). The importance of savings before retirement  
 Gordon Powers, (2012) MSN Money  
 Ibadan City Wikipedia the free Encyclopedia, Retrieved14th March, 2013 at 10.02pm  
 Judith Rodin (1983) behavioural medicine: beneficial effects of self control training in aging. Matarazzo N, Miller and Spielberger and Weiss S edited. Applied Psychology. The journal of the international association of applied psychology vol 32.2  
 Retirement. Wikipedia Enclopedia. <http://en.wikipedia.org/wiki/retirement#mw-head>. Retrieved14th March, 2013 at 11.02am

Appendix 1

**Research Instrument**

This research is geared to examine the pains and gains during active service and retirement. Responses will be confidentially treated.

**Section A**

SN	Items	Responses				
		1	2	3	4	5
1	Age	24-34yrs	35-44 yrs	45-54 yrs	55-64 yrs	65yrs- above
2	Gender	Male	Female			
3	Religion	Christianity	Muslim	Traditional	Athiest	Others----- --
4	Education	Primarysch	Secondary	BSc	Postgraduate	Others specify ----- --
5	Marital Status	Single	Married	Divorced	Seperated	Cohabiting
6	Occupation	Farmer	Business	Civilservant	Clergy	Others----- ---
7	Language	Urhobo	Hausa	Igbo	Yoruba	Others specify
8	Income Level	35-54	55-74	75-94	95-104	105 and above
9	My benefits was paid	Yes	No	You may comment on how it happened here		
10	Family pattern	Mongamy	Polygamous			
11	Place worked					
12	Rank at Retirement					

No	Items	Responses			
		Agreed	Disagree	Not applicable	Indifferent
1	Started work with my actual age				
2	Contributed my best while at work				
3	Work experience was not pleasant				
4	Work experience was pleasant				
5	I retired voluntarily				
6	I was forceful retired				
7	I reached normal working age for retirement				
8	Retired, I feel secluded from former workers				
9	Feels socially secluded from friends				
10	Experience low quality of life				
11	Experience failing health				
12	There are feelings of depression at retirement				
13	Feel Unfulfilled at retirement				
14	Feel fulfilled at retirement				
15	I want to be re-engaged				
16	Pension pay was satisfactory at retirement				
17	Retiring, I am afraid of drawing close to death				
18	Experience memory loss				
19	I feel happy at retirement				
20	I am still training children after retirement				

Why do you feel unfulfilled after retirement-----  
 What plans did you put ahead for your retirement?-----  
 With your work experience, what do you think need to be changed in working conditions-----  
 -----  
 Which business did you retired into-----  
 Describe generally life after retirement-----  
 What is the standard retirement age in your organization-----  
 Did you retire before this age-----  
 What is your opinion on retirement policies in Nigeria-----